

nienke boesveldt



planet homeless

governance arrangements
in amsterdam, copenhagen,
and glasgow

Nowadays, homelessness is predominantly a local responsibility. The policy challenges that local authorities face in dealing with this issue are complex or, according to some commentators, can even be described as "wicked". Until recently, local authorities have had limited success in addressing homelessness for reasons including a lack of information and fragmentation of services, to name but two. In a new attempt to face up to these challenges, several northern European metropolises have published similar strategic approaches to ending homelessness.

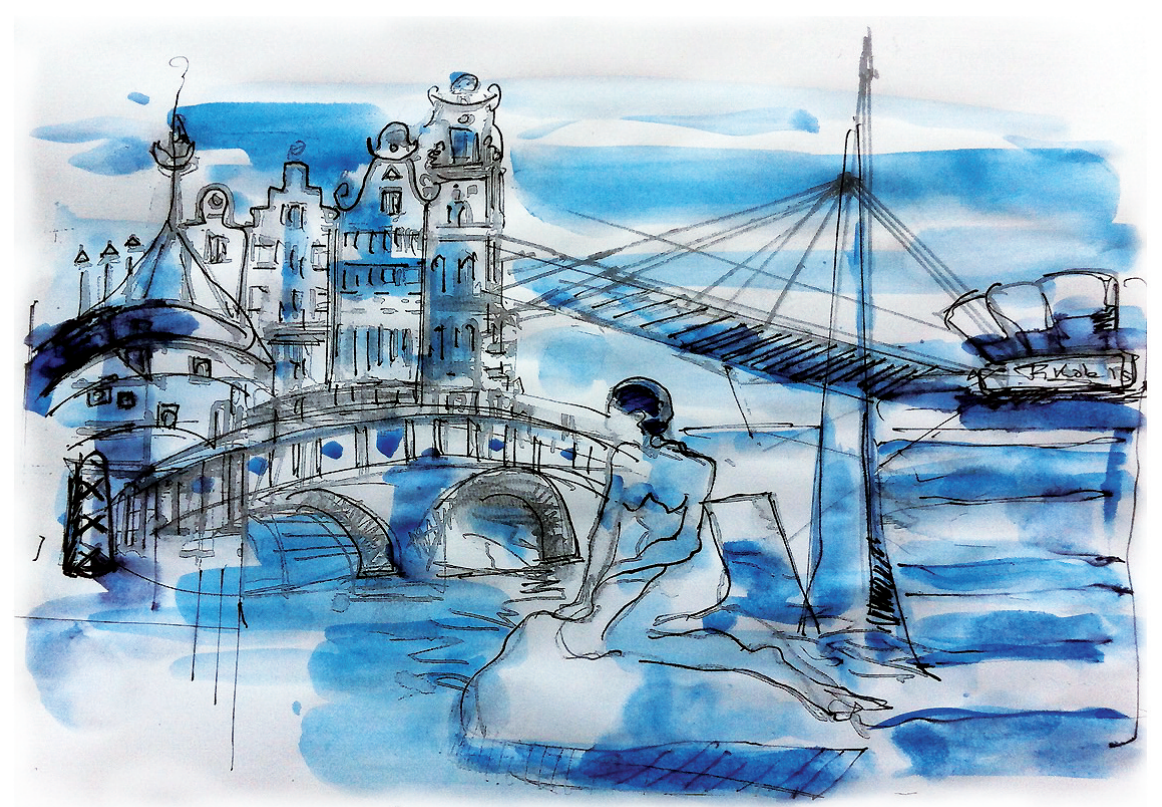
By studying their policy, structure and management style, this volume focuses on the impacts and outcomes of these new governance arrangements on the quality of service provision. By comparing and evaluating the different approaches in governance, the author provides deeper insight into exactly which elements of administrative and political approaches, or which governance arrangements, are most effective in this respect and how social results can be improved in general. In this way this study makes an important contribution to the academic debate on the optimum organization of governance arrangements. This volume also provides a critical perspective on current decentralising trends and contains a plea for a corporate, instrumental approach towards governance arrangements on homelessness. The author concludes that the social relief sector should function as a trampoline, not as a last resort.

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Planet Homeless

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**Planet Homeless
Governance Arrangements in Amsterdam, Copenhagen, and Glasgow**

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Nienke Fredrika Boesveldt

geboren te Hilversum

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copromotor: dr. A.J.G.M. van Montfort

They have a long history of serving their own communities separate from homelessness. Now, part of that argument is where do homeless people come from? They do not come from the planet homeless.

Statutory Respondent, Glasgow

*Sometimes I feel
Like I don't have a partner
Sometimes I feel
Like my only friend
Is the city I live in
The city of Angels
Lonely as I am
Together we cry
(...)*

*Under the bridge downtown
Is where I drew some blood
Under the bridge "
I could not get enough
Under the bridge "
Forgot about my love
Under the bridge "
I gave my life away*

'Under The Bridge' - Red Hot Chili Peppers

Preface

The Homeless. America's foremost analyst of social problems, Christopher Jenks, in 1995 explored how widespread homelessness was at that time, how this had happened, and what could be done about it. Twenty years later I am happy to contribute to this line of work and the works of many dedicated researchers since then. With this PhD thesis I shine a rather unusual light from a specific research angle on the governance of homelessness. And it appears governance can surprise us. Differences and similarities have taken on new meanings for me as a result of this study. I could never have foreseen how convincing the evidence would be. What I had conjectured before the start of my work actually turned out to be even more accurate than I expected.

After having been in the same policy area of homelessness for about seven years, I felt the urge to contribute in a different way. In a way that I felt suits me best: by taking a step back and getting the chance to reflect on what is actually happening. By appealing to my initial roots – those of a comparative social scientist. And by appealing to my initial drive, to speak for the voiceless.

With this study I intend to contribute to the knowledge and thinking of several different audiences: within governance, amongst my colleagues in administrations dealing with a complex social issue such as homelessness; and politicians driven to make a difference according to their own best beliefs. I also strive to enable service users and partners of authorities to interpret the constellations they are participating in, so that ultimately they can reach the best outputs and outcomes for individual clients and society.

My supervisors have been able to support me in producing a PhD-thesis in which I have constantly had to find a balance between science, policy practice and life. I am grateful for the patience, wisdom, structure and understanding I have experienced in my working relationships with Hans and André. Hans had successfully encountered a comparable challenge before working with me, in embarking on a PhD whilst being employed as a bureaucrat. Inspirationally, Hans continues to combine the role of professor with managing a renowned social sciences research institute. André's support has been indispensable to me, firstly, because of his teaching skills, his theoretical background of governance and his research experience in administration (for which reason he was also acquainted with my daily practice). But, secondly, and to me at least as important, are the practical experiences he has had with homelessness through being a volunteer worker at the Rotterdam "Pauluskerk" during his student days and through his personal involvement in providing care for foster children.

The city of Amsterdam was courageous enough to give me this opportunity. 'We must allow this!' my then director of the Department of Housing and Social Support responded to my initial plans. And I have felt that this support for the realisation of my plans has continued throughout the past four years. For this reason I owe much gratitude to Suze Duinkerke, Francien Anker and Walter Kamp (who will perform as my paranymph). More recently Hetty Vlug and Ronald Venderbosch have come on the scene to offer their supportive interest towards my academic endeavours. And to Jolanda Meijering for recognising what was there. All who worked with me in my policy job have had a similar interested and stimulating stance towards this project, and I would like to thank them all for this. Special mention in this respect should be made to the Epidemiological Department of the Municipal Health Service, and within this more specifically to Arnoud Verhoeff and Steve Lauriks. I had a similar positive

experience with the other two cities I studied, where a special thanks should go to the people who gave such an immediate and positive response to my plans and helped me to feel perfectly comfortable outside my comfort zone: Steen Bo Pedersen and Gary Quinn. I don't think that I would have felt as confident as I was about embarking on this project without the professional experience and support I got in the Habitact network, in which special thanks are owed to Liz Gosmé and Feantsa.

Professionals providing services and being dependent on governance interventions have been open and honest with me about their experiences within their particular context. They have displayed an awareness that increased knowledge about the complexities in the area of homelessness and various forms of street life, but also institutionalised homelessness, and this can only help to make things better. I have to say that professional encounters with the care sector have had an almost soothing effect on recollections of my past.

This is also why I am personally most grateful for the support of service users for this study. I have been trusted by them to understand their point of view. I regarded it as important to give equal weight to this perspective in the governance discourse as to those of all other interested parties. I am aware that the effectiveness of governance arrangements is most relevant to the individual clients it concerns. Many thanks for this perspective go to the organisations involved: Cliëntenbelang Amsterdam, the Glasgow Homelessness Network and Sand. More specifically, for the Dutch context, I would like to thank Edo Paardenkoper and Reinier Schippers.

I also would like to express my thanks to people who were close to me on a personal level, my friends. A special word goes to Juliënne Holthuis, who has always enthusiastically supported me from the first beginnings of my academic steps and who will continue to do so in being my second paranymph. Nina van der Berg, as a relatively new friend, has proved herself to be a very knowledgeable person in exactly the issues I was researching. Annelies for supporting me in a very practical sense by being the best neighbour I could wish for.

My final words of thanks go to my family, Bas and Gijs. My father Bart who was, from my earliest years, my most inspirational history teacher, and who knew how to interest me in society. My mother Frida, who supported this thesis in her roles of both grandmother and artist. Fleur, Sanneke, Amanda and Wessel, you all helped me with this thesis, the first three of you by being valuable sisters and Wessel, too, as new family, all providing moral support. Bas, I love it that we share the passion for our creativity (yours in music) and the way we support each other in realising this in combination with forming a family, together with our Gijs. Gijs, for enriching my life at the same time as I had been given the opportunity to embark on this thesis.

Nienke Boesveldt,
Amsterdam, February 2015

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1. The research problem of homelessness

In 2004 in the Netherlands an opportunity¹ was created for finding a solution to homelessness by the personal initiative of the ruling Minister of Finance at the time. What struck him, he later wrote in his weblog², was the enormous number of institutions involved. In the political capital The Hague alone he counted seven ministries that had involvement with homelessness. On top of these, he listed 'health insurers, social housing corporations, shelters, mental health institutions, the municipal health service and many more. In terms of governance, this makes it extremely complicated and for homeless persons to find their way through this minefield is an impossibility'. This thesis deals precisely with this issue; the governance of homelessness.

The Dutch opportunity at the time is not alone. The preceding decade, with its relative economic prosperity (2000–2010), outside the Dutch context has also been referred to as 'the golden moment' (Anderson and Serpa, 2013:15). During that time, homelessness could count on much additional social and political as well as financial support. Benjaminsen et al. (2009:1) found that 'in recent years all European nation states with liberal and social democratic welfare regimes have outlined a set of strategic objectives that aim to, in many cases, eliminate homelessness'. The authors state that 'a clear emphasis on outcomes such as reducing the use of temporary accommodation, reducing stays in shelters, providing long-term or permanent accommodation and offering individualized services and support are present in all the strategies reviewed. (...) In most of these strategies there is also a clear focus on prevention, especially the English, Norwegian and Swedish models, mainly in their emphasis on reducing the number of evictions (p.45).' Homelessness is often, at least to some degree, a local responsibility.³ Those running cities are usually the first to notice and become alarmed when homelessness occurs in their streets.⁴ The causes of homelessness, however, are not usually within the remit of cities and this means that the policy challenges that a local authority faces in dealing with this issue are complex.

Firstly, there is the policy challenge of the congestion of shelters. Whilst the main policy goal on homelessness has traditionally been to reduce the number of homeless persons sleeping rough by expanding services (cf. Van Doorn et al., 2002), in the Netherlands this policy led to half of the homeless population being housed in shelters and these people now live their lives there permanently (Nuy, 1998; Interdepartementaal beleidsonderzoek, 2003). And, whilst de-institutionalization of mental health services has been said to have contributed to homelessness, it is the institutionalization of homelessness (cf. Culhane e.a., 2011) that in turn inevitably increases the risk of hospitalization (cf. Gulcur e.a, 2003) and this significantly hinders

¹ John Kingdon (1984) describes policy formation as the result of the flow of three streams, the problem stream, the policy stream, and the politics stream. When these streams are combined, a policy window opens which enhances the possibility of policy change.

² <http://www.canonsociaalwerk.eu>, viewed on 7-8-2014.

³ www.habitact.eu viewed on 7-8-2014

⁴ This was the case when homelessness was caused by the heroine epidemic in the nineteen-eighties (cf. Buster, 2003), which in many countries dramatically increased the number of homeless persons. Also the de-institutionalization of the mental health sector (cf. Verplanke and Duyvendak, 2010) has been accused of having contributed to homelessness.

the options for individuals to ever live independently again.

It is exactly this lack of perspective, positive outflow and rehabilitation options that has caused the social relief sector to have been referred to as 'congested' (Interdepartementaal beleidsonderzoek, 2003) or 'blocked' (Udenfor, 2010). Culhane et al. (2011) also concluded that a lack of focus of homelessness services on prevention and the provision of support, targeted at the stabilization of the housing situation, raises policy questions regarding the effectiveness and the efficiency of the system (c.f. Fleurke, 1997; Schout, 2011). Since 2006 target initiatives on homelessness have been implemented by larger Dutch municipalities. Even so, Schout (2011) feels that Dutch municipalities have mostly succeeded in the development of the expansion of a (permanent) last resort safety net, but that this then carries the risk of having added to 'the shelter congestion' and the permanent dependency of individuals. While (the chain of) Public Mental Health (initiated and coordinated by Dutch municipal (health) departments) was intended to be a temporary provision, unnoticed this is said to have become a growing institution that stands in the way of the resilience of other actors. According to Schout, the task is to find out how Public Mental Health can be reduced or even got rid of entirely, instead of continuing with its unbridled expansion.

Udenfor (2010) found for the Copenhagen context there is also a lack of flow through the system so some citizens stay longer in temporary accommodation than is desirable. The Greater London Authority (2010: 76-77) diagnosed for the UK context how most statutorily homeless households (primarily families with children and vulnerable people) face a period in temporary accommodation, frequently for a number of years. This authority states that 'coordinating the intensive support and appropriate services also appears to be particularly difficult in London, where borough and health provision covers different geographic areas within a single city. This can result in inequality of, or exclusion from, services due to issues of local connection, which can be particularly problematic for highly mobile groups or those with specialist need'. Secondly, the complexity of the policy challenges faced by local authorities is caused by their fragmented structures. In the Netherlands, at a local level, responsibility for policy interventions for vulnerable people has been characterised as highly fragmented (cf. Wolf, 2002). At that time (2003) it was felt that Dutch municipalities were failing in their role to provide a sufficient and integrated offer to homeless persons. For a 'closed chain' of social relief to work properly the cooperation of services such as mental health, child protection, social housing, healthcare, income support, probation and addiction policy would all be required (Interdepartementaal beleidsonderzoek 2003). To address this issue of coordination as well as information, at a central state level, therefore, it was felt that local authorities needed to ensure that other agencies and sectors (operating independently of the local authorities) should also take some responsibility.

This issue seems closely related to matters of public administration and the relationship between politics and changes in public opinion on homelessness. In terms of public administration, the finding that local authorities are basing their policies on information that tends to be weak (Fleurke et al., 2002) is also relevant. In addition, homelessness has only relatively recently been constructed as a social problem (cf. Deben and Greshof, 1998), but is nevertheless a topic that attracts increasing amounts of public and media attention (see, for example, the success of the newspaper 'The Big Issue' and Dutch T.V. shows such as 'Filthy rich and homeless'). This increased attention makes it a politically sensitive issue which has implications for policy making.

Possibly, the social relief sector in a broad sense risks being seen as an adequate referral address for strands in mental health services, addiction care, forensic care and prisons. These observations have led me to defend the position that homelessness is nothing if not symbolic. It references other adjacent structures and provisions that are dysfunctional. The prime role of any homelessness strategy should therefore be to address these structures and act as a trampoline to bounce people back to where their needs are best served.

Homelessness strategies, besides congested shelters and institutionalization, increase the symbolic or specific connotations with which homelessness might be labelled. In this study several mechanisms are described as to why an individual, once they are homeless, is regarded as a different entity. In more general terms, medicalization also contributes to this labelling process, as do financial considerations. Therefore, I think that one of the main challenges of the changes that are needed in the European Welfare state is to overcome these stereotypes and look upon homeless people as individuals who do have certain specialist needs but are also still sons, fathers, mothers, employers, relatives or neighbours. This is why I have used the phrase 'planet homeless' as the title of my thesis, to counter the idea that homeless persons actually come from a different planet.

In addition, theoretical insights from the perspective of governance also tend to give warning signs about 'wicked' policy problems (Rittel and Webber, 1973) that seem impossible to solve, whilst policy solutions only add to the complexity. Reference in this line of thinking can also made to the concept of interventionist or greedy governance (Trommel, 2010), which points at governance attention that can be overwhelming as well as unfocused, leading to unwanted consequences. Also, warning signs are given for the heavily moralising basic assumptions that may be underpinning a policy and that may in practice influence the effectiveness of these policies to a high degree (cf. Wacquant, 2004; 2008; 2009; Dunn, 2012).

Theoretical insights within governance studies appear to be rather scarce on the governance of the social domain and even scarcer on vulnerable groups (cf. Fleurke and Hulst, 2006). This thesis contains an in-depth comparative analysis of contemporary homelessness policies that has not been carried out before. Through this analysis it is hoped that a significant contribution will be made to the governance debate taking place on causal relations. This study is intended to provide the empirical evidence for the idea that, over and above general conditions, relevant governance aspects explaining policy outputs and outcomes can be identified.

Research Question

How exactly elements of policy, responsibilities and process, grouped together within different governance arrangements, impact on the service coverage and the housing situation of homeless persons, as well as the actual outcomes for these individuals and the wider public, is unclear (cf. Pollit and Bouckaert, 2011; Benjaminsen et al., 2009; Benjaminsen and Dyb, 2010). However, monitoring of the policy outputs and outcomes does take place (cf. Buster, 2013; Tuynman and Planije, 2013; Rambøll and SFI, 2013; Scottish Government Homelessness Statistics Unit, 2013/2014; Mphasis, 2009) which enables me to study various elements of a governance arrangement and their impact on the lives of homeless people. In this study I will be detailing the outputs and outcomes of the different governance arrangements and asking what

quality requirements homelessness policy ambitions pose to the institutional design of governments and the inter-relationship between state, (semi-)market and civil society. Therefore my central research question is as follows:

What variation in metropolitan governance arrangements on homelessness exists and does this variation explain the quality of outputs and outcomes, in terms of efficacy and efficiency?

To answer this question the following sub-questions will be answered:

1. What variation in metropolitan governance arrangements can one expect in the area of homelessness (chapter 2)?

The analytical framework will derive from governance (Rhodes, 1996; 2007; Peters, 2012), New Public Management (Osborne and Gaebler, 1992, 1993) and post-Weberian New Value Management approaches (Pierre and Peters, 2000) using insights from comparative traditions (Esping-Andersen, 1990; Painter and Peters, 2010).

2. What variation in the quality of outputs and outcomes is expected to be explained by the variation in governance arrangements on homelessness (chapters 1 and 2)?

Hypotheses are drawn up on the basis of existing literature on homelessness strategies and their governance arrangements⁵.

3. What is the actual variation between metropolitan governance arrangements with regard to homelessness (chapters 4, 5, 6 and 7)?

An empirical study will focus on the variation in the content of local policies (goals, implementation), their policy models, structures and traditions in management

4. What is the actual variation between metropolitan governance arrangements with regard to the quality of outputs and outcomes of governance arrangements on homelessness?

An empirical study will focus on the variation in the quality of outputs and outcomes.

5. What variation in the quality of outputs and outcomes is actually explained by the observed variation in governance arrangements on homelessness (chapter 7)?

Through the testing of the hypothesis by analysis of three models I will be able to show whether and how governance mediates in the production of the differences in output and outcome.

These questions will be answered by investigating the homelessness policies of three cities, their networks in this regard and their management traditions that form the context of these policies.

Comparative analysis will enable me to see if and, if so, how the variation in governance arrangements explains the possible variation in the outputs and outcomes of homelessness strategies.

⁵ A governance arrangement on homelessness refers to all three elements of policy, structure and management. A homelessness strategy only refers to the policy element of the arrangement.

2. The governance perspective

This chapter discusses the variations in governance arrangements in the light of scientific insights on the subject. An analytical framework suitable for the study of the research problem of homelessness from a governance perspective can be constructed from perspectives from governance (cf. Rhodes, 1996, 2007; and Peters, 2004), New Public Management (cf. Osborne and Gaebler, 1993), more legalistic value-loaded post-Weberian approaches (cf. Pierre and Peters, 2000) and administrative conjunction theory (cf. Frederickson, 1999b). For the comparative perspective, here as well as in chapter three, I use insights from comparative traditions (cf. Esping-Andersen, 1990; Painter and Peters 2010). This theoretical chapter will also discuss what variation in terms of output and outcome one can expect and in what way these dependent variables are best described. How I think this variation in output and outcome can be explained by variation in governance arrangements will lead to the development of theoretical propositions that I am able to put forward on the basis of the theoretical exploration.

2.1 Governance: policy, structure and management

Governance has been a popular term since the late 1990s. Many different meanings of the term exist. In this study, when I write about governance I mean public governance that refers to relations between the state and the civil society, the market sector and civilians⁶. In this form of governance it is useful to differentiate between three elements. The first is policy, consisting of policy-model, policy-goals and chosen policy-instrumentation (Beck, 1992; Arentsen and Trommel, 2005; Hoogerwerf and Herweijer, 2008) which will be the topic of the first section. The second element involves structural aspects relating to relatively stable characteristics such as the level of allocation of responsibilities and means and the composition of the network (Van Montfort, 2008; Boutellier, 2011; Pierre and Peters, 2000) and will be discussed in the second section. The third element is management style. This appears to be heavily influential in day-to-day interaction, as in the relations between politics and administration, and possibly ultimately in the design of the governance structures (Weber, 1952; Osborne and Gaebler, 1993; Frederickson, 1999b; and Painter and Peters, 2010) which will be discussed under the third heading. My main idea is that various governance arrangements exist that are comprised of the most appropriate variations of the elements for their particular context. Pollit and Bouckaert (2011) refer to this approach as 'paradigms and plats' using the metaphor of menus that consist of dishes that fit together well.

Policy

Policy refers to the attempt that is made to serve one or more public interests. The wickedness (Rittel and Webber, 1973) of a specific problem is usually referred to as the complexity of the policy element. 'Wicked problem' is a phrase used to describe a problem that is difficult or impossible to solve because of incomplete, contradictory,

⁶ As distinguished from corporate governance which refers to the internal relations and accountability mechanisms within a private or public organization.

and changing requirements that are often difficult to recognize. Moreover, because of complex interdependencies, the effort to solve one aspect of a wicked problem may reveal or create other problems. The policy (e.g. to shelter persons) has become part of the social problem and might even have become the reason for the problem to exist or persist (cf. Beck, 1992 in Arentsen and Trommel, 2005). The characterisation of homelessness as a 'wicked' problem is helpful in identifying a set of policy risks. One policy risk is the possible over-ambitiousness of governments and the lack of the required level of expertise that might lead to higher expenditure. The complexity of a certain policy area demands a certain level of expertise and knowledge necessary for the execution of a policy. Policies that require a high degree of specialist knowledge can score negatively with regard to the efficiency of programme spending (Fleurke et al., 1997). Another policy risk is identified by Trommel (2010) who warns that an overambitious authority facing complex issues can involve a risk of being too ambitious whilst no longer finding the time or resources to execute its classic regulatory and protective responsibilities.

The assumptions on which a policy is based are referred to as the policy model (Dunn, 2012). These assumptions are about the traits and causes, the appropriate instrumentation and the values underpinning the problem that the policy is targeted at (Hoogerwerf, 1984). A policy model contains normative as well as causal and final assumptions. A goal will only be targeted at a subject that is thought to have the potential to be influenced by policy (instruments). This desired outcome will also vary depending on the values and norms and the knowledge of the person setting the goals (Van Heffen, 2008). Ideas or beliefs, according to Yesilkagit (2010), are part of administrative tradition, just as structures are (see below). Pollitt and Bouckaert (2011) argue that, when policymakers involved in administrative development select and decide which reforms to initiate and to advocate, they act intentionally and according to their perceptions of which reforms are desirable and feasible.

When in this study reference is made to empirical connections these are constructed by causal and final assumptions. Causal assumptions refer to perceptions of a causal relationship between A and B. Final assumptions refer to the assumed relationship between the instruments and the attained goals. In addition to this Van Heffen emphasises that when there is some doubt around the empirical assumptions, a flexible policy is needed. Dyson (1980) refers to the ideas of policymakers often being the products of different 'schools of thought' that are dominant in certain times and places.

The expectation of the strength of empirical assumptions as a decisive factor in policy making can be illustrated by the development of the Housing First and staircase models. As mentioned in Chapter 1, policy goals on homelessness traditionally have been to reduce the number of homeless persons sleeping rough by expanding institutionalized services. At the time, research showed that persons housed independently again were most likely to experience a relapse into homelessness (Jencks, 1994; Van Doorn, 2002). When more research became available on improved successful methodologies (such as Assertive Community Treatment) and ambulatory provisions successfully housing persons formerly sleeping rough and refusing care, new causal assumptions could be constructed.

At the time of this study two dominant paradigms, differences in philosophy or causal and possibly value based assumptions underlying the content of the policies coexist. In the staircase model the assumption is that a homeless person needs to be

trained to become 'housing ready' again (Feantsa/SEV, 2005), whilst in the Housing First approach a person is housed first and is trained on the spot in overcoming possible barriers in remaining housed (Tsemberis and Eisenberg, 2000).⁷

Normative assumptions refer to important values and norms that lead to a preference for certain goals or the acceptance or rejection of certain instruments (Van Heffen, 2008). A normative assumption is mostly a political assumption, to which, at least not entirely, it is possible to formulate an answer on the basis of empirical knowledge. Van Heffen advises that 'when service providers do not share the same normative assumptions (as the state), more persuasion will be needed for them to implement the policy'. This author also warns that this makes an administrative implementation less likely to succeed, and the implementation will tend towards a political or symbolic form. In this situation, debate, persuasion and the formation of coalitions will be needed.

There is a scientific debate within sociology that concerns more specifically the underlying norms of the contemporary forwardness of homelessness policies. For example, according to Smith's (1996) conception of 'revanchist urbanism', homeless people are criminalized so that neighbourhoods become attractive to investors and 'decent' citizens, and his concern is that there remains little public space for 'the underprivileged'. Another example is set by Wacquant (2004) who writes about 'the punishing of the poor'. Wacquant sees the socialisation, medicalization and criminalisation, of particularly homeless people with the status of a non-civilian, as techniques to make this social problem invisible: 'In this manner the State no longer needs or wants to deal with the problems.'⁸ The transferability of the urban revanchist model to the European context has been mitigated by several authors.⁹

⁷ According to Benjaminsen et al (2009) the staircase model is still predominantly seen in the Netherlands and Sweden, while the Housing First model is currently utilized in a fairly elastic manner in most of the remaining liberal and social democratic regimes. At the same time, experimentation is also taking place in the Netherlands and Sweden (cf. Busch-Geertsema, 2010; Tuynman en Planije, 2012). Benjaminsen and Dyb (2008) compare the patterns of homelessness among the Scandinavian countries, explaining their findings in terms of variations in national strategies, housing and social policies and underlying intervention models. They argue that the small, but significantly higher, rates of homelessness in medium-sized Swedish cities, compared with Danish and Norwegian cities, is a consequence of the more widespread use of the staircase model and the secondary housing market in Sweden than in Denmark and Norway, which to a larger extent follow a Housing First approach. Housing first Amsterdam is referred to as the Discus project (www.hvoquerido.nl/discus). The website of werkplaatsoxo.nl holds a study of the effectiveness of this project.

⁸ Sahlin (2006: 26 in Tosi, 2007) does detect how 'the homeless are being squeezed out of public space and into shelters whilst access to these shelters tends to depend on "the homeless persons" compliance with work-plans, sobriety requirements and similar preconditions'.

⁹ For example, Doherty et al. (2006) point out that 'the impact in Europe was less than in the US (which) can be considered a consequence of specific legislative and cultural traditions in some countries (such as more positive attitudes towards marginal groups) and of the persistent solidarity of the welfare state in European countries'. Also Uitermark and Duyvendak (2005) concluded, for the case of Rotterdam, in relation to ethnic segregation that 'revanchist urbanism in the European context takes on a different form than in the United States. For several reasons, European state officials are far more likely to identify segregation as a problem and integration as a solution to ethnic tensions'. The authors do not observe a wholesale displacement of social-democratic policies by revanchist policies. They gave an example of certain policy measures that were formed as part and parcel of a social-democratic urban project: anti-segregation policies and policies to promote social cohesion.

Next, I discuss the setting of policy goals. We have seen above that the choices underpinning a policy depend on normative and empirical assumptions. However, based on the concept of the policy model and the possibility of underlying assumptions impacting upon the policy to a high degree, there is no evidence that the policy model actually has an impact on homelessness policy goals.

In spite of the possible differences illustrated above, these do not seem to be expressed in the policy goals that are set in different northern European contexts. Benjaminsen et al. (2009:1) found that 'in recent years all European nation states with liberal and social democratic welfare regimes outline a set of strategic objectives that aim to, in many cases, eliminate homelessness' (also see section 1). This finding aligns with the concept of institutional isomorphism (cf. DiMaggio and Powell, 1983) which refers to the process of copying among organizations. DiMaggio and Powell identify professional civil servants to be important as change agents in this process, learning from their peers in other countries and carrying out ideas of reform. They also argue that copying may be more or less successful, depending on the nature of the tradition (above) and the proximity of new ideas to the existing system. However, coherence between policy goals and the underlying policy model may actually appear to be a possible decisive factor in the success of seemingly converging policy goals.

Bressers en Klok (2008) refer to internal goals (instead of external policy goals) that target a situation within the administration itself. For example, the administration can have a policy to improve the functioning of its own organisation or it can have a policy to align separate policy sectors with each other. The setting of internal policy goals may appear relevant in connection with the diagnosed fragmentation of homelessness policies (cf. Wolf, 2002; IBO, 2003). Therefore it is necessary to assess whether it can be demonstrated that a city is setting internal policy goals to target issues relating to matters within the administration itself (such as a lack of integration).

Fenger and Klok (2008) assume that policy instruments are heavily influenced by political, social and normative circumstances and that these instruments are an important means to attain a goal. I have also found additional support for the assumed variation in the basic assumptions to be expressed in the homelessness policy instrumentation employed to achieve the (similarity in) policy goals, rather than in the policy goals themselves. Policy instruments are methods used by governments to achieve a desired effect. Fenger and Klok (2008) distinguish between different types of policy instruments, such as information transfer (the sermon), financial incentives (the carrot), regulations (the stick) and physical instruments. It is Coolsma (2008) who assumes a relationship between the basic assumptions of the policy model and the chosen policy instruments.

The divergence in terms of instrumentation, possibly attributable to the underlying policy model, is also illustrated by the following. Benjaminsen et al. (2009: 45-46), who found an alignment between policy goals and what outcomes are targeted, did point out a difference within the studied regimes on how to get at these similar outcomes: 'a focus on general housing policies and a rights based approach in terms of the statutory definition of homelessness is found to be predominant in the liberal regimes, whereas a focus on the most marginal groups and extending social services

These have not been abandoned but instead redefined and reconfigured so that they can be incorporated into more revanchist strategies.

and interventions for these groups is most characteristic of the strategies in the social democratic regimes’.

We may conclude at this point that the assumptions on which the policy is based are known to impact on the focus of the policy. However, the policy model is less likely to be expressed by policy goals and, instead, studying instruments seems helpful in revealing governance elements that would otherwise remain implicit. For policy goals we have also concluded that, when administrations are faced with internal fragmentation, the setting of internal policy goals is a relevant factor.

Structure

Yesilkagit (2010) points out the importance of conceptualising structures besides ideas. This author refers to governance structures as the second dimension of administrative traditions, besides ideas, that have come into being in the past and are still present.

In this study, I will start by approaching the concept of structures as a of group relevant elements that have to do with form, instead of content (policy) or process (management). The way funds and responsibility for the policy domain of homelessness and adjacent areas are positioned is part of this. I will describe what relevant theorists have said about policy responsibilities assigned at the ‘vertical’ levels of allocation and about their positioning at central or decentred levels. Along with responsibilities tend to come budgets. If and in what way this is the case in various governance configurations and what is known about the efficiency in these variations is introduced here as well. However the subject of the efficient spending of these budgets will be discussed in more detail under the management section below, which ultimately leads to the formulation of a hypothesis related to efficiency. As a ‘horizontal’ dimension of structures, I conceptualise which responsibilities are allocated to the state and which to market or third-sector parties. I look at different network structures as a starting point to illustrate the horizontal dimension and at what is known about their effectiveness. I then continue to illustrate under the management section how a perspective of administrative tradition can be helpful in this.

The structure element of governance firstly relates to a difference between a central level government where all power and responsibilities are allocated and the case in which these are organized both centrally and decentralised and in cooperation with non-governmental organizations (NGOs) as well (cf. Fleurke and Hulst, 2006). According to Page and Goldsmith (1987: 156 – 157 in Fleurke and Hulst, 2006: 39) ‘the era of reconstruction after the Second World War and the following rise of the Welfare State have shown what is known as a process of sneaky centralization. In a piecemeal way central government invaded the domain of local government. Demands from a great variety of social groups gave rise to national legislation to guarantee a wide range of public services for all citizens. Local government became an important provider of public services. Dutch local government underwent a development in this, similar to local government in other countries of Northern Europe.’ Fleurke and Hulst (2006) describe how in the Netherlands the placement of responsibilities for vulnerable people to a local level was part and parcel of a larger decentralization trend that took place from the nineteen-eighties onwards. They write how the assumed effect of decentralization of responsibilities and means to a local level was that this would lead to integrated approaches, efficiency, customized services and an increase of

democracy. They also describe how a general approach was meant to cover practically all policy areas, implemented by a series of general measures

In many cases in the social domain responsibilities have not entirely but only partly been decentralized to several administrative levels: the result of this is often referred to as multi-level governance. Multi-level governance can clearly be seen to pose a risk to the expectation of integrated approaches and customised services as a result of decentralisation. Bouckaert et al. (2010) state that ultimately the extent to which a government succeeds in coordinating these levels may be a decisive factor. Olsen (2009: 16) puts forward the hypothesis that 'democratic systems work comparatively well because their political orders are not well integrated. Rather than subordinating all other institutions to the logic of one dominant centre, democracies reconcile institutional autonomy and interdependence. Problem-solving and conflict resolution are disaggregated to different levels of government and institutional spheres, making it easier to live with unresolved conflict.'

From the preceding discussion of the functioning of the setting of internal policy goals to address internal issues it has already been concluded in the policy section that it is necessary to assess whether it can be demonstrated that the city is setting internal policy goals to target issues relating to matters within the administration itself (such as a lack of integration). The additional examination of the multi-levelled or fragmented governance configurations shows that it is also relevant to a city's homelessness policy whether aligning policy sectors are involved within the administrative network. Aligning policy sectors in the context of this study concerns at the very least health, housing, income and justice.

An assumed effect of decentralization of responsibilities and means to a local level was that this would lead to more efficiency. However, remarks in this respect have already been made about the complexity of a certain policy area (cf. Fleurke et al., 1997) which show that if policies require a high degree of specialist knowledge these risk to score negative in regard to the efficiency of program spending. What configuration then would be expected to best meet these demands and score positively in terms of efficiency? From earlier research we can learn that there is quite some variation between northern European cities in how is dealt with expertise. For example, Benjaminsen et al. (2009: 30) found that 'in liberal regimes there is limited room for local authorities to make their own local plans, resulting in strategy documents from these liberal contexts being extremely detailed in contrast to Nordic welfare states where local authorities hold far-reaching autonomy and extensive responsibilities'. In the one variation expertise is allocated centralised in the second on a decentral level. There is also much to indicate from this that there is a relationship between efficient spending and the role appointed to the civil servant within a particular administrative tradition This relationship will be discussed in more detail in the management section of this chapter.

The division of tasks between the government, market and the third sector (civil or societal society) such as NGOs adds a horizontal dimension to the structure. For an authority, the creation of, and intervention in, a policy network is often an indirect attempt to get to their policy results. The setting up of a network and who is part of it are aspects surrounding the policy that impact on the effectiveness of the policy instruments (De Bruijn, 2008). When we study networks and the provision of government services by third sector parties, questions can and have actually been

posed about 'who exactly bares the operational responsibility'? It is Rhodes (1996) whom identifies it to be a specific trait of networks that they are a challenge to governability because they become autonomous and resist central guidance. Another major concern of network steering is emphasised by Klijn (2008) who feels that the inherently political nature of governance processes, which are about reconciling different values as well as the different actors representing those values and that involve struggles about the values represented in decision making and policy outcomes, are dissolved or displaced by the management of the process. The Dutch Scientific Council for Government Policy (WRR) has asked in what way public interests can still be safeguarded in the private sector (WRR, 2000) or, in other words, what is the effect of mixed economies in which both public and private partners contribute to public goals. The problematics of street-level bureaucrats (Lipsky, 1980, 2010) are also relevant to the study of networks. More recently Tummers (2012) has also made reference to the policy alienation of persons responsible for the initial practice of policy.

The structure of a network can be described in many different ways, depending on the specific interest or focus on a network. For example Bressers (1993, in Hoogerwerf and Herwijer, 2008: 299-318) indicates how networks can be big or small, homogenic or heterogenic, have strong mutual ties amongst parties, or be a diffuse group. Bressers continues to describe how 'their dynamics can be characterized as stable, in which consensus on the policy problem and its instruments exists, or as a dynamic network in which there is lots of debate and viewpoints can diverge strongly. The local authority can be closely involved, actually being part of the network, or it can be situated at a distance from the actual network'. Pierre and Peters (2000) distinguish between network structures that separate pluralist from corporatist and corporate-pluralist approaches. These typologies on three traditions that can be distinguished are also useful for the study of the relationship between the state (politics as well as administration) and society (management section).

In pluralism the assumption is that government is relatively little involved with interest groups directly. Rather government establishes the arenas through which the groups work out their own political struggles and establishes a set of 'rules to the game' about how decisions will be made. In this theoretical position no group is considered dominant but all groups have relative equal chances of winning on any issue. Further, groups move in and out relatively easily and largely at their own initiative.

Corporatist models, in contrast, assume a much closer linkage between state and society and some official sanctioning of interest groups by government. In corporatism particular interest groups are accorded a legitimate role as representatives of their sector of the economy or society. Only a limited number of actors can play the game, and those that do are bound closely with the power of the state. It strengthens the decision-making capacity of the state by limiting the number of societal actors which can be involved in making policy.

The corporate-pluralist model falls somewhere between the other two models. Like pluralism, there are a large number of actors involved but like corporatism those actors are given a legitimate status for influencing public policy. Pierre and Peters (2000: 39) in respect to the corporate pluralist model make reference to '[the] self-organizing power [that] is especially evident in societies such as the Netherlands that have a very rich organizational universe and a government that has a history of accommodation to social interests'. According to these authors this approach does use the concept of

steering, but does so within the context of the inability of governments to steer independently. To the extent that governments can steer, or must be 'steering at a distance'. Pierre and Peters, on the same page, continue to say that 'in this view the most that nominally legitimate actors can do is establish a framework for action within which the more or less autonomous societal and economic factors may pursue their own goals. There may be some influence by government here, but little or no direct governance for society from the centre.

This variation in governance arrangements is confirmed by the variation in network composition on homelessness between different northern European countries. For example, in their analysis of homelessness strategies, Benjaminsen and Dyb (2010) found that, while the importance of local government responsibility is emphasized in all countries, the role of NGOs varies considerably. Benjaminsen et al. (2009) show how the role of NGOs is emphasized in strategies in Anglo-Saxon countries, whereas the key players in Scandinavian countries are mainly the municipalities themselves. They note that, in particular, liberal welfare states emphasize the participation of cross-departmental groups of housing authorities, health authorities, probation services and the NGO sector in implementing the strategies.

Painter and Peters (2010) also refer to the boundaries between state and society in Britain and the U.S. being far from clear and that the market and civil society play a prominent role. They write about 'its strong reliance on various forms of self-organized, voluntary forms of governance' and the 'deliberate limitation, dividing and fragmenting of governing power on the other hand'.

From this structure section we will take three elements. Firstly, in terms of structure, it is relevant whether aligning policy sectors such as health, housing, income and justice are involved in the administrative network. Secondly, we have explored whether levels of allocation of budgets can indicate the quality of outputs and outcomes in terms of efficiency. However, there is also much to indicate that there is a relationship between efficient spending and the role given to the civil servant within a particular administrative tradition, operating at central or decentral levels. For this reason, the methods used to study the allocation of budgets and efficiency are explained further in the following management section. Thirdly, in this section on elements of structure, three network typologies have been also identified that are useful for studying network structures as well as the refinement of relations within networks expressed in the management of networks.

Management

How can networks be managed? And what variation can we expect in this? In the preceding section we have read about the fragmented configurations resulting from multi-level governance. We have also learned about the different ways of constructing a network of parties involved in policy implementation. The dominant perspectives on how these multi-levels and different interests of parties in a network are coordinated and managed are discussed in this section. In doing so I will build upon four useful theoretical concepts for the study of management variations that have been defined by Painter and Peters (2010). They firstly point at the relationship with society that I have already discussed under network structure in the preceding section. They continue to describe as a second variable the manner in which the relationship between political

institutions and administration operates. Thirdly, the specific role of civil servants in various contexts constructs this method of management variation. Fourthly, the possible variation in accountability mechanisms is part of this theoretical approach.

The relationship between politics and administration has taken on different operational modes since its emergence and these have varied over time as well as place. Bouckaert, Peters and Verhoest (2010) explain how in the early part of the twentieth century as part of a 'Government for the Efficient' it was necessary for the politicians to focus on political issues and for the administration to focus on administrative issues. This split for reasons of efficiency was also supposed to benefit responsibility and accountability. Later, these positions were weakened, and a mutual influence was considered to have some benefits (Appleby, 1940 in Bouckaert, Peters and Verhoest, 2010). Weber (1952 in Painter and Peters, 2010: 8) introduced the idea that 'the public administrator is in essence a legal figure, perhaps little different from a judge: the task of the public administrator then would be to identify the legal foundations of public actions and to implement that law'.

Bouckaert et al. (2010) make reference to contemporary New Public Management (NPM cf. Osborne and Gaebler, 1993) that is again said to support the split between politics and administration for the same reasons as at the beginning of the twentieth century. Ministers become 'purchasers' and administrations become 'providers', and there is a quasi-market pattern between these two parties resulting in a contract. NPM is famous for stating that governments would rather steer than row. NPM is said to have placed an emphasis on management and to form the most marked contrast to the legalistic value-loaded tradition. According to this line of thinking, six core issues are relevant in public management: productivity, marketization, service orientation, decentralization, policy and accountability (Kettl, 2000 in Frederickson and Smith, 2003). In Europe, the major model for NPM is said to be practised by the Westminster model (UK). Also, in the context of homelessness strategies, I have seen reference was made to concepts of NPM such as 'a clear emphasis on outcomes' (Benjaminsen et al., 2009) and to 'steer rather than row' (Benjaminsen and Dyb, 2010).

However, according to Peters and Pierre (1998 in Frederickson and Smith, 2003) a clear focus on outcomes and steering rather than rowing does not always or only have the desired effect. A focus on outcomes only would mystify the public values underlying the public administration's legitimacy. And steering rather than rowing would make a public administrator gain rather less insight into complex issues than more.

An alternative approach to coordination is formed by the idea that any attempts on the part of government to impose its authority will be met with resistance, which would make the government unsuccessful. The emphasis of what has also been referred to as administrative conjunction theory is on values, professional interests and has cooperation between institutional actors as its objective. Professional concepts refer to the public interest and an obligation among public servants to represent an inchoate public outside of a particular jurisdiction. It is felt the end result is not just coordination amongst various units of the (disarticulated) state, but the reappearance by this form of coordination of the meaningful representation that has 'leaked steadily from elected offices as jurisdictional borders become less relevant to policy problems' (Frederickson, 1999b).

Boutellier (2011: 30), for the Dutch context also emphasises 'the specific moral direction that is in the core task of social institutions such as schools, youth prisons and

care providers. Their core tasks being knowledge transfer, moral disciplining and emphatic support, for which these values won't be lost all too easily.'

In order to successfully operationalise the relationship between politics and administration Peters and Pierre (2004) refer to the degree of political involvement in the bureaucracy. This can be either high or low or, as these authors put it, either distinct or close. In reference to this, Painter and Peters (2010: 7) write 'for example, the Anglo-Saxon tradition tends to assume rather complete separation of politics and administration, at least historically¹⁰ but in many other traditions there is much closer contact between political actors and the bureaucracy. For example, in Germany the upper echelons of the civil service have clear political allegiances. As well as influencing the level of commitment of civil servants to the programs of the government of the day, the relationship of politics to administration may also influence the level of competence of administration. The fundamental question becomes one of whether technical (merit) or political criteria dominate in administration ... the actual answer might be a realistic balance between commitment and competence.'

Painter and Peters (2010) also write about the strength of central agencies that enables some elements of the bureaucracy to dominate aspects of policy. Therefore, although the usual rubric of understanding these relationships is that political leaders should dominate policy and government, in reality the relationship is more complex.

To indicate the possible variation in the role of a civil servant within the different governance constellations Painter and Peters (2010) distinguish 'law versus management'. They write that in the 'one dominant strand of thinking (...) legal education is the foundation for recruitment of public servants. An emphasis on management is the most marked contrast to the legalistic tradition. In this conception the principal administrative task is to make programs function as efficiently and effectively as possible. Of course, this management must be carried out within a legal framework, but the first question that the administrator will ask is not about the law but about organizing and managing the program'. According to Painter and Peters, a relevant question is to study how much room there is for civil servants to draw up their own policy plans. The specific task of the local civil servant, according to these authors, varies between that of being a lawyer – and therefore having leeway to actually legislate – or to be someone who merely implements the law (already decided upon by others/politics) which fits better with the idea of the civil servant as manager.

What accountability mechanisms are in place can, within the framework of this study, also be seen as a particular form of instrumentation. These are discussed here since accountability mechanisms are said to reveal much about the notion of the state and the relationship between state and society that have been outlined above. Also Pollitt and Bouckaert (2011) note how 'in studying the instruments, something may be said about the underlying policy model, but also about the preferred management style'. In terms of accountability one can distinguish differences between policy instruments that can be either intrusive into the work processes of subsidized organizations and prescriptive, or more distant and general. The nature of these policy instruments can also be

¹⁰ Painter and Peters (2010: 21) also refer to this Anglo-Saxon (and the Anglo-American) context as being characterised by 'anti-étatist institutions such as directly elected sheriffs and school administrators [who] continue to challenge the idea that a permanent, paid officialdom is the most reliable embodiment of the public interest'.

influenced by (and influence) the monitoring and surveillance systems that are in place for accountability purposes whilst conceptions of accountability can differ significantly (cf. Day and Klein, 1987, in Painter and Peters, 2010). Painter and Peters (2010) explain how differences between contractual and quasi-organic relationships have an impact on patterns of public administration, for example with respect to contrasting accountability mechanisms. They give the example of the more contractarian notion of the state, in which state and society are not intertwined and the contract between state and society is limited, which can also be seen to be reflected in the corporate management of these relations.¹¹

However, in the existing literature also several hindrances to more corporate styles of working have been identified. For example, it has been argued (cf Ketll, Rehfuß, Cigler, De Hoog), that with the application of other NPM concepts (fewer staff), the provision of effective contract management will be reduced to paper shuffling and auditing. And in the context of homelessness policy it is relevant that Frederickson and Smith (2003) refer to an additional obstacle to the contractual management of relations in social services. They state that: 'Social services have seen the most rapid growth in contracting (...) contracting for social services moved from the periphery to the centre of the welfare state when states were given greater latitude in service delivery and eligibility standards as part of welfare reform. Most social services contracts are not put for bid but are negotiated with one, usually continuing provider. Contractors seldom change because the market is limited. Goals are hard to define, making it difficult to measure outcomes or performance. Rather than a market or a government monopoly, the contracting of social services is best understood as a negotiated network. The management doctrines and skills required to be effective in negotiated networks are part of effective governance'.

According to these authors, irrespective of administrative traditions the impact of the nature of social services is such that different implementation of accountability mechanisms can be expected than initially would align with the particular relationship between state and society.

Under the management section another four relevant governance elements have been grouped. First, the relation between administration and society, which nature is also well described by the three typologies of structures (corporatist, pluralist or a combination). Second, the relationship between political institutions and administration can be seen to be impacted by administrative traditions that vary between more or less corporate, also referred to as more distant or close relationships. Naturally this relation is likely to influence the specific role of civil servants in various contexts that may differ in having more or less discretionary powers, which accounts for the third element that has been discussed. Fourth, accountability mechanisms are an important instrumentation indicative of the management modes; however, this has been strongly mitigated by the idea of the specific nature of governing social services.

¹¹ According to Painter and Peters (2010: 21) accountability mechanisms in the Anglo- American tradition, and not so much the UK, tend to emphasize political rather than legal approaches through the 'rights' tradition. This tradition elevates administrative review by the courts to a more prominent, activist role.

2.2 Quality of output and outcome

This section will discuss how to conceptualize the quality of output and outcome. Also it will provide insight into the meaning of efficacy and efficiency within the context of this study. Frequently it is the case that policy targets are not exclusively formulated in terms of (direct) outputs, but also in term of (societal) outcomes. Outcomes in this study are deliberately separated from outputs. Outputs can be defined as products that are expected to contribute to target attainment (Bakker et al., 2006), as a step in between. Outputs are acts, products or services that are directly or indirectly realised by government institutions for example, traffic fines, tax bills and environmental permits. Outcomes are the social effects that occur, partly due to outputs. In this case one can think of increased road safety, decreasing alcohol abuse or a cleaner environment.

The usual rubric of performance indicators is to be referred to as outcome. Authors discussed in this section, such as Donabedian (1980) and also Lauriks et al. (2008), distinguish between process and outcome, since insight into the process can help determine what factors influence the realization of outcomes. However, what these authors conceptualize as outcomes in their contexts are what, in the framework of this study, I have referred to as output. Whilst outputs concern all that is institutionally provided (provisions), outcomes refer to the effect of the policy in society (what is observed or perceived by a wider public).¹²

Quality of outputs and outcomes in terms of effectiveness

According to the American Health Resources and Services Administration (1996), amongst other things, the aim of describing quality is to evaluate the progress of homeless services in meeting the strategic goals and objectives in relation to costs. But how then can we conceptualise the quality of outputs and evaluate progress? How can we give direction to what can be regarded as positive outputs? This appears to be a complex concept. For example Edgar et al. (2003) point to the fact that what is considered as constituting the quality of services is subject to change. What is included in the concept of quality can be very much dependent upon the location and the context of services.

Helpful is the reference Wolf and Edgar (2007) make to Donabedian (1980; 1982) who defines a conceptual model of quality of care and distinguishes between structural aspects, processes and outcomes. Structural aspects of care are relatively stable characteristics of the tools and resources available, and of the physical and financial resources. In homelessness service delivery these include the level of and composition of the workforce and the buildings or accommodation. In Donabedian's view, structure is an indirect measure of quality because it increases or decreases the probability of good performance. Insight into the process of care can help determine what factors influence the realization of outcomes, and gives clues for the improvement or adjustment of the contents, the coordination and/or the organization of service delivery. Outcomes, according to this author, are the tangible results of the actions

¹² In this study, outcome is conceptualized as the observed benefits of the policy to clients by a wider public, and perceived benefits to the community itself (cf. Bakker et al., 2006). Van Gunsteren (2006, in Boutellier, 2011) also asks us to focus more on the result of a democratic process than on the chaotic process preceding the outcome.

undertaken and pertain to changes in a person's current and future housing, health and employment status that can be attributed to service delivery.

I would like to emphasise at this point the remark I made in the introductory section that what Donebedian presents as outcomes (housing, health) I refer to as outputs. Moreover, I would also like to emphasise here why, in the context of contemporary attempts of integrated approaches to homelessness and in the framework of this study, I refer to housing and health elements as outputs instead of outcomes. The provision of integrated services or mental health services to homeless persons with serious mental illness in the context of contemporary homelessness strategies is achieved through direct or indirect services realised by government institutions. This is also the case for housing services. However, there is a relevant distinction to be made between temporary and permanent housing. Temporary housing solutions hold a risk of being offered long-term and to be institutionalising; whilst a stay in temporary housing solutions is usually targeted in homelessness strategies (cf. Benjaminsen et al., 2009).

Having said this, Lauriks et al. (2013) provide clear guidance on how to measure the quality of these outputs. The authors developed a core set of thirty performance indicators that are feasible given the local information infrastructure of the public mental health care (PMHC) system in the municipality of Amsterdam, the Netherlands, and assess aspects of quality that are meaningful to stakeholders. These indicators are selected from an international inventory. It is described how these performance indicators provide helpful tools in the assessment of the effectiveness of a care system: 'The PI in the core set cover process and outcome domains of the PMHC system and four dimensions of PMHC performance, i.e. accessibility (the ease with which PMHC services are reached), continuity (the extent to which PMHC is smoothly organized over time), appropriateness (the degree to which provided PMHC services is relevant to the clinical needs given the current best evidence), and effectiveness (the degree of achieving desirable outcomes given the correct provision of PMHC services to all who could benefit). Four distinct categories of desirable outcomes of the PMHC system were identified: (reduction of) justice system involvement; (improved) housing; (improved) vocation and earning; and (improved) health' (p.4).

Homeless persons are a subpopulation within the PMHC system, to which five to ten indicators apply. Four of these indicators appear useful for this study in measuring the quality of outputs in terms of effectiveness.¹³ This selection can be seen in the tables 1 and 2. The quality of outputs as expressed by these indicators can be related to specific elements of the governance arrangements and these are summarised below.

Efficacy in terms of integrated service coverage

Having integrated approaches and customised services are assumed effects of the decentralisation of responsibilities (cf. Fleurke and Hulst, 2006). The supply of an integrated offer to homeless clients also tends to be part of a homelessness strategy. Offering individualized services and support are features of all the strategies reviewed

¹³ Some pragmatic adaptations had to be made to the original performance indicators for housing. The term 'improved housing' had to be altered during the course of the empirical study in the indicator for 'temporary housing'. Also some refinements such as – [in italics] *in the month (or quarter)* preceding the second evaluation *at 3, 6, or 12 months* after intake – appeared not to be feasible to hold on to in the different contexts.

by Benjaminsen et al. (2009). The efficacy of policies that aim to supply integrated care can be related to the governance elements of policy and, more specifically, to policy goals and the element of structure relating to the allocation of responsibilities and budgets.

Bresser and Klok (2008) distinguish the setting of internal policy goals from the setting of external policy goals. They found that, by setting internal policy goals, the city sets targets relating to the situation within the administration itself (such as a lack of integration), while external policy goals are aimed at situations outside the administration. Since multi-level governance can be seen to pose a risk to the expectation of integrated approaches and customised services, with respect to the allocation of policy responsibilities, it matters whether adjoining policy sectors are involved and to what degree these can be held responsible for the quality of policy output and outcome.

Table 1 Outputs based on and that refer to a selection of the variable ‘homeless’ within the core set of performance indicators for the local Public Mental Health Care system and that refer to integrated service coverage

PI description	Numerator	Denominator	Defined by
Mental health service coverage homeless	# ¹⁴ homeless persons with a Serious Mental Illness (SMI) who receive Assertive Community Treatment (ACT) or Intensive Outreach treatment	# of homeless persons with SMI	Numerator/Denominator
Overall service coverage homeless	# homeless within the catchment area of the PMHC system who receive care from ≥ 1 providers	# homeless persons within the catchment area	Numerator/Denominator

The evidenced effectiveness of the setting of internal policy goals and the allocation of responsibilities and budgets shows why it is useful to highlight these elements within governance arrangements. The variation on these elements will eventually impact upon the likelihood of integrated offers being made to homeless clients, or not.

Efficacy in terms of housing

The efficacy of preventative policies can be related to the governance element of network structure. The effectiveness in terms of output – as expressed in the two PMHC indicators in this study that refer to the housing situation, i.e. temporary and permanent housing – is explained by the network structure observed in governance arrangements on homelessness. Pawson et al. (2007) have been able to demonstrate the improved effectiveness of policy networks in which non-governmental parties have a role. They found that ‘it was the engagement in homelessness prevention by mainstream agencies and services systems (as compared to specialized shelter

¹⁴ ‘#’ refers to ‘the number of persons’ that fit this description.

services) that has been identified to be a critical component in the successful English reform (into preventing homelessness) ’.

Table 2 Outputs based on and that refer to a selection of the variable ‘homeless’ within the core set of performance indicators for the local Public Mental Health Care system, and that refer to the housing situation

PI description	Numerator	Denominator	Defined by
Temporary housing	# clients who were homeless at intake, whose housing status had improved preceding the second evaluation after intake. Housing status was ranked (from low to best) street – night shelter – temporary housing.	# clients who were homeless at intake with a valid second evaluation	Numerator/ Denominator
Permanent housing	# clients who were homeless at intake, who lived in permanent housing preceding the second evaluation after intake. Housing status was ranked (from low to best) street – night shelter – temporary housing – permanent housing	# clients who were homeless at intake with a valid second evaluation	Numerator/ Denominator

The evidenced effectiveness of the involvement of mainstream partners shows how it is useful to highlight in the cities’ policies who (how mainstream or specialist) the cities’ partners actually appear to be. The variation between network structures in pluralist–corporatist and corporate–pluralist models will eventually impact upon the likelihood of mainstream providers being involved in homelessness strategies.

While the number of persons temporarily or permanently housed can be seen as important output variables, the number of persons that is not, those sleeping rough in a city, is an important indicator of the outcome of homelessness policy. However, routes into rough sleeping and the relationship to state interventions is complex. Nevertheless, this is usually targeted by the policy and for this reason alone already the subject of this study. Also, the total number of homeless persons in a city is indicative of its success in terms of prevention and provision of permanent routes out of homelessness. This will be the second effect measured in terms of the quality of outcomes. To construct the outcome indicator the number of persons assessed to be sleeping rough in a city is related to the total number of homeless persons in the particular area.

Table 3 Outcomes

Description	Numerator	Denominator	Defined by
Rough sleeping	# homeless persons known to sleep rough within the catchment area	# of homeless persons within the catchment area	Numerator/ Denominator

Outcome will also be studied in terms of responses from the wider public which may vary in relation to both public order and (a lack of) support for policies. For this one can think of what is expressed in the media on the topic or what responses stem from specific neighbourhoods in a certain city.

Efficacy in terms of efficiency

The efficiency of policies can be related to governance elements of management. In the preceding section we have seen that it is feasible to measure the quality of outputs in terms of effectiveness. A higher score on one of the public mental health indicators (as outlined in table 1) will be indicative of a more effective output. In this study effectiveness is defined as the capability of producing a desired result. When something is deemed effective, it means it has an intended or expected output or outcome, or produces a deep, vivid impression of this. However, efficiency is not captured within the PMHC performance indicators.¹⁵

In this study evidence about efficiency, as part of the quality of outputs in terms of efficacy, is constructed from qualitative data. Variation in the efficiency of policies can be related to variation in the room there is for local authorities to draw up their own plans (see above in the discussion of Benjaminsen et al., 2009 under the structure section). Conceptions of the role of civil servants have also been described in connection to variations in terms of levels of expertise versus commitment (Painter and Peters, 2010). The complexity of a particular policy area demands a certain level of expertise and knowledge necessary for the execution of that policy. Policies that require a high degree of specialist knowledge can score negatively with regard to the efficiency of programme spending (Fleurke et al., 1997). Based on this, in studying the quality of outputs in terms of efficiency of governance arrangements as a dependent variable, for the independent variable it seems useful to differentiate between the allocation of budgets and responsibilities within government arrangements, the network structure, that is also indicative of the relationship between administrative and political institutions and the conception of a civil servant.

Similar to the debate about the quality of care, there is also an ongoing discussion about efficiency and efficacy in terms of place and time. Often these terms are too

¹⁵ Lauriks et al. discuss how ‘several gaps in PMHC quality assessment were identified.’ (p.6) They explain how one of the dimensions of quality that was mentioned by stakeholders as relevant for the construct of quality that is not covered by the PI in the core set are measures of efficiency. This is explained by the current method entailed selecting PI from a pool of PI that have been published in literature. By design, no new PI were developed. Lauriks et al conclude thus that although the core set covers most of the functions and quality dimensions of the local PMHC system, additional PI still need to be developed.

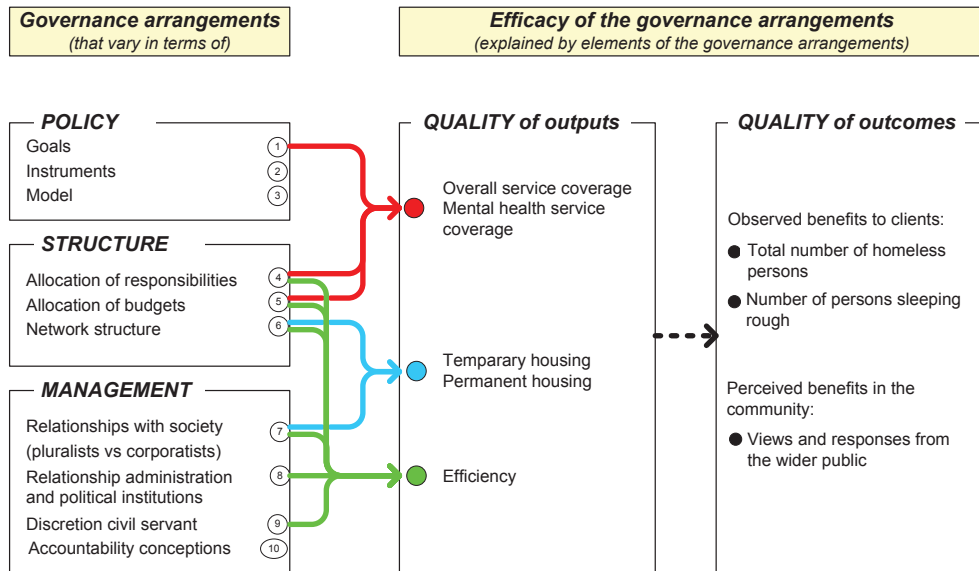
narrowly related to the specifics of a New Public Management approach (see section 2.1) and are felt not to do justice to the reality and complexity of governance. For example, Fenger and Klok (2008, in Hoogerwerf and Herweijer, 2008) conclude in their section on policy instrumentation that these instruments 'are not only to be judged in terms of efficacy and efficiency. Also political, societal and ethical conditions are affecting our appreciation of the different types of policy-instrumentations.' (p. 240) I would like to emphasise that in this study such conditions, as pointed out by Fenger and Klok, are taken into account and the outputs and outcomes of instruments are not judged in isolation. However, a focus on the quality of outputs and outcomes in terms of effectiveness and efficiency is central to this thesis.

In this section the central dependent variable of this study, the quality of outputs and outcomes in terms of efficacy has been operationalised. The difference between output and outcome has been explained and quantitative indicators to measure the quality of effective outputs have been introduced. The effectiveness of policies has been related to network structure. The efficiency of policies has been related to governance elements of management. It has also been argued that, for this to be a justifiable approach there is a need for a scope of effectiveness and, as a part of that, efficiency whilst a wider reality or context is not avoided.

2.3 Conceptual model and hypotheses

In the preceding descriptions we have come across causal relations (by Hoogerwerf and Herweijer, 2008; Pollitt and Bouckaert, 2011; Painter and Peters, 2010; Donabedian, 1983, in Wolf and Edgar, 2007) that have given input to the theoretical model underlying this project. There is diminishing certainty or even an attribution problem in results on the relationship between a governance arrangement and the quality of the outputs and the outcomes. Pollitt and Bouckaert (2011) recommend the consideration of specific tools and techniques since this will clearly lead to a low-level, detailed and specific analysis in which the coherence within the menu or arrangement in a particular country or sector – and how and why menus differ in different times and places – can be examined. However, it is hard to study this relationship without assuming that it is a purposeful activity with some shape or pattern to it. Therefore, I propose that, in accepting the above as based on current theoretical insights, it is possible to assume that there is a relation between governance arrangements and the quality of outputs and outcomes in terms of efficacy.

Figure 1 Conceptual model



Hypotheses

On the basis of existing literature and empirical knowledge on Northern European metropolises' governance arrangements on homelessness, hypotheses can be outlined regarding the effect these arrangements would have on the quality of their outputs and outcomes. In the preceding section, we encountered some classifications of the variation that can be expected from the empirical data. However, it seems useful at this stage to introduce, more explicitly than before, some comparative perspectives. For the empirical study, I will analyse three cases that are expected to have the most variation. On the basis of the above classifications, hypotheses can now be drawn regarding the effect these governance arrangements on homelessness and the quality of their outputs and outcomes.

1. Specific variations in governance arrangements on homelessness impact upon their efficacy in terms of integrated service coverage

I expect to find that the efficacy of policies designed to supply integrated care can be related to the governance element of policy and, more specifically, to policy goals and to the element of structure concerned with the allocation of responsibilities and budgets. The variation on these elements will eventually impact upon the likelihood of integrated offers being made to homeless clients, or not.

2. Heterogenic networks' efficacy in terms of housing is higher in preventing homelessness

The prevention of homelessness is usually an important part of a homelessness strategy. Reducing the use of temporary accommodation, reducing stays in shelters, and providing long-term or permanent accommodation are features present in all the strategies reviewed by Benjaminsen et al. (2009). The engagement in homelessness prevention by mainstream agencies and service systems (as compared to specialized

shelter services) is a critical component in preventing homelessness (Pawson et al., 2007). Scandinavian countries indicate having a homogeneous or corporatist network in a quasi-organic setting. In the Anglo-Saxon context there would rather be heterogeneous or pluralist networks in a more contractual setting (Pierre and Peters, 2000). In an Anglo-Saxon governance arrangement I would expect to find more pluralist networks (Pierre and Peters, 2000) and therefore expect to find lower rates of institutionalised homelessness. Vice versa in a Scandinavian arrangement, with more corporatist networks in a quasi-organic setting, I would expect to find higher rates of institutionalised homelessness.

3. In a centred tradition the efficacy in terms of efficiency will be higher than in a decentred situation

From the above discussion, we have learned that the complexity of a certain policy area demands a certain level of expertise and knowledge necessary for the execution of a policy. Policies that require a high degree of specialist knowledge can score negatively with regard to the efficiency of programme spending (Fleurke et al., 1997). Conceptions of the role of civil servants have also been described in connection to variations in terms of levels of expertise versus commitment. Compared to local authorities that hold far-reaching responsibilities, limited discretionary room for local authorities to make their own local plans with a more centralised focus on efficiency and efficacy supports a proposition to be drawn in relation to the efficiency of homelessness programme spending.

In sum, these hypotheses imply that, in the case of a decentred governance arrangement with homogeneous or corporatist networks, I would expect to find less efficient spending and lower rates of prevented homelessness and therefore higher rates of residential homelessness. In the case of a centred governance arrangement and more pluralist networks I would expect to find higher efficiency of spending and higher rates of prevented or rehabilitated homelessness; and, in the case of a mixture of these elements within a certain governance arrangement, I would expect to find medium efficiency of spending and lower rates of prevented or rehabilitated homelessness and therefore higher rates of residential homelessness. Parts of what constitutes these hypotheses have been tested before, but these elements have never been tested in this particular constellation. However, there is little empirical evidence for these propositions. How elements of policy, structure and process, grouped together within different governance arrangements, impact upon the quality of provisions and the actual outcomes as perceived by homeless persons and the wider public is unclear. Monitoring does take place, and I would therefore like to relate this to the outcomes to the governance arrangements and ask to what extent these findings support my hypotheses.

3. Comparative case study design

This chapter will discuss the selection of cases in which I will search for similarities as well as relevant variations. The methods of document analysis and semi-structured interviews will also be discussed as well as the method of data analysis. For the study of the cases, a combination of qualitative and quantitative methods is proposed. Relevant variables stemming from the theoretical chapter are operationalised to support the method of data analysis. Also, the possibilities of theoretical generalisations of the findings of this study are mentioned. Finally, an additional remark will be made, related to my own position as a researcher.

3.1 Selection of cases

For this research, the most suitable approach is to examine qualitative data in combination with a smaller amount of quantitative data as this takes into account concrete cases and their complexity. More specifically, this research will have the character of a triple case study, which allows for comparison (and for the initial stages of a theoretical generalization). In selecting cases, I am striving for maximum variation in governance arrangements. This means that the cases are all different with regard to the elements that are assumed to influence the quality of outputs and outcomes. Indeed, I will be 'looking for a law' on what predicts the output and outcomes of governance arrangements on homelessness.

How can I best ensure that my data can actually indicate the existence or non-existence of this relationship in the most valid manner? I will be selecting at least three cases, which seems sufficient to ensure that the selection as a whole covers all relevant variations as well as similarities. All cases must meet three basic criteria in which two dimensions are similar and one dimension varies.

Firstly, the cases must concern *larger municipalities'* governance arrangements with regard to homeless people. The choice of a metropolitan location is justified by the fact that the majority of the national homeless population is found in such localities and that the activities of national strategies in countries such as Denmark, Finland and the Netherlands have been targeted at such larger municipalities (Benjaminsen and Dyb, 2010).

Secondly, I am looking for cities with a comparable level of welfare, since homelessness has a very different connotation in cities and countries where homelessness and poverty are issues for a much wider proportion of the population than is the case in a Northern European setting. Even though the theoretical model is applicable to, for example, southern European cities such as Lisbon and Athens, for reasons of more refined comparison, in this study I am looking for more similarity within cases.

Thirdly, when selecting the cases I am striving for variation in the governance dimensions: policy, structure and management. With respect to the policy element, we have already learned that on the level of policy objective little variation is to be expected (Benjaminsen et al., 2009). Variation in the policy dimension will rather derive from a thorough analysis of the city's instrumentation as well as the basic assumptions underpinning the policy. For this study the variation in the structure element of the metropolis's (more or less autonomous) position (cf. Fleurke and Hulst, 2006) within the multi-level involvement in homelessness forms a good starting point

for the choice of cases preceding the in-depth analysis. And in terms of management, what possible variation and role of non-governmental organizations in how public and private responsibilities are divided can we expect?

Esping-Andersen (1990) defined three welfare regimes: three main types of welfare states, in which modern developed capitalist nations cluster. These are Liberal, Corporatist-Statist and Social Democratic.¹⁶ Pierre and Peters (2000) indicate that administrative traditions vary from organic to contractual relationships and from corporatist to more pluralist network structures. Painter and Peters (2010) assess the impact of traditions on administrative reforms and the capacities of government to change public administration by developing a concept of administrative traditions and describing the traditions that exist in a wide range of countries across the world. On this basis they distinguish four variables in administrative traditions: relationships with society (quasi-organic or contractual); relationships with political institutions (distinct or close); conceptions of the civil servant being law versus management; and accountability (within the bureaucracy or with political actors). They outline different models or governance arrangements and describe four western administrative traditions: Anglo-American,¹⁷ Napoleonic,¹⁸ Germanic¹⁹ and Scandinavian.²⁰

In doing so, they refer to the Anglo-American model of governance as having a contractual and pluralist relationship with society, a distinct relationship with political institutions, an emphasis on management styles (NPM), complex accountability mechanisms and diversity in autonomy at the local level. They characterize Scandinavian governance systems as having a quasi-organic and corporatist relationship with society, a distinct but not incompatible relationship with political institutions, a management style with elements of law, management and organization theory, and as having perhaps the most complex system of accountability and local government that is relatively independent.

Continental systems such as those in Germany and France, according to Painter and Peters, have the clearest organic conception of the state, implying that these systems are the least susceptible to planned change. The relationship between administration and political institutions in these traditions is also characterised as being the closest. The Dutch setting is grouped under the German continental, corporatist and organic tradition. However, it is the Netherlands that is referred to as being 'at the opposite end of a continuum of power assumed to reside in the state (with the German Rechtsstaat being the clearest example of the later)'. The argument here is that society and markets have developed the capacity for self-organisation and for eluding any attempts on the part of government to control them (Pierre and Peters, 2000). This lack of direct powers is why it is said to be possible to have a quasi-organic tradition more like the Scandinavian one. However, the Dutch setting is also referred to by most theorists (cf. Esping-Andersen, 1990; Painter and Peters, 2010) simply as a hybrid case. Still, this case does seem to involve the most marked contrast to the Anglo

¹⁶ The traditional examples of the three types of welfare states are the United States (liberal), Germany (corporatist-statist) and Sweden (social democratic).

¹⁷ United Kingdom (Anglo-Saxon), Ireland, the United States, Australia, (British) Canada and New Zealand.

¹⁸ France, Spain and other Southern European Countries (Portugal, Italy and Greece).

¹⁹ Germany, Austria, Switzerland and the Netherlands.

²⁰ Nordic variant: Denmark, Sweden, Norway and Finland.

American and the Scandinavian ones in terms of the relationship between administration and political institutions (the management variable).

Table 4 summarises the points made above, as well as the variation expected, based on the hypotheses that have been formulated, related to the dependent variables in the preceding chapter.

Table 4 Expectations on relevant variables of three western administrative traditions on homelessness

	Scandinavian	Anglo-Saxon	Continental
Independent variable			
Homeless policy-goals	Similarity	Similarity	Similarity
Structure: level of local autonomy	Decentred: higher levels of local autonomy	Central: lower levels of local autonomy	Partly decentred: medium levels of local autonomy
Management: administrative tradition	Quasi-organic and corporatist	Contractual and pluralist	Organic ²¹

According to this analysis, it is possible to include larger cities from any one of these Scandinavian, Anglo-Saxon or Continental contexts in this study. Participation in each case depended on the willingness of each particular city to be involved in this study. Initially, I expected cooperation would be easier to obtain from cities that I had worked with before, however, it also appeared that ‘cold’ cases were willing to participate. No city I have approached has refused to participate in this study and all three cities finally selected have been helpful in providing access to all the data I required. Other relevant partners and stakeholders such as mental health service providers have also given access to the necessary data.

The cities involved in this study are Copenhagen, Glasgow and Amsterdam. The Copenhagen policy in this study is laid down in twelve Danish documents. These documents have been translated into English. The structure of these documents is very disciplined, making it possible to perform the analysis in a similarly structured way. Both on paper as well as in conversation, causal reasoning could be detected in the policy documents and in talking to public sector respondents. The empirical basis underlying the Copenhagen policy model could also be detected in this data.

In the Glasgow housing policy at the time of the study no strategies were specifically mentioned other than (as I later came to understand) that the city intended to continue with the implementation of the policy goals already set in 2009-2012. The most recent policy document at the time of this study therefore only states that: ‘rather than carrying out research into homelessness prevention and tenancy sustainment [the city] makes a commitment to engage stakeholders and service users to develop effective activities based on previous research about homelessness prevention’. This short commitment creates a remarkable difference to the detail of the preceding

²¹ The Dutch tradition is possibly more of a hybrid case because of its more quasi-organic as opposed to organic relationships, but with a clearly corporatist model of policy making.

Glaswegian homelessness strategy, resulting in a fairly impressive amount of instruments (see appendix 4). This implementation appears still to be in operation after the formal ending of the strategy it evolved from. I have been able to identify the characteristics of the main instrumentation of the current policy in operation at the time of interviewing and writing (2013) on the basis of such policy documentation, interviews conducted and by closely examining the policy goals set out above.

The Amsterdam case is the one that is most familiar to me. At the time of this study the city of Amsterdam had an eight-year strategy that was coming to an end. For each four-year policy period a separate plan was drawn up by the city (2006-2010 and 2011-2014). The focus of this study is on the second stage of the plan (2011-2014). I was involved myself as a policy maker during most of those eight years, both in monitoring as well as in subsidizing third parties and the involvement of the service-user's perspective into policy. All the documentation I have used for the study of this case is public and can be found on Amsterdam websites. The interviewing of all relevant stakeholders has been – as in the other two case studies – conducted on a confidential basis.

3.2 Methods

In research on public administration systems it is at times hard to make results tangible. Yesilkagit (2010) states that studying the effect of administrative tradition is something positivists would shy away from since the concept is confusing, vague and slippery. He therefore concludes that, for administrative tradition to have an observable effect on administrative reform, tradition should be defined as an empirical concept. Yesilkagit suggests distinguishing between two dimensions of administrative tradition as analytically independent attributes: traditions as embodied by structures and traditions as embodied by ideas. The design of this study contains both structures and ideas. The latter are captured within the concept of the policy model. Olsen (2009) indicates that an institutional approach assumes that institutional developments are better understood by analysing the underlying processes than specifying a list of factors for a comparative analysis of change. This study attempts to do both. In this study I will also be actively looking for the latent content of meaning, which is ideally done through qualitative research, since the reconstruction of exactly this lies at the heart of this research method (cf. Bogner et al., 2009).

Since I will be looking for structures as well as ideas and the latent contents of meanings, I will be studying both policy documentation and performing semi-structured interviews with stakeholders. Since several methods are combined in these case studies it is justified to speak about the triangulation of methods. In this way, by the study of a case from several perspectives, more reliable evidence will be available. Key actors/respondents will not only be stakeholders from political and policy positions, referred to as authority respondents, but also voluntary service providers and homeless clients themselves. A total of approximately ten respondents per case should be enough to procure the necessary qualitative data.

Each case has been studied by analysing policy documents (in one case – the Scandinavian – these were translated), examining outputs and outcomes and interviewing about ten stakeholders. For the document analysis, policy documents and municipal registrations have been studied. Research has been done into information on the policy (What is the underlying model of assumptions? What goals are set? What instruments were intended to be employed? Where and what responsibility is

Independent variables: policy, structure and management

In order to get a grip on the differences within governance arrangements, I have had recourse to the arrangement of all relevant theoretical variation and I have grouped this under the 'policy, structure, management' format. This exercise appears to have been very useful in forming tangible entities and questions for the analysis of the data. Posing the question as to what actually seems to matter regarding the outputs and outcomes of governance arrangements on homelessness has pointed to the formation of ordinal quantitative categories with possible scores ranging from zero (0) (indicating that the policy element as assessed in this particular case has little attributable value to the desired outputs) to two (2) (which means that the case appears to be relatively successful in achieving the desired outputs). The theoretical assumptions in the tables below have been more extensively outlined in chapter 2 and are summed up here only briefly.

The first indicator measures the variation in the policy goals of a governance arrangement. In the second, theoretical chapter we have learned how Bresser and Klok (2008) distinguish the setting of internal policy goals from the setting of external policy goals. They found that by setting internal policy goals a city sets a target relating to the situation within the administration itself (such as a lack of integration), while external policy goals are aimed at situations outside the administration. From Benjaminsen et al. (2009) we have also learned how policy goals on homelessness in European nation states tend to have strong similarities. This indicates that I do not expect the setting of external policy goals in itself to make much of a difference in terms of the quality of outputs and outcomes. However, I will study the variation in output and outcome per case of the external goals set, by making use of the PMHC output indicators and the outcome indicators discussed above (section 2.2).

The first indicator expected to impact on the variation in outputs and outcomes concerns the setting of internal goals.

Table 5 Indicator that measures the variation in the policy goals of a governance arrangement on homelessness

<i>1. POLICY GOALS</i>			
Indicator	The setting of internal policy goals		
Possible variation	By not setting an internal policy goal internal issues risk not being addressed sufficiently	By not setting recent or clear priorities for an internal policy goal internal issues risk not being sufficiently addressed	By setting an internal policy goal internal issues can be addressed

The second indicator shows the variation in policy instruments of a governance arrangement. In regard to policy instruments, Fenger and Klok (2008) have noted how these instruments are an important means to attain a policy goal. This means that the indicator for instrumentation is about the coherence between the setting of policy goals and the likelihood of these goals being attained through the proposed instrumentation (table 6 on next page).

Table 6 Indicator that measures the variation in policy instruments of a governance arrangement on homelessness

2. POLICY INSTRUMENTS			
Indicator	The setting of instrumentation tuned to the policy		
Possible variation	A goal that cannot be attained by the available instrumentation	A goal that can somewhat be attained by the available instrumentation	A goal that is targeted at a subject that has the potential to be influenced by policy-instruments

Thirdly, it appears relevant for policy goals to have some coherence with or support stemming from the policy model. Several authors (cf. Coolsma, 2008; Dunn, 2012) have pointed out the relationship between the basic assumptions within administration and the chosen policy instrumentation and it is assumed that a policy model, reflected in instrumentation, will have an impact on the probability of goals being achieved and implemented effectively. Therefore, the third indicator, which measures the variation in policy models of a governance arrangement, refers to the number of policy models that are coherent with goals compared to the total number of policy models.^{22, 23}

Table 7 Indicators that measures the variation in policy models of a governance arrangement on homelessness

3. POLICY MODEL			
Indicator	The number of policy models supportive of goals/the total number of policy models		
Possible variation	A problematic policy model hinders policy implementation	A combination of a problematic and supportive policy model impacts policy implementation both positively and negatively	A coherent policy model accelerates policy implementation

With respect to the allocation of policy responsibilities, it matters whether adjoining policy sectors are involved and what is the degree to which these can be held responsible for the quality of policy output and outcome. Relevant policy actors involved in an integrated homelessness policy approach are the health, housing, income and justice policy sectors. The fourth indicator that measures the variation in allocation of responsibilities of a governance arrangement therefore refers to the number of important policy actors that are involved.

²² In the existing body of literature on policy models (cf. Coolsma, 2008; Dunn, 2012) it has been assumed that it is possible to distinguish a particular policy model composed of its various elements. However, based on experiences from practice, for this study I have chosen to describe more than one existing policy model in one policy domain as separate models.

²³ Please note that the examination of the elements of the policy models has been constructed from connections made by respondents, or in text documents that stem from authority respondents, e.g. at the administrative or political level only.

Table 8 Indicator that measures the variation in allocation of responsibilities of a governance arrangement on homelessness

4. ALLOCATION OF RESPONSIBILITIES²⁴			
Indicator	The degree to which important aligning policy actors are involved in governance arrangements on homelessness ²⁵		
Possible variation	Little involvement of important policy actors or clarity on mandates, conflicting interests (0)	Mean involvement of important policy actors (1)	Close formal involvement and laws that apply create clarity on political stances (2)

We have seen that an assumed effect of decentralization of responsibilities and means to a local level can be that this leads to more efficiency. This, however, has been challenged by, for example, Fleurke et al. (1997), who refer to the complexity of a certain policy area and the requirement of a high degree of specialist knowledge that impact on the risk to score negative in regard to efficiency of programme spending. For this study I propose to include the efficiency of the arrangement on homelessness, which in some cases will refer to a wider definition than programme spending only. This information is captured in table 9.

Table 9 Indicator that measures the variation in allocation of budgets of a governance arrangement on homelessness

5. ALLOCATION OF BUDGETS			
Indicator	The degree to which the allocation of financial responsibilities over the levels of governance enhances the efficient spending of the arrangement		
Possible variation	Decentred: more local discretion. More risk to score negative in regard to efficiency (0)	Multi-levels of responsibilities and discretion. Risk to score negative in regard to efficiency (1)	Centred: less local discretion. Less risk to score negative in regard to efficiency (2)

The combination of the sixth and the seventh indicators captures both the structure variable on the network composition and the management variable on the relationship with society. Pierre and Peters (2000) distinguished between network structures that provide more insight into relationships with society, separating pluralist from corporatist and corporatist pluralist approaches. Pawson et al. (2007) showed that the engagement in homelessness prevention by mainstream agencies and services systems

²⁴ The elements of tables 5 about policy goals and 8 about allocation of responsibilities are related to each other since both deal with the level of integration of the studied policy at stake.

²⁵ Relevant policy actors to be involved in an integrated governance arrangement on homelessness are the health, housing, income and justice actors.

is a critical component into preventing homelessness. The focus of this indicator therefore is the probability of partners of the city to be mainstream entities. This indicator, besides the output indicators for temporary and permanent housing, contributes to the hypothesis drawn up about this.

Table 10 A combination of the sixth and seventh indicators that measure the variation in networks and relations with society of a governance arrangement on homelessness

<i>6/7. NETWORK/ RELATIONS SOCIETY</i>			
Indicator	The degree of the heterogenic nature of the network, indicating more effectiveness in the prevention and recovery of homelessness		
Possible variation	Homogeneous network, corporatist structure, quasi-organic setting, possibly less successful in homelessness prevention	Pluralist-corporatist: many parties much involved, possibly somewhat successful in homelessness prevention	Heterogeneous or pluralist networks in a more contractual setting, possibly most successful in homelessness prevention

The eight and the ninth indicators are connected to the efficiency hypothesis and measure the variation in the relations between politics and administration as well as the level of discretion for civil servants in governance arrangements. The efficiency hypothesis starts from the idea that the complexity of a certain policy area demands a particular level of expertise and knowledge necessary for the execution of that policy. Therefore policies that require a high degree of specialist knowledge can score negatively in regard to the efficiency of programme spending (Fleurke et al., 1997). The degree of administrative knowledge has been related to the conception of the relationships between administration and politics and the discretionary room a civil servant has in a particular context. Relationships between administration and politics have been characterised in different settings as either close or distinct, with politics and society having much or little impact on policies, which is said to influence the level of commitment of civil servants and also the level of competence in administration (Painter and Peters, 2010). These authors also pose the question of whether technical (merit) or political criteria dominate in administration and argue that the actual answer might be a realistic balance between commitment and competence. The indicator in this respect expresses the relationship between politics and administration and is closely interconnected to the local discretion attributed to a civil servant (table 11 on next page).

Table 11 Indicator that measures the variation in relations between politics and administration of a governance arrangement on homelessness

8. RELATIONS ADMINISTRATION AND POLITICS		
Indicator	The degree to which the relationship between administration and politics is distinct, flexible (close) or somewhere in between, indicating the latter as the most positive relationship.	
Possible variation	Embedded policies; close, flexible relationship (1)	A realistic balance between commitment and competence (2)
	Distinct relationship, rigid rules apply (1)	

The specific role of local civil servants will vary, ranging from being a lawyer, and actually being involved in legislating, to merely implementing the law (which has been decided upon by others/politicians), referred to as the civil servant conception of a manager (Painter and Peters, 2010). The indicator for this variable measures the number of pages drawn up by local civil servants, compared to any national directives available on how to draw up these local policy plans.

Table 12 Indicator that measure the variation in the discretion of the civil servant in a governance arrangement on homelessness

9. DISCRETION CIVIL SERVANT			
Indicator	The number of prescriptive pages in policy documentation available on different levels of expertise: number of pages local/number of pages national		
Possible variation	Lawyer, much room, relatively little (national) detail (highest = 0)	(medium = 1)	Manager, little room, relatively much (national) detail (lowest = 2)

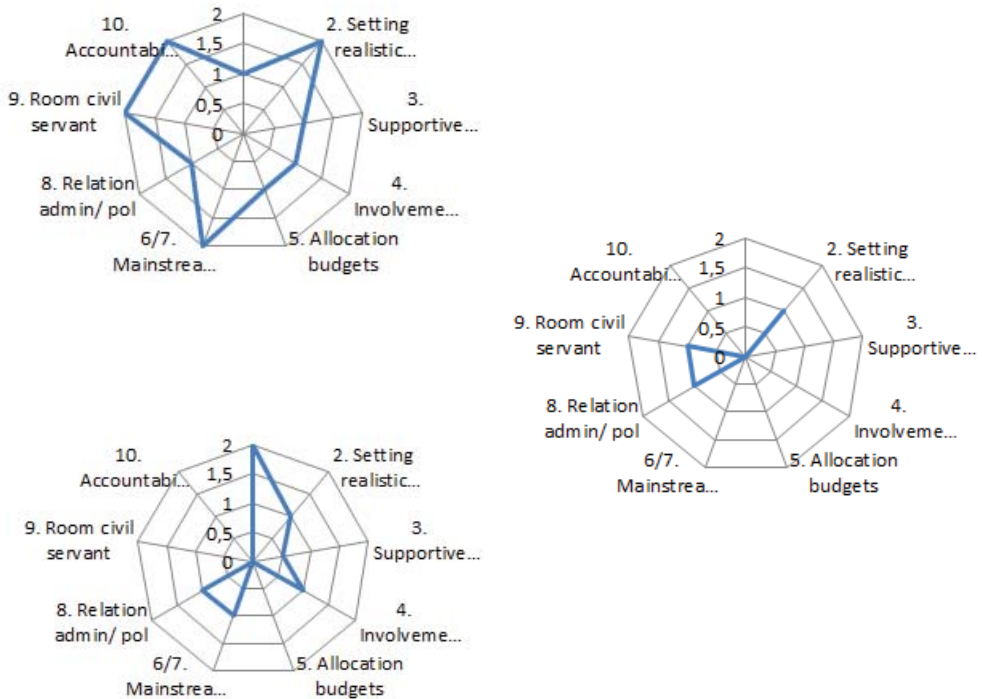
Finally, the tenth indicator measures the variation in the accountability concepts of a governance arrangement. These will vary amongst cases, more corporate conceptions being said to place greater emphasis on the efficacy of policies

Table 13 Indicator that measures the variation in concepts of accountability in a governance arrangement on homelessness

10. ACCOUNTABILITY		
Indicator	The degree to which more corporate conceptions of accountability are part of the governance arrangement, indicating more focus on the actual efficacy of policies	
Possible variation	High impact on conceptions of accountability from politics and/or society (0)	Corporate-style with a clear focus on the efficacy of policies (2)

The end results of this scoring can be plotted to make it easy to see the variation within governance arrangements in one simple graph. In addition, the area under the curve (AUC) indicates the surface, mathematically known as the integral, covered within the graph. It will be for the empirical study to show whether a higher AUC indicates that in the particular case more effective and efficient governance items that matter in terms of outputs and outcomes have been detected. In the third figure or in this case plots drawn below one can see how the area coverage from left to right ranges from a smaller to a larger surface coverage. The numbers one to ten refer to the indicators from tables 5 to 13. The graph on the right indicates a lower score on these variables than the two graphs on the left.

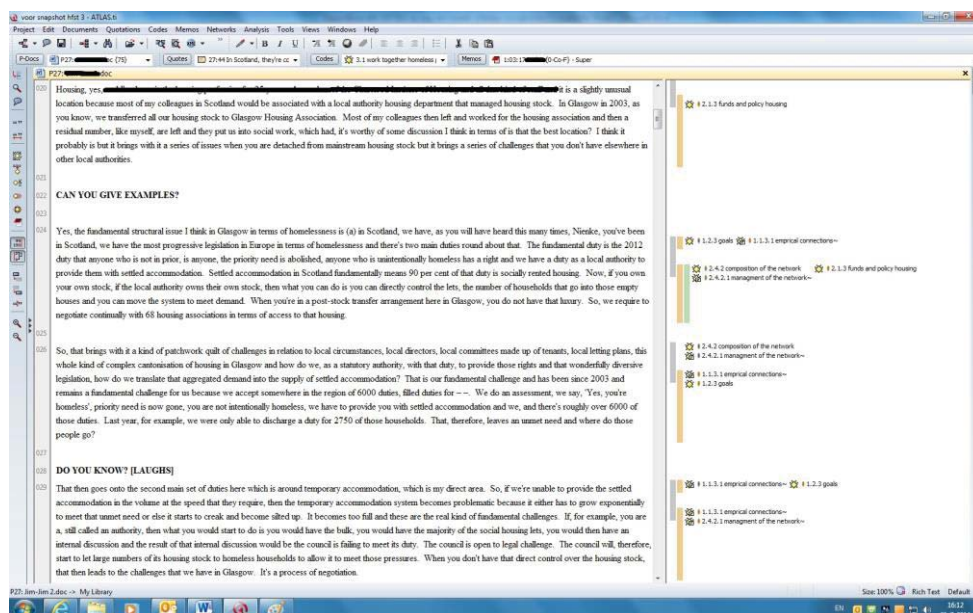
Figure 3 An example of variations within the graphs



Interviews and documents have been coded, with the codes mentioned above, in data management programme atlas.ti. One or several codes construct one of the elements as described in the theoretical design and the hypothesis formulated (policy, management and structure as operationalised in figure 1). For example, if a respondent working for the local authority would tell me something about the basis on which way payments to homeless services are done, this would be coded with the code 'accountability mechanisms'. Also, remarks about adjacent policy sectors such as housing, health, justice or income were coded separately, but under the heading of the overall codes of allocation of responsibilities and budgets. After coding all the documents and

transcripts, these have been extracted into a text file.²⁶ These files have been named after their respective code(s). Examining the content of the extracts in detail was a good way to study these variables and what they mean in the context of this specific case study.

Figure 4 Snapshot of atlas.ti coding template



Dependent variables: quality of output and outcome

To measure output, performance indicators (PI) for the local Public Mental Health Care (PMHC) system have been used (see section 2.2 on the quality of output and outcome). For comparison, the outputs on service coverage as well as on housing have been related to the various governance configurations. On this basis conclusions could be drawn about the three hypotheses. With regard to the PI, Lauriks et al. (2013) indicate that: 'The inclusion of (only) local Amsterdam stakeholders, and selecting PI (partly) based on their feasibility, could limit the implementation of the PI in other local PMHC systems. Other municipalities may have different data sources available to them. Although this core set of PI for PMHC could be highly informative for PMHC professionals and policymakers in other municipalities and regions both in the Netherlands and other countries, the feasibility of the PI in the current core set should be reassessed before implementation in other local PMHC systems.' For the comparative purposes of this study four of the total of thirty PI has been used on the available data sources of other municipalities. In doing so, these four indicators, measuring service coverage and housing, have been assessed to be of relevance to

²⁶ With the help of the atlas.ti 'code manager' -> 'output tool', 'quotations for selected codes'.

these other municipalities as well. However, it has not been necessary to reassess the full core set to be able to do this.

In this study, outcome is conceptualized as the observed benefits of the policy to clients and to the benefits as perceived by the wider community. The quality of outcomes is mostly qualitatively operationalised by data (quotes) stemming from my document study and interviews. The impression of public support for the local homelessness policy, as expressed by respondents and as perceived in the documentation available to me, has been taken as an outcome measure. Moreover, for the quality of outcomes related to the number of persons sleeping rough in a city, which are related to the total number of homeless persons in a city, quantitative data is available and used for this study. This is combined with qualitative data since routes into rough sleeping and the relationship to state interventions are complex. Nevertheless, this is targeted by the policy and for this reason alone is already the subject of this study.

I have actually been able to work with quantitative variables although I was warned that this would be challenging. On the basis of the project Mphasis²⁷ (2009), it has been evident that progress has been made on issues of definition, measurement and evaluation. Even so, the authors involved in that project have indicated that there is still much to be done in the area of homelessness if the potential benefits of transnational comparisons and learning are to be maximized. However, I do need to emphasise that I have approached the quantitative variables for this study as being useful in terms of the *ratio or proportion* they would reveal about the five indicators (PI and outcome on rough sleeping). This ratio I consider to have more value than the actual scores, for the reasons also made clear by the Mphasis project.

To validate the findings of the empirical studies each case description has been discussed in detail both with an expert (researcher) from Copenhagen, Glasgow and Amsterdam as well as with one or more stakeholders from the administrative department involved. Also, a workshop was organised in June 2013 with many of the relevant stakeholders from Copenhagen to discuss intermediate findings. From a methodical point, fact checking was the main reason for doing this.

Possibilities for theoretical generalisations

This study will open the possibility for theoretical generalisations of the relationship between governance arrangements and the output and outcome of this relationship. This is done by providing the empirical evidence for the existence of this relationship. This study will show what aspects are relevant to the study of this relationship. Given the interdisciplinary theoretical framework underpinning this study, in which both a sociological perspective and the perspective of governance are integrated, the findings also allow for theoretical generalisations based on the value of such an interdisciplinary approach. The model also offers opportunities to study the relationship in a more cyclist manner. By this I mean that a loop from output and outcome back to governance arrangements is likely to be justified. If this does appear to be the case from this study, then it would also allow for theoretical generalisations.

²⁷ Mutual Progress on Homelessness through Advancing and Strengthening Information Systems (December 2009).

Additional remark

In addition to undertaking this PhD, I also hold the position of policy administrator on Social Relief for the City of Amsterdam. Besides this municipal policy background, I am also experienced in doing international comparative social science research and policy research. The dual roles of researcher and policymaker are of great value to this research, giving me a good overview of daily policy practice. However, this dual approach could also carry a dual challenge in the sense of confusion of roles. I am fully aware of both the additional value of my position as well as its challenges and have recognized and explained my position many times in the course of this study. I have come to the conclusion that this particular position adds to the societal value of the scientific work that has been undertaken. The fact that I could understand the circumstances (and at times pressures) my policy-maker colleagues encounter in their daily lives has contributed to the openness I experienced from them about sensitive matters.

4. Scandinavian case: Copenhagen

When I visited Copenhagen in 2009 and again in 2012, I noticed people with severe needs roaming the streets – reminiscent of when I began my education in Utrecht in 1995. Then, Utrecht station was populated by very sick people. In the Scandinavian-style of governance, of which Copenhagen is an example, I expected to find lower efficiency of spending and lower rates of prevented or rehabilitated homelessness. This chapter shows what I actually found to be the case by describing the relevant elements of this governance arrangement and its output and providing detailed insight into its functioning.

4.1 Problematic policy

Copenhagen homelessness policy (2009 - 2012) has been embedded within the national homelessness strategy. Goals and instruments have been set in relation to the national as well as the local context. This section discusses the clear focus in the Copenhagen goals, the variation in its instrumentation and the problematics of the policy model underpinning this strategy. The latter, the policy model, explains the variation in instrumentation witnessed in this case.

Focused goals

At the beginning of this study I noted that Copenhagen's homelessness strategy had six main objectives to be reached by 2013 (published on the Habitact Policy Bank):²⁸ a big reduction in the number of homeless people sleeping on the streets; no female rough sleepers (i.e. housing for women); a reduction in the numbers of chronically (more than two years) homeless people; a reduction of mental or physical pain among homeless people; improved help for homeless people who receive an apartment and further help to retain it; and a reduction of homelessness amongst non-Danish nationals. Copenhagen set out its own strategy, shortly before a national one appeared in which eight Danish cities participated. Copenhagen was one of them.

The national strategy sets four goals: no citizen should live on the street; young people should not remain in care homes, but must be offered alternatives; periods of accommodation in care homes or shelters should last no longer than three to four months for those prepared to move into their own homes with the necessary support; and release from prison or discharge from courses of treatment or hospitals must presuppose that accommodation is in place (Ministry of Internal and Social Affairs/Rambøll, 2009). The city integrated its strategy and the national one into a revised strategy which had the advantage of doubling the financial provision for implementation.

The Copenhagen policy consists of twelve documents that include sub-goals and the implementation strategy. All documents refer to one or more national policy goals. The goals are described with reference to the national goal(s), then to Copenhagen's objectives and finally criteria are set out for measuring success. In some cases the policy problem is supported by empirical or causal constructions, i.e. reference to

²⁸ www.habitact.eu/files/activity/policybank/_copenhagen2012.pdf. Viewed on 21-09-2012.

research studies. The Copenhagen policy documents refer to the city, its statistics, a master study of the homelessness area, and an SFI census²⁹ – e.g. in Project 3:

Social Administration's own statements indicate that in 2008 (...) SFI's count in 2007 represented (...) The Copenhagen municipality's master study of homeless area indicates (...). (Project 3)

Also a suggestion for implementation is proposed on the basis of a randomised trial:

Recommendations by the SFI suggest that 'Housing first' and interdisciplinary support team [ACT] increases the probability of: (a) citizen maintained housing; b) ... citizen ... motivated to and maintain appropriate treatment. A randomized trial in New York has shown very convincing results. (Project 1, permanent housing)

These sorts of references/connections help encourage support for the proposed policy instrumentation.

It is evident from the Copenhagen policy goals that the main difficulty is with a very problematic target group. Reference to the first national objective (no life on the street) is made in eight of the twelve documents, while reference to the fourth (release from prison or discharge from hospital) is mentioned only twice. The target group that receives most municipal attention is referred to as either chaotic due to problematic abuse of cocaine and/or exhibiting 'dual diagnoses'.³⁰

Housing First alongside stopgap instrumentation

The main implementation of Copenhagen's policy is through Housing First (covered in this section along with 'stopgap measures' i.e. other initiatives for ending living on the streets). The Housing First concept refers to the direct housing of people from the street or a hostel. It challenges the idea that homeless persons need training to live independently again or the more widespread staircase model.³¹ The implementation of Housing First is in the form of offering social housing (both communal housing and independent apartments) in combination with one of two support methods – CTI (Critical Time Management) and ACT (Assertive Community Treatment). One of the 12 project descriptions portrays a team for handling citizens affected by resettlement ensuring increased flow into housing. Much is expected from the provision of permanent housing. This project meets three of the four national strategy goals. Additional, specific targets in regard to addiction and treatment - expected to result from housing – have been drawn up by the local administration.

The addicts-specified housing, for those who are in or who come into substitution treatment, is at least 85% continuing in treatment 1 year after treatment started, at least 70% remaining in treatment after 2 years, at least 55% still in therapy after 3 years, at least 40% remaining in treatment after 4 years and at least 25 % still in therapy after 5 years. (Project 1, permanent housing)

Once individuals are housed, they are expected to accept treatment. Since they often have difficulty complying, this is a high expectation. However, whilst the first project offers permanent housing and methodological approaches for 160 persons, this seems

²⁹ SFI is the Danish national centre for social research www.sfi.dk.

³⁰ A table with Copenhagen policy goals and instruments before 2013 can be found in appendix 1.

³¹ Also, the Danish MSA has taken the lead on a European inventory of Housing First based practices, also see: www.socialstyrelsen.dk/housingfirsteurope.

not the case for others. Most of the policy documents – the second for persons with high care need, the third for women, the fourth for youth, the sixth for chaotic abusers and the eighth for mentally ill rough sleepers – refer to an offer for those with more complex needs. They argue ‘bridges must be built’ to supply temporary housing and offer night cafés. These persons still require temporary housing and a stepped care model.

The same policy document that proposes Project 1 (permanent housing) also advocates the reduction of permanent housing for complex groups. Based on the idea of stepped care (i.e. that youth with a high care need first require (to build a bridge) temporary solutions), it is suggested that permanent housing offers be converted into temporary ones. The project description, in referring to young people, proposes the conversion of permanent housing solutions (§107) into permanent acute places (§110).

Conversion of 4 existing §107 places for the 4 §110 places. Particularly vulnerable young people ... difficult to be adequately described in existing places and which otherwise refers to the street (Revised project sketch 4)

This implies the opposite of what is stated as the main goal. This intervention is based on an efficiency measure since (§107) places are state-financed and (§110) have mixed financing between city and state. With the conversion from long to short term, Thus, Copenhagen can prevent persons building up entitlements in terms of a local connection to the city.

Two other examples are also possibly based on the principle of building bridges towards regular care provisions. Two outdoor beds were proposed (Project 5) that have not yet been realised since they are too risky for the local authority in terms of the responsibility attached to the provision of such beds. Project 12 (discharge from mental health) states that people discharged from a mental hospital first need a temporary home so that an inventory of their needs can be made. It is assumed that they will move into their own dwelling at some point.

That a very vulnerable subset of the homeless comes into suitable housing. A stay in temporary housing provision will help (...) clarify what needs the homeless have that others can help to get resolved. It should be about care. Care and practical tasks can normally only be given in their own housing. (Revised project sketch 12)



Figure 5 Emergency beds for homeless persons in Copenhagen

To address the policy goal on ending living on the street, I found instrumentation strongly aimed at curing substance abuse: e.g. Project 2 (persons with chaotic abuse) explains that drug-users are often motivated to receive treatment. Other cases make less explicit reference to cure: e.g. in Project 6 (reduction of harmful consequences of abuse), the documents mention that participating individuals are said to want concrete help with their economic and living situations and treatment. The fact that many homeless persons avoid care is not taken into account in this description. Specific instrumentation for persons with

double diagnoses is missing from descriptions of the Copenhagen homelessness strategy that I studied (discussed in the structures section).

Six other projects refer to the first objective (ending living on the street). These are characterised as 'stopgap measures' rather than long-term solutions. They are: acute services for women; acute temporary housing for young people; a team to ensure increased movement into housing for persons affected by resettlement; provision of bridges for chaotic abusers; and safe night cafés. What these have in common is that they do not propose structural solutions out of homelessness as Housing First does.

Finally, seeking cooperation both with adjoining sectors and homelessness shelters is a separate part of the Copenhagen strategy. Cooperation from other sectors is needed to prevent homelessness after discharge from mental health institutions or prison. The need for cooperation with the mental health sector has been widely recognized by respondents. The significant reference to more systematic, integrated or methodological ways of work-ing within homelessness institutions is made to prevent street homelessness by avoiding unplanned leave or suspension. This reference is made not so much in policy goals, but becomes apparent in the study of policy instrumentation and services proposed by it.

A permissive policy model

In answer to the question 'What causes homelessness in Copenhagen?' most respondents cite structural societal causes, e.g. lack of affordable housing and recent cuts in youngsters' social benefits. Some respondents refer to complex social issues and most mention substance abuse as important. This section discusses two important connections: the mindset of permissiveness and multi-level values on addiction. Unless otherwise indicated, all quotations are from authority respondents.

The first policy model concerns what I refer to as the constraints on a coercive approach to homelessness in combination with a mindset of permissiveness. Copenhagen aims to reduce the damage caused by the most chaotic homeless group. At the time of this study (2012-2013) this group is still visibly present in the city. Instrumentation to achieve this goal is referred to in terms of establishing contact with these persons in order to be able to offer them more stabilizing solutions.



Figure 6
Residents angry
over site of
injection room
(The Copenhagen
Post)

A study of related measures to influence behaviour showed no coercive methods/force – 'the stick' (cf. Fenger and Klok, 2008). The Copen-

hagen assumption appears to be ambiguous towards their use. On the one hand, the police *are* seen as a partner in combating nuisance. However, this is risky in that it

might involve more harsh undesired action towards individuals that is neither appropriate nor effective. Reference to these situations is made in the following manner.

People don't get better, they get worse if they are being chased around in the neighbourhood (...) they normally don't get engaged if they are being pushed and pressured.

When I asked practitioners about this, cooperation with the police and agreement with the use of coercion appeared limited. When asked about collaboration with the police, respondents explained that municipal collaboration is focused on a wide network of voluntary organisations providing breakfast, coffee, sleeping bags or beds. This is seen as the most appropriate way to respond to 'people with an addiction to drugs who will probably steal things'.

We don't really work with the police, in that way. If people are on the street and it's getting to cold, then street workers will contact the hospital and the police can do something. Further the street workers keep saying "I'm here if you're ready".

There is also a tendency towards less ambitious variation in Copenhagen's phrasing in comparison to the setting of the national goals supporting the idea of the mindset of permissiveness. This finding emerges from the lack of willingness to coerce persons into the municipal offerings. Projects 5, 6 and 8, dealing with rough sleeping, refer to the first national objective: '*No citizens live a life on the street*'. However, Copenhagen has rephrased this in Projects 5, 6 and 8 as: '*Significantly fewer homeless sleeping on the street in 2013*'. [my emphasis]

Another example of less ambitious variations derives from the exact text of the national policy goals versus the Copenhagen goal in regard to outflow from temporary into permanent housing. The national text refers to persons 'ready to' move on to the next level; the Copenhagen text refers to those 'prepared to' move. The difference lies in the external versus the internal perspective adopted.

Danish 3rd goal: *Periods of accommodation in care homes or shelters should last no longer than three to four months for citizens who are prepared to move into their own homes with the necessary support.* (Ministry of Internal and Social Affairs/ Rambøll, 2009)

Copenhagen 3rd objective: *Stay at the care home or hostel should not last more than 3–4 months for citizens who are ready to move into housing with the necessary aid.* (Revised project sketch 2)

This variation leaves room for interpretation by, for example, the persons being asked to move on. It is argued that, from the service user perspective, there is effectively a risk that nothing will happen and that institutions will remain congested (cf. IBO, 2003).

When you live in a shelter, it says here that you only have to stay there for 3 or 4 months after you are ready to leave. But if people in the shelter working there say: 'You are ready now. You have to move out, because you have been here for a long time'. And then you say: 'Sorry, I'm not ready yet'. Then actually you can stay there for a long long time. (Service User Respondent).

We will also see, in the section on outcome-based implementation, that outcomes are only targeted at persons cooperating with efforts within the framework of the city's homelessness strategy.

A last finding in this respect I have termed 'the construct of a good life'. These are made about Greenlandic women – who *feel more comfortable* using temporary provisions and night cafés – and homeless persons who *prefer to live on the streets* with other homeless persons. All in all, the normative upraise required to legitimize coercive measures is almost non-existent.

The second policy model found in Copenhagen is the setting of multi-level values that impact on the approach to addiction amongst homeless persons. We have already seen that in a number of policy documents detailed targets are given of the goals relating to addiction treatment. On the basis of this, at the time of the first interviews, it was not entirely clear whether clients were also allowed to remain in housing when they did not live up to these targets. When I asked about these addiction targets during the additional workshop, the Copenhagen respondents explained that they were unhappy with this rhetoric. However, as explained below, when the policy goals were published, there was a national political need for 'ambitious' language':

When we started the strategy and the whole Housing First we thought that when homeless people got the stability provided by their own home, they would be more motivated to choose to go into treatment. (...) Of course social workers try to encourage them to go into treatment but it is not a pressure in any way. (...) we did have like ridiculously high goals (...). It might not be a question about the local political level but more a concern when we had to apply for the money from the state that we had to show ambition with the whole project and I think that got out of hand. So the ambition took over and it is not realistic in any way.

However, I have found treatment plays a vital part in the implementation of the Copenhagen strategy. According to a non-government stakeholder, the local or Danish attitude to drug-abuse, which has previously impacted on the policy on homeless shelters, is about individual responsibility.

If you have a drug problem and you are not mentally ill, it's considered that that is your own fault (...). The attitude in the shelters when I started [int: 1994] was that the drug users should not be there, they should be in treatment programmes. (Voluntary Sector Provider)

Alternative constructions than guilt, such as the harm-reductive approach, are also recognised in Copenhagen. Harm reduction refers to public health policies to reduce the harmful consequences associated with behaviours, even if those behaviours are risky or illegal, e.g. drug use. Criticism of harm reduction centres on concerns that tolerating risky or illegal behaviour sends a message that these behaviours are acceptable. It appears there is a clear difference between the local and the national level in terms of support for a harm reductive approach.

Public opinion, especially in Copenhagen, of course, has been overwhelmingly in favour of making these drug user rooms as a part of expanding the harm reduction part of our strategy. But the political level with our right wing government (...) were against it (...). So the public opinion (...) is that we have to work with harm reduction and do more of that is very positive. (...) We in Copenhagen, here in the City Council, we have a large majority that wants to try to decriminalise marihuana for a lot of reasons, but the national level is very against it.

This respondent refers to a clear difference in opinion between the multi-levels involved in the governance of the substance abuse issue.

Conclusions on Copenhagen policy

Copenhagen homelessness policy focuses on ending living on the streets. The target group to which most municipal attention is paid is chaotic due either to abuse of cocaine and/or exhibiting dual diagnoses. Whilst Copenhagen expects much from the strategy of housing individuals independently, I have found a tendency of holding back towards Housing First. In policy texts a relation is assumed between the complexity of individual needs and the need for the use of the transitional or staircase model. This argumentation is contrary to the initial starting point of the original Housing First template that the provision of stable, individual, scattered and unconditional housing to persons with complex needs is proven to be successful (cf. Tsemberis and Eisenberg, 2000).

Whilst complex groups are excluded from the independent housing offer, an integrated approach to double diagnosis is not part of the Copenhagen strategy. Interviews have shown that this description best fits the targeted but missed group. Double diagnoses can be understood to be an issue of organization as well as an issue of diagnoses. However, even though the majority of the Copenhagen targets aim at ending living on the streets, no reference is made to any structural solution or inter-institutional cooperation. Still, the treatment of addiction is mentioned as important for combatting street homelessness and also as an important outcome of housing individuals. At the same time, stopgap measures, e.g. temporary housing, night cafés and outdoor beds, are proposed.

On the basis of this, Copenhagen can be assessed in terms of the relevance of its first two policy variables: the setting of internal policy goals to improve an integrated approach and the proposing of instrumentation suitable for these goals. Reference to inter-institutional cooperation is not made in the setting of the city's policy goals, but is addressed in its instrumentation. Thus it is awarded zero (0), because the setting of internal policy goals is not explicit in the initial policy goals. In addition, in relation to the targeted group, the city has not implemented the required instrumentation: complex groups will be excluded from the main instrumentation (Housing First). Even though relevant instrumentation is proposed, for other reasons it is mitigated in the same documents, and processes and so-called stopgap measures are proposed, therefore this city is assessed with a score of one (1) in terms of the setting of instruments tuned to the policy goals.

An analysis of the underlying basic assumptions of the Copenhagen policy warns against too optimistic outcomes of the strategy, since there are significant barriers. Limitations towards a more harm-reductive approach stem from the national level and permissive mentalities prevent the normative basis required to support a more coercive approach to combat street homelessness. All these factors may explain the constraints on the use of coercion and why there is a lack of involvement by the police in professional networks. There also appears to be a lack of willingness to coerce persons and a delicate balance between being too intrusive or too permissive. This conclusion leads to a score of zero (0) for having a policy model supportive of the policy goals for Copenhagen because neither of the two policy models are supportive of the policy goals.

4.2 Archipelago structure

“Major differences between the municipalities when granted early retirement due to mental disorders.” (Danish Pension Board)³²

This heading caught my eye on the website of the Danish National Social Appeals Board (a government agency under the Ministry of Social Affairs and Integration (MSA), implementing the national homelessness strategy). The article it refers to emphasises that municipalities had the same structural conditions, including number of inhabitants and average income. For me, this heading reflects some of the basic questions underlying my interest in the Copenhagen case, as an example of decentralised structures. Are these more effective? Are they more efficient? Do such ‘independent’ cities succeed better in making a more integrated offer to their inhabitants? And are the results, the outcomes, also positively impacted, possibly thanks to the decentralised structure? The headline above, however, points towards undesirable effects, to inequality.

How can the underlying, supposedly decentralised, structures in the Copenhagen case be characterised when it comes to homelessness? The Copenhagen homelessness strategy can be seen as a co-production with the MSA. However, historically this ministry still holds many financial and decision-making powers in relation to shelter institutions in Copenhagen and is fully in charge of half the homelessness budget for the period of the strategy. As is apparent from this study, this is not just an isolated example but is exemplary for the situation at stake in regard to the whole strategy.

Decentralised-styles of governmental experiences

In Denmark most elements vital to this policy at local level, e.g. housing, health, income, appear to be allocated at the national or regional and not the local level, nor are they well-integrated into the policy.

In health, including mental health and addiction structures, much experience has been built up within the decentralised structure of support as opposed to the regionalised division of treatment. In Denmark mental health services seem to have been successfully integrated into general health services. And, as mentioned above, they have a strong ambulatory element that is community-based. However, in the light of the severity of the health issues of the addiction target group, as well as on the basis of complex coordination issues at stake, a fairly centralising discussion opposing a decentralising trend can be seen in this area. In the wider-Copenhagen regional health system lies the responsibility for normal somatic health and psychiatric health. If a person is admitted to hospital for treatment, which may be for substance abuse, the treatment and costs for floating support are provided by the region. The formal regional health offer on substance abuse is limited to treatment provided by the health system through community-based municipal centres: a community centre for addiction treatment and care, social psychiatric centres and treatment centres for substance abuse and alcohol.

³² The Appeal Board has conducted a thematic analysis of the communal differences in allocations of early retirement due to mental disorders throughout the country. There are often great differences on how many municipalities are entitled to early retirement schemes when it comes to citizens with mental disorders. In the analysis the municipalities are compared on the basis of the same structural conditions, including the number of inhabitants and the average income. The survey was carried out on behalf of the Pension Board (source: <http://www.ast.dk/artikler/default.asp?page=1441>).

More general support structures for ill persons not or no longer residing in a hospital are provided by the municipality: e.g. Copenhagen finances social centres and care homes for long-term dependent individuals. Persons residing in or using facilities are still entitled to substance abuse medication financed by the health system if they can comply with the conditions of these programmes. The non-medical support for persons with substance abuse problems in Copenhagen will primarily be local. Thus, addiction issues have also primarily become the responsibility of and financed by the local social services department.

This division of tasks means that in practice all medical treatment takes place on a regional level as the responsibility of hospitals. All social psychiatry or social psychiatric support, related to non-somatic areas of life – e.g. being able to live and work with other people, relationships, social skills – are allocated to the municipality. For persons with mental illness living in institutions or individually housed, their medication is prescribed by the diagnosing psychiatrist working for the hospital. This hospital is allocated at the regional level. If medication is needed, municipal staff help the person take it. They do not decide dosage, which is the responsibility of the doctors working for the region. This distinction is clear cut between treatment and non-treatment, i.e. social work, also called social psychiatry. However, it appears this clarity abruptly ends when it comes to the target group of the homelessness strategy, as explained by this respondent.

One of the goals (of the Strategy) is to build a bridge to the other system and get an entrance, so they can go in there, because we cannot help them in the social psychiatry provisions we have in the community. It's not enough (...). Someone should do something, but it wasn't our job. It's their job for the mentally ill. (...) after the Strategy ends they are taking over (...) She [psychiatrist] can make contact with the region where the psychiatric department is. Because sometimes when the staff call that department, it's a closed door maybe and they don't know exactly how to open it and she can say the right words and make an opening for the client. (Authority Respondent)

Most respondents, like the one above, indicate that there are health coordination issues at stake between regional and local levels.

We have seen that extra provisions are in place for those with complex needs initiated by the Copenhagen administration and MSA. Since the division of tasks causes problems in working together, there is a discussion about whether local councils, especially outside Copenhagen, are too small to have responsibility for local hospitals. In Denmark the debate is shifting towards the idea that the hospital system should be centralised. One respondent relates to this.

I think in five years the hospitals in Denmark will be organised by the state, we don't have regions any more. (Voluntary Sector Provider)

A Copenhagen template: Assertive or Addiction Community Treatment?

Interviewee: *'A reduction of the mental and physical pain among the homeless.'* This is one of the goals of the strategy. But as you put it, part of the homeless population won't have a reduction of their pain? Respondent: No, they don't. Unfortunately. (Authority Respondent)

Homeless persons have multiple problems that risk becoming more complex due to lack of coherence between institutional responses. Dual diagnoses refer to a classic barrier in services which distinguish between mental health and addiction services leading to a double-diagnosed client being refused both, possibly without even being officially diagnosed.

Addiction services claim not to be able to help mentally ill people and mental health professionals cannot work with those with addiction. Even though double diagnosis is not often referred to in Copenhagen policy documentation on the target group, respondents have made explicit and clear references to the issue at stake. This respondent indicates that services for dual diagnoses are not unknown in Copenhagen, but are not part of the Homelessness Strategy.

We have some institutions in Copenhagen that work with double diagnoses, but they can't take them all. So there are a lot of people who don't get the help they need. It's really a problem (...) they get in the shelter and in and out of the shelter and in prison. (Authority Respondent)

Another element is that traditional psychiatric or medical services, e.g. addiction treatment, require clients to be motivated and many homeless people tend to avoid these services, often due to traumatic past experiences with them or their inability to provide medical answers, e.g. for schizophrenia. A response to care-avoidance has been the development of ACT, originally defined as an intensive and highly integrated approach for community mental health service delivery: 'ACT programs serve outpatients whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness' (Dixon, 2000). According to ACT, a service user perspective is used in first contact and actively reaching out to clients in the street is vital.

Where ACT services are not in place, an important strategy can be to make sure these services are set up (either by psychiatric services or by the city itself). The Copenhagen initiative to create a psychiatric mental health outreach team (Project 8) is such an initiative.

However, there is a vital difference between the Copenhagen definition and the ACT method. References in policy documentation are primarily to addiction. However, it is unlikely on the basis of the ACT definition that Copenhagen ACT would be biased towards *addiction only*. It appears that a Copenhagen interpretation has been applied to the original ACT model. Even though termed ACT, in Copenhagen it primarily addresses addicted homeless persons and not those with serious mental health issues. Personnel from the ACT team cannot help persons with double diagnoses because they do not take them into ACT. How can this be explained? Psychiatric services have a large floating support system and, when in treatment, people are officially served by this regional mental health service, but when on the street, they are not helped either by psychiatric services or ACT. The regional psychiatric services are supposed to have ACT teams, but respondents say that these are not outreach services and there is a broad understanding that mental health needs are not being met sufficiently in the streets of Copenhagen. When people with a mental health need (and addiction) have never been in treatment with psychiatric services or have officially dropped out of this system, they have a chance of being addressed by Copenhagen ACT and its Housing First programme.

Housing policy in Copenhagen has been outsourced from the state, whilst specific homelessness provisions are still strongly intertwined within central care arrangements. In this way, housing of homeless persons is nationally allocated, at the Housing Department and MSA, whilst specific decisions have been left local. Respondents say that general housing stock is under severe pressure, especially for socially vulnerable groups. In the seventies and eighties, municipalities in Denmark were allowed to sell housing stock. Particularly in Copenhagen, all communal housing was sold. Since then, the city has been dependent on housing associations. The selling off of cheap and affordable housing has had a negative impact on homelessness in Copenhagen. Furthermore, the pressure on the availability of the housing stock in combination with stricter regulations on benefits creates a more general challenge for the population on lower incomes in the city.

The alternative to permanent individual housing lies in temporary and group solutions. The general or formal reason for temporary housing, in shelters or care institutions, is severe support need. Large shelters (50 beds) still exist in Copenhagen. These are run and financed by the municipality (and indirectly by the ministry). In addition, private shelters exist, financed by the municipality but run by the 'third sector'. Two rather old and large shelters have been mentioned by respondents in which people have been known to live for many years (10-22). In another institution, 'Sundholm', people have stayed for more than 45 years, and this is the case in many of these places. Recent pictures of persons residing in Sundholm can be found at <http://www.leneesthave.dk/sundholm.html>.

To implement Housing First, core to Danish and Copenhagen policies, the city is looking to build or expand the number of lets. However, it is confronted with national regulations focused on the combination of living and care. Temporary institutions or shelters could play a vital part in gaining access to independent housing stock. These hostels, like the city homelessness department, can apply for prioritized rental apartments for people in hostels. However, opportunities to apply for apartments are mostly used by hostels and not by the municipality. Note that with this system in some cases people can (only) be moved through the shelter and therefore risk staying there longer than necessary.

The income of many homeless persons comes from the local Department of Jobs (although most of its policy stems from the Ministry of Work and Social Benefits). The political mindset behind the department's work at times conflicts with the local homelessness policy, since the Danish social benefit system can be rather restrictive towards persons not complying with its rules. The law requires people with social benefits to do something for that benefit: attend council appointments, go on work/training programmes, compile a CV and apply for jobs. In Copenhagen, these national policies result in persons not receiving their benefits. If people miss appointments, they risk sanctions and benefits being stopped for a time. In the case of the chaotic group, these measures cause more trouble than solutions. In such cases, the local authority's social work efforts try to soften these measures. Persons can also claim disability payments but, in order to receive them, they first need to be diagnosed for which in turn they need to work with health professionals, which often they cannot manage. This respondent explains why people cannot benefit from state welfare provisions:

They don't necessarily get state benefits because they are too chaotic for that. Mainly because they fail to meet with social workers or jobcentres. (Authority Respondent)

There are two other state welfare benefits that have undergone the same restrictions which, according to respondents, mitigates the possibilities for vulnerable individuals to live independently, receive housing benefit and control budgets. Previously (before 2007), through the housing benefit system, individuals could afford more expensive new public social housing, even on social benefit. When the former Danish government limited housing support benefit available to those on social benefits, people could no longer afford the new social housing, leading to evictions. This is national policy and municipalities have no discretion. The third problem relates to prevention. There is a risk that, when persons miss appointments, they lose their money. But sometimes the council pays rent for persons whose budgets are managed by the municipality. Even then the money can be withdrawn, e.g. as a response to missed appointments. Persons who do not open their mail may not know about unpaid rent, or that their money has stopped and so risk reacting too late and being evicted.

One would expect an even more coercive attitude from the police, but this appears not to be the case in Copenhagen. Both the prison system and the police in the Copenhagen area are organized under the Department of Justice, which is indicative of a centralised structure. Responsibility for the operation of the police area is independent from the city; the police's involvement in the homelessness strategy is on the basis of working together and, as seen in the policy model, this is not always required.

However, discharge from prison has also been identified by the Copenhagen administration as an important route into homelessness, and national targets have been set in this regard. A voluntary sector representative explains the issue at stake.

It is required for Social Services to undertake action before the homeless persons leave prison, so that some kind of housing solution is in place. This is a challenge, because some of the homeless people have been in and out of jail and in and out of homelessness a lot of times. (Voluntary Sector Provider)

To achieve the objective on release from prison, at state level, cooperation with the Ministry of Justice is needed. The Ministry of Justice is involved through its subdivision of the Danish Prison and Probation Service and a programme for supporting prisoners on release has been set up.

A patchwork of financing structures

The structures described above have a complex financial configuration, at times offering possibilities and room for initiative, but also preventing this without specific direction or policy goals to do so. Financial connections and discussions in Copenhagen are between the local homelessness policy unit and the MSA. The Ministries of Health and the Housing seem, for reasons of structure as well as policy models, not to be involved. Two micro-parts of this patchwork indicate its complexity.

First, an administratively mixed financing strategy is in place on the Copenhagen streets. Within the Copenhagen Homelessness Strategy there is a requirement for additional psychiatric work on the streets. Until now this has been taken up at the regional level and paid for by the municipality. The MSA also finances the voluntary organisation 'Outside' that supports mental health services in the streets of Copenhagen, what I have also described as the mystifying mental health services gap.

The difference is also that we don't have a target of 100 homeless that we should help every year. We have the target that we should help the most vulnerable people and it gives us a lot more time for the individual than the social workers of the Municipality (...) while the Municipality can only give the help that is stated in the laws, we can give all the help that is not illegal to give, as long as we have the money to do it. (Voluntary Sector Provider)

As will be explained in section 4.3, this financing arrangement allows room for 'Outside' to work independently of the Copenhagen Homelessness Strategy.

The second example relates to the bulk of financial responsibility for the homeless target group being allocated at municipal level, with problematic addiction not being addressed by health budgets. The municipality struggles with financing housing provisions for those with high substance abuse care needs for whom it is responsible. Within the strategy there is an element of co-financing with the MSA. In the description of the second project the following is explained.

Within 2010 with a budget of 10 m DKK the operational costs for 20 to 40 new temporary housing provisions can be covered. Which leaves another 10 million Kroner to be found for the realization of another 20 units. There needs to be found prospective funding for 20 of the new places equivalent to 10 million annually from 2013. Whether it is possible to do so will depend on priorities set in the Copenhagen budget negotiations as well as negotiations with the MSA. (Second revised project)

During the strategy period (2010-2012), the MSA provided additional funding. With the city, it finances the Copenhagen ACT team and additional psychiatric street nurses. As seen above, the city needed the MSA's permission for the additional budget for temporary housing provisions. However, the ministry could not grant this and part of the available funding could not be used for the strategy.

Multi-level structure of the network

How are all these players involved in one or more networks? Who initiates this? Each of the five ministries responsible for the implementation of the Copenhagen Homelessness Strategy³³ has its own implementation board with which (initiated and led by the MSA) cooperation takes place on a national level where the Housing Department participates in a steering group to secure local political embedding of the strategy. Respondents noted that steering group meetings are informal, but effective and influential. When asked about the parties involved, it was explained that there is cover, but it is not formal and cooperation is on an ad hoc basis. However, when asked about inter-ministerial cooperation, it transpired that some relevant ministries, e.g. housing and justice, are not involved.

In the steering group in the strategy we do have those [Ministries] involved, but some of them we haven't been seeing. (Authority Respondent)

The Social Affairs Implementation Board also initiated and chairs the network with the municipalities, Copenhagen amongst them. A national network on homelessness has existed for much longer than the strategy and Copenhagen has been more involved in this since the start of the strategy. Previously, not much was known at state level about

³³ Ministries of Health, Justice, Housing and Employment and Social Benefits. The Ministry of Justice is involved through its subdivision of the Danish Prison and Probation Service.

Copenhagen homelessness policies, although the state did have close relations with large voluntary institutional housing providers from Copenhagen. These provisions and shelters within Copenhagen have a long history (c. 125 years), often rooted in private initiatives, e.g. the church or voluntary sector. The current strategy is part of this wider context and is targeted both at newly reported homeless persons and institutionalised homeless persons.

The local policy department cooperates closely with the ACT team. All addiction, homelessness and domestic abuse services are organized by direct service provision. The ACT team also works closely with the local abuse centre.³⁴ For the municipality, public social housing associations are also important partners, with whom relations are evaluated as constructive.

Conclusion on Copenhagen structures

The Copenhagen configuration appears not as decentralised as expected before the start of this study. The opportunities for taking responsibility locally for its most severe target groups are limited and require much balancing between private but mostly regional and national governance interests. There seems little wider structural embedding of the causes of and permanent solutions to homelessness. Accompanying policy domains to homelessness and policy structures appear not integrated fully or not at all within the framework of the Homelessness Strategies. By integrated I mean that relevant politicians or departments have not been involved enough or simply do not support the strategy. A lack of mandate and power to make relevant decisions seems to exist at the required level. It is likely that this lack of integration will prove to be undesirable at both local and practitioner level. This lack of integration raises questions about the apparent decentralised nature of this case before it was studied in detail. I would now rather characterize this as a patchwork or archipelago of structures.

The Copenhagen model faces serious challenges: on the one hand, an increased upgrading of the housing market and the risk of evictions among vulnerable groups; on the other, the shelter system functioning as a rapid staircase back into housing. Getting enrolled into the system holds risks of hospitalization and dependency for individuals, involving considerable financial and social costs.

Mental health services in Copenhagen for the target group have a patchwork of financing structures, not only stemming from health but also from the municipality and MSA. There is both a vertical and horizontal disparity in regard to the complex health needs of homeless persons. Vertically, as for care provision in Copenhagen, a distinction is made between treatment (regional) and social care (local). Horizontally, social care for addiction is separated from that for mental health services. This division poses difficulties for homeless persons with severe mental health needs who risk falling between the two. In addition, persons with double diagnoses risk not being helped sufficiently by being sent back and forth. The political reluctance towards a harm reductive approach also comes into play, which impacts forms and management of treatment available for addiction. Mental health is only partly decentralised, possibly only temporarily, and could be allocated to national level.

³⁴ The Copenhagen ACT approach is not found on the streets as it is not outreach but is a well-integrated back-office function. It is a floating support intervention for persons becoming housed in their own housing. *'We always need an application. I can't go out and say you look like (...) come here.'* (Authority Respondent) In this sense it is more like Amsterdam Housing First and less like the original template of New York Housing First.

This complexity may have caused alternative interpretations given in the Copenhagen context to internationally accredited means of methodological working, e.g. ACT. There is a serious structural issue at stake. ACT, according to its methodological template, serves both persons with mental health needs and addictions. Addiction issues in the professional realm are constructed as mental health issues (cf. DSM-IV-TR (2000); DSM-V (2013) American Psychiatric Association, 2013). As a result, I would argue that the use of ACT for a more specific offer is mystifying for services actually supplied to both homeless people with mental health needs and double diagnoses. This is because one would initially assume these clients would be integrally served by Housing First in combination with ACT. The effect is that, besides unmet need in the streets, it has a confusing impact on what is understood about ACT and Housing First in Copenhagen by observers (e.g. scientists, medical professionals).

Coercion is often felt to be inappropriate for homeless persons, which may explain the absence of police forces in local implementation. However, to successfully achieve the goal of homeless persons leaving prison, cooperation with the Justice Department requires a higher level of involvement than currently. Finally, structures of housing benefit, income and debt counselling come into play in the targets in regard to Housing First. Until now these seem not to have been used to their full potential.

In terms of the fourth indicator, the structure observed in this case has appeared relatively unsuccessful in involving the four adjoining policy sectors (housing, health, income, police) and so scored $4/0 = 0$. It can also be concluded that the legitimacy of the Copenhagen network is questioned by parties falling not under the local steering capacity, but under the national one. From this it is evident that the network is at times unrecognised and biased. It is therefore justifiable to conclude that the policy set in the new Housing First paradigm is being implemented into 'old' (in this case national) structures.

4.3 Highly flexible management

This section discusses the elements in the management part of the governance configuration to grasp how this local authority manages homelessness. According to Pierre and Peters (2000), the essence of the corporatist model of policymaking (e.g. Scandinavian countries) is to institutionalize coalitions between the state and key actors in its environment. We have seen the decentralised but mixed context in which Copenhagen's policy operates. How are relationships with society managed in this configuration? Are conflicting or supporting interests of different interest groups – supporting or undermining the homelessness policy goals set out by the ruling parties – well managed? And if so, how? We have already seen that vital relations are in place between the local voluntary sector and nationally. If these can be seen as an example of institutionalised coalitions, what does this lack of direct powers mean for the extent to which the city can influence the achievement of its policy goals? What other coalitions in the relationships with society exist? How does this impact on policy makers' roles? And what degree of business-like alliances can still come about with this particular kind of arrangement?

Relationship with particular influential networks in society

In Copenhagen, particular aspects of the world outside the political and administrative sphere appear to be highly influential on these spheres. For example, a budget of 1.5 million Danish Kroner has been made available in Copenhagen for dental clinics for

homeless people. This has been done, according to the voluntary provider, because of this respondent's direct influence.

Because the mayor had heard me talk about inequality and dental problems of homeless people at a conference. (Voluntary Sector Provider)

Another example of the close bond with national state power is a voluntary organisation that recently invited spokespersons on social policy from every political party to visit it. They came to its mobile café to see its work with homeless people in Copenhagen.

In the policy model we have seen that there is not enough support for coercive instrumentation. A possible explanation lies in the existing mentality/mindset of the homeless person (feeling helpless and preferring to live on the streets). This mindset exists not within the administration (cf. policy model) but also with parties in the wider network.

But we see examples of individuals that have lived for many, many years in the streets or in a wood, wandering a little bit about here and there. Most likely they have a mental health issue or something, but many of the people that we meet that are homeless and have been for many years and who have some kind of mental illness or issue, are very strong individuals. Actually some of them live quite a good life in the streets and some of them live very proudly in the streets. You must be aware that you fight homelessness and not the homeless people. (Voluntary Sector Provider; emphasis added by author)

At times, in Copenhagen, I have also found stakeholders simply not supporting the municipal policy, or parts of it. Even though local authority respondents, apart from in policy documentation, have not expressed counter-arguments during interviews, they have told me about resistance towards Housing First. There had previously been fertile soil for the idea of Housing First referring only to housing, implying neglect of the support needs of the target group, referring to unsuccessful deinstitutionalization in the past – care was not delivered or not substantially enough for clients living independently. Another government representative explained these experiences, specifically in Copenhagen, due to lack of support after leaving the institution. However, it has been argued that this resistance used to be there but is no longer. I found that, in regard to the main instrumentation of Housing First, the policy can still be misunderstood and there is a worry that persons will not receive the help they require.

It is not enough to keep people in an apartment, you have to also make sure that they can on some level, some level, not the level that you and I live, can manage to be in an apartment. (Voluntary Sector Provider)

Taken a step beyond the municipal ambiguity or doubt about Housing First, described in the policy model above, are the straightforward accusations against the policy of Housing First clients being left alone in an independent flat, experienced by them as punishment, as the authority wanting to save money and 'cherry-picking' only the strongest clients for this.

If we only select the people that are easy to help, we might again lose the weakest people. (Voluntary Sector Provider)

Service users are important stakeholders. A service user interviewed raises two criticisms towards Housing First. The first is the loneliness that persons who have been living on the street or, more often the case, in institutions experience once housed

individually. This element of hospitalisation is inherent in the old policy solution for homelessness, which was not to house persons independently since they would again fail to keep their rent contract (cf. Van Doorn, 2002; Jencks, 1994). The second point this service user raises is the connection that the service user makes between deserving the expense of an institutionalised offer and that this new paradigm, also argued to be more cost-effective, will be more efficient but not necessarily more effective in helping homeless persons.

Having to move out again can be seen as a punishment (...) wanting to save money [over our backs]. (Service User Respondent)

The third example concerns the finding that some elements in the implementation of the Copenhagen Strategy can be much influenced by where the homeless people are. An example is Vesterbro where participation and involvement from local groups in the policy took place. The policy goals to improve conditions of persons addicted to drugs led to the creation of the first drug-user room in Copenhagen. In the policy model section 4.1, we saw that a harm-reductive approach is desirable but not always possible for local politicians because of national opposition. I heard there were strong feelings in the neighbourhood that residents could come up with a solution from outside the regular social system to formulate their demands to the local council. One respondent literally states the odds against a technocratic society and feels this participatory form of democracy to be the most democratic.

I'm very much in favour of discussions and debate, and I think that's very interesting to work like that, together with or against local participation. That's how democracy should work, I think. Otherwise we would have a technocratic society where only technocrats that know something about things will decide things. 'What will be the most rational thing to do?', and that's not always the best solution to societal problems. (Voluntary Sector Provider)

This respondent expresses the feeling that merit will not always best fit societal issues.

The highly flexible relationship between administration and political institutions

I refer to this relationship as highly flexible because I have seen much to-ing and fro-ing between administration and politicians on detailed as well as strategic issues during implementation. Initially, policy goals were constructed fairly generally and cooperation with adjacent politically responsible lines had not yet happened. Once the strategy was implemented, detailed project descriptions were drawn up by the administration and contracts set up with relevant administrative sections.

The development of a policy issue over time within this governance case is illustrated well by the following dossier. In this case the local authority was obliged to make up an integrated individual care plan. For it to be holistic or integrated a worker from the Department of Jobs would have to go to the prison. However, the law states that the department is not required to provide help before the client is out of prison because the Department of Jobs is only involved with and financed on the basis of those who could hypothetically have a job. For this reason the Department does not have the capacity to contribute to the integrated care plan. For the municipal homelessness policy unit this is a big barrier.

In the prison project we have this agreement with them, which is very silly, because they signed it and said: 'Yes we will do the project, but by law we are not obligated to' (...) so actually they cannot really do it (...) it's a very big challenge. We cannot make the plan without them and they don't have money to go in. (Authority Respondent)

Since this has come up during the implementation of the homelessness strategy, it has been picked up by the ministry, discussed by the politicians responsible, and debated locally in the wider context of the autumn 2012 financial round.

Another respondent gives the example of a specific contract and illustrates the embedded support for the plan in the wider context of the administration composed of the influential sections of society that have been described above.

(...) and the politicians and the media said: 'Yes you can do that.' (Authority Respondent)

The Copenhagen implementation has been described as 'not necessarily ... structured'. Sometimes issues go back and forth before, at some point, at the political level, a structured discussion occurs. As we have seen, the administration is flexible enough to respond to all sorts of incentives and demands.

Discretionary room for the civil servant

During implementation the level of detail has been left to the administration to work out from the policy documents. How then, for example, is the Copenhagen administration able to involve the required parties? We can see that the desire of local government to work under one direction has been made into a specific focus point within the Copenhagen policy (section 4.1) and, as explained in the structures (section 4.2), this will not always occur naturally since different parts of the local authority are responsible for executing tasks that are deeply embedded in different laws and national directives.

This lack of structured direction or opposing policy goals leaves room for interpretation by departments and individuals to decide on vital or decisive elements of implementation. When interviewing (late 2012), while making inventories of local structures as a basis for more detailed questions, one respondent spoke of the level of (non-)integration in the wider social policy context.

We have a lot of fights with the other departments to go in and do what we think they have to do, but they are not obligated to do it. (Authority Respondents)

It is felt there is discretion for rules to be interpreted more strictly or leniently. In this context, policy goals can be set broadly and it is for the administration to give meaning to or work out the specific direction of the policy. Such a concept of the civil servant's role is best described by the idea of lawyer as opposed to manager.

Corrupted conceptions of accountability

In Copenhagen, for the duration of the strategy, an extensive monitoring system has been in place, with the aim of implementing an outcome-based style of management. In particular, monitoring activities by the city in cooperation with Rambøll accountancy are an example of this. Also illustrative is the method of expressing in percentages the number and effectiveness of addressing persons with drug addictions seen above.

During the strategy period, individual clients are monitored, answering 20 questions on a regular basis. As a means of implementing the strategy, the so-called '*udredning*', a needs assessment carried out for the purpose of arriving at an individual care plan, is repeatedly mentioned. Measuring possibilities of moving out of institutions reflects a methodological approach on which it would also be possible to base part of the outcomes of the strategy. The necessity for a needs assessment is specifically emphasized in the projects for housing provisions for women and young people. The idea is that, through an increased knowledge of possibilities, more persons will reside in suitable temporary housing. It is also expected that, by this method, clearer responsibilities of staff working with homeless persons can be decided upon. Finally, through this needs assessment, the effect of the intervention on individual progress can be systematically measured. Again reference is made to the first three national objectives: no living on the street, young people offered alternatives and no unnecessary residing in care homes.

Achievement concerning the citizen-oriented effects (the first three objectives) is measured using the municipality's change compass or similar tool introduced by management in connection with implementation of the homeless strategy. (Second revised project).

This intensive monitoring was only in place for the strategy period (until 2012), on the basis of which the strategy has been evaluated (see Output (section 4.4) and Outcome (section 4.5)).

However, in the wider Danish context possibilities for outcome-based implementation also exist. Danish law states that '*it is the citizen's clerk that has the responsibility to develop social action plans*' (§141, Revised project sketch 7) and one respondent referred to a long-standing Danish tradition of registration. Since everybody living in Denmark has a personal number, it is claimed that the administration knows how many homeless people stay for how long in homeless accommodation.

The working method during the strategy period has had great impact on the daily work of the policy respondents. Reporting every five months on the projects' status, the progress and the effects of these projects on the four national goals has increased contacts between policy-makers and practitioners.

Nevertheless, I argue that, even though an attempt to implement an outcome-based approach for the homelessness strategy has been made, this has been problematic, especially in the wider context of homelessness in Copenhagen. With reference to national registration, an exception is made for homelessness accommodation for night shelters, making it hard to know what is really going on.

Secondly, even though the social action plan is a municipal responsibility, in many cases clients reside with a voluntary shelter organisation or non-governmental organization (NGO), so effectuation of the care plan is partly dependent on NGO cooperation. This quotation illustrates this problem well.

We have employees who work outside and do the case work and workers in the institutions that really have a tight relationship with clients. They know all of them and assist them in filling out various forms. That is the basis for our people to make decisions on citizens to take care of. For example, he is ready to get an apartment and then we make a request for the central visitation committee (...) We have contracts with the NGOs. They are given a budget and we can demand they meet certain standards. It is also the structure within the municipality; the [municipal homelessness] units have

authorization to make decisions according to the law. They are the ones who say 'You are entitled to this and that' to help. The institutions carry out the help and do not make decisions. They are two different levels. They need to work together. (Authority Respondent)

The municipal unit has final decision-making capacity with regard to homeless persons but depends on workers in institutions for the information on which decisions are based.

The third indication is related to this and throws light on the practice (this information is from the service-user perspective). The respondent said they did not have their own care plan because their problems were too complex. When, based on my own expertise, I explored this complexity, I found that there was little incentive for this person to face up to their debts and move out of the institution. The respondent concerned does nevertheless see the care plan as a positive route to obtaining rights.

Here in Denmark the law says the Municipality has to make a plan for the person. (...) No I don't have a plan yet, but we are trying to work a plan out. (...) I'm not so interested, because I do have too many problems that you cannot solve by this. But normally for most of the people they really benefit from the plan, because the plan says: 'It's everything for the future for the person.' You can take an education or how to get a new job. Maybe it's the most difficult but it's almost anything for the future for the person. So when they have a plan, the person who made this plan was the Municipality and if the Municipality says: 'No we can't do this for you, but you have signed it, you have to do it'. You have to stick to the plan. But then again, if the private person says: 'There's something I cannot fulfil in this', so they have to take the plan and look at it again, they have to do it. But the Municipality cannot come and say: 'We want to change this', because they have said yes (...) Today there's about 50% of all in Denmark who have a plan and 50 who don't have. Today it's almost 50/50. Some years ago there was only about 80% who didn't have it or 20% who have it. Four years ago, when I started in this organisation, there were only 20% of all people who should have it, who had it. The Municipality neglected it. (...) This is because it is the Municipality who should make the plan with the homeless person, but they don't do it. (Service-User Respondent)

This respondent points out that in his/her view responsibility lies with the municipality and also the recent improvement in this respect.

Fourthly, the success of this outcome-based implementation is connected with the 'mentality of permissiveness', which implies the option to do nothing. The construction of criteria to measure the success of the policy goal leaves open the possibility not to have a social action plan, permanent housing solution or relevant treatment because homeless persons are not '*tilnkyttes*' (persons not *involved* with the 'municipal effort'). I will give three examples.

- *100% of the citizens who are involved in the effort have a social action plan or have been offered a social action plan by the end of 2011*
- *By the end of 2011, permanent housing solutions have been found for 75% of the citizens who are involved in the effort*
- *By the end of 2011 80% of the citizens who are involved in the effort are pending relevant treatment.* (All mentioned in project description 11, team for the handling of citizens affected by resettlement and to ensure increased flow into housing)

These examples imply that the desired outcome does not apply to all homeless persons who are resettling, but only to those connected to the offer.

The fifth example stems from the quotation cited earlier (in section 4.2 describing the patchwork structure of finance). Here the agreement between the Copenhagen voluntary organisation and the state is referred to as the difference between municipal street workers and the voluntary organisation in that the latter does not have a specific target apart from helping the most vulnerable. The organisation explains that having no targets gives it more time and room to act than municipal social workers have.

The sixth finding supporting the idea that proposed outcomes in the strategy and the ambitious accountability mechanisms have been hard to implement in a wider context is the way control is mediated in municipal policy directives. Local government wants to work under one direction (policy-goal) and to be in control (policy-goal). In this section I discuss how this requires much argumentation and discussion in practice. In Copenhagen there is sometimes a challenge in the management of work done by private shelter institutions because they want more decision-making powers than the local authority thinks they should have. Even though it is explained why things should be done in the local authority way, these providers do things their way simply 'because they are private'.

It has been a municipal focus for many years to cooperate with voluntary providers and the experience of joint working has been positive: *'really helpful and good at a lot of places'* (Authority Respondent). Respondents also mentioned that professionals can work well together: *'both from the municipality and the third sector can actually complement each other in their work'* (Authority Respondent). This respondent explains how she sometimes needs to balance different values.

Sometimes, if you tell what you do and talk to people, even though you might have different values about why you do the things you do, you probably can still be able to find where can we co-operate. We don't have to agree on everything, but if you are in need of the system, we can try to make it easier to co-operate. (Authority Respondent)

However, with some voluntary providers, cooperation really is not that good and places have also been mentioned that *'don't feel like having the municipality or municipal street workers coming in'* and *'very often we work in different directions'* (both Authority Respondent).

One voluntary provider explains differences between the municipality and themselves. Identities are different, but also opportunities. As discussed above, the voluntary provider has different rules and a different ideology. Respondents explained that there has been an informal network of social workers in Copenhagen, where the voluntary organisation was involved and where it tried to have a role. This network was at worker, not management, level. Even so, it was felt that it became very divided, *'us against them, voluntary providers against the Municipality workers'* (Voluntary Sector Provider). However, the voluntary provider does not experience this as problematic.

The final example stems from housing policy. There is a clear objective for the amount of housing that should be available. The rule is that 30% of housing developed by housing associations goes to municipalities. Copenhagen can take a quarter of the housing. However, more structural negotiations on a different level of government are needed. For example, structural embedding of the political choices underpinning the limiting of increasing rents seems to be lacking and I have been told that the 30% rule is frustrated by the fact that the number of available lets is actually decreasing.

The number of cheap apartments decreases rapidly. (...) because of refurbishing, upgrading and [up]scaling, that's a way to upscale the prices as well. (Authority Respondent)

Even though there is an attempt to implement an outcome-based system in the area of strategy and quantitative indicators do exist, this evidence indicates that expectations should be lowered.

Conclusions on Copenhagen management

In this section we have learnt that particular influential parties in the network do not always support the policy to be implemented, even within their own voluntary organisations. These parties tend to have a rather independent position in relation to the local authority and balancing within the (ultimately national) network therefore is part of the municipal effort. This independent mindset is valued by this sector as is the idea that direct societal influence on policy is a democratic mechanism. The lack of support for Copenhagen policy has been illustrated by quotations questioning the evidence for this new method: e.g. a service-user respondent, working in group provision, predicts that people will be lonely when housed independently, although there is evidence from Housing First that this is not likely. In the evaluation of the new services (cf. Benjaminsen, 2013), in interviews service users do not actually mention this loneliness much. Instead many talk about the relief of not having to stay in the shelter or on the streets anymore. Some say they still have contact with people on the streets if they want, but they can also decide to go home and close the door.

However, views that display opposition to the new paradigm, but not necessarily backed up with evidence, are expressed within particular institutionalised coalitions and might be more influential than the scientific evidence. In addition, it seems likely that these respondents will be highly influential. The voluntary organisation has direct and active ties to politicians and the service-user perspective is taken from the organisation to represent the service user's voice in national policy-making. In terms of the sixth and seventh variables that refer to the relevance of the local structure to the outcomes of the governance of homelessness, it can be concluded that this case concerns a clearly corporatist structure and an organic tradition. We have seen officially sanctioned interest groups involved and independent third-sector parties that do not always support the policy. Also we have seen evidence for an archipelago of administrative responsibilities and homogeneous, longstanding relations with providers of sheltered housing, allocated at the national level only. Since the probability for mainstream providers to be involved in these networks is particularly unlikely (which has also been seen to be the case) the relevance of this network structure has been assessed zero (0)

Highly flexible mechanisms between administration and politics that are there to respond to society give the impression of a fairly chaotic and unstructured approach. Within the law, policy goals are set broadly and during the strategy period it is up to the civil servant to implement these and, in order to do so, give more detailed meaning to what was intended. Well-described accountability intentions seem to be corrupted by the wider context in which an accountable culture is less the case. The eighth variable concerns whether the relationship between politics and administration is distinct or close. The Copenhagen case has been assessed to have a relatively close or flexible relationship in this respect. For this, leaning towards one side of the two possibilities instead of providing evidence of a combination of both, the city scored

one (1). The room for discretion that the civil servant (in this case typified as a lawyer) has (in comparison to the other two cases) has been assessed as medium (1); the Danish Strategy to Reduce Homelessness 2009-2012 has 20 pages whilst Copenhagen had 58 policy implementation sheets. In spite of ambitious intentions, the corrupted conceptions of accountability in this case have been awarded zero (0) in terms of relevance to policy outputs and outcomes.

A much-heard argumentation in favour of institutionalised coalition is that it would strengthen the authority's decision-making capacity (cf. Pierre and Peters, 2000). On the basis of my findings, I would question what decision will actually be supported in this governance configuration? Is it possible to make a change or progress in such a configuration? To answer this basic question underpinning this study, we now look at the actual output and the outcomes in Copenhagen.

4.4 Questionable output

In this section, I first discuss Copenhagen's performance in terms of output on the basis of four quantitative indicators used to measure the output of all three cases. The respective policy objectives of Copenhagen have been categorized under one of these indicators. The results on the goals 'No young person should live at the care home, but be offered different solutions' and 'Stay in residential homes or shelters should not last more than 3-4 months for the citizen who is ready to move into their own housing with the necessary support' will be described under the heading Improved or Permanent Housing. The objective 'release from prison or discharge from courses of treatment or hospitals must presuppose that an accommodation solution is in place' has been split in two. The prison section will be discussed under Overall service coverage: homeless persons and treatment or hospitals under Mental health service coverage: homeless. 'No life on the streets' will be discussed in the output section.

How can Copenhagen's outputs be expressed by quantitative indicators? To gain this insight, besides the interviewing, municipal statistics have been examined as well as the national evaluation of the Danish homelessness strategy carried out for the MSA (Rambøll and SFI, 2013). The authors of this emphasise that 'in the design of the monitoring system priority was given to 'keep it simple'. This method limits available data and is indicative of the governance arrangement at stake. Fortunately, the evaluators were precise on whom they counted for what variable. Data was not available on all 1630 homeless persons, only on those who had been taken into and accepted care within the framework of the homelessness strategy. Most data is available on 1128 persons to whom an offer was made ranging from outreach contact to ACT and Housing First.

*Overall service coverage homeless***Table 14** Copenhagen overall service coverage

	Numerator	Denominator	Quotient
Overall service coverage homeless	879 ³⁵ homeless persons within the catchment area of the PMHC ³⁶ system who receive care from ≥ 1 providers	1630 homeless persons within the catchment area	0.53

In 2013 in Copenhagen, of the 1630 homeless persons³⁷ 1128 persons are in a municipal trajectory. Of these 1128 persons, 720 persons have received ACT, CTI 'Good Release from Prison' or an integrated care plan (counted as the number of people receiving care from more than one provider). People registered to only receive outreach contact have not been included in this category.

The city's homelessness statistics also report 159 persons housed over three months within shelters. These 159 persons have been added to the 720 who have received care from more than one care provider, since it is a likely assumption that this is the case with them too. The evaluators (Rambøll and SFI, 2013) conclude that 'for citizens in each year there was positive development from the first to the last measurement and an increase in the proportion of citizens with a plan during the same period. However, there is no significant evolution over the years in the proportion of citizens involved in an action plan, or the proportion of citizens who have an integrated care plan at the final count. This means that even though persons have been housed for a longer period in accommodation, it is not the case that integrated care has been provided that would lead to progress. Whilst there has been much progress on the 141-action plan, there are many homeless persons whom have never been offered or received such an integrated care plan'. This finding has also already been indicated in my data (section 4.3 on management: service user respondent indicating lack of plans).

We learn from these findings that these outputs are explained by the management variable. The evaluators see an explanation for the fact that 'some citizens don't get drawn up action plans, due to the fact that some municipalities pointed out that that employees working in the NGO temporary housing provisions are not always aware that there is supposed to be prepared a section 141-plan for the person'. They recommend therefore that 'where appropriate, it is a point of attention going forward that dialogue needs to be improved between professionals who are in contact with the citizen, so that the section 141-blueprint comes to constitute a tool for a systematic approach to the citizen's situation' (Rambøll and SFI, 2013).

A positive exception in terms of output is the proportion of citizens with a § 141-action plan under the ACT method in Copenhagen. This nearly doubled overall from 42% to 81% from the first to the last registration (N=55; Benjaminsen, 2013). The evaluators note that, in comparison to other age groups, a slightly lower percentage of

³⁵ Rambøll and SFI, 2013; section 2.10; table 2-11 shows 2013: 1128 – (408) = ACT, CTI, Plan and prison *without* outreach contact (408) = 720+159= 897.

³⁶ Public Mental Health Care.

³⁷ According to the evaluation (Rambøll and SFI, 2013) and according to the city's statistics 1581 persons. The city's statics are based on the yearly SFI count.

18-24-year-olds have an action plan. They also note that employees often answer 'I don't know' to questions about young people. In the most recent reporting about young persons, in a fifth of cases the employee responds 'I don't know' to whether there is a § 141-action plan.

The degree of success in preventing homelessness after prison in the Copenhagen administration initiated release project cannot really be measured due to under-registration (Rambøll and SFI, 2013). It appears this finding is also attributable to the management variable. The evaluators write that 'in spite of the major step forward that was hoped for in drafting the cooperation agreement between probation services and municipalities, the relatively low number of courses under the roadmap for good release is due to the fact that the preliminary cooperation agreements between municipalities and probation services in many places, like Copenhagen, have pulled out. The method subsequently will only be used where the municipality will receive notice of the probation services, which, according to the legislation, must take the initiative in the coordinated consultation' (Rambøll and SFI, 2013).

Mental health service coverage

Table 15 **Copenhagen mental health service coverage**

	Numerator	Denominator	Quotient
Mental health service coverage: homeless	92 ³⁸ homeless persons with a Serious Mental Illness (SMI) who receive ACT or Intensive Outreach treatment	902CPH ³⁹ homeless persons with SMI	0.1

There is a high prevalence of mental health cases with questionable service coverage. According to the evaluation, the proportion of mental health disorders amongst Danish homeless people is very high. Of the young 80% have mental disorders and 87% of the other age group (Rambøll and SFI, 2013).⁴⁰ The number of homeless citizens released from hospital or treatment centres without a housing solution (policy-goal) in Copenhagen has fallen from 38 persons in 2009 to 24 in 2013 (Rambøll and SFI, 2013).

³⁸ 2013: For this indicator only the number of ACT trajectories has been counted. Unclear to date is which part of the 408 outreach and contact courses (trajectories) in Copenhagen can account for the outreach work of the new Copenhagen homeless outreach team that includes a psychiatrist. Also, additional contact has been made with the regional psychiatric department. When asked how many patients this service is seeing in the street, they have confirmed what I have been told by the other respondents and what shows from the statistics: 'we don't have people in our team without an address. We have had two persons in 2013 who for a short time did not have their own home, but who have stayed at someone else'. For more information the regional psychiatric department has referred me to project 'outside' as well as a user organisation for people with mental health issues and SFI.

³⁹ Evaluation 5.4: an estimate of the proportion of persons with serious mental health problems has been made for Copenhagen of the total amount of persons in contact (Rambøll and SFI, 2013; section 2.10; table 2-11 shows 2013: 1128=ACT, CTI, Plan and prison with outreach contact). 1128*0.8=902.

⁴⁰ Please do bear in mind that, as noted, priority in the evaluation was not given to the use of already tested questionnaires to assess, for instance, mental illness or addiction, but I think it is justified that this finding does point to a serious health need.

These outputs appear to be explained by the structure variable. With regard to the preventing homelessness after discharge from hospital, the evaluators found that: 'The project has experienced a barrier in relation to finding permanent housing solutions for the target group. It is also a barrier to informing citizens which [causes delay], because the audience has complex issues the full extent of which were originally mapped over a longer period of time. Furthermore, the project has found it challenging to get the regional psychiatry team involved with the (local) authorities' (p. 218). As a result the regional psychiatry team has not taken this over and the city has gradually gained expertise: 'Initially there has been confusion about the definition of the target group of the offer, as well as who to contact in case of payment problems with the citizens that are involved in the project. Meetings have been held between the parties to solve this, and as a result there are signed agreements (...) so there is a common understanding of the target audience, guidelines, etc' (Rambøll and SFI, 2013).

Also the emphasis on treatment (variable of the policy-model) has led to two outputs in terms of service provisions that I have found. First, as a result of an emphasis on treatment instead of harm reduction, the offer is limited to persons able to exhibit therapeutic loyal behaviour. This causes some not to use the offer and remain homeless (which can also be perceived as an output variable).

Because the group that you roughly see today, the people that you see in Vesterbro are mostly people that are drug users. And mostly on heroin and cocaine. It is very difficult to get them into treatment and to cooperate in treatment programmes. Treatment programmes are often very strict and these people are very unstable in their behaviour. These two things do not match together very well. That ends up with some of the people being outside the treatment programme and outside the shelter. (Voluntary Services Provider)

Second, this emphasis leads to dilemmas for professionals working with the target group (output variable). Practitioners visiting homelessness services confirmed the troublesome relations that addicted persons have in using available treatment services. For example, the provision of methadone in treatment centres is part of a wider person-oriented approach conditional on complying with approaches in other life domains. As mentioned before, nurses can be confronted with persons who are ill due to a lack of treatment and whom they are not allowed to help.

*Improved and permanent housing***Table 16** **Copenhagen improved and permanent housing**

	Numerator	Denominator	Quotient
Temporary housing	569 clients ⁴¹ (851 including permanent housing) who were homeless at intake, whose housing status had improved preceding the second evaluation after intake Housing status was ranked (from low to best) street – night shelter – temporary housing.	1630 clients who were homeless at intake with a valid second evaluation	0.35 (0.52)
Permanent housing	277 clients who were homeless at intake, who lived in permanent housing preceding the second evaluation after intake Housing status was ranked (from low to best) street – night shelter – temporary housing – permanent housing	1630 clients who were homeless at intake with a valid second evaluation	0.17

In Copenhagen we find more improved housing than permanent housing. Copenhagen policy is targeted at reducing the time homeless persons spend in shelters and increasing the number of homeless persons staying in permanent housing. According to its policy goals the city has been more successful in attaining the former than the latter, whilst the target of reducing the average number of nights spent in temporary institutions has not been met. From the 1630 homeless persons (see table 4.4-1A), a total of 851 persons had improved their housing situation at the second evaluation (52%) of whom 569 had resided in temporary housing and where 277 had obtained permanent housing over that same period. The positive exception to this output is that from the 310 persons who have received independent flats over the past three years, the percentage not holding on to them is 89.4% (277 persons).

According to the evaluators, not attaining the targeted goals is explained by the lack of available housing. ‘Municipalities highlight that it has been a challenge to find housing or suitable land to build on. In addition, individual municipalities mention that technical aspects such as environmental assessments and building permits also contribute to delays. Individual municipalities are experiencing, that there are still problems getting established cooperation agreements with social housing companies.’ (Rambøll and SFI, 2013). These issues are also likely to explain Copenhagen’s lack of available housing. One Copenhagen respondent concluded the following.

⁴¹ Table 2-4 (in Rambøll and SFI, 2013): number of stays at the care home at 120 days or more in 2012 in Copenhagen is 569 persons. In 2012 in Copenhagen 282 persons were able to hold on to permanent housing (87%). In 2013 in Copenhagen 277 persons were able to hold on to permanent housing (89.4%). 569 (temporary housing 2012) + 282 (permanent housing 2012) = 851 persons (temporary housing 2012).

It's a big challenge in the Housing First projects, because we have the money and we have the clients, but we don't have the apartments to put them in. (Authority Respondent)

Social housing associations in Copenhagen for their part have been involved in refurbishing, upgrading and upscaling, which causes prices to rise. These outputs (in this study are grouped under the management section) are explained by a lack of cooperation. The structure/management variable of the network structure here also explains these outputs.

With regard to time spent in temporary institutions, the main issue is insufficient preparation towards independent living afterwards. Unplanned discharges, which happen frequently in temporary shelters, cause about 60% of persons assessed as in need of housing assistance not to receive it when they leave (Rambøll and SFI, 2013). This output is likely to be related to the (lack of) accountable agreements with service providers delivering care.

The outputs for Copenhagen's specific policy goals with regard to young persons, both in reference to total number of days and number of places in normal 'adult' care homes, appears to be higher than was targeted for 2012. The evaluators conclude that this objective is only fulfilled to a limited extent since there are still a significant number of young people between 18 and 24 in ordinary adult care homes (Rambøll and SFI, 2013) (which is also explained by the lack of housing).

Conclusions on Copenhagen output

One can conclude on the basis of this section that the Copenhagen arrangement has only been partly successful in attaining its goals. The goal 'no young person should live at the care home, but be offered different solutions' has only been partly met and the goal 'stay in residential homes or shelters should not last more than 3-4 months for the citizen who is ready to move into their own housing with the necessary support' has not been met. Concerning the objective for 'release from prison', no reliable outcome can be registered due to under-registration. The goal 'discharge from courses of treatment or hospitals' has been met to a degree, which is attributable to the city's own project [policy instrumentation] rather than improved cooperation with the region. In respect of the quantitative indicators set for each case, Copenhagen has been able to service half its homeless population with integrated care and only a small part of those with severe mental health needs. Copenhagen has also been able to temporarily improve the housing situation of half the population, in 1/5 cases permanently. These outputs have been explained by all levels of the government arrangement: policy, structure and management.

4.5 Congested outcome

This section describes the outcomes of the Copenhagen homelessness strategy. This involves examining the policy target to have no one living on the street and the changes in the number of homeless persons over the strategy period. In doing so, I have tried to involve both the outcomes observed for homeless clients (still or again homeless) residing on the streets and the perspectives of homeless persons themselves as well as the societal view on these outcomes. In Copenhagen, during the strategy period, there is no reduction in the number of homeless people sleeping in the streets.

This goal has not been met. On the contrary, there is reason to believe the number has increased.

Table 17 Interim statements homeless census 2013

(Source: Rambøll and SFI, 2013)

Starting point 2009 (SFI)	174
Objective 2012	70
Count 2013 (SFI)	250

However, evaluators point out the uncertainty around the number of rough sleepers. They are only sure about 164 individuals sleeping rough of whom possibly only 129 are entitled to homeless services (Rambøll and SFI, 2013). In fact one service-user respondent was of the impression that due to municipal efforts the number of Danish persons sleeping rough has decreased.

In 2010 here in Copenhagen there were 20 people who died of what I call a bad life and the reason I can say 20, because I knew all the 20 people. And there were some of them, I would have sworn, they could take it but they couldn't. Even how strong you are, you cannot know if you are strong enough to live like this. You don't know (...). They are not still living in the streets (...). Because the Municipality of Copenhagen has done a lot, especially on this. They have a team working hard, I have just been talking to one of them, a person in the team today. She came to me, but they are not sitting in a small office, no they are working out on the street, catching the people, finding the people who live on the streets, talk with them, and persuade them to take a house or a shelter or anything, just to get them in (...). They have been doing it for three years now. This is the good thing about it. There are not a lot of rough people in Copenhagen. When we are talking about here, we are talking about Danish people, because we do have a lot of foreigners who sleep on the street, but they cannot join this system. I don't know the numbers now, but we don't have so many Danish rough sleepers now. Most of them have a room, a house. (Service User Respondent)

Copenhagen policy has made a clear distinction about whom to address in its strategy (the most disadvantaged groups) and its focus on Copenhagen residents. In this respect, viewing the statistics in detail and listening to the respondent above, we can conclude that the city may have been successful in this respect. These outputs are accounted for by the policy goal focusing on urban citizens.

That there has been an increase in the total homeless population of Copenhagen means that it is difficult to draw the conclusion that the increase is attributable to persons without entitlements in Copenhagen. The city has seen congested shelters and an increase in homeless persons, including those in institutions. The evaluation (Rambøll and SFI, 2013) describes how the number of homeless citizens (by far the largest in the country) has risen by 9% over the strategy period. In 2009 there were 1494 homeless persons. By 2013 there were 1630.⁴² The increase may be explained by the successful housing of part of the rough-sleeping group, but the unsuccessful outflow of persons from institutions once ready to move out. Copenhagen NGO Outside refers to this as the

⁴² 1.581 homeless in Copenhagen in 2013. 5.820 nationwide the same year; 1.507 homeless in Copenhagen in 2011. 5.290 nationwide the same year; 1.494 homeless in Copenhagen in 2009. 4.998 nationwide the same year (source: city of Copenhagen's own statistics).

shelter system being 'blocked' (Udenfor, 2010). This outcome, like the output in this context, is explained by the lack of housing as well as the lack of steering or coordinating opportunities (structure and management variables).

The national homelessness counts also show that there has been a sharp increase in the number of young homeless people during the strategy period. This happened both in the municipalities that were part of the national homeless strategy as well as in other municipalities, suggesting that the increase cannot be attributed to an increased focus on and knowledge of this group, felt in participating municipalities.

Finally, we turn to perceived benefits in the community seen in public opinion or the media. For this perspective (besides support for the drug-user room – management section), I can share my own impressions. In Vesterbro, I was told that it had been a deprived area, although popular with students. As it is centrally located, the neighbourhood has now become more up-market as students settle in the area, getting jobs and having children. This development not only leads to an increase in the house prices but also to tensions and a decrease in tolerance. This is described as gentrification and its impact on disadvantaged groups has been referred to as revanchist (cf. Smith, 1996; Waquant, 2004), which in this study can be related to the city's relationship with society (management variable).

Conclusions on Copenhagen outcome

This outcome section has discussed the probable increase in homelessness in Copenhagen over the strategy period as well as the problematics of measuring this precisely. These problems are due to the dynamics of the targeted groups and the definitions of who does and does not count as homeless under the strategy and increased attention to these matters might be due to the gentrification of areas in Copenhagen. It has again been shown how governance elements of policy as well as structure and management explain these outputs.

5 Anglo-Saxon case: Glasgow

In the Anglo-Saxon governance case study (Glasgow), I expected high spending efficiency and high rates of prevented/rehabilitated homelessness. This chapter shows whether this was the case by describing elements of this arrangement and its output and detailed insight into its functioning.

5.1 A policy of self-responsibility

Glasgow homelessness policy is embedded within the local housing policy. The 2011–2016 policy set homelessness policy goals as one of its overall outcomes, alongside affordable warmth and housing support. UK-wide welfare policies relating to social as well as housing benefits have also been identified by respondents as heavily impacting on the local homelessness situation.

Ambitious policy goals

The 2011–2016 policy set goals for homelessness to be prevented and, if not, addressed effectively through improved service delivery. Near the end of the 2009–2012 strategy, in 2011 key strategic priorities were formulated. These were to provide support, advice and assistance, meet the target for abolition of priority need,⁴³ prevent homelessness and improve access to permanent rehousing. Later the strategy document also set an objective to reduce offending, targeted at age 12–25 involved in anti-social behaviour or the criminal justice system. ‘Discharge from prison’ was a specific category in Scottish guidelines on homelessness (under-implemented in 2013), so added here as a fifth policy goal.⁴⁴

Homelessness in the Glasgow context refers to a wide target group (e.g. asylum seekers, families with children, those fleeing domestic violence). The preventative policy is characterised by a pragmatic stance. As a respondent explained, the focus on prevention comes from the obligation to rehouse all (unintentionally) homeless persons.

There’s probably more work in providing really good structured advice and information, but it may be less work for the statutory team, so your other agencies can provide that. (Authority Respondent)

The strong emphasis on prevention in Glasgow is also a response to the wider context of UK policy.

One of the difficulties about welfare reform [is] that it might start to increase again if there’s an increase in homelessness presentations, so in terms of our critical policy (...) it’s about prevention of homelessness that’s what we’re about. (Authority Respondent)

⁴³ The priority need criteria refers to prioritising some non-intentional homeless persons over non-intentional homeless persons. With the abolition of these criteria the only distinction left is the intentionality criterion.

⁴⁴ See appendix 4 for a table of Glasgow policy goals and instruments before 2012.

The position reflected in this quote is also characteristic of the Glaswegian position in regard to the policy issue of homelessness, in terms of the structure and its decentralised approach.

Amongst the wider homeless population, a severe problem is the single-person household target group, referred to in Glasgow as multiple exclusion homelessness. Respondents have explained that this group is the least likely to be offered permanent accommodation and the most likely to be offered solutions within the voluntary⁴⁵ or health sector. The respondent below refers to this specific group and expresses concern about the lack of focus on them while also understanding the city's difficulty.

That rough end of rough sleeping, revolving door and that's where I'm saying we could do things better (...) because that group are often the chaotic drug users who have experienced multiple exclusion, often multiple complex trauma. (...) the Homelessness Strategy has to take on board this group but also has to take on board all the different referral pathways in and out of homelessness, doesn't it? (Health Sector Provider)

It is important to note here that Glasgow policy goals are ambitious and targeted at many people. However, the question lingers as to how this impacts upon policy outcomes for multiple exclusion groups.

Detailed policy instrumentation

The two main instrumentations of Glasgow policy are: partnerships to obtain housing for homeless people; and the city's social services to prevent or divert homelessness. Most homelessness, under the wide definition,⁴⁶ is dealt with by the (social) housing market (33%) – a housing-led approach.⁴⁷ Glasgow does not own its housing stock, unlike most other Scottish cities. For this reason, to fulfil its statutory duty, an important instrumentation is to work in partnership with housing associations and social and private landlords. The objectives of these partnerships is to prevent evictions and increase individual lets. Many challenges have been reported e.g.: the variety of housing providers is large (68); most providers have had a historical lack of involvement with homelessness; a large demolition and rebuilding programme is taking place involving the housing association that *had* been historically involved and was formerly part of the administration. This housing renewal programme limits availability.

The reliance on the social housing market is felt by some to be a mistake, since the city is open to legal challenge should it fail to permanently house homeless persons. This respondent relates the diminishing or changed steering capacity in this respect to the city 'still being called an authority' (next page).

⁴⁵ Voluntary sector in this context refers to the sector of social relief.

⁴⁶ The wider definition of homelessness in Glasgow also includes (the categories) Single parents, Couple with Children and Other with Children. In the output section (section 5.4), in which the number of homeless persons in the Glasgow case is related to quality of outputs of the Glaswegian governance arrangement on homelessness, these categories, for reasons of comparison with the other two cases, Amsterdam and Copenhagen, are not included.

⁴⁷ Hostels account for 5% of the supply and 'return to previous, friends and voluntary organisations' for 7% as a rehousing outcome. 7% in this context accounts for 722 persons in 2011/2012. An interesting difference is that the amount of persons residing within the voluntary sector in Glasgow is four times lower than in Amsterdam.

If you are still called an authority, then what you would start to do is you would (...) start to let large numbers of its housing stock to homeless households to allow it to meet those pressures. When you don't have that direct control over the housing stock, that then leads to the challenges that we have in Glasgow. It's a process of negotiation. (Authority Respondent)

The other concept of government, the task of the administration in this context, will be the subject of the management section 5.3 and the discussion of the concept of the civil servant.

The second instrumentation concerns Glasgow's direct local social service provisions in the city and in its districts being replicated across all care sections. Emergency accommodation, older people's and children's services are all delivered directly. In the context of homelessness services the city has three locally based services and three specialist teams: Refugee Support, Complex Needs and Prison Team. It has worked over 10 years to improve quality standards and staff training and support. This, beside the emergence of the voluntary homelessness sector, has led to a mix that the local authority feels is about right in not having all voluntary sector or all direct services. The local authority cannot deliver all services itself and is committed to working in partnership with others. In all local social work service provision, expert advice is taken into account in municipal decisions about placements.

Direct provision of services also addresses preventative goals. During the 2002-2012 strategy, Glasgow ran a pilot for the Housing Options (HO) instrument. In this approach, housing associations work jointly in a specific area and local case-work services are supplemented by commissioned services. In HO, the focus is away from applications for homelessness and on how people can stay in accommodation (e.g. through mediation) and how new housing supplies can be obtained in the private sector. In evaluations, the pilot succeeded in reducing the number of homeless households the city still has a duty to house. This respondent feels this approach has provided the solution to the tension between the duty to house all non-intentional homeless people and the lack of housing.

Housing options has (. . .) filled that policy aspirational gap from 2003 to 12. (Authority Respondent)

The tension to provide housing has led to prioritising prevention. What policy model is this instrumentation indicative of? The HO approach in Glasgow is a self-responsibility policy-model. In the discussion of the policy model, we will see how this continues to be the case.

A policy model of self-responsibility

This section discusses two basic assumptions underpinning the Glasgow policy model: first, the generalist approach that is constructed in relation to homelessness, and, second, the paradigm of rights and entitlements. Unless indicated otherwise all quotations stem from authority respondents.

'They do not come from the Planet Homeless'

In Glasgow, the basic policy assumption is generalist, i.e. anybody can find themselves without a permanent home and needing support to find one – 'most people are only three pay cheques away from being homeless'. I argue here why I think this policy model is the case by making use of five elements that are sometimes borrowed from

other parts of the Glaswegian governance configuration.

Homelessness in Glasgow is constructed as an extreme expression of housing need. The fundamental problem is the supply of social housing. There is a chronic shortage and the city battles with the problem. With this generalist perception, problems to be addressed by the policy vary, ranging from people who are homeless by the official definitions, e.g. assessed as homeless,⁴⁸ and those entitled to prevention, information and advice.⁴⁹

Moreover, homelessness policy also covers those with growing families looking for somewhere bigger. In addition, homelessness is not only about housing and, when unmet health needs are emphasised, there is a strong point to be made about individual housing needs.

The pool of people who would be more suitable for a service like Housing First:⁵⁰ very complex, whole number of co-morbidities or co-located issues in terms of addiction and mental health and all that but a slightly different way.

A second important characteristic is the stigma of homelessness, which must be challenged. This is a broad structural question for the local authority. An example is set by attempts to work with social housing associations historically uninvolved in housing homeless persons, so city workers are confronted with the stigma. Respondents explained that people in social housing are in a strong position to advocate their interests and this poses challenges to housing homeless persons who are stigmatised. One respondent explained the position, pointing out the issue of solidarity and the reality of these homeless persons having been born and bred in Glasgow.

They have a long history of serving their own communities separate from homelessness. Now, part of that argument is where do homeless people come from? They do not come from the planet homeless.

In the battle against the stigma, merit and being informed are significant. In the theoretical framework these are expressed as empirical connections. Interviewees mention 'loads of academic research' showing homeless households cause fewer anti-social problems and that in Glasgow research shows that former homeless households sustain tenancies longer. Assumptions that homelessness causes serious issues need to be challenged and the city has research on its side to do so.

The third support for this assumption stems from the relatively generalist approach of the hostel closure programme. After the closure of two large-scale, council-run male hostels, the majority of residents were individually housed in independent flats within the community. The findings of the evaluation of this largely endorse what is now broadly referred to as a 'Housing First' emphasis on resettling single homeless people in ordinary housing with flexible support (Fitzpatrick et al., 2010).

The fourth indicator for the generalist attitude is that there is little tolerance for a situation that leads to people sleeping in the streets. This lack of tolerance has been characterised as a good thing (next page).

⁴⁸ Definition section 5: on the basis of section 5, temporary and permanent housing needs to be made available to a person assessed to be homeless.

⁴⁹ Definition section 11: Section 11 refers to prevention, information and advice. Section 1 is also used to overcome possible evictions.

⁵⁰ Housing First is a method by which variations of intensive housing support enable persons with complex needs to be housed independently.

I'm glad that people don't see homelessness as inevitable because it's not inevitable; it's something we can do something about and that seems to be the attitude in the city generally.

They feels something can be done about this and rough sleeping is not perceived as inevitable.

Lastly, in its administrative context and though far from being achieved, the city works on the premise that homelessness is not solely the responsibility of its homelessness department but of everyone, including broader mainstream social services. An example is the strategic review of youth accommodation services in 2012 which solved the problem of people falling between services, i.e. being either a child in care or a homeless person. What the city says is that, if you need accommodation, 'let's strip that out' and sort out later how it is paid for. Thus, false obstacles have been removed.

The preceding section argued that a generalist conception of homelessness is a basic assumption underpinning Glasgow's policy. Now I describe the second basic assumption that illustrates the limits of this generalist approach. This is about self-responsibility – contained in the 'intentionality rule'. It is a significant feature of UK/Scottish social policy and relates to notions of deserving/undeserving poor. Whilst clear municipal opposition to the homelessness stigma is evident from the preceding section, the detrimental effects of being categorized as anti-social and responsible for rent arrears express the other side of the coin of the progressive Scottish agenda.⁵¹ The local authority has statutory duties, but in what cases? The no-duty-owed category relates to persons assessed as not homeless, or intentionally homeless or with no local connection.⁵² 30% of households reporting homeless are registered as the city 'owing no duty'. In another 15%, a duty to re-house has been established but contact is lost before duty discharge (Glasgow City Council (GCC), February 2013). In 2013/2014, of 6780 presentations, 163 cases actually had the assessment decision of intentionality (GCC, 2014).

This basic assumption can be illustrated by the rational choice configuration underpinning the policy. Whilst there is a (gold) standard of local authorities having a duty to provide the deserving homeless with secure tenancies, persons failing to respond positively to options offered to prevent eviction risk becoming multiply excluded. When there is evidence of intentionality, an individual risks not being assessed as a deserving person. Persons in the complex multiple exclusion trauma groups tend to exhibit non-rational behaviour: not showing up for appointments or not opening mail. The reason this group is still homeless is not because of a lack of accommodation, but because they are not ready to take what is available. A closer study of the construct of readiness clarifies

⁵¹ Fitzpatrick and Jones (2005) describe that while the government has implemented substantial improvements in services for street homeless people in recent years, and has achieved a significant reduction in the numbers sleeping rough, a strong 'social control' emphasis has now emerged in this policy agenda, as those remaining on the streets are increasingly viewed as an 'anti-social behaviour' problem. Also Anderson and Serpa (2013) conclude that Scotland's 2012 commitment to homeless households was somewhat conditional, applying to all who faced homelessness through no fault of their own. In this section, an interesting difference with the Amsterdam context also arises, in which persons are given priority access often *because of* alarming or distressing conduct (Runtunwene and Buster, 2013).

⁵² This (also operationalization of intentionality) flows from the Housing (Scotland) Act 1987 which sets out the legislative framework for access to housing through the homelessness route (cf. Anderson and Serpa, 2013).

this. An evaluation of experiences of single homeless people in Glasgow (Quilgars and Bretherton, 2009) shows that it is not necessarily those with mental illness or addiction who are not prioritised. In fact, in these cases 'ready' or 'non-intentional' refers to rationality in terms of anti-social behaviour (ASBOs⁵³).

A good example of the mechanisms at stake is the instrumentation for preventing evictions. Tenants' otherwise strong position diminishes with an ASBO. Landlords can change a tenancy from permanent to temporary if the tenant or someone in the household has an ASBO. Thus, the tenancy changes from a Scottish secure tenancy (SST) to a short SST. According to policy documentation, short SSTs are designed to prevent eviction and give tenants time to sort out problems without fear of eviction (Scottish Executive, 2005). This might be helpful in prevention of eviction but, once the lease has changed and if tenants' behaviour does not improve, a formal ground for eviction exists. New tenants can be offered short SSTs if they or household members have an ASBO, or if they have been evicted from previous accommodation in the UK within the past three years. Once a person is intentionally evicted, the chances of getting a house decrease. As a result, in the case of ASBOs, the preventative policy might work out the other way around, with the multi-excluding of persons and families.

Second, the self-responsibility policy model is indicated by the current mindset or *frames* in the Anglo-Saxon context. Policy implementation responds to the societal argument of the creation of a perverse incentive. If any homeless household could easily attain social housing, then the city could be accused of facilitating the perverse incentive. Also changes in the UK welfare system weaken housing provisions for 'working-class persons not working', characterising them as undeserving.

They are trying to stop that perverse incentive for people to say, 'Right, I'm just going to present as homeless and something will work out'. We are all working on this.

This quotation illustrates the mindset that the policy is said to respond to.

Conclusions on Glaswegian policy

Ambitious policy goals, detailed instrumentation and a self-responsibility policy model have emerged from this case study. Within the policy framework, goals are set focusing on homelessness prevention and reduction of offending behaviour. The policy is targeted widely, with a further subpopulation within. The main approach involves negotiations with and coordination of third-party providers and direct council provision, supplemented by tendered voluntary services. It has currently not shown internal policy goals to improve integration. However, in the later policy (2002-2012) clear targets have been set, being implemented to date. Thus Glasgow scores 1 out of 2 in terms of setting a relevant policy. Also, related to the second element (setting of instruments tuned to the policy goals), its clear choice to prevent homelessness and relative success in implementing this goal give it a score of 2.

Progressive policy models are dominated by generalist assumptions with regard to the homeless population (in line with the wider targeted group), e.g. the assumption that most people are only three pay cheques away from homelessness or that homeless people do not come from Planet Homeless. By regarding homelessness as an extreme housing need, and by the battle against stigma, the Housing First 'avant le lettre' approach of men's homes, the lack of inevitability of rough sleeping and the

⁵³ Anti-social behaviour orders (ASBOs) are preventative orders that are designed to protect people in the community from further acts or conduct that would cause them alarm or distress.

characterization of homelessness as a broad municipal social services task, the policy model expresses this first basic assumption. These models are in contrast to the second policy model featuring the undeserving poor and intentional (multiple excluded) homeless people. By the explicit construction of a rational system, a lack of rationality and misconduct risks being excluded. I refer to these as causal or empirical connections. The second part of the argumentation stems from the reference towards an underlying mindset of perverse incentives and the undeserving poor that supports this. These are rather normative connections that pave the way to the policy model. The assessment of the supporting elements of its policy goals in Glasgow has led to a score of one (1). One of the two policy models, the generalist model, is seen to be supportive of the initial policy goals.

5.2 Centralised structure

Responsibilities and funds are located centrally (see the literature review). It is a centralist model with centralising trends extracting power from local and regional levels, influenced by Scottish independence. Outsourcing is seen in housing and in homelessness services. As a result, the image of the 'hollowing out' of the local state emerges.⁵⁴ Despite the existing 'mixed economy of care' and the involvement of mostly private-sector housing providers, local government is not out of the picture entirely. The division of tasks between state, market and third-sector parties appears less rigorous than expected on the characterisation of an Anglo-Saxon government that steers rather than rows. However, the city picks, chooses and sometimes puts them out to tender, making this context fundamentally different.

Central allocation and centralising trends

Within the context of Scottish independence, in the centralist model, responsibilities are split between the UK and Scottish governments rather than locally. A centralising model and trends can be discerned in relevant policy domains. London decides significant policies, e.g. housing/welfare benefits, and, for health, the National Health Service (NHS) is organised centrally. Housing policy, from which the current framework stems, is decided in Scotland, but the UK government has the final say. Other centralising trends towards Scotland concern the police and fire service. Two more ongoing processes are indicative of centralisation. First, the abolition of the priority need criterion of the local authority is a clear example of decreased local interpretation. Second, the local administration funds the voluntary sector, whilst political and administrative ties with voluntary providers reside in the Scottish Ministry and Department of the Third Sector which takes an active stance and interest in the activities of voluntary sector providers within the Glaswegian constellation. One respondent grouped the centralising trends together saying that, since 1999, there has been a drawing of power from local authorities into Edinburgh to the Scottish Parliament. In the run-up to the independence referendum there is a wider political context in the way of any strong Scottish opposition to welfare reforms. The Scottish Government does not have the power to stop these but is also said not to be doing everything it can to shield people from them because of the referendum.

⁵⁴ Cf. Milward and Provan (2000).

What the Scottish Government could do is use social-democratic housing policies, e.g. guidance around rooms, designations of rooms and dealing with arrears. Interviewees have indicated that other political forces in Scotland might be less supportive of these sorts of social policies (think of the 'mindset' described above) and are not to be 'upset' at the moment, since they might vote against independence. This would explain why there is little real opposition to UK-wide welfare reforms:

The Scottish Government has almost ground to a halt. (...) It's in paralysis, things are stopping and no big decisions are being made because there is a fear of doing one thing or the other that might upset groups of people to the referendum. (Authority Respondent)

Thus, a paralysis is stopping any real opposition in support of the feelings of Scotland's inhabitants. Having summarised Glasgow's position, I continue with the discussion in regard to housing.

The city's options are limited and much depends on the cooperation of non-governmental and private initiatives. It is the UK government that decides on housing. The centralised nature of fund allocation impacts heavily on the availability of accommodation and the ability at local/Scottish level to influence this. The Scottish government has control of housing and homelessness. Further, the financial base underpinning Scottish policy is limited. Scottish government investment funds are small and the government is not in a position to build much housing. Even if it wanted to, it cannot because ultimately the money comes from Westminster. It is not known whether an independent Scotland would also face challenges in this respect if it were to attempt to significantly increase spending. In regard to housing, trends outsourcing funds and responsibilities are visible. First, when Glasgow housing stock had a high financial imbalance, there was ongoing investment 'off balance sheet'. The solution was to outsource it and write off the debt. As a result the city no longer has a say over this housing stock and depends on partnership with the Glasgow Housing Association (GHA).

Second is the increasing expectation that the private sector has a role in solving homelessness. Even when the economy was healthier than in 2013, there was insufficient investment in social housing by local authorities which expected homelessness to be addressed by the private sector. Recent initiatives can also be seen. In early 2013, Glasgow completed a tender in the private sector to try to discharge its duty for long-term housing solutions:⁵⁵ previously, the private sector could only be used for temporary accommodation. This respondent is unsure what to expect from this.

So very early days and we need to see what comes out of the end of that, but we are looking at that because we need to build up resources wherever we can find them. (Authority Respondent)

So to meet its duty, the city needs other housing associations as well as the private rented sector.

⁵⁵ Under section 38, also see appendix 6: Scottish code of guidance on homelessness. Section 38 provides that if a local authority requests ... a local housing services authority... or a registered housing association, to assist in carrying out its homelessness functions under the act; the body receiving that request must co-operate in giving whatever assistance is reasonable in the circumstances.

The second (recent) centralising trends towards the Scottish level concern the police and fire services. These were previously organised at a regional level and there were political representations from all local authorities on the boards of those regional services. That has now changed. There is local concern that this new situation is not balanced enough in terms of either politics or geography.

my local one (...) were great (...). I'm very worried about losing that if everything is torn up (...). The structure that brings everything together, health, fire, police and the council and community groups. They fit into something called Community Planning (...) we've rejigged our Community Planning partnerships to try and keep the police and fire involved in them. (Authority Respondent)

To respond to these changes, the Community Planning Partnerships will be cut from five to three.

There are particular partnerships with the police for persistent offenders and service users involved with the police. A more distant relationship exists between health and police services.

I work very hard to keep the Police at arm's length, operationally, here in this specialist service. It's the one place where people can be anonymous and safe, and I continually have to work with our police colleagues to say, 'Just because you know that they're a drug user, don't hang around my front gate waiting to pick them up.' (Health Sector Provider)

However, reference is made to mutual respect. The police will have to let specialist carers get on with the job because their interest is long-term and overzealous police intervention will not help clients or society. Carers will share information relating to high-risk categories but only with legitimate reason. The detail and refinement of this cooperation may be subject to the same reshuffling trend described above (and possibly risk the loss of local understanding when services are centralised).

The third trend refers to the involvement of health services. The NHS being centrally organised has clear advantages in terms of available expertise and the fair distribution of health. However, for the implementation of local homelessness policy there are also disadvantages identified by respondents. Differences in culture and in moral stance towards deciding homelessness dilemmas are at stake. A respondent explains the local viewpoint and why cooperation is hard.

There is a difficult culture (...). In a local government structure (...) there are all these things, all these different hoops I have to jump through, whereas the NHS everything is focused about pleasing a single individual. (Authority Respondent)

This difference in structure is felt to impact the degree to which a harm reductive approach can be successfully advocated. The health board's position is decisive on this point. A respondent from health relates that there are still a lot of challenges within this health board to promote this.

We've got a lot of, we've got a few very good people in the Health Board that are promoting harm reduction (...) there's a lot to unpack. Now we're not talking huge numbers but we're not really tackling that client group. (Health Sector Provider)

An imbalance between local social and central health care negatively impacts integration. Social and health needs are high. According to NHS data, Greater Glasgow and Clyde (GGC) contains 43% of data zones that make up the least deprived quintiles

in Scotland and 31% of the NHS GGC population live in the 15% most deprived areas.⁵⁶ As the city is responsible for social services, it experiences overwhelming need resulting in a higher prevalence of incidents which, in the context of English adversarial culture (a culture of blame: see below), call for extra investments in social work. The city has indicated there are large budgetary consequences to this – a third of the city's budget goes on social care. The local administration feels that, despite this overwhelming need, Glasgow does not get its correct share of the resources, resulting in social services constantly battling to stay on top of things and consequently negatively impacting local attempts at integrating health and social care.

(...) we are running to stand still. We don't get the chance to really think that way (...). That's part of my worry about health and social care integration as it is currently being proposed in Scotland is that it drifts. It could put a lot of social care into a medical model. I would find that concerning. It has its place, but I think just because of the balance of power and the various cultures I think you can have a kind of medicalization of some services that don't require it. (Authority Respondent)

The medicalization of services would seem to indicate movement in the opposite direction from the policy's aims, being the implementation of a social model for its more disadvantaged groups.⁵⁷

⁵⁶ NHS Greater Glasgow and Clyde Corporate Planning and Policy Frameworks February 2010.

⁵⁷ In the Netherlands specialist services are provided to persons in specialist care that are equally available in the general context, e.g. social services are available in any district of Amsterdam. However, separate social work services are provided to institutionalised persons in these districts. At times the institutionalised persons could use general social work services, usually at a lower cost than the specialist services. However, this does not happen when the generalist policy is overwhelmed with need already, as is shown to be the case here.

Holding back on Housing First after all?

Glasgow took up a Housing First approach long before the term came into 'fashion'. That is why it is hard to assess the current institutionalization of multiple excluded homelessness in Glasgow that may partly be ascribed or attributed to the influence of the medical model over the social model. A government respondent illustrates how earlier positive experiences with specialist services in the local government configuration gave them a trustworthy image. The voluntary sector has made an incredible difference since it took on responsibility for smaller-scale initiatives 10 years ago. Much has improved in terms of standards, quality of life, access to services and well-being. The homelessness department has recently got £12m from GCC. The trustworthy image of the sector may explain why the department has invested these funds in temporary accommodation for the more complex group, instead of permanent individual lets with support. The latter would be more supportive of the social model.

A medical professional told me that there is a group of about 80 persons sleeping rough consistently. I was told that the issues of why these persons cannot stay in independent living are not primarily to do with housing but are medical. However, one voluntary provider expressed the opposite view, that the communal accommodation in the voluntary sector, its reception centre, is only part of the solution. This respondent feels this group need settled accommodation.

(...) to make a difference to the accommodation outcomes of this group (...) the reason they're not able to stay in independent living is because they've got complex unmet need. (Health Sector Provider)

So, we will build two new 30-bed units (...) two new accommodation projects the next couple of years to meet some of this demand but it will remain a challenging situation.

(Authority Respondent)

There needs to be more of a straight move like housing first into settled accommodation.

(Voluntary Sector Provider)

These quotations show how the city acts in line with the medical perspective rather than the social one.

A mixed economy of care

If one thing is clear about Glasgow, it is that budgets are inadequate.⁵⁸ As explained above, the reason housing has been privatised also had to do with a lack of finances. The local authority depends on others to attain its goals and private funds are also significant in the third or voluntary sector.⁵⁹

Glaswegian policy refers to a 'mixed economy of care', i.e. private, charity, independent or, voluntary organisations delivering services. Glasgow council spends its budget on accommodation-based and floating support services purchased from external providers.⁶⁰ The council's direct services are temporary and emergency accommodation, hostels, a homelessness addiction team, a homelessness persons team, IT and personnel support with the largest spending on social services.

⁵⁸ Additional quotes about the financial position of the city of Glasgow can be found in appendix 7.

⁵⁹ In comparison. In the Netherlands the initiative to provide such services has been supplied by private parties. However, over time, these have become fully subsidised for their activities by the state (cf. Diederiks, 1994).

⁶⁰ The hostel reprovisioning programme was the basis on which many of Glasgow's current supports and services were established. Between 2003 and 2008 a sharp increase in costs is visible from £1.4m to £17.7m (Watt et al., 2009). In 2013 in Glasgow 78 separate homelessness services were delivered by 23 providers.

Besides the local authority, health, housing associations and private funding contribute to homelessness goals.⁶¹ In the HO project, the Scottish government, GHA, other housing associations, the NHS and other public sector and voluntary agencies are engaged in development. The HO project (involving several housing associations), in connection with local authority social services, reflects the mixed economy of care. The homelessness goals within the housing strategy may become just as targeted by the local authority as by its partners. As one housing provider said, 'the aims of our project mirror the goals of the housing strategy'. One respondent stated this even more poetically.

They're the golden thread going through all our activity. (Housing Sector Provider)

The evaluation of legal services to prevent homelessness through eviction also shows how private contributions are made. These have led to substantial savings for the NHS as well as saving for 'the overall taxpayer'. It states: 'this report confirms that our section 11 Partnership may have saved the NHS in Glasgow up to £7.2m per annum, and made an overall saving to the taxpayer of £24m per annum'.⁶² It continues to indicate that 'that is quite remarkable given we only receive parcel funding of £60,000 of public money each year for our service' (Danny Phillips Associates, 2009).

There are also funding streams for the third sector: charities that sometimes get council funding, government funding or have a relationship with council or government. Budgets to provide voluntary services consist of a mixture of local funding and small local and/or national grants. The sort of public-private budgets that Glasgow uses reflect a particular stance to public and private responsibilities. Respondents expressed concern about services not meeting need. Addiction teams were 'snowed under' and law centres offering free or cheap legal services were 'very busy'. This respondent works in a law centre to assist individuals with housing rights or to prevent evictions. Its role is vital to the successful fulfilment by the local authority of its duty to prevent homelessness.

I've got a salary that is attributed to a funding stream from an outside organisation. It's some big, fancy organisation that helps out projects like this (...) They essentially pay for my part, for my wage so I don't need to – when they see a solicitor, the solicitor fills out a legal aid form and the legal aid is then paid for by the state. (Legal Sector Provider)

⁶¹ In the HO project there is core funding from the Scottish Government which contributes to the development within each of the Hubs. Glasgow is part of the West Hub so can access some Scottish money for specific actions to support development of HO so all partners can benefit. The evaluation of the pilot (Glasgow HO Project Board, 2014) shows how six extra referral options were developed. Four are funded by GHA and two are co-funded by the city and NHS. The division of referral paths appears to be 50:50; the same number of people is served by the four housing associations as by the two city/NHS offers.

⁶² The estimated cost of a typical homelessness case study is £24,000. It can be as high at £83,000 for the most complex case. The cost of each case to local authorities and housing providers is £15,000, and to health services £7000, including e.g. GP visits; services after minor wounding; services after serious wounding; treatment for mental ill health; treatment of tuberculosis; and rehabilitation. In Scottish Council for the Single Homeless Briefing 'Tenancy failure how much does it cost' and 'Crisis how many, how much?', Single homelessness and the question of numbers and cost by Crisis and New Policy Institute (Danny Phillips Associates, 2009).

This illustrates the mixed economy which might have been born out of need but now seems embedded in a society used to or willing to take up its portion of the social responsibility at stake.

A tale of two networks

There are several networks initiated in or by the city and these have a pluralist or heterogenic configuration. The reason for the title 'a tale of two networks' is because of the finding that the main structures are not supplied by the voluntary homelessness sector but by the housing and health sectors. This non-inclusion of parties from the voluntary sector in the strategic policy network is outweighed by the all-round representation of housing providers. The voluntary sector is represented by the Glasgow Homelessness Network (GHN). Indicative of this is the way the structure of the 'essential connections forum' in relation to 'vulnerable household groups' has been set up: each geographically-based community network holds a vulnerable household group and all agents working with vulnerable people in households there come together in this group where policy and services are discussed. The forum forms the strategic side. The aim is to ensure the services and resources are joined up. This forum pulls together the heads of services from health, children and families, the police and, as expressed by one respondents, 'a lot' of the directors for the (68) housing providers.⁶³

The second example of the focus on housing partners to contribute to the policy is the current strategic policy network that emerged from the 1990s Homelessness Partnership and Homelessness Task Force. This consisted of the council, health authority and GHN. Nowadays, the Glasgow Homelessness Planning and Implementation Group also includes housing providers. There are four associated housing associations, including the Scottish Federation of Housing Associations.⁶⁴ The housing associations that were part of the network in 2013 were involved in the HO pilot in the north of the city (due to be rolled out over the rest of Glasgow). It is likely that the number of housing associations will increase. A respondent from HO explains the pilot's governance structure.

We have a joint Board (...) it's quite high level, you know, taking that responsibility leadership as we're going forward. (Housing Provider)

The housing sector itself also seems enthusiastic about being involved and taking up responsibilities in regard to the city's homelessness policies.

In the tale of two networks, the GHN is the second network. It represents 63 organisations, including those in the voluntary sector, housing associations and researchers etc. Amongst participating parties are also homelessness services commissioned by the city.⁶⁵ These are represented through the GHN in the governance network, but do not take part directly in strategic meetings. Tendered or commissioned services, besides being represented by the GHN, have their own place in policy implementing networks, such as the vulnerable household group. Also, Glasgow senior

⁶³ Unlike the Amsterdam situation, on the Glaswegian (strategic) level the voluntary sector is not broadly involved. This trait marks a clear difference between the Amsterdam and Glaswegian configurations.

⁶⁴ Other partners in the network are Glasgow Works, Refugee Council and Shelter (a wider interest group).

⁶⁵ Also see appendix 5: Glasgow homelessness network.

policy officers link in to each of the purchased services and they have regular meetings with these providers.

Conclusions on Glaswegian structures

In this centralised configuration, opportunities for local level responsibility for the most severe target groups are limited and decreasing. It is a clear centralist model with (influenced by Scottish independence) further centralising trends, extracting power from local and regional level. In addition, on the vertical axis, outsourcing is visible, both in housing and services provided to homeless people and, as a result, the image of a 'hollowing-out' of the local state is discernible. However, the council is not out of the picture entirely. The division of tasks between state, market and third-sector parties is less rigorous than expected on the basis of the characteristics of an Anglo-Saxon government that steers rather than rows and the city council picks, chooses and puts services out to tender from time to time which makes this context fundamentally different. Within this centralised and adversarial and deprived context this most⁶⁶ ambitious social model in relation to homelessness has clear limitations. In this structure, opportunities for the local level to take responsibility over its most severe target groups are limited. Currently, the chances for local authorities and initiatives in this respect seem limited and local government respondents indicate that the specifics of the local situation often misfit the central targets. At the same time, innovative initiatives can be taken and are visible at other levels (e.g. Scottish government, NHS) and there are also non-governmental local initiatives.

With its emphasis on coordinating tasks Glasgow appears to be successful in involving relevant partners in its policy. This has led to a score of (3 out of 4 involved) one (1). The GHN is relatively open to new parties, be it currently mainly focused on a certain type of housing provisions. Also, because it comprises a wider expertise on homelessness than merely medical and voluntary by involving housing providers, the network has relatively heterogeneous features. In this regard the city also picks and chooses whom to involve in policy, implying that a wider, fairly vital, societal context exists besides the city's own initiative. This second leads to a score of 2 in terms of the opportunities that exist in this network to involve mainstream partners.

5.3 Corporate-style management

This section discusses the management part of the governance configuration in order to grasp how the local authority manages homelessness. One respondent provided the perfect introduction, summing up the preceding elements of policy and structure and asking: 'How do we correlate?'

There is a patchwork quilt of challenges in relation to local circumstances, local directors, local committees made up of tenants, local letting plans, this whole kind of complex cantonisation of housing in Glasgow and how do we, as a statutory authority, with that duty, to provide those rights and that wonderfully divisive legislation, how do we translate that aggregated demand into the supply of settled accommodation? (...) How do we correlate? (Authority Respondent)

⁶⁶ Cf. Serpa and Anderson (2013).

According to governance literature, Anglo-Saxon management has corporate traits, seen in Glasgow's centralised context. How are relationships managed in this configuration? Are different groups' interests well managed? How? Centralising and outsourcing trends are happening but what does this loss of direct powers mean for how the city achieves its goals? Does it manage this well and, again, if so, how?

Relationship with a professional society

I start this section by once more referring to partnerships as the city's main instrumentation. The vitality of this society displays a degree of self-organisation, along the policy lines of the city, almost creating a scenario of 'governing without government'. The other side of the coin of the local authority's diminishing direct influence appears to be a society capable of self-organisation that does not necessarily contradict local policy goals. I will illustrate this finding with three different examples. First, a housing association manager told of an approach by volunteer organisations involved in the small Housing First pilot, asking him to a meeting with other registered social landlords to see how housing associations could be involved, resulting in more housing association involvement and more apartments being available. The manager also spoke at the volunteer organisation's conference.

It's about taking a holistic view of our costumer. They've got these issues, addiction issues, and they can hold down a tenancy with support in place. (Housing Provider)

Relationships in this context are visible in and can be incentivised through networks. In Glasgow and in its region, several networks exist. These are not always initiated by the local authority, but in most cases it does take its part. The second example is 'regional housing hubs', initiated at the Scottish level to share practices and learning. Other local authorities, housing and volunteer organisations are also involved. Housing First in Glasgow is an example of a practice being successfully shared with neighbouring authorities, a number of whom may begin to develop it. Another example is of a local authority with 'a tremendous' model for getting young people to re-engage with their families that has been shared with other housing providers with a view to prevent or reduce youth homelessness.

Thirdly, also in the GHN, volunteer organisations are sharing expertise and protocols.

We work with the Homelessness Network. We support their research, we feed into it and we work with them and multiple, multiple voluntary organisations in direct, in partnership, around other service users but also engagement. Just supporting people to access things and having protocols in place to say, you know, if Mrs White needs access to your service, this is how we do it, this is how we both work together to support. (Voluntary Sector Provider)

These examples show how the voluntary and housing sectors have successfully implemented shared practices without direct city involvement, indirectly facilitated at state level, and that relevant initiatives are taken by professionals within the wider societal context of the city's homelessness policy and that the city's relations with society vary in terms of direct and indirect involvement.

Rigid rules in relationships between the administration and political institutions

I think the reality is everything that we do is political, with a small p. (Authority Respondent)

Relationships between political institutions and bureaucracy, within this configuration, can be characterised not as distinct (Peters and Pierre, 2004) but as intense and formalised. Homelessness law is the guiding paradigm that creates clarity. The law is the ultimate expression of the moral obligation that the administration must implement, setting the desired result e.g. all non-intentional homeless permanently housed.⁶⁷ This respondent explains how legislation makes clear what the city must do.

We've got some legislation in this country which means we are under a bit of pressure, and quite rightly, to achieve certain targets. (Authority Respondent)

This respondent continues to explain that there is actually much societal support for these objectives.

The introductory quotation reflected the idea that the administration's tasks are political so it should be possible to hold it accountable for actions that call for clarity and guidelines in communication and agreements between the administration and political institutions. This section describes issues in which this mechanism is visible. First, the generalist perception of homelessness creates political involvement and strict procedures are applied to the handling of these. Second, is the political character of tendering. Third, decision-making capacity explicitly lies with politicians. And, fourth, is an example reflecting an anti-étatist perspective on the roles of the administration and political institutions.

The first example is from the city's local case work services that receive many written enquiries from politicians. Elected members write letters to find out about practice after, for example, a service user attends a surgery. These lead to letters back and forth, 5 to 7 letters per week per team.⁶⁸ The social work team leaders reply with high quality letters checked by higher echelons in management and which, a lot of the time, go out in the homelessness services director's name.

Second, the process for tendering services in this context is political.⁶⁹ Clear, detailed, up-to-date guidelines about the management of tenders are available. The outcomes of this process are recommendations from the department to the council. The convenor of social work is briefed about the process and during meetings can ask questions.

Respondents emphasised the importance of politicians not interfering since this could open up allegations of corruption. A clearly political feature of the procedure is that only the ruling political party is provided with further information. The council may ask questions of the Executive Committee before the outcome is decided by the

⁶⁷ Both in interviews and policy documentation much reference has been made to sections of the law reflecting certain duties. For example, section 5. On the basis of section 5, temporary and permanent housing needs to be made available to a person assessed to be homeless. Section 11 refers to prevention, information and advice. In order to adequately assess whether a homeless person has a right to housing, the assessment of alternatives constitutes a second important cornerstone of the current policy-implementation. Section 11 is also used to overcome possible evictions. Section 11 implies that if a tenant has been evicted from their property the landlord must inform the city council.

⁶⁸ There are several teams comprising the local social case work.

⁶⁹ In the Amsterdam context, tenders are referred to as administrative procedures.

Committee. It is unlikely that a recommendation will be refused, but the administration must be able to explain itself and be accountable for its decisions and recommendations.

The Glaswegian tender has criteria attached to it that forbid lobbying in terms of tenders or contracts going through the council. Politicians' involvement could result in disqualification.

If councillors are interested in going out to see what the project is delivering, what they're doing I think that's absolutely legitimate, they are politicians, they have responsibility. (...) Not during the process, (...) No, (...) there are very rigid sort of rules about this. (Authority Respondent)

This quotation illustrates the rigid rules that apply to administration and services subject to tendering.

Third, whilst the longstanding expertise on housing and social work has pushed the political agenda strongly and helped elected members better understand the implications of homelessness, the final decision-making lies with politicians. To encourage staff to stay on, investment is made in post-college qualifications. A politician explains how much this administrative expertise is valued.

We have some amazing officers, (...) who have worked in the field for a very long time and understand it really well and I rely on them to give me the right information, if you like, and do the, I guess, the research and (...) present me with papers. (Authority Respondent)

The final decision about policy issues lies with the politicians. It is the job of the administration to make sure that politicians have relevant information to come to a decision. This political respondent explains that it is his decision and what the difference in reality is for the politician and the expert.

I do (...) sit down with officers involved (...) and have a good discussion rendition because (...) I'm the political frontman (...) I've got to be able to tell the public (...) so it's important for me that I understand the subject in some detail and (...) answer questions (...) my involvement helps officers too because I guess my lack of strictly professional involvement (...) that I could ask sometimes silly questions that sometimes officers don't necessarily ask themselves. (Authority Respondent)

This emphasises the difference in perspective, responsibility and reality supporting the system in which politics decides policy.

Fourth, an anti-étatist position is seen in the local view aired about the changed relations in an increasingly centralised context, e.g. the re-organisation of police and fire services. An extra layer of accountability had existed and authorities on police or fire services boards had elections to them ensuring accountability. With officials appointed and a national framework rather than a regional one, there are all sorts of competing priorities across the country. A local authority politician explains.

I'm a bit more concerned about them [fire services] becoming that little bit less accountable, a little bit more centralised, and I think it does make it a little bit more difficult, in my view, to build up those relationships that are required not just in the delivery level because to some extent that just goes on almost no matter what the structure is, but at the kind of more strategic level. (Authority Respondent)

In the quotation above it is explained that political relations are felt to be more effective in building up those relations that are required at the more strategic level.

Finance and fear dominate in the administration

I have found evidence that there are two elements competing to dominate the administration and thus supersede the role of political institutions. The first is the lack of resources in this context that may lead to a more complex reality in the relationship, with financial issues dominating to impact on aspects of policy rather than politics. This may have led individual administration members to seek a rights-based or activist approach. Social workers worried about unlawful practice may choose to perform an external legal test on their practice to counteract the dominance of finance in policy. Second, the fear of incidents and allegations of blame in social work practice is a decisive factor in implementation. This 'culture of blame' is also seen in the overwhelming need for social work provisions in Glasgow. When an incident occurs, the social worker's manager is publicly scapegoated at risk of losing their job. The general political response is to legislate in even more detail what social work practice should be⁷⁰ and invest even more in social services. This may explain the large expenditure on this. As we have seen, the local authority is not in control of other social factors that correlate with the issues underlying social work themes, such as housing, poverty, safety and health.

The conception of the civil servant as manager

With extensive involvement of politics in the administration and elaborate and detailed (common) law giving substance to policy directives, there is limited need or room for civil servants to get involved in legislation. This decision-making component, as discussed above, is left to politicians. The civil servant is the expert advisory body. As mentioned, the law in regard to homelessness is the guiding paradigm and creates clarity. It is therefore most useful to construct the concept of the civil servant in this context to be that of a manager as opposed to a (theoretical concept of the Weberian) lawyer.

Civil servants in this section manage through an internal policy-planning team and acquiring expertise that stems from experience of providing services. In this context, individual preferences can also play an influential role in policy implementation, illustrated by the following scenario.

The internal Homelessness (Policy) Planning Group had to be re-established after all the previous Homelessness Services management team moved at the same time as part of a scheme concerned with redundancies and reorganisation. After this, the senior managers were relatively new. A couple of people had remained, but no one senior. Since then, the administration has been re-establishing and making new relationships.

⁷⁰ The elaborate and detailed (common) law giving substance to the policy directives can be seen as the natural instinct of politicians to respond to societal issues: make new laws. Whilst this respondent expresses that the alternative, to work in closer partnership with politicians as well, would be desirable, it does not happen: *Sometimes the natural instinct with a lot of politicians, particularly whether it be in the UK Parliament or in the Scottish Parliament, is when there is a problem we'll come out with some legislation and legislate for it, and that is just their first instinct rather than actually trying to get round the table with people and work out who is doing what and see what can be done.* (Authority Respondent)

However, it believes it has a strong history because there are people who have been with it for years with knowledge of homelessness legislation who are a useful resource.

Non-governmental respondents give varying accounts of this. Some regret the changes and loss of expertise, some feel they themselves have been involved more with internal rather than external affairs, and some give a different reason for what has happened and are content with the change.

Both, the change of people produced the change of opinion that was the important thing. Basically, what happened, two or three years ago the management in the local authority that deal with homelessness, the housing regulator in Scotland had done a very detailed audit of all the policies and what was happening and, to put it mildly, tore them apart. As a result of that the directors of this have all gone(...) and there's a new management team in who are far more realistic, they're more on our side than the city council and things are changing, but it's taking a long time. The previous director was, I would say, completely out of order with some of his thoughts. (Voluntary Sector Provider)

Managers in the administration are responsible both for the contracting of commissioned services and decision-making about individual cases. These managers do not make decisions in isolation and they look at assessments made by case workers in local teams. Their task is to match resources with people – a so-called resource-matching exercise – in which there is room for individual interpretation.

It can be down to what individual professionals are like and how good they are more so than the systematic. (Voluntary Sector Provider)

Both examples are illustrative of the flexibility for individuals to impact on issues in this context.

In a context dependent on successful partnerships, competences in terms of organizing and managing the programme are vital. That managing skills are required of local services managers is evident and these are clearly relevant. But also, at the policy level and around more strategic positions, much effort will be about what is referred to a 'big conversation' with non-governmental stakeholders, such as housing providers, about what direction the community should be heading.

A strategic manager comments on welfare reforms opposed by the Scottish government and Glasgow South City Council but imposed by the Conservative–Liberal Democrat Coalition government in Westminster (through the Department of Work and Pensions). The Glasgow administration has to deal with the results of the reforms and discuss their impact with stakeholders.

Now, that is where a whole series of kind of contradictory things happen (...). So, everybody will say, 'This is terrible, this is wrong', (...) but it will happen and then we have to kind of manage that within the context of The Big Conversation, we want more anyway, and there are countertendencies brought on by Westminster that will increase the tension within the social housing system at that point, and it's just where the sources of power and decision making lie. (Authority Respondent)

The civil servant took the route of inviting parties to the table to contribute to future objectives.

The last example has to do with housing. Much attention is paid to relations with social-housing providers and, though frosty at times, they can have a good result.

Important relations are carefully managed and the quality of the delivery of services is part of this, resulting in joint working.

It's more difficult with the private rented sector and I think it's because we have forged good relationships with the social landlords. There are 68 in Glasgow so there's a lot, but most of the managers in my position know the managers, so it may be frosty sometimes; you're not always joining up, but there is a respect within each department and if you're bringing it to best practice it's really difficult to argue. So if someone was in hospital for seven weeks and they'd been a tenant, a lot of times even if they'd been a challenging tenant where the landlord wants to close their accommodation we would challenge that and we would take that to the director of the housing association if that was required. But we don't have that. I think our joint working's moved above that. It's taken a bit of time, but it's moved forward. (Authority Respondent)

This respondent makes reference to the fact that the city has come to a point where its usual partners, social landlords, are no longer able to supply the aggregated demand in lets. More lets and the wider prevention of evictions need to come from private landlords. Whilst before the local authority mainly dealt with social landlords to prevent evictions and increase the supply of settled accommodation, nowadays it needs to work with private landlords. The social casework teams have therefore received additional training to become more confident in dealing with the private sector.

Corporate-style conceptions of accountability

As we have seen, accountability of the administration is valued in this context. It defines and shapes relations with society, service providers and politics. In Glasgow, concepts of accountability refer to transparency, goal-attainment and legal-challenging of local authorities' decisions as a means of improving policy implementation. Accountability has consequences for tendering and limits the possibilities of working in joint partnership with mixed budgets. In these cases, accountability concerns are immediately raised and more involved partnerships disabled. Increased dependency on third-sector services has led to a detailed level of accountability and comprehensive monitoring is also an effective tool to support joint efforts in municipal policy. However, despite this (cultural) conception, several elements heavily impact on and decrease accountability opportunities of this local authority, which is why I added the word 'style' to 'corporate conceptions' in the title of this section.

Outsourcing has been accompanied by tendering homelessness services, e.g. the street work team, in Glasgow. This has several implications. First, the city needs to operate carefully and follow rules about fairness and equitability in assessments and evaluations. Second, room for creativity and innovation is dependent on the procedures applicable to the tender and how scores are awarded. Third, the administration must ensure that management of contractual relations with third-sector providers is clearly described. One respondent cites the monitoring of staff turnover as important.

Staff turnover might be one of the areas we can look at as a quality control thing, if you've got a service with huge staff turnover and you'll be saying well why is that? (Authority Respondent)

Fourth, the local authority will work with providers by hitting savings targets, rather than tendering, meaning that policy goals are implemented within the contract management of existing relations because it is felt that the city might not achieve what

it needs out of a tender either. A local authority respondent explains the complexity of this issue and the desirability of it, according to the city's view.

It could be a provider saying (...) this doesn't feel like the best fit can we have a look at it, so you might (...) reconfigure and reorganise the service with that provider provided you don't stray too far from what the agreement is. If you stray too far there could be other people out there who could do the same or similar, so you have to be cognisant of that, that the providers that you are currently working with are not necessarily the sole providers who could deliver that service and that's where the tendering process becomes critical and we can't continue ad infinitum not taking that into account, because then how does anyone ever get a chance to deliver a service if they don't have the opportunity to bid for them, so there's a balance to be struck. (Authority Respondent)

The city is aware of its corporate position but is willing to stretch it within acceptable borders.

The fifth and last supportive characteristic is illustrated by the following example: when new legislation came in, the city supported providers in finding out what their obligations were. It recognises that there are still gaps in meeting the new legislation and is open to reports of such instances. Still, to support implementation, it has also linked staff from commissioned services into its own existing training. One provider of voluntary homelessness services explains how policy is implemented.

It [the policy] drives commission in obviously and given that a significant proportion of what we do is commissioned by Glasgow City Council, we work with them. It's not a case of they say 'jump' and we say 'how high?' but we work pretty closely with them to shape and drive and move things in the right direction. (Voluntary Sector Provider)

This provider explains that one of the women's services moved and that it is the Homelessness Strategy that drives the process of people moving into community-based services and away from hostel provisions. The city and voluntary sector in this instance claim to be working jointly.

As mentioned above, it seems accountability mechanisms are more fluid in actual policy implementation than in theory or in documentation (see preceding section) and five additional arguments are presented here. The first concerns section 5 implementation. Section 5 states that all unintentionally homeless people should be housed. However, interviewees referred to it as 'more soft' as a consequence of the wider context of availability of housing. The lack of (direct) influence on housing stock has caused one government respondent to refer to a dislocated or dysfunctional configuration with section 5 referral therefore being 'more soft and open to rejection' in this context.

Second, it appears that, due to the complex nature of individual case management, it is hard to come up with clear variables and set outcomes. Whilst the funding element has been helpful in giving the people most in need access to accommodation, how to formulate an outcome-based model is extremely challenging. The city has invested across the council and all care teams to quantify this, but admit it becomes almost intangible in some respects. City respondents gave the following reasoning.

Because for some people turning up to accommodation, emergency accommodation night after night might be an achievement if they've disappeared for days before and we don't know where they are, but then they come back and they stay there and engage with staff and they come at mealtimes or whatever that might be enough, somebody

who is in our service like that and creates a positive working relationship with people where they're violent and they're not assaulting people every time they're in a service can be a huge achievement. (Authority Respondent)

This combination of the complexity of individual trajectories with the lack of available housing resources also makes it hard for this city to make clear judgements about its services.

It's probably variable with services and some of that will be reflecting a level of need that individuals have, some of it is just about having somewhere for people to move onto, so actually accessing tenancies for people is a significant struggle. (Authority Respondent)

The city has now decided to focus only on service achievement and service standards, looking at what services are delivering and how. The city agrees a service specification with elements such as training and support, adult support and protection.

A third factor is that the city recognises there are people at the heart of what it does and having constant change is not necessarily beneficial. It also acknowledges difficulties with corporate procedures and that by that process some of the costs and budgets are being managed rather than the actual service delivery and therefore it is cognisant of the necessity to retender any particular service.

I think probably from my perspective what I'm more interested in is having some influence and control over service delivery and what's happening with people in services, and I think funding and cost is critical. Don't get me wrong it is there, but sometimes we lose sight of the people in the middle of all of that. (Authority Respondent)

A respondent from the voluntary sector explains the way that Glasgow carries out its implementation and the positive effect of this management characteristic on working relations, in the provider's view.

A number of authorities regularly test the tender; they use the tender process to test. Glasgow prefers not to. Glasgow believes that if you're working to the outcomes desired, they should not be retendering that piece of work. So that a level, it's positive in terms of relationship, for instance with Glasgow that we don't have with a number of other smaller authorities (...). Some authorities in Scotland quote EEC regulations for that reasoning. It's nonsense. (Voluntary Sector Provider)

This provider is positive about the relationship with the city council as a result of its attitude towards the necessity of tendering too often.

Fourth, when contracts, service specifications and agreements have been set up, the availability of legal assistance in the administration affects priority-setting on which services receive most attention.

It's a significant resource intensive task and if you're looking at savings and all the rest of it then you want to keep the services going as much as you can. There's a balance to be struck around prioritising all of that, but yes we're aspirational, haven't got there yet. I don't want to mislead you to thinking this is all sorted, it's not. (Authority Respondent)

As a result there are limited real contracts, but the city has other kinds of agreements.

The actual formal real contracts there's few of those there and part of that is just about the sheer demand on our legal services and the capacity to get that out across all the care teams, but we do have, agreements, we know what is to be delivered, we know what's there, with the service review process people know what it is that we are looking for. (Authority Respondent)

One voluntary sector respondent admitted not knowing what the city would be looking for, at least not on the basis of the agreement its organisation has with the city. The organisation does receive funding, but the organisation and its accountant are uncomfortable with this vague situation.

But it is better that we have a written contract, actually a signed-off version, because it's a legal requirement. (...) They're giving money out once a month based on something that's sitting on somebody's desk. That's been going on for years. I mean I suppose it's the detail of it, I'd prefer to have that, because our accountants want it; they're always asking for it. It's basically proof that we're getting why we're getting it. But it still comes in, they pay right away, there's no difficulty, so just keep it rumbling on. (Voluntary Sector Provider)

Lastly, reference is made to several external institutions that will be monitoring the quality of direct service provision, as well as some services commissioned by the local authority. Institutions mentioned are the care directorate and the Scottish Housing Regulator (SHR) and the body that issues permits for houses of multi-occupancy (HMOs). These accomplish the management of the voluntary services.

That is just such a huge task we haven't ever got to that. (Authority Respondent)

We've not been smart enough to get that sorted for ourselves. (Authority Respondent)

During interviews and in the Glasgow housing policy mention is made of inspection by the SHR, which inspected Homelessness Services in 2009 after which an improvement plan was agreed.

The SHR highlighted access to emergency, temporary and permanent accommodation as a key area of concern. (Glasgow's Housing Strategy, p. 34).

According to this policy document the number of lets to homeless households (section 5) by registered social landlords from that moment on is jointly monitored by the council, housing associations and representative organizations through the Homelessness Duty Protocol Working Group. The third external body referred to as a monitoring institution is the body that gives out licences for HMOs.⁷¹ These licences are instruments to safeguard quality standards. However, standards for issuing licences are rather practical. Applicants must provide details about the HMO, e.g. location, size, copies of tenancy agreements, gas safety certificate. It is possible for the council to add other conditions to the licence, e.g. improving, and the applicant will be notified of this when he/she applies. This respondent refers to the HMO as an instrument to safeguard quality standards.

In some cases we will have practice standards, but all of the services that we have that offer a social care element to it or any kind of housing support element will require to be registered with national regulatory bodies like the Care Inspectorate and/or will require to have a house of multiple occupancy licence which will have a set of

⁷¹ www.gov.uk/house-in-multiple-occupation-licence-scotland.

requirements that providers need to meet in terms of what they deliver, so there are standards that are set out there in terms of quality and expectation of what's there.
(Authority Respondent)

Both the care inspectorate and HMO are mentioned here to safeguard the quality of services.

Conclusions on Glaswegian management

How does Glasgow manage that patchwork quilt of challenges? From the preceding arguments, we can conclude that: first, this is done by being able to build on and work in partnership with a society willing and professional enough to do so; second, by the strict operation of guidelines on contact between politics and administration and ensuring absolute clarity on what is expected from whom. Rigid rules and strict procedures characterise the relationship between the administration and political institutions for which the city scores one (1) on this variable. This clarifies for those involved where decisions are made and that administrative work concerns 'politics with a small p'. However, when we focus in more detail on what dominates in the administration, we find that in this context not only are politics decisive on policy but also issues of finance and fear. The city has much to fear from incidents involving social services being overblown by the media, seemingly inevitable in such a context. The lack of finance can be attributed to a lack of taxes and trust in the state to solve private issues. As a consequence, practice may not be able to function optimally and the prophesy becomes self-fulfilling. Furthermore, this practice may not be too different from other European contexts and lessons about corrective mechanisms here will come back in the discussion at the end of this thesis.

The concept of the civil servant here in a theoretical sense is one of a manager. In a practical sense, the city has much to gain from a managing-style civil servant, within the context of scarce financial means. When the discretionary room of this civil servant is assessed by the division of the 129 pages of the code of guidance on homelessness (Scottish Executive, 2005) by the 57 pages of the Glasgow Homelessness Strategy 2009-2012 or the Glasgow Housing Strategy 2011-2016 (1 page refers to homelessness) the conclusion can be drawn that compared to the other two cases the room for discretion of this civil servant is the lowest. Within the context of the efficiency hypothesis outlined for this thesis this gives a score of 2.

There are also attempts to achieve clarity in relations between administration and politics within the voluntary sector corporate management. Yet specific homelessness traits in Glasgow prohibit this. Here, I have shown that corporate conceptions are not applied too strictly in practice by respondents, explaining the flexibility around the reality of homelessness provisions in this context. The city adopts a soft interpretation of the law and works through mechanisms of legal challenge to adapt policy practice. For the implementation of its policy in this corporate-style, Glasgow scores the maximum 2. Finally, I would like to emphasise that I see a clear relationship between structural traits (little direct influence) and this element of management (indirect influence).

5.4 Success on targeted preventative output

In this section, I discuss Glaswegian performance in terms of output on the basis of four quantitative indicators. Public Mental Health Care (PMHC) indicators have been

used to measure the output of all three cases and the policy objectives of Glasgow have each been categorised under one of these. The results on key strategic priorities with regard to the provision of support, advice and assistance to meet the target for abolition of priority need and the priority to prevent homelessness are discussed under '*Overall service coverage homeless persons*'. No additional key strategic priority will be discussed under '*Mental health service coverage*'. The key strategic priority to improve access to permanent re-housing is described under '*Improved or permanent housing*'. The key strategic priorities to reduce offending (by those age 12 and 25) involved in anti-social behaviour or in the criminal justice system will be discussed separately.

Overall service coverage

Table 18 Glasgow overall service coverage

PI description	Numerator	Denominator	Quotient
Overall service coverage homeless	3428 ⁷² homeless within catchment area of PMHC system that receives care from ≥ 1 providers	6182 ⁷³ homeless persons within catchment area	0.55

From the municipal statistics, it appears that half of the homelessness applications, under a smaller definition of homelessness, were served. Those not assessed to receive additional support within the statutory homelessness provisions have been assessed to categories such as potentially homeless (232), neither homeless nor potentially homeless (658), applicant resolved homelessness prior to assessment decision (117), no duty owed (206), or contact lost before duty discharge (1292). Also the category of intentionality in this context can be applied to a homeless person who is felt not to have done enough him/ herself to prevent becoming homeless. Explanations for these outputs are most likely to be found within the self-responsibility policy model.

The city also set other key priorities. One concerned the abolition of priority need requirements. According to city statistics, this has been met, with 100% of applicants assessed as unintentionally homeless deemed to have a priority need from 1 October 2012. This output is explained by the structure variable of the centralizing Scottish trend underpinning this policy. Cities are nationally closely monitored in whether they attain the objectives.

Interviewees said that the city's policy has also been increasingly targeted during office hours, at addressing homelessness in local social services offices, rather than the specialist service. The latter has indeed seen a drop of 18% in the number of persons who reported themselves as homeless to it, and up to a 38% drop in its emergency service. Again, the generalist policy model explains this.

⁷² Source: Scottish Government Homelessness Statistics Unit (in publication) Annual Review 2012/2013 www.scotland.gov.uk/Topics/Statistics/Browse/Housing-Regeneration/RefTables. Table 3.1: Assessment Decisions (Number). Homeless - priority unintentional (5486) minus Single parents (1528), Couple with Children (487), Other with Children (43).

⁷³ Table 2.3 of the Annual Review 2012/2013: Applications by household type and gender of main applicant. Total amount of Applications (8240) minus Single parents (1528), Couple with Children (487), Other with Children (43).

Mental health service coverage

Table 19 Glasgow mental health service coverage

PI description	Numerator	Denominator	Quotient
Mental health service coverage homeless	> 431 ⁷⁴ homeless persons with a serious mental illness (SMI) that receive assertive community treatment (ACT) or intensive outreach treatment	> 661 ⁷⁵ homeless persons with SMI	0,65

From this indicator it seems that, as for homeless persons being offered integrated care, two-thirds of homeless persons with mental health needs are served by ACT, intensive outreach treatment or comparable. Nurses on the homeless mental health team explained that homeless clients working with community mental health teams or other specialist teams are not therefore open to the intervention of the homeless mental health team. This means that this quotient is higher than it appears here and the issue of homeless persons with drug or alcohol dependency is not reflected in this indicator (see footnote). It is likely that this group is also seen by one of these teams. This particular output can be explained by the GHN and the close involvement or perhaps dominance of the NHS.

⁷⁴ The homeless mental health team has seen 431 people (NHS Monthly Report 2012-2013 in appendix 8).

⁷⁵ In 2013 661 homeless persons with mental health problem and 1083 homeless persons with drug or alcohol dependency reported as homeless (Scottish Annual Review 2013: table 4.2). Since the NHS includes 'substance use disorders' under the International Classification of Diseases – 10 Classification of Mental and Behavioural Disorders, I have looked at including this group in this indicator. In 2013, 139 persons classified to have substance-use disorders worked with the homeless mental health team, 1195 persons had other mental illnesses and had worked with the homeless mental health team. The number reported as homeless with a drug or alcohol dependency appears much larger than the number with mental health issues. For this reason it is not possible to include drug or alcohol dependency in this SMI indicator. A question lingers that if 136 homeless persons with drug or alcohol dependency are seen by the homeless mental health team and 1038 persons are seen by the city as homeless, perhaps a different team sees the substance and alcohol dependency group.

*Improved and permanent housing***Table 20 Glasgow improved or permanent housing**

PI description	Numerator	Denominator	Quotient
Temporary housing	999 clients that were homeless at intake, whose housing status had improved preceding the second evaluation after intake Housing status was ranked (from low to best) street – night shelter – temporary housing	8621 clients ⁷⁶ that were homeless at intake with a valid second evaluation	0.11
Permanent housing	2943 clients ⁷⁷ that were homeless at intake, who lived in permanent housing preceding the second evaluation after intake. Housing status was ranked (from low to best) street – night shelter – temporary housing – permanent housing.	8621 clients that were homeless at intake with a valid second evaluation	0.34

From the indicators above it appears that the quotient of closed cases in relation to persons with temporary housing only (0.11) is considerably lower than the quotient for those with permanently improved housing (0.34). Single parents, couples or couples with children are more likely to obtain secure accommodation than single persons. The 'temporary housing' category includes hostels, return to previous/friends/voluntary organization, women's refuge and residential care/nursing home/shared support. When asked about the 'other-known' category (640 persons), the city responded that it contained a wide diversity of reasons. However, its impression is that these cases would not fit the 'improved' category. There was no duty in 2460 closed cases (29%) and contact was lost post-assessment/ prior to duty discharge in 1342 (16%). As in the preceding section, the output of who is 'deserving' and 'undeserving' when priorities are set to allocate secure tenancies can be explained by the policy model.

The city's less favourable housing position in comparison to other cities has been emphasised. The fact that it gets the same presentations per capita but cannot offer accessible housing is visible in the policy output expressed by the negative result of 10% reduction in closed cases and the 10% decline in SST allocations. Accessible housing going to homeless households across Scotland is about 45% and in Glasgow

⁷⁶ The Scottish Annual Review reports under the outcomes section (p. 13) that a total of 8621 cases were closed in 2012/2013 which is a reduction of 10 % compared to the 9577 cases closed in 2011/2012.

⁷⁷ The percentage of closed cases granted a SST remained steady at 38.8% each year. 2745 closed cases were granted an SST and 219 closed cases were granted a private rented tenancy.

33%.⁷⁸ This is explained by the structure variable. First, the city has lost housing stock through financial constraints and attempts have been made to involve numerous housing associations within city borders. However, in doing so the city faces stigma and at times frosty relations. Much civil servant management activity tries to overcome this.

The key strategic priority to reduce offending by those aged 12-25 involved in anti-social behaviour or the criminal justice system has been studied through a monitoring document, 'Glasgow's Single Outcome Agreement Annual Performance Report' (2011/2012)⁷⁹ which says that crime and offences committed by 8-17-year-olds decreased by 7% 2011/2012 compared to the previous year. However, the strategic priority is stretched from 12-25. Whether involvement in anti-social behaviour or the criminal justice system of this category has decreased is not ascertainable from this document. The output has merely been the provision of a new work stream.⁸⁰ At the time of the monitoring report these actions were to be undertaken in the future without yet having led to any significant outcome.

Conclusions on Glaswegian output

Glasgow is successful in diverting persons from specialist to generalist services. Mental health service coverage is probably higher than reported here. The city is less successful in providing permanent housing. However, the quotient of permanent housing outstrips the numbers provided with temporary solutions. To date the output for youth offending has been addressed with additional policy measures. The outputs in this section have been explained by policy, structure and management variables.

⁷⁸ The actual number of SSTs obtained reduced from 3053 to 2745, or by 10%. This reflects a trend of reducing numbers of section 5 allocations over the last 4 years. The number of cases moving to private sector tenancies has reduced slightly, but increased in terms of percentage of overall cases, from 2 to 3%. The report also states that these numbers would need to be further considered alongside numbers of applications, assessments, closed cases and live cases for the period (Scottish Annual Review, 2012/2013: table 8.2). The number of live cases has reduced from 3627 at 31 March 2012 to 3,246 cases at 31 March 2013, a reduction of 10%.

⁷⁹ <http://www.glasgowcpp.org.uk/CHttpHandler.ashx?id=16473&p=0> viewed 14-09-2014.

⁸⁰ The document instead does mention a number of interventions and partnerships initiated to attain this strategic goal. It states that 'during 2011/12, the One Glasgow initiative was developed by a range of Glasgow Community Planning Partners. One of the main aims of the initiative will be to (...) reduce offending, particularly amongst those aged 12-25. The approach will focus on early intervention, proactive prevention and diversion and be based on a "whole systems" approach to criminal justice in the city. It continues to explain the relation with homelessness by stating that a pre-release service exists 'for short-term prisoners which follows prisoners back to the community to access services (...), including access to homelessness services and housing and to address worklessness and employment'. It also mentions that a smarter way of working with the third sector in the provision of pre-release and other support for offenders, particularly during transition from prison back to, will be developed. Lastly, the case management approach to offenders for those who meet specific criteria, such as repeat offenders, will be improved.

www.glasgowcpp.org.uk/index.aspx?articleid=10200 viewed 14-09-2014.

5.5 Improved outcome

Outcomes have been constructed from stable figures in relation to rough sleeping, the decrease in the total amount of homeless persons and the variation in civil society's support for the homeless policy.

Stable number of rough sleepers

Whilst the 2009-2012 strategy had a separate strategic aim on rough sleeping, this is no longer the case in the current policy. The city's monitoring document is clear about its achievements in this respect: 'the percentage of applicants who slept rough the night before making an application has stayed steady at 6% of total applications. Numbers have reduced from 535 cases in 2011/12 to 473 cases in 2012/13'. The number reporting that they slept rough within the three months prior to making an application has reduced from 640 to 611 cases, although as a percentage of overall applications, this has stayed steady at 7%. The number of people reporting they slept rough the night before they made an application has decreased from 535 cases in 2011/2012 to 473 cases in 2012/13, again steady in percentage terms at 6%. However, numbers have not reduced to the figure of 369 cases recorded in 2010/2011.⁸¹ Between 2006 and 2010 there has been an overall decline in the number of people who slept rough the night before reporting as homeless, from 642 (6%) in 2006/2007, to 375 (3.6%) in 2010/2011 (source: Glasgow's Housing Strategy, 2011/2012 to 2015/2016).

According to a different source, of all rough sleepers documented during this quarter, approximately 60% were new to participating services and 40% already known. However, the frequency was higher among those known to services (ODM, *Quarterly Report*, April–June 2013). One government respondent connected not being offered temporary housing to rough sleeping.

The right to temporary accommodation is immediate. If you go just now to one of our community casework teams in the north or the Hamish Allan Centre tonight, basically the right is we have to give you temporary accommodation immediately. So, the pressure on that is continuous and that is where you will find you will hear from the third sector and others in Glasgow about tendencies towards rough sleeping increasing, about real pressure at that intense acute angle of temporary accommodation in the city. (Authority Respondent)

This respondent related the pressure on the housing market to rough sleeping but a different respondent saw no relation between availability of accommodation and rough sleepers:

Yes, probably slightly more than that [eighty] actually who are known rough sleepers consistently but they are a small group. There's no way people can tell me that that's impeding upon the housing stock. It isn't. That does not.' (Health Sector Provider)

According to this respondent, health issues cause rough sleeping. Thus, rough sleeping in Glasgow is quite well documented, being fairly stable, and different explanations are available to explain this, ranging from the structure variable (lack of housing) and the policy model (undeserving poor).

⁸¹ Source: Scottish annual review tables 2.9 and 2.10 see note 36 above.

Effective prevention: decreasing numbers of homeless persons

In 2013 the number reporting as homeless in Glasgow declined 10% in comparison to the preceding year. The locality of the HO pilot showed a drop of 21%.⁸² The monitoring report states that there will have been additional presentations at some of these service points which were satisfied through provision of information and advice or HO assistance and says that further information on these cases will be available once the new PREVENT1 statutory return is in place.

There is concern that the HO pilot functions as a gatekeeper and so policy outcomes of the previous homelessness strategy are blurred (cf. Fitzpatrick et al. 2012; Anderson and Sherpa, 2013) as a result. Fitzpatrick et al. (2012) noted that administrative changes associated with the increasingly robust implementation of homelessness prevention activities have undermined the value of statistics as an indicator of trends over time in 'acute housing need' because the HO approach now widely adopted has narrowed the scope of official statistical recording. As confirmed by their local authority interviews, applicants subject to prevention assistance are considered helped by statutory provisions.

However, my observation is that HO gets through to those not assessed previously in priority need, whilst the current (HO) approach is felt to address prevention more appropriately than before:

I think that we do have people representing as homeless who wouldn't have met the criteria for homelessness but who are now appropriately being signposted to other areas which can better support them. (Authority Respondent).

Persons are now being more appropriately signposted so it is justifiable to conclude that key strategic priorities that provide support, advice and assistance and prevent homelessness have been met in Glasgow. This success is explained by its policy (generalist goals, approach and instrumentation), structure (involvement of housing associations, mixed financing structure and shared responsibility) and management (the clear national goals set, implemented by the local administration).

Varied views within the public

During interviews in this case study, more so than in the others, references were made to societal support or lack of it with regard to homelessness and housing policy goals. On the one hand, the council feels that at times complaints about homelessness services are justified and it is the council's responsibility to address these. We have already seen that the city is clear about wanting to fight the stigma of homelessness. It seems that the best way to do so is by making reference to and practising good practice and by applying the documented evidence about good practice stemming from research.

I have also been told of instances where the city will be improving homelessness services, partly because of civil unrest caused by certain facilities, e.g. large and badly managed hostels. In these cases, in dealing with communities, community members' viewpoints can be acknowledged and this can be helpful in supporting change. When new accommodation for homeless women had to be built, it replaced the previous accommodation, which, according to the respondent, was 'terrible' and really no good

⁸² In 2011, there was a reduction in applications from people who previously had a social rented tenancy to 11.5% and an increase to 16% of those who owned or who privately rented.

and there had been problems with people in that area who did not like it either, as it was not up to standard. The new much improved accommodation is now accepted by the local community.

In a Glasgow neighbourhood, hotel rooms were used to house persons without additional support, leading to trouble – ‘there was a bit of a campaign to get them all and all the rest of it’. Although it was nothing to do with Glasgow (a neighbouring city was renting the rooms), Glasgow was blamed. For years the hotel was not used, but recently Glasgow has used it again and locals were unhappy thinking trouble would restart. The local politician explains how these concerns are handled: by being fair on the neighbourhood, having an open dialogue, being honest and by actually improving services.

But the best way to convince people is to try out and make sure it works. (Authority Respondent)

On the other hand, the city has explained that in its dealing with community-based housing associations it is confronted with dealing with a combination of powers. These include civil powers not always being supportive of the city’s rehabilitative goals.⁸³ In dealing with these housing associations, the city is dealing with professionals, directors, housing officers and housing managers as well as with local committees of these community-based associations made up of tenants. These civil powers appear to be the most strident in objecting to the city homelessness policy goals. A local authority respondent detailed the prejudice against and the opportunism that homeless persons are accused of.

They will tend to have a social view of the world that wants to maintain that housing association round about 1972 and homelessness, oh, that’s all drugs and terrible violence and all this kind of stuff. So, you have a number of issues there (...) anyone who really wants social housing should really make themselves homeless because that’s the quickest route. You’ll hear this a lot from housing associations. (Authority Respondent)

The respondent emphasises that those renting in housing associations are not one uniform group. There are some who work very closely with the city and the city will get a range of lets from the housing associations that will go from about 60% down to 0%. There is a wide range right across the system.

Reference in this context has been made to a Shelter survey⁸⁴ about UK welfare reform showing that 65% of the population ‘couldn’t care less’. With regard to this a respondent said the following.

Fair enough welfare has got to be cut, but the political machine knows the public are behind them on this. (Voluntary Sector Provider)

As a result of lobbying, the reforms are being changed, but the general result is still not expected to be to the benefit of the homeless target group: e.g. persons under-

⁸³ In the Amsterdam case we have seen that it is not so much civilians not supporting the homeless policy, but also at times other municipal departments and the housing organisations themselves.

⁸⁴ Lobbying organisation.

occupying will receive less housing benefit but elderly persons, known to under-occupy the most, will be excluded from this measure.⁸⁵

Policy implementation responds to the societal argument of a perverse incentive (undeserving poor) and in the policy network there is awareness of a wider social/political context not so concerned with vulnerable groups. The city must be transparent and accountable to a high degree within the social sphere and the corporate management tradition explains this and is helpful in executing these tasks.

Conclusions on Glaswegian outcome

Rough sleeping in Glasgow is quite well documented. The number is fairly stable and different explanations are available for this. Glasgow has been successful in providing homeless persons with information/advice and has thereby prevented homelessness occurring. Various opinions within the wider society co-exist that guide the management of policy implementation. Outcome variables have been explained by all three elements of the independent variable.

⁸⁵ And the major Glaswegian complaint is that in Scotland two-bedroom apartments are more widely available, since these are more supportive of life-long living and housing providers have been asked to build these (cf. Serpa and Anderson, 2013).

6. Continental case: Amsterdam

In the case of a mixed/continental governance arrangement, e.g. Amsterdam, I expected a medium level of spending efficiency, relatively lower rates of prevented or rehabilitated homelessness and therefore higher rates of residential homelessness. This chapter shows whether this is the case by describing this governance arrangement and its output and providing insight into its functioning.

6.1 Specialised policy

The Amsterdam homelessness strategy is embedded within the Dutch Social Support Act (WMO) that states that relatively minor problems should be dealt with by non-intrusive solutions and that people should take responsibility for themselves if possible.⁸⁶ The Amsterdam strategy is part of the G4⁸⁷ strategy being carried out in two phases. In phase 1, 2006-2009, the focus has been on getting persons off the street. In phase 2, 2010-2013, the goals are prevention of homelessness and rehabilitation. This study focuses on the Amsterdam translation of the G4's phase 2.

Preventative policy goals

Phase 2 concentrates on six preventative goals. An overall goal of an integrated personalised approach on four life areas (housing, care, income, daily activities) targets stability and rehabilitation. Three external goals focus on prevention, social relief and participation. Prevention is aimed at problems of finance, work/occupation, worthwhile activities, social networks, mental health, addiction and/or learning disabilities, or after being an inpatient. Social relief is now targeted at 'by flow' (right person in right place) and outflow (persons leaving institutions). Participation continues where social relief ends in that outflow and participation are signs of rehabilitation. *'Outside social relief the client, in their rehabilitative process, should be given the opportunity to remain independent and not to relapse into homelessness, as is often the case.'* (Tweede Fase Plan van Aanpak MO, 2010). Two internal policy goals are implementation of a person-centred approach and improvement of local care networks. Both discussed in the policy instruments section on the next page.

The policy documents refer to six outstanding issues from phase 1. Some targets are unmet (e.g. expansion of group housing provisions⁸⁸ and desired outflow out from this are not on schedule), some target groups have not been addressed and some implementation needs improving. For the remainder of phase 1, amendments are proposed that will add to the goals and implementation of phase 2.

Policy goals are set on the basis of research. Reference is made to Cebeon (2010) who argues that more clients can cope with lighter care provisions. The policy targets are additionally set in more concrete variables. For example, the number of evictions in 2014 should have decreased.

⁸⁶ See appendix 10 for the Amsterdam social support policy pyramid (part of the Amsterdam homelessness strategy).

⁸⁷ Like the City of Copenhagen.

⁸⁸ Since 2003, preceding the first part of the strategy, a considerable increase in sheltered housing had already taken place and this has been continued during the first part of the strategy.

There are three target-groups left from phase 1: two difficult-to-reach and one without severe needs, but still homeless. As a result of targeting the most severe groups in phase 1, the latter group was missed. It is assumed that the current homeless population is a 'lighter' target group than before because an earlier group was effectively addressed by strategies from the 1990s onwards (with the support methodology that preceded the person-centred approach). This assumption is also based on screening individuals at central homeless intake and there is empirical evidence that the number constantly living on the streets and using low threshold provisions (clubhouses, soup kitchens, night shelters) has changed. Several studies show that the total number reporting as homeless is stable, while the number who do not have public mental health issues has increased (cf. Lauriks, Evaluatie Pilot Madi, 2012; Lauriks, Onderzoek Screening Niet-OGGZ, 2010; Runtuwene and Buster, 2013).

A variety of policy-instruments

The Amsterdam strategy mentions a variety of instruments. I have identified 16 main ones, many with sub-elements. Application of some of them stems from phase 1 but new instruments specifically targeting the new goals are also proposed. Based on the interviews and in the light of the policy goals, I have selected five important areas of implementation to be discussed in more detail here.⁸⁹

Direct services provided by the Municipal Health Department (MHD) coordinate the person-centred approach, offer support in crises, regulate access to institutions and monitor individual progress. The MHD employs 38 psychiatric nurses for this and has policy and executive responsibilities on other health dossiers. It also has direct relations with the city political parties. An evaluation of the person-oriented approach in 2008 (Ivo, 2010) showed agreements on coordinating tasks and roles were unclear,⁹⁰ but now 'energetically taken in hand' leading to improvements in 2010.

All three aspects of the strategy mention local care networks⁹¹ whose role is to prevent becoming homeless through multiple problems, but a lack of local support networks in phase 1 frustrated successful outflow. The networks should flag up and prevent relapses, however, they have not developed their full potential. Social workers do participate in local care networks but no formal representation of the local networks exists in the homelessness network at execution or policy level. This lack has implications for available expertise. The policy is not explicit about improving care networks and some administration respondents expressed scepticism about this, based on past experience. They also have serious doubts about the city's ability to respond to 'light problems'.

⁸⁹ See appendix 9: table Amsterdam policy goals and instruments before 2014.

⁹⁰ How admission into the social relief was decided was unclear as was division of responsibilities between providers, MHD and the homelessness department. Monitoring gives insufficient information and is not structurally linked to shelters. These institutions criticize the mix of roles in the MHD in providing services and coordinating tasks. The person-centred approach could not always be effectuated and service user organizations noticed little effect from this: some clients did not to know their individual case manager (Ivo, 2010).

⁹¹ A network of city district and care/support providers targeting prevention and rehabilitation.

When you talk about serious drug addiction with AIDS or who knows what, homeless, disturbed... unruly behaviour... schizophrenic or God knows what. ... you think: 'Let's hospitalize, because anything is better than what is on the street.' That has happened. That went well, actually. All other items, the light problem, we are not good at. I am very sorry about that. (Authority Respondent)

The involvement of health services came about because many persons were assessed for complex health packages during phase 1. At the time, the G4 successfully advocated that these medical problems should be addressed by the Health Ministry. The quality of the shelters was upgraded by attracting higher-skilled staff and developing specific methods and these shelters have become the equivalent of temporary housing for the mental health sector, the so-called Regional Institute for Sheltered Housing (RISH). However, respondents describe this instrumentation as increasing the risk of hospitalisation.

Since 2002 policy implementation has increasingly been targeted at nuisance, resulting in intensive cooperation between the city (and care providers) and justice (Cebeon, 2005). This aligns with the fact that, traditionally, a strong influx into social relief comes from prison outflow and part of the person-centred trajectories is the 'detention of systemic offenders' (ISD). For those not meeting (national) criteria of the ISD, the additional strategy of 'piling up APV'⁹² has been developed, in which fines are converted into alternative detention so that solitary confinement can be piled up (Beijers et al., 2009). The city also has a 'consultation hour' for repeat offenders in which the MHD, DWI,⁹³ mental health and addiction services, police and street workers pressure problematic persons to comply.

I think it really helps. You get a preventive approach, a consultation with the police is currently taking place in the [police office] and there are chain partners at the table with the police and they say, 'Pete, it's well done, you get a benefit of John of DWI and you stick to the agreements, fieldwork helps you to get there. If you don't, we are going to stop that benefit immediately, we cannot arrange anything for fines, we get you up and we check every day on you' ... Also people who wander about on the streets are addressed: 'You register yourself next Tuesday at that consultation. Then all the parties sit together.' And if you do not come, we take you on. In the morning you get a bit of warning: 'You should be there this afternoon.' It works like a charm and the intention is to do that more and to continue to expand this over the city. (Authority Respondent)

Thanks to the increased shelter capacity, nuisance has reduced (e.g. Van Wifferen et al., 2007). The prioritising of these target groups also has a criminalizing impact on other homeless persons and on service provision to them, e.g. sheltered housing providers are now known for expertise on combating nuisance. This respondent is personally appraised by an alderman for the execution of this task.

My core business is not nuisance. But, if that is so important and I also get my pennies from that, I think it is fine. What do I care? (Voluntary sector Provider)

⁹² APV: Algemeen Plaatselijke Verordening, which is best translated by 'a general local regulation'.

⁹³ DWI: Dienst Werk en Inkomen, which is best translated as the 'social benefits dept.'

A current outsourcing development from forensic care to the RISH (cf. Schönberger, 2013) is not always appreciated, but nevertheless felt to be inseparable.

You don't want the sector of social relief to become the sort of place where you prevent people from being dangerous, it should not just become aftercare for detention. It should not become a group of paedophiles, that isn't quite what social relief is meant to be either. The last aspect I find particularly difficult, but inseparable. (Authority Respondent)

Health care professionals indicate that their patients are finding it harder after having finished treatment to live in the social relief sector alongside these groups.⁹⁴

The city has developed a differentiated approach to identify who is or is not self-sufficient, dangerous or a nuisance. Correctly placing persons saves costs and is right for their needs and potential. The strategy to achieve this refinement of choices stems from the current health regime (CIZ) and public mental health screening that uses the Self-Sufficiency Matrix (SSM-D⁹⁵). To access to the shelter chain, people must have prioritised public mental health needs and not be too self-sufficient. The level of need to be assessed as an 'entitled homeless' person often aligns with the level to get assessed high in the CIZ opening the way for state-funded finance of sheltered or care-housing provisions.⁹⁶

Resilient policy model

There now follows a discussion of the third element – the Amsterdam policy model. In interviews and documentation I found basic assumptions (not all discussed here and some, e.g. 'persons can manage with lighter provisions', elsewhere i.e. in the policy section). Here, basic assumptions are looked at that were part of one of the main assumptions underpinning resilience of the old image, increased discourse of security or 'Amsterdam can do it'. Unless indicated otherwise, all quotations stem from authority respondents. The first policy model concerns the resilience of the old image of homeless people. When many addicted persons were homeless (1980s onwards), it was argued that this was why most homeless persons were ill. The image of the homeless person as an ill person endures for several reasons in spite of the proposed image of the recovering homeless person based on current evidence. That is why this transition from the mystic image to a medical one also explains why the old model persists.

The basic governance assumption on homeless persons has shifted from the first 1990 local policy to the most recent (2010). In 1990, roofless persons were referred to those lacking the ability to engage in social relationships of any duration, signification or depth. It is the world of the 'clochard', the wanderer or shabby person. In those days, researchers, such as Nuy and Heyendaal⁹⁷ were referred to in arguments that passivity and vagueness are typical for roofless persons. The 1990 policy says this.

⁹⁴ In the current RISH, the influx of judicial target groups is perceived as detrimental to the mental health population as it makes the RISH less suitable for the mental health group without other housing options. They need medication and find it more difficult to access treatment because of the influx of the other judicial group.

⁹⁵ <http://www.zelfredzaamheidmatrix.nl/?tabid=78> viewed on 10-08-2014.

⁹⁶ Awaiting the division of the budgets towards the local level (Wet Maatschappelijke Ondersteuning) and the health insurance law (Wet Langdurige Zorg).

⁹⁷ M. Nuy (1998) published between 1969 and 1995 and P Heyendaal between 1980 and 1997.

The roofless person has no attachments and past, present or future contain in his experience just as little significance as the role of other persons. One can provide a roofless person with a roof over their heads, without changing many of the problems. A minimum living standard is indispensable for an individual to be able to experience a property as a home. That this puts high demands on a roofless person has sometimes been neglected in the past. It was too easy for someone to be placed in an independent house unaccompanied, so that after some time the placement failed and the person in question dropped out. (Nota dak- en thuislozenzorg, 1990)

Homelessness nowadays is no longer mystified by the use of terms such as ‘clochard’, but constructed by medical and, increasingly, security discourse, implying a risk, identified by health professionals, of the current municipal health approach too easily psychiatrizing wider societal issues,⁹⁸ e.g. the criminal target group (the top 600) known to have overrepresentation of persons with intellectual disability. Neither medication nor therapy can overcome this; the mental health sector can at most lock people up. There is similar debate among psychiatrists about whether mental health is the right response for those with personality disorders who may cause nuisance. The city focuses too easily on the medical viewpoint through wanting to control the public sphere.

When they said yes a mother with children on the street is also mental health. I guessed ‘huh’?! As a psychiatrist, I thought ‘why?’ because what’s wrong with that woman? Other than the Public Health Service or the municipality who say ‘no, that is mental health’. (Health Services Provider)

Since 2002 a marker has been in place within the national care financing structure. In 2014, under the Social Support Act and within the Amsterdam strategy, health needs of homeless people are constructed like those of anyone else with severe health needs or requiring support. Not long before that, specific health funds were set up nationally for homeless people in particular. For a long time homeless persons have been in a special category and at some point even the finance was temporarily specifically adapted to this situation. This concerned the allocation of national mental health funds which illustrates that in financial terms, too, the starting point has been a medical–psychiatric model.

To give this plan a flying start, agreements have been made with the care offices to reserve part of their budget for the purchase of care for the homeless. But, actually this may not be so. It’s also a bit contrary to what we always tell anyone, that homeless people are ordinary citizens. The People’s Insurance applies to all and thus should not have any special position. So, this has already been quite quickly abandoned. But, it did really help of course to get budget agreements.

Structural issues, e.g. allocation of funds, play a part in the resilience of the specialist paradigm. To date, there are subgroups requiring their own group setting, e.g. not in trajectories through being difficult to place with no facilities for their specific

⁹⁸ Within the medical discourse are two contesting paradigms. The first represents the traditional model, responding to suppress symptoms causing nuisance. The long-term medication employed results in persons who ‘emotionally fade out’. The rehabilitative paradigm is not so much about minimizing symptoms as about people experiencing autonomy and having a good quality of life and organizing their life as well as possible. This paradigm came about five years ago and was in place for phase 1 (cf. Lohuis and Beuker, 2013).

problems, especially serious behavioural disorders with light intellectual disabilities. More social relief places are also needed (for sick homeless people) based on the policy requirement of 'a minimal living standard' (Nota dak- en thuislozenzorg, 1990).

Reference to the specialist image appears in light of austerity measures and resistance to change. Lack of experience with lighter care or guidance concepts also contributes to this. Much of the wider governance network feels that to date (and in the face of austerity) insufficient experience has been accrued with new rehabilitative care and guidance concepts. These are needed in the paradigm shift in care as a whole – required turnover –⁹⁹ but not for homeless persons. The second stage is referred to by some as too ambitious, i.e. the cure is not organised well enough to realize prevention.

Reference from authority respondents to the wider context of the Social Support Act also calls for annotations such as 'interesting but still abstract', 'actual tensions that still need to be tackled when implemented', 'a dilemma' and 'one big experiment'.

So you need to look at new concepts and to stop looking at the issues as care issues, since this doesn't make things better. So a different trick needs to be pulled out. But what trick?

You just don't make it with normal concepts of care ... this really calls for a new spiritual approach or something like that. And I don't see it. I really don't see it.

We are used to thinking in terms of what we already have.

The story in itself is valid, but that gives no guarantee that it will work out right from the beginning. Even more so, it is evident that in parts it will go wrong.

The actual debate about which people have what needs and require what support needs to take place, but will only do so once a split between the Social Support Act and Private Health Insurance is a reality. Until then, the old image is brought up frequently and successfully to resist policy change. In several contemporary policy issues, e.g. de-institutionalization or day-care, the goals of phase 2 are highly debated on that basis. For example, the fact of persons inevitably relapsing when housed independently with support is used as an argument to finance street-work. Governance respondents admit that this six-year old discussion is led by these images with no convincing evidence to refute them.

The second model refers to the increased discourse of the security domain into social relief. The focus on the criminogenic image of homeless repeat-offenders paves the way for a second specialist approach in the Amsterdam discourse, one of pressure and compulsion, expressed by virtually all governance respondents. This section illustrates this in the political context and in the administration's attitude to changing public opinion, as well as in new strategies and policies targeted at support avoidance.

From 2011-2014 extra political emphasis was put on the visibility of nuisance. An alderman expressed views on homeless persons seeking negative attention through bad behaviour.

[The alderman] is very open about this opinion and prefers to give attention to vulnerable individuals such as the elderly who don't ask for attention and who are less visible in society.

This has been referred to by administration respondents as being able to count on wider societal support. I refer to it as 'values of reciprocity'. This is a response to the idea

⁹⁹ Kanteling is a Dutch term best translated as 'tilt' and it refers to the required paradigm shift within the Social Support Act for patients to become more active and professionals to take over less.

that bad behaviour is rewarded. Many respondents refer to increasing support, also in the administration, for norms in relation to reciprocity (one good turn deserves another and bad behaviour is no longer rewarded). For example, in day-care for the public mental health population, the daily allowance has been stopped and participation is constructed, not as an entitlement, but as a duty. The rationale is that the receipt of social benefit requires a return back into society, now also applying to vulnerable persons. Another example is multi-problem families causing nuisance in their neighbourhoods. These used to be prioritized but now the argument goes that these families should accept substandard housing.

This reasoning is common in the administration where respondents have mixed feelings but those respondents who dislike this development feel that a discourse of reciprocity is now inevitable.

The other side of the reciprocity coin is a tit-for-tat policy on criminal behaviour. We have seen how, pragmatically, shelters have become renowned for combating nuisance. However, since not enough priority is given to targeting repeat offenders, additional strategies have been developed that contain increased elements of pressure and compulsion. Dossiers, e.g. aftercare from detention, and experiences on a repeat offender strategy focusing on the top 600 criminal individuals in Amsterdam, have resulted from the idea that the current individualised homeless approach would not fit all.

The failure is enormous ... from admission till the end 70% fails You will have to start working ... with a stick besides a carrot. You will have to enforce the motivation inside the social relief sector.

You want the judge to impose coercive resources and measures. That already happens in 18% of the cases with the 'top 600'. That is way too low and should be 80%. ... We need coercive law. ... Especially in the social relief sector reside a whole lot of people that have comparable disorders, only they didn't drift into extreme forms of violence or other crimes, they have often embarked on this kind of activity, but they don't have their lives organized ... We will come over once a week to see if you tidy up your house a bit, have updated your records, because otherwise because of debts you will look for your wrong peers again and you will drift off again.

Politicians refer to the prioritising of a specialist approach, for security reasons, through which priority access to specialist provisions can be organised.

Then the mayor is still saying: 'I can still explain to the Amsterdam public why they need to get priority access to certain provisions'. His choice is clear: the persons that pose a danger for others need to be moved away from that position.

As we have seen in this section, these positions can count on wide societal support to do so.

The policy is also targeted, more explicitly, at those not *wishing* to participate in individual trajectories who, for this reason, do not yet have an individual care plan. They remain in the circuit of low-threshold provisions (night shelters, clubhouses), but do not make progress. This wish or desire not to get involved in the municipal approach is no longer regarded as legitimate.

The third Amsterdam policy model is what I have identified as 'Amsterdam can do it'. It has been expressed, whilst awaiting broad decentralisation, that the city of Amsterdam will be able to take up the challenges at stake and deliver better services whilst facing the financial crises. It is also felt that the city is able to integrate these

services itself and overcome the lack of integration that stems from the former more centralized approach to the issues at stake.

Contrary to a smaller local authority, Amsterdam is regarded as assertive and able to advocate the interests of its own citizens when given the fuller responsibility to do so. This confidence is attributed to, for example, the earlier experience of a tender in housekeeping services for vulnerable households that the city was able to achieve that resulted in decreased financial costs without losing the necessary quality requirements. Reference is made to the city having a more sober attitude, being able to organize things better, and that when there is a larger budget available to the policy in total, there is also more room for solutions.

You should also acknowledge that, as a municipality you soon will have a lot of responsibility, you have a big budget, you get all those partitions out of the way, so you can then go and make better choices ... We get a lot more control and we are impressed by the size of the budgets that are involved. And we cannot wait to give a nice and efficient deployment to these.

Conclusions on Amsterdam policy

Even though policy goals have been set for prevention and rehabilitation ('the light stuff'), the above respondent explained that the strength of the municipal approach lies in addressing the more severe cases. Both these quotations illustrate a possible element of challenge to parts of the implementation of the goals that are left to third parties. This instrumentation is blamed for increasing hospitalisation.

Amsterdam policy goals clearly target prevention as well as rehabilitation and the tasks of social relief institutions. Internal goals are set in regard to local support networks chaired by the local authority as well as the integrated person-oriented approach executed by MHD. From this it can be concluded that Amsterdam is aware of the risk of fragmented policies and ambitious to target these. Thus for the variable on the setting of internal policy goals the city scores the maximum 2.

Closer study of policy instrumentation reveals complexity. The main instrumentation helps those most in need or with troubled behaviour. The person-oriented approach also functions as an important strategy in addressing prevention and rehabilitation. Yet, during phase 2, this has only been targeted at those with access to social relief. First, the preceding malfunctioning of this strategy may explain the tasks left from phase 1. Second, a lack of connections or history of success with the establishment of local care networks has been illustrated by the pessimistic stance towards local support networks. Greater capacity in institutions has increased availability of expertise in the city that aligns with a strategy focusing more on social relief than other solutions (e.g. ordinary housing with support). So, a high degree of specialism has developed with the medical and safety expertise built up over the years.

However, the default of this specialist knowledge is the expertise available to execute the coordination of the generalist approach of rehabilitation and prevention and the needs of the lighter target group. The current knowledge available is still focused on coordination of crisis, not prevention and rehabilitation. This close study of the instrumentation to target goals shows that the city has only partly been able to set realistic goals. For this reason, in terms of relevance, Amsterdam is a city with 'a goal that can somewhat be attained by the available instrumentation' and scores 1.

The policy model displays the current lack of experience with the new care and guidance concepts, an increased emphasis on austerity and an optimism for increased

responsibilities in future. The specialist image (ill and dangerous homeless person) is strongly resilient and draws focus from a 'lighter group'. Once the transition from mystical to ill homeless became a fact, new mechanisms came into play to retain the image: to provide extra funds for housing; to resist policy change; or simply because the alternative, generalist image is not yet clearly outlined. The transition to the specialist discourse risks psychiatrizing people. Structural issues, e.g. allocation of funds, also play into the resilience of this paradigm. The resilience of the psychiatric-medical model is not supportive of the required paradigm shift necessary to attain the preventative and rehabilitative goals.¹⁰⁰

Second, the discourse of the security domain is entering social relief because of an increase in values of reciprocity as the policy focus on nuisance and the influx from forensic care. The city previously increased its attention on nuisance in relation to homelessness, resulting in closer cooperation between city and justice domains (Cebeon, 2005) (and section 6.1 instruments). This stance has intensified under the influence of the current social and political contexts where there is support for reciprocity. A lack of efficacy of current methods in this respect results in a focus on coercion. Plus developments in forensic care have implications for the care sector to see increased emphasis on security.¹⁰¹ This second model does not support Amsterdam's policy goals. Only the third policy model, 'Amsterdam can do it' displays support. In terms of the third variable this city is assessed as having little but still some policy models supportive of its policy goals and is scored as having one out of three models as supportive (1).

The conclusion is that at one end of a continuum or pyramid is the policy model self-responsibility approach; then a wavering between a generalist and specialist approach for medicalized groups; finally, politicians refer to the top 600 requiring a specialist approach for security reasons and to get priority access to the same specialist provision. But policy attention, even though the entire picture has been drawn, remains focused on the upper parts of this pyramid [see appendix 10, Amsterdam social support policy pyramid].

6.2 Intense and exclusive structures

The introduction to this thesis refers to the observation of the then finance minister about the number of institutions involved in homelessness – seven ministries and at least as many other institutions. It was noted that, in terms of governance, this was extremely complicated.¹⁰² Responsibilities are divided between the city at the central level and other governance departments at superregional levels (e.g. health, justice)

¹⁰⁰ The supply, within the focus of the strategy, responds to wider societal problems, saying 'that is not our cup of tea', as do other suppliers in adjacent areas. This is a social issue to which there is yet no valid response as. With increasing societal pressure and complex, growing problems, the municipal scope should be broadened and even more detailed profiles need to be developed in order for the instrumentation to work.

¹⁰¹ This emphasis is counter-productive for the image of the homeless target group. Persons are accused of getting into the shelter system without motivation to change. Homeless persons are also reported to expect to get a house after residing in a shelter for 6 months and, if not, they run away and start using drugs again. This phenomenon is expected to increase with recent developments in forensic care (also to be decentralised as well).

¹⁰² http://www.canonsociaalwerk.eu/nl_mo/ viewed on 11-08-14.

and city districts (local care networks). This section discusses the domination of decentring trends and the degree to which the city can align relevant parties in this. Exclusive social relief budgets and the intense and influential networks in Amsterdam are also discussed.

Mostly decentralising trends with centralising trends as a response

There are both centralizing and decentralizing trends in the structures in which the Amsterdam social relief policy theme is positioned. A strong decentralising trend is seen in the Social Support Act, in law on youth care and participation and in the forensic sector. Three centralizing trends are seen in city districts, the central city departments and with the police. The first two merely being a response to the large decentralising trends.

The Social Support Act of 2007 has a strong decentralizing tendency, one of which is the RISH. Municipalities are more likely to get the target group living in RISHs to participate in their local social context because of the nature of the RISH's work, i.e. support rather than treatment. The argumentation on what to decentralise is around what provisions are too severe and have too many elements of treatment to be decentralized to municipalities.¹⁰³ Only financial RISH packages serving clients with support needs and not those assessed with a care need are to be decentralised.

The decentralising of RISHs increases options for Amsterdam in relation to homelessness policy. Since 2006, extra RISH capacity has been created. Amsterdam has expanded part of this in its social relief sector as well as in the mental health sector.¹⁰⁴ One third of what used to be municipally financed institutions have become RISHs. This capacity has been created recently or upgraded, e.g. in terms of staff, and financed in a more centralised manner. RISHs are financed at state level and these finances are distributed by regional health insurance offices. Decentralising RISH responsibilities changes this.

There was an attempt to expand municipal involvement into the social relief RISH, added to existing involvement in municipally financed institutions. Amsterdam, with central access to social relief and a personalized approach, has contemplated directing what happens in the RISH, preceding decentralization. The RISH is part of the municipal chain. RISH-institutions vary in how much they actively take part in this chain or remain focused on regional level. Social relief has developed complex social functions over the years, creating demand for its supply, e.g. the institutionalized setting of the social relief RISH is cited as a suitable placement for schizophrenic persons.

The social relief ... has some features that are nice for people with schizophrenia because you sit together. You have a living room. There is security ... you still have a large group that just cannot live independently ... schizophrenia is indeed a significant part in those RISHs if not more than half, yes those are really handicapped in a way that is not so easy to recognize. (Health Services Provider)

This is illustrative of the fact that a social-medical issue, through lack of appropriate provisions, is framed as a social relief, homelessness issue, since the only response is from the social relief sector.

¹⁰³ The specialist psychiatric-medical model of homelessness is of use in this context, to resist decentralising.

¹⁰⁴ Like Rotterdam, but unlike Utrecht and The Hague.

Decentralising developments in forensic care will have mental health patients flowing out of clinics, while persons in the last stage of forensic treatment flow in.¹⁰⁵ Most respondents cite this as a clear conflict of interest between health and judicial sectors, both on a client as well as a policy level.

For the three decentralisations of the Acts on Social Support, Youth and Participation, different regional structures are in place. Some have an alternative configuration with the Youth or Participation Law, rather than on social care and social support care. These structures have grown historically and some feel that, where structures or municipal borders are congruent, it would help to make agreements on the same scale involving the same municipalities and providers, e.g. some health providers work on a more regional scale than municipalities. This issue has been discussed by the association of Dutch municipalities and at the time of the study the separate regions remained intact.

Nationally, 'regional positioning plans' are being drawn up to achieve as much congruence as possible, but one respondent admits that integration or cooperation can still be arbitrary:

I hope that regional position plans will actually be both about youth as well as the Social Support Act as on labour. ... However, in some municipalities it will not happen. And that can just be related to the cooperation within the college. That the youth counsellor really has no appetite to work together with the alderman on participation, work and income. (Authority Respondent)

Respondents also indicated that they value national direction in this respect, opposed to decentralisation:

I am also very much committed to national direction at that point, but at the same time we are in the big cities at the table to see what we can do there. (Health Authority Respondent)

Big cities are also considered a substantial more assertive factor, resisting over-regulation. A clear issue of more regulation is found in the Participation Law with extensive national guidelines for safeguarding reallocation to safeguard the general interests of persons on social benefit who need to participate within society. Effective lobbying activities have a role in this (see: management section 6.3).

However, Amsterdam has always had its own priorities and formulated its own responses, at times only partly complying with national standards. An example is care after detention – traditionally, provided by third sector probation services within a mandatory framework financed by the Justice Ministry. According to one respondent, 15 years ago mental health and probation services were internally focused away from outreach services. Amsterdam being fiercely independent was dissatisfied with this and supplemented them with its own voluntary supply by the MHD.¹⁰⁶ Also cooperation between prisons and the city regarding aftercare has recently been characterised as 'an uncomfortable chain'. According to the Amsterdam Rekenkamer (2013), the city has

¹⁰⁵ As long as the outflow of patients readily takes place, this forensic influx can be solved in budget-neutral fashion (RVZ,¹⁰⁵ 2012).

¹⁰⁶ Cebeon (2005) concludes: '... when Justice is bearing the primary responsibility, including the funding of extramural programmes for addicted offenders, coordination is needed with the municipality'.

developed responses to its own target groups that only partly correspond with Ministry of Justice ones.¹⁰⁷

Nationally, detention aftercare funds have been temporary and have now been cut. A worry is that if cooperation between contact persons and aftercare administrators did ever actually happen, it is now threatened. Bearing in mind the pro-active implementation that the city has developed over the years to address nuisance and repeat offenders, it seems likely that, in spite of the centralization of the police and municipal budgets drying up, the local initiative on safety approaches will not diminish.

Centralising trends

Partly in response to decentralising, three centralizing trends are occurring in city districts, central departments and towards a national police. Districts have had separate powers since 1981 when they were more effective, more efficient and operated closer to the people. Now, they will retain an implementing role but no longer set policy frameworks, e.g. for social work, debt counselling, as such services were fragmented while fundamentally contributing to the prevention of homelessness. With this restructuring, social work policy frameworks for this provision will be set centrally.

Simultaneously, the 'three Ds' (decentralising of the three Acts) are predominant in the re-assessment of administrative tasks at central city level. This horizontal centralization will reorganize the four central departments into one (currently named 'social and safe'), meaning the department of housing and social support will be split up; only the social support part (including the homelessness policy team) will merge into the new unit. In this reorganization there is a question about the most appropriate positioning of the MHD regarding its superregional tasks and involvement with the safety quadrangle.¹⁰⁸ An inventory was done to assess this and it was concluded that there is much additional value for the MHD in being part of a municipal constellation¹⁰⁹ (City of Amsterdam, 2013).

The police are the third example of centralization in this domain, in this case towards the national level, which will decrease the influence of the mayor, or the particular municipal structures of the city, on what used to be 'his corps'. The consequences of this are unclear and in the near future it is unlikely that the local corps will no longer have a signalling role towards local politics.

¹⁰⁷ As a result, a comprehensive aftercare policy and budget are absent and prisoners' problems are not resolved. One respondent acknowledges these findings to be just and explains this by the city's unfinished involvement with the severest groups handicapping the execution of preventative tasks, e.g. aftercare detention.

¹⁰⁸ The triangle of a given area: the consultation between the representatives of the police, prosecutors and local government. Depending on the area, it is called a local or regional triangle, or simply 'the Hague triangle'. E.g. a local triangle consists of: the mayor, the leadership of the police in that area (district chief) and the prosecutor.

¹⁰⁹ Efforts in adjacent areas have a significant impact on the accomplishments of health gains. The safeguarding relevance of the MHD is emphasized repeatedly by the incident-sensitive nature of the city.

Exclusive budgets

A protective approach can be seen toward the social relief budget which is separate from the wider Social Support Act budget. The need for it to be separate from budgets for other vulnerable persons with medical and support needs is justified by the 'discovery of new high-need target-groups',¹¹⁰ which legitimises the process. This, as the next respondent states, never leads to a complete re-assessment.

*This is also something self-perpetuating. This is made for a specific audience and as soon as a new target group presents itself, is the thought, then we extend this approach to that target group. It never leads to a complete reassessment of the approach, because there is still no interest to do so. If you look at the money, I have two years ago had to do a lot of effort to explain that a comprehensive care budget for the city of Amsterdam, that there is not a Social Relief budget, and a Social Support Act budget. A lot of effort in our own home in our own budget.*¹¹¹ (Statutory Services Provider)

The relatively large RISH budget will, for now, stay intact. Nationally it is argued that, even though local expertise is the reason for reallocation, this is reassuring. Until the required expertise is available in municipalities, administration can rely on the judgment of care providers.

With most other decentralizing trends involving considerable budget cuts, ranging between 25-45% , within the municipality there is a special interest in the (on a municipal scale) relatively significant budget involved with the RISH. However, this is neither mentioned nor touched upon.

There is room for cuts in the complex configuration of e.g. treatment of groups with the most severe needs, in which counselling is also financed and is less expensive than treatment. Only specialists can assess the exact costs of this and they are interested parties. Constant reference to more severe needs than possibly is the case creates a serious risk in the current financial crisis of making budget cuts whatever, for day-care to be abolished and to throw away the good with the bad. In the next quotation a voluntary sector provider worries about different prices for the same things: 'no one really knows'. In the redevising of budgets and responsibilities this is complex and hard to address, relating to city as well as health and national health insurance. The divisions that can be made, again, need to be based on expertise that has as much an interest in a certain outcome as have others.

There is a lot of discussion about that but no one really knows it. Probably it is almost the same. While it is in fact much more expensive. And this is wanted to be kept within the Insurance Act. ... That you ASAP replace specialist care into generalist care, treatment and counselling. And you let people back as soon as possible to function in the informal networks. (Voluntary Services Provider)

At the same time, this situation negatively impacts upon the emergence of local care networks, in which the informal networks referred to have a place. 'Way too many' local care networks are being organized in parallel, based on the same principles. Every specialism gets its own team.

¹¹⁰ E.g. the top 600, or the ASII group mainly displaying medically hard-to-be-addressed personality disorders.

¹¹¹ The concept of adjustmental change is relevant (Kitchener, 1998) in relation to quasi-market transformations.

The image of Amsterdam ... that before there was a household with six helping professionals surrounding it, and now the image is with six teams surrounding it.
(Authority Respondent)

If this is the case, the question lingers about the efficiency of municipal direction at the local level.

A substantial amount of intense networks

The official homelessness policy network of Amsterdam can be characterized as heterogeneous. Partners in the network are service providers that offer social relief or mental health services, clubhouses, informal care and fieldwork, the MHD, the work and income department, the regional health insurance, a representation of social work providers, a representative of the service user network and the police. These actors primarily bear a social–medical expertise, apart from the department of work and income and the police.¹¹²

The network is relatively closed. New parties are added rarely, e.g. recently a representative of the social work sector joining was felt to have been quite a change. At the time of the study, there was the possibility of adding a provider with specific expertise on persons with intellectual disabilities, but this never happened and that perspective is provided by one of the parties already in the network.



Figure 6 The celebration of network parties working together at the ‘inflow house’

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The exclusivity of the network makes representation of the field difficult at times, as is dissemination of expert information through the network. For example, one of the many social work providers is not represented and, during the interview with local care networks, this issue appeared to lead to them missing out on information.

Respondents who are part of the network and other stakeholders refer to the network of social relief as ‘a closed world’, as ‘us knows us’ and ‘very isolated’ ‘which makes it hard for people to look beyond the framework of social relief’.

This is not the only network involved in policy making on homelessness that impacts the administration in this respect. Many other influential networks exist, in the administration (DWI/POA¹¹⁴), at national level (mental health and the care lobby in the national health insurance law) and outside government (e.g. providers of independent housing and social relief and care providers).

¹¹² This makes the Amsterdam network more heterogeneous than the Copenhagen one. At the same time this network is more homogeneous than the Glasgow one, in which housing providers are also strongly represented.

¹¹³ www.instroomhuis.nl, viewed on 10-08-2014.

¹¹⁴ Dienst Werk en Inkomen/Platform Opvang Amsterdam.

Conclusion on Amsterdam structures

Decentralising trends dominate the Amsterdam context and two elements have been discussed in detail: the Social Support Act and the RISHs (to be decentralised under this law in 2015) and the alignment of this act with the Youth and Participation Acts. As described in governance literature (cf. Fleurke and Hulst, 2006), the level of allocation of responsibilities oscillates. Most social relief institutions have over time, as a result of increased attention on homelessness, become medical institutions with decision-making situated away from local level. Decentralising RISHs would again result in increasing the city's steering capacity. However, the social relief sector, of which some RISHs are a part, has a more structural aspect of functioning as a last resort when all else fails.¹¹⁵

The integration of policy areas scheduled to be decentralised simultaneously (2015) is hampered by spatial differences and the degree to which responsibilities are fully allocated locally. The city's independent and eventual favourable position in the dossier of detention aftercare is as an interesting example of how national steering is dealt with, in which Amsterdam can be characterised as assertive. When Amsterdam is evaluated from the perspective of the fourth variable, on how aligning policy sectors are involved within the administrative network, it has only partly succeeded in creating an integrated response in terms of policy sectors. While health is most involved, income and justice are less so and the housing sector least. For this reason Amsterdam gets medium score of 1.

Budget exclusivity poses questions of wider municipal efficiency. Some feel that borders between financing and network exclusivity will no longer be viable in a more decentralized situation, so that this issue can be addressed. There is a view that it will no longer be desirable or possible to deal with specific groups in a compartmentalized manner. The administration aims to integrate care for elderly, intellectually handicapped and homeless people to allocated responsibilities in conjunction across each area. The strategies of the self-sufficiency matrix and efforts to work with profiles will be implemented to get this more integrated policy approach, but no fundamental choices have yet been made.

The formal network comprises some partners involved in the oscillations, but not all. Pierre and Peters (2000) see as corporatist government official sanctioning of interest groups in which some are accorded a legitimate representative role in their sector. The more diffuse entities and higher number of stakeholders give this the characteristics of the corporatist-pluralist model (score is 1). There are many actors involved who are given a legitimate status for influencing public policy. Also, besides the official Amsterdam network, other social relief networks have been identified in which all stakeholders participate and which are given a legitimate status for influencing policy. The tightness of the network, according to some, gets in the way of integration: the supply being close to a historically grown demand and seemingly unable to respond to current wider social issues. In fact, some providers tend increasingly to focus on their core task, e.g. retrenchment in the mental health sector.

¹¹⁵ A strong, only semi-municipally directed influx into residential care stems from deinstitutionalization, e.g. mental health, justice and youth care and care for intellectual disabilities. While, according to decentralising trends, persons from mental health institutions should live independently with (F)ACT support, persons with minor intellectual disabilities are supposed to be less dependent and youth care is supposed to guide youth into adulthood, the other side of the coin is that social relief provision remains congested and serves as a last resort.

6.3 Games of management

What you might ask is: why is there so much playmaking? This has everything to do with prestige, the money inside. It is a very sexy subject. (Authority Respondent)

For the Amsterdam case we will see, as is common in other Northern European countries, the state being bound closely to society through networks and corporate structures (organic conception of the state). The relationship between political institutions and administration in Amsterdam appears to be relatively informal and interwoven. The nature of this contact requires a constant balancing between commitment and competence within administration. In the Amsterdam case the dominance of the MHD serves as an example of the strength of a central agency that enables an element of bureaucracy to dominate aspects of policy. In this configuration an administrative department can influence policy decisions by the nature of its work, its expert advice and its relative magnitude. According to theorists, this context would also require the professional conception of the civil servant to be something between a lawyer and a manager. However, of the three cases this case appears to have the most discretionary room to legislate for itself, which characterises it as strongly leaning towards the legislative side. In respect of the conceptions of accountability in this particular configuration it appears that, as a result of the close interrelations between municipalities and service providers in the social relief sector, the municipality might actually hardly be seen to be steering at all.

Relationship with many influential networks in society

Much policy execution is located in the third sector. The city itself has no sheltered institutions, but finances them mostly through subsidies, making it dependent on the third sector and its expertise. This dependence is a delicate issue. Research has repeatedly shown that social relief institutions tend to become congested (IBO, 2003) and persons often do not get the right care (Cebeon, 2009).

It appears that, in the accommodation of social interests in Amsterdam, room exists for individuals, positions and even incidents to get the local media's attention. In the Netherlands newsworthy incidents receive a lot of media attention, which can have serious political implications. This also impacts on the implementation of policies and complicates successful coordination. This respondent speaks about the troublesome trajectory of one of the policy files and the impact on motivation.

They look, through straight lines with the alderman, through the press for a way to create space in these negotiations...[board member] has already asked three board questions. ...the frustrating part is that it pays off in Amsterdam. ... They put everything upside down. One person calls something, the other writes that and a hundred officials have a problem. (Authority Respondent)

There are six thousand piteous people and only one needs to beep and then we are in the wrong again. These are the images that you have to get away from. (Voluntary Sector Provider)

There is a lot at stake. Communication between governance third sector stakeholders can take the form of negotiations or even disputes, become emotional, involve expletives or simply walking off.

They literally walked away from the table ... after much hassle and massaging now we have ... come this far. The next step is to get the workers that are below this level this far. (Authority Respondent)

The effect of official sanctioning of interest groups is that it allows individuals to be effective in facilitating or blocking reform. These non-political actors are close to stakeholders in the wider network and can be decisive, which again aligns with a model of steering in which a state is more effective when it does not impose regulations but allows those involved to influence policies.

Relatively informal and interwoven relations between administration and politics

It is the culture of policy and politics. If you have a big mouth here, then they all go on tiptoe and walk around you and think 'Take it easy. Quiet.' (Authority Respondent)

Amsterdam's relationships within the administration and between politics and administration can be characterized best as relatively informal, interwoven or close. This section illustrates this by the effectiveness of knowing-the-right-person-at-the-right-time, the unity witnessed within municipal political policy columns (hindering the integration of policies), the accelerating effect of policies prioritised by politics (and the impact of losing this priority) and the example of how a department can influence policy decisions. The incident-sensitive nature of the constellation paves the way for relatively far-reaching policies in terms of prioritisation and overriding individual clients' interests.

An effective strategy is to present extreme cases to these actors, or responsible persons in higher positions. Often this leads to exceptions made in individual cases, but it works as policy input or becomes policy. The importance of individual actors is illustrated in Gerritsen's (2011) thesis which describes the (in the author's view) successful management of the Amsterdam crisis chain. Another example is the lack of specialist care allotted to children residing in the social relief system with their parents. The policy has always been that, in the event of a lack of available capacity among youth care staff, children without their parents were prioritized over those with them. Presenting the extreme case on this policy dilemma by 'the right person in the right place' has paved the way to a solution.

These two quotations from authority respondents explain how 'right person at right time' works. In the first, the respondent noticed individuals incapable of benefiting from the tax system. Knowing the right person in the right place had more effect than previous attempts to address the issue.

... if I see that people are not capable ... I am mandated from the Tax Office to get it straightaway. That has been rolled out over the urban level. I came to that place because [city district's alderman] knew the director of the Tax Office well and I went to have a conversation with him.

I just call [this Director] himself, and a lot of persons can of course not do that, then he simply does not answer. And I call him only when I think now it's really wrong.

This latter respondent illustrates how he/she is effective in influencing policy on many levels. In this particular governance configuration there appears to be much room for this way of policy making.

Indicative of the close relationship between administration and political institutions is the unity within state political policy columns, e.g. youth and elderly,

while such integration is lacking within the coordination of the social domain. The alderman and policy departments responsible for youth, on the one hand, and for adults, on the other, differ considerably, e.g. they vary in the extent to which the policy is constructed in a bottom-up or top-down model, in their relationship with the MHD and in the way both youth and adult departments relate to the third sector.

Another indicator of this close relationship stems from an example in which political involvement is currently lacking, making it harder for the administrative department to steer homelessness policy. What has happened is that the focus in homelessness away from nuisance towards more abstract or higher goals, e.g. prevention and recovery, attracts less political priority. Since 2010, political discussions on homelessness have focused mostly on entitlement to provisions by immigrants, relating to the clear and aesthetic image of homelessness as persons sleeping rough. Also, in the political discussion about the tender of occupational daycare for persons who nowadays tend to be institutionalized, the focus of attention has still been on the combating of nuisance resulting from lingering on the street.

Other reasons, stronger measures stemming from the Social Support Act and the upcoming Participation Act that relates to rehabilitative daycare, tend to get less political attention. This respondent relates the diminishing political attention to a dimension of time and changing political attitudes.

And to have a programme ... for another period, so four years and ... four years, that does not work. ... this alderman... had all these long discussions in the council area, that he actually feels to be uncomfortable, because it's really not ... he also feels homeless that are people who demand attention by negative behaviour and he has often, as he is also open about that, that he thinks you especially have to give to people who just do not draw attention ... and a little attention is invisible in our society.

Well debt-counselling, I do not know about all these parties, because it is less visible you see. (Both quotations from Authority Respondents)

To solve the vagueness of the preventative and rehabilitative policy goals, e.g. what exactly can be achieved with debt counselling, a new target group has been (re-)discovered: the top 600 youth offenders – again, unambiguous images of nuisance, incidents and hectic behaviour are applicable. In this particular (top 600) approach the youth, adult, health and safety policy columns are involved.

A programmatic approach, with a huge priority from the Board ... sharpens you tremendously in your mind .. then you should therefore ensure that you do it outside of your existing processes... everyone should also get out of his comfort zone to say yes to those objectives that you formulate around this approach ... Then says the mayor, what three months, this must be settled today, well you know, that's nice, that means you also look at what are we doing now in another way. (Authority Respondent)

This quotation illustrates the accelerating effect of political prioritisation in this context.

Insurance against incidents dominates in the administration

'I am the Boss'

(Municipal Health Nurse when implementing rapid change)

This section covers an element of bureaucracy dominating aspects of policy. Traditionally, stemming from the legal framework, the MHD's task has been to safeguard the city's general health. It has an important role in the 'incident-sensitive' nature of the city and the coordination of trajectories for homeless individuals. It is felt politicians want everything to happen without too much fuss. Repeatedly, the policy argument is put that the MHD, over time, is there to help in controlling the most severe groups – repeat offenders, persons in psychiatric crisis, the 'top 600', persons on social benefit requiring care, elderly requiring care that may no longer be provided under the Social Support Act – and, with severe cutbacks in the third sector, the rationale is that it is a good thing the city still has its own health department.

Over time, by increasing medical expertise, Amsterdam has actually increased its influence on services provided to citizens by third-sector parties. When the policy interest to combat the nuisance of homelessness grew, there was no time to wait for the Justice Department to respond, the MHD had to grow instead. After severe disputes in the mental health crisis chain and much distrust towards this sector, preceding the homelessness strategy, the MHD filled the gap. In his thesis on smarter local governance, Gerritsen (2011) takes the management of the crisis chain as an example of a successful intervention in a serious problem. 'There is a clear division of tasks and responsibilities, a shared vision and a clear outline of the method and organization.' In practice this chain management refers to 2003 when the MHD was placed between the police (the first to be called in a crisis) (112 cases) and eventual referral to mental health service providers. The client, having been seen by the police, first needs to be seen by a municipal psychiatric nurse before seeing the mental health carer.¹¹⁶

This protocol must not only be performed for aggressive patients, but for all emergency patients. A special concern exists among respondents for this method not to be scaled down in the future but rather to be expanded towards youth in crisis situations, as has been announced by the MHD.

All persons that arrive at the crisis service¹¹⁷ have all been in a police cell. 90% have arrived through a police cell. And these persons have all been assessed before, once in the police cell and they are assessed again at the health service. These people are all transported with hand cuffs. All of them. ... not only ... aggressive persons ... but also about demented elderly people. (Health Sector Provider)

Without the current configuration the city would have had less say in institutions such as (psychiatric) hospitals and (social relief) care homes.¹¹⁸ However, police

¹¹⁶ A longitudinal study has shown in 89% of cases the judgment of the police about specialist psychiatric care is correct (Koffijberg and Guyt, 2013). This indicates municipal intervention wouldn't be required.

¹¹⁷ SPOR is the emergency psychiatric service of Amsterdam.

¹¹⁸ The tradition in the Netherlands is rooted in accommodating institutions not replacing them. Within the BOPZ (law on special inclusion in psychiatric hospitals when the risk criterion is satisfied) there is a role for the local authority (the mayor) to ratify the order. The police safeguard public order

involvement any longer than absolutely necessary is perceived by respondents as criminalizing individuals unnecessarily and as inhumane. This police involvement in the nuisance discourse is also highly criticized by service users.

Several respondents, including Authority Respondents, have a stance characteristic for this particular constellation in regard to the positioning of the MHD. An authority respondent said that things need to and will change and relates this possibly incremental change to the magnitude of the MHD whose existence is still successfully advocated under the rhetoric of security. Also explicit reference by respondents to their anonymity is indicative of the complexity of the relationship in this respect between policy and politics in Amsterdam. I have felt it to be striking that, in a transparent democracy, many respondents, primary responsible stakeholders in these processes, during interviews make extra reference to anonymity when airing expert opinion on the position or size of the MHD, e.g.: *'what I say is true and traceable to me'*; *'this should certainly not come in my name somewhere'*; *'many people in care in Amsterdam... who feel hugely threatened'*; and *'It's going to get me into trouble when I say that it's not going well at the moment, all we want, yet calm, peace and harmony'*. This illustrates how in this configuration an administrative department can influence policy decisions by the nature of its work, expert advice and relative magnitude.

The hybrid conception of the legislating manager

This configuration with its close relationship with politics impacts on the public administrator role. In Amsterdam there is a constant balancing between the two concepts of the role of the civil servant: lawyer and manager. The emphasis depends on the level of political priority attached to a file. Two examples are given. The first is the file in setting political priority. The policy of the top 600 initially met with reluctance, reference being made to the lack of just division of resources. It was felt even prioritised persons are on a waiting list for a house for three months and the 600 ought not to bypass this.¹¹⁹ In this programme a different rationale, merit, is constructed, that repeat offenders are bound to reoffend within 48 hours of release. On that basis it has been claimed such priorities are legitimate.

The second case is of the Social Support Act, under which the homelessness strategy operates. This is the example of the setting of diminishing political priority. The way the Social Support Act sets municipal guidelines on how to operationalise its generalist objectives leaves much room for the local level to legislate in more detail. Broad guidelines are left to be interpreted and defined, dependent on the political priorities set, according to the civil servant's own discretion (as a lawyer).

In Amsterdam, the emphasis of municipal coordination is on maintenance of longstanding relationships and so communication.¹²⁰ Since incidents may lead to

and assist mental health professionals adding of which in this case is said to form a surplus to the usual constellation or triage.

¹¹⁹ This touches on the basic argument of bureaucracy being in place to promote equality (cf. Merton, 1940).

¹²⁰ The communicative approach is appreciated in the administration: the chain of social relief perceived as effective. While there is an understanding that in terms of accountability the communicative approach might have weaknesses (below), its strength is in the wider support for the strategy and the mutual understanding of working together. Willingness to go the extra mile when needed (e.g. for incidents) is highly valued.

unwanted attention from the media or politicians, an important strategy is to avoid issues and keep the peace, and maintain good relations and apparent support for the policy, applying skills to the fruitful coordination or management of this network.

Much effort from local governance is put into supporting the municipal approach, emphasising the role of information/expertise of the complex subject. Through the core network (meeting every six weeks),¹²¹ information, research results or output from multidisciplinary groups are shared. Its homogeneous configuration of care professionals explains a high degree of consensus. This respondent refers to a conversation with a non-care profile colleague. Since all parties can be influential, one not supporting the policy is a direct threat to it, so effort is put into providing the right expert evidence.

And then I need to sit down with this person and .. explain ... about all the other things we are doing as well, that we are also implementing support on a flexible basis to persons that are still on the waiting list. So this can also have an impact on the reduction of nuisance. (Authority Respondent)

Respondents outside the administration say there is not much room in network meetings to bring things to the table, attributed to rigid chairing. In reasons given for certain policy measures, at times the emphasis is on keeping things quiet (see also section on relationship administration and politics).

Under the firm direction and budget of the municipality and especially the care office a simple chain has been realised, that looked a bit like that person-oriented approach [SUPPORT], which worked well and now for 10 years has yielded no major problems.

This cooperation is ultimately redeemed by the director and the money has led to results and has thus improved the atmosphere in the city. It has paved the way for it being even nicer to work in other areas. (Emphasis by author, both quotations stem from Authority Respondents)

Health insurers are accused of not making sure policies are executed most efficiently, rather they ensure things going smoothly so that the AWBZ¹²² can be divided fairly. Health insurers are said to have a directive function in relation to the individually insured care law, but not to the AWBZ.

Clients also report, at caseworker level, to have witnessed a lack of decisiveness in meetings.

When you see such a meeting ... that people have no grip on the matter, that they look at their colleagues, that they wait for the other to solve it. I have also been in meetings that people said: 'You cannot go and appeal to your colleagues on doing nothing.' Then you have to be the really smart one that simply goes past his colleagues to do something for someone. (Service User Perspective)

In line with the hybridity, no clear decision is made between merit and political argumentation so there is a complex combining of both, dependent on the subject matter and political prioritising.

¹²¹ Proceshoudersoverleg.

¹²² Collective national insurance of severe health costs.

Conceptions of accountability under the influence of politics and society

According to one respondent, the backlash of the close interrelations in the Netherlands between municipalities and service providers in the social relief sector can be that the municipality is actually hardly steering at all (cf. Fleurke et al., 2002). In a sense, this risks being the case in Amsterdam. On the one hand, in the Amsterdam model of accountability professionals are trusted to act on the basis of their best insights. They can choose to not always operate technically on merit in this area. Knowledge and expertise on strategies to measure, for example, inputs in more detail are available and used within the administration on adjacent areas. There is no belief in such a top-down management style in this particular homelessness context. On the other hand, it is felt in the governance network more widely and in the administration that, for trust or improvement in the third sector to grow, principles and criteria need to be formulated more clearly, e.g. on access to the homelessness chain. As an authority respondent put it: *'One needs to have a view into the process and steer this.'*

The majority of stakeholders in the administrative department expect it to increase accountability, as the way to get things moving, to overcome institutional interests. The department is not expected to take on a more business-like relationship with third-sector institutions at once. In spite of internal criticism, institutions are still financed on the basis of bed occupation and policy documents and respondents mention the possibility of a tender, which could be a means to steer more effectively towards the desired results. However, during earlier social services tenders in Amsterdam, the experience was of close involvement and alliances between relevant service providers and political representatives. This, and the diminished steering capacity of the local authority, would possibly characterise a future social relief services tender. Political parties on the council tend to become highly involved, almost campaigning for a particular provider's interests instead of societal interests.

Mixed interests are involved that respondents are open about. However, important requirements need to be fulfilled before these interests can be addressed in a more contractarian fashion. The following criticism expresses stakeholders' views of the particular administration.

And for God's sake, come down with your policy. Around the SSM-D and purchasing, and so on. (Authority Respondent)

The administration explains this particular management of accountability as the city being sensitive to accusations from the third sector of being over-bureaucratic in times of austerity. This situation makes negotiations difficult and creates undesired tension (see also civil servant conception above). The third sector acknowledges its lack of incentive and resistance to change in times of austerity, arguing that, like any other governmental and non-governmental institution, it is only protecting its interests. With legal actors in the municipality expressing the value of a more legalistic conception of accountability (Painter and Peters, 2010) in the civil servants as manager tradition, there is again a complex balance to be struck between lawyers being 'on tap, or on top'. A respondent refers to lack of decisiveness, particularly in phase 2, the preventative and rehabilitative goals, of the 2011-2014 strategy.

The contract in terms of inflow has been absolutely clear. We said: 'lock them in'. But have the contract terms been clear on what happens next, I ask myself? Perhaps in policy documents. (Authority Respondent)

As a result there is a continuous insecurity in the administration in regard to the fit of the housing situation of those in the target groups. During the 2011-2014 strategy period, the purchasing system has not been organized in conjunction with changes in the chain approach. The current system focuses on cost and availability of beds and retains the perverse incentives that the policy has identified and aims at influencing. This has gone on for even longer than the strategy period, perhaps for 20 years.

Service providers receive letters stating that they need to provide a 100% and that they should submit a budget that is the same as the year before. (Authority Respondent)

As a result, by the end of the strategy (late 2013), the question lingers whether, for example, persons with severe care needs could have used Housing First more and why the majority of persons do not get into supported independent housing or an independent house with (F)ACT support, as per the initial goals (cf. Cebeon, 2010). Policy documentation without implementation is meaningless. In Scharpf's (1997) terms, the players are involved in a non-cooperative game in which anything said is just 'cheap talk'. This respondent refers to an obligation that is not felt as an obligation.

If you do not impose obligations, then you are not imposing obligations. ... And even if you would impose an obligation, ... you would need to fight hard to get it together. Because an obligation isn't felt as an obligation ... it's rather a theoretical intentional agreement. (Authority Respondent)

This section has illustrated a series of accountability measures specific to this hybrid and balancing configuration that are implemented in this way for various reasons and priorities.

Conclusions on Amsterdam management

In an administrative tradition of balancing interests, historically grown structures and poised management styles, it is hard to implement new paradigms and policies. There is resistance (Painter and Peters, 2010) and the MHD is too big, budgets too excluded, political lines too short and social influence too vested for it to happen rapidly. Homelessness is also too special for one reform. After the 2006 boost and in light of developments from forensic care and security, the reform in social relief must be incremental. Governance arrangement (relationship between politics and administration concerning embedded policies and a close, flexible relationship) scores (1). The concept of the civil servant has, besides the descriptive evidence presented, also been assessed. Amsterdam has the largest discretionary room for them to draw up their own local plans (number of pages in documentation on levels of expertise) so scores (0) since freedom to legislate leaves room for local pressures and interest.

Administration does not want to impose too many obligations on the third sector which means that interests will be better served by clear accountability procedures set by it. These mechanisms, impacted by politics and society, score 0. In conclusion, even though some elements have already been assessed, the question remains whether this hybrid, continental mix is magical or detrimental: is it the best of both worlds? The output and outcome sections will provide more insight.

6.4 High risk targeted output

This section covers Amsterdam's performance on the basis of five quantitative indicators (used to measure output of all three cases) and its policy objectives have been categorized under these. The results on goals in regard to prevention, person-centred approach and number of homeless persons receiving a comprehensive offer in four life areas, including the new influx, are covered under *Overall Service Coverage Homeless Persons*. The lack of indicators, but targets set in relation to discharge, in combination with information on by-flow, is discussed under *Mental Health Service Coverage*. Objectives on social relief and participation are described under *Improved or Permanent Housing*. The reduction of rough sleeping objective will be subject of the outcome section.

Four sources are used for scoring: first, monitoring by the National Institute of Mental Health and Addiction (cf. Tuynman and Planije, 2013); second, a three-year cohort-study of persons who get onto social relief and are offered a trajectory, which began with phase 2 (Al Shamma et al., 2013) (both financed by the Dutch Health Ministry); third, local Amsterdam monitoring of the social relief chain and flow through (Runtuwene et al., 2013 and 2014); and, finally, yearly monitoring of the cold winter initiative (Hensen-Baas et al., 2013). Output is measured in 2013 from the 2012 cohort study findings.

Overall service coverage

Table 18 Overall service coverage homeless persons in Amsterdam

PI description	Numerator	Denominator	Quotient
Overall service coverage homeless	596 ¹²³ homeless people within the catchment area of the PMHC system that receives care from ≥ 1 providers	1593 ¹²⁴ homeless persons within the catchment area	0.37

A decrease is seen in the numbers eligible for an individual trajectory (Runtuwene and Buster, 2014) which aligns with the decrease in numbers reporting at central intake (from 1647 to 1138). The 0.36 score on this indicator expresses the relationship between the homelessness strategy and new groups with lighter needs than served within the homeless chain. Several elements of output can be concluded with regard to overall service coverage. Priority needs are assessed, the majority of trajectories bypass central access and a large part of persons with access are lost after entry into the chain.

First, the city is successful in assessing persons in priority need, i.e. public mental health need. The group that does not meet the threshold, in comparison to the one that does, has fewer problems in addiction, physical and mental health. This group is also

¹²³ 596: Number of persons derived from the central intake who are discussed at the intake board (67+74) + other inflow into the chain (248+207) (both numbers from Runtuwene and Buster, 2014; 41).

¹²⁴ 1593: All persons reposting to screening central intake (632+506=1138) (Runtuwene and Buster, 2014; 10) + other inflow into the chain (248+207).

more self-sufficient in providing their own basic needs, e.g. food, washing, experiences some support from family/friends and has minimal police contact (Runtuwene and Buster, 2014). This output is explained by increased policy attention to health issues and reduction of nuisance, as well as the development of relevant instrumentation.

Secondly, the majority of the trajectories bypass the central access. Runtuwene and Buster (2013) found from 2010-2012 that persons were appointed a trajectory either through the central access (506) or through a clinician/professional or by bypassing the chain (632 persons). In 2013 the number flowing into the social relief chain but registered at the municipal intake increased. In estimating numbers in the catchment area, I added bypasses to the total number reporting at central intake. This finding is explained by the structure variable, the lack of mandate or coordinating tasks on the regional mental health level aligned with the limited focus of the city's instrumentation (person-centred approach).

Of those not accessing the chain, after central access, a large group falls out before being discussed in the intake panel. Also a relatively large group is lost between intake for housing provision and actual placement. In the second half of 2012, of 221 persons having been assessed for access, 57 were listed for longer-term provision. This can be explained by a lack of continuity in third-sector care arrangements. Accountabilities towards these parties have been described as less corporate.

The policy set a goal for the person-centred approach that by 2014 3800 persons should have received an offer in the four areas of life, including the new influx. The number with this offer over a longer period of time, in 2012, was estimated at 3236 (Tuynman and Planije, 2013)¹²⁵ indicating the city is likely to attain this policy goal, can be explained by the setting of its internal policy goals.

Policy targets have been set to prevent persons being rendered homeless as a result of problems in finance, work/daycare, worthwhile activities, social network, mental health, addiction and/or learning disabilities or after a stay as an inpatient (e.g. in mental hospital/ prison). The policy target is set on two more accountable variables: in 2014 the number of evictions should reach 60% of the eviction rate in 2005 (1064 evictions in social housing) and on release 80% of ex-prisoners should have immediate connection to suitable accommodation, with social relief as the minimum provision.

The city of Amsterdam has managed, during a financial crisis and while eviction rates in other cities are rising (Aedes, 2014), to maintain a stable decrease in evictions since 2005 and is on track for the 2014 target. With 60% of the eviction rate, implying 638 evictions, in 2013, the number of evictions out of social housing was 631. However, according to respondents, there might still be an issue with the most vulnerable being evicted. This is supported by the finding of an evaluation of early intervention to prevent evictions, 'Vroeg Eropaf'. In it, consultants from 'Berenschot' advised 'a principal discussion on the role and mission statement of housing

¹²⁵ National monitoring provides cumulative figures for those offered a trajectory since the beginning of the strategies. The 1990 one refers to the starting point of the 'support approach' in 1999. The cumulative number having had and currently offered a public mental health trajectory in national monitoring is 4967 persons. Since cases are hardly ever closed, the file contains persons who left Amsterdam, recovered fully or died. The group is highly dynamic. E.g. the total capacity of the chain in 2012 comprises 1998 beds used by 2851 persons. Epidemiologists have conducted research into the current number with an 'active trajectory'. The Public Mental Health Service from 2007-2010 identified 1928 persons who used its services within the municipal approach of the trajectory (unpublished data). This supports the idea that the cumulative total is 4976.

corporations in which the question should be central on the extent to which a corporation wishes to contribute to efforts that have a social return, but that are not directly linked to their own returns' (Baan et al., 2010).

The goal for 80% of ex-prisoners to have immediate access to suitable accommodation with social relief as a minimum is hard to assess. In 2012, of 2290 persons from the city in prison, 47 went into the chain (Tuynman and Planije, 2013) and, for 12% of those presenting at central intake, discharge from prison was the reason¹²⁶ (Runtuwene and Buster, 2013). Evaluation of cooperation in this respect between city and prisons shows the city prioritises vulnerable groups in the population leaving prison (Rekenkamer Amsterdam, 2013). The indicator for this is historically hard to assess, so my impression is that most of the time an underrepresentation is shown. In the winter initiative, persons reporting being in prison in the previous year is about 50% (cf. Hensen et al., 2013).

Mental health service coverage

Table 19 Mental Health Service Coverage in Amsterdam

PI description	Numerator	Denominator	Quotient
Mental health service coverage homeless	503 ¹²⁷ homeless persons with a serious mental illness that receives Assertive Community Treatment (ACT) or Intensive Outreach treatment	581 ¹²⁸ of homeless persons with Serious Mental Illness (SMI)	>0.87 ¹²⁹

Public mental health need is indicative of being in the city's chain. Unlike mental health, public mental health refers to an element of nuisance. This explains the high ratio of mental health service coverage, which would probably be higher if it were clear exactly what the overlap is with the 1/3 of the priority need group with serious addiction issues. In this respect, the city performs well in terms of coverage.

However, outputs measured when mental health service coverage was more narrowly defined, show a more mixed picture. Respondents indicated there is a serious issue in that mental health clients not causing nuisance simply do not get the attention they deserve.

¹²⁶ With 2/3 of the intake not having registered the cause of homelessness.

¹²⁷ Of 372 with regular access to the chain, 141 actually get on (Runtuwene and Buster, 2014), the rest refuse/ drop out. An overrepresentation of mental illness is assumed among drop-outs ($141 \cdot 0.34 = 48 + 455 = 503$).

¹²⁸ Other inflow into the chain ($248 + 207$) = 455 persons get direct access into the social relief through the mental health provider ($372 \cdot 0.34$) + (455) = 581.

¹²⁹ 34% of persons assessed to have sufficient public mental health issues to access social relief have serious mental illness. 30% of the total population that meets the threshold has addiction issues. The extent to which there is an overlap is unknown. This coefficient presumably for this reason is higher.

We are quite frustrated with the municipal way of prioritizing cases, since this happens not so much on the basis of the severity of... or the misery, but rather on the basis of nuisance and other goals. And persons that are in an institution are something that poses no problem. The fact that we are congested and that we cannot get rid of people, I notice and I have never felt that the municipality has an issue with that and that they had to solve it. (Health Services Provider)

This output is explained by the policy model, the influx of the security discourse into social relief and the increased policy attention for this subject. There is no measurable indicator at city level for discharge from mental health institutions leading to homelessness. Nationally the issue is non-existent: 2% (7 persons) reported homeless for this reason at central intake (Runtuwene and Buster, 2013; Tuynman and Planije, 2013). This might be explained by the 75% sideways inflowing and bypassing or formal access into social relief from institutions, recently becoming more visible to the local authority.

Mental health is addressed effectively in the social relief chain. It appears, however, that social relief can function to provide 'a place', since the 'back-door' of the chain has been better organised than the back-door of mental health institutions. This means independent housing is available after a minimum stay of half a year in social relief, not after such a stay in a mental health institution. This mechanism is possibly explained by the social relief sector being coordinated by the city, while mental health is regionally coordinated, which can be attributed to a trait of the structure variable.

*Improved and permanent housing***Table 20 Improved or permanent housing in Amsterdam**

PI description	Numerator	Denominator	Quotient
Temporary housing	71 clients homeless at intake, whose housing status had improved preceding the 2nd evaluation after intake ¹³⁰ . Housing status was ranked (from low to best) street – night shelter – temporary housing	126 ¹³¹ clients who were homeless at intake with a valid second evaluation	0.56 (0.73)
Permanent housing	21 clients who were homeless at intake, who lived in permanent housing preceding the second evaluation after intake. Housing status was ranked (from low to best) street – night shelter – temporary housing – permanent housing	126 clients who were homeless at intake with a valid second evaluation	0.17

A cohort study of persons in individual trajectories reveals 73% of the cohort improved their housing after this;¹³² 42 % resided in shorter-term provisions of former night shelters; 31 % have been institutionalized for the longer term. Of the 73% who improved their situation, 17% did so permanently.

Once people are in temporary housing they risk staying too long: 98% in the cohort study still had the same debts as when they got in the chain. Of those unable to assess their debt, six months later most still could not do so (Al Shamma et al., 2013).¹³³ In addition to debts, the trend of significantly fewer persons using general social work provision after being in the chain for half a year is a warning sign. In

¹³⁰ Housing status was ranked (from low to best) street – night shelter – temporary housing < 6 months (– permanent housing > 6 months).

¹³¹ 126 refers to the Amsterdam part of a cohort being followed from 2011 to 2014 (Al Shamma et al., 2013).

¹³² Once individuals have access to the chain, they are offered temporary housing. Within the provisions there are night shelters, longer-term group accommodation and independent living with support. All with a waiting list.

¹³³ This indicates that debt counselling has not yet started. Persons are only allowed to rent an independent house when at least existing debts are being worked on and new debts not being incurred. The cohort study shows almost half of persons received new fines (which become new debts).

Amsterdam the cohort percentage with social work assistance decreased from 70% to 60%.¹³⁴

From the above, we can see that outputs on temporary and permanent housing may be explained by the structure variable, lack of involvement of the housing ministry, limited involvement of the local housing department and lack of involvement of housing providers in the Amsterdam chain approach on a policy level. Residing in temporary housing may also be attributable to lack of debt counselling or social work services: the former provided by city districts and department of work and social benefits, the latter by city districts. Underdevelopment of city districts' local care networks as an important instrumentation has been described and is an explanatory variable. Finally, lack of accountable agreements with temporary housing providers might affect this output.

The 2014 Amsterdam target, that outflow from municipal-funded residential facilities be bigger than inflow, has not been met. In 2013 demand was bigger than supply. Runtuwene and Buster (2014) conclude a (known) demand side of at least 409 to be larger than the number of beds (296) available per semester.¹³⁵

The policy has also been targeted at right-person-in-right-place (bed). Apart from assessment at central intake differentiating between high need (allowed in) and lower need (not allowed in), there is no indication of success or failure in this respect after initial intake. The official outflow does increase but is limited. In the last semester of 2012 89 persons flowed out of the social relief provisions via the official route (UMO¹³⁶ en BWA¹³⁷). Over the past three years, this is an increase from 73 to 89 persons per semester. The non-official outflow (independent moving into own flat, prison or mental hospital, departure into own network/without known destination or dying) is 262 in the last semester of 2012.¹³⁸

Relapses should have fallen by the use of social relief to 50% of the number in 2010 but have actually increased. In the first semester of 2010 relapses were 118 persons (35% of total inflow), in the second semester of 2013 this number had risen to 129 (40% of total inflow) (Runtuwene and Buster, 2014).

Policy goals on participation are that at least 90% of people applying for social relief will be in daytime activities at least three half-day sessions per week. These results are promising: 86% now have some form of day-care. As discussed above, data from the trajectories cannot provide all the information required for this study. However, the estimate that 64% of persons who have taken up a stable offer of provisions since 2006 also participated in daycare can be seen as indicative of success.

¹³⁴ Social work provisions are provided by general provisions the risk of this is that, once persons move on, which is often, support stops. On the other hand, the policy objective is that general provisions should not be able to free their hands of the responsibility of also serving these persons (e.g. Pilot Madi, cf. Lauriks, 2012).

¹³⁵ In 2013 the demand side was estimated at 450 persons.

¹³⁶ UMO Uitstroomtafel Maatschappelijke Opvang which is translated as 'outflowable social relief'.

¹³⁷ BWA Begeleid Wonen Amsterdam which is translated as 'supported housing Amsterdam'.

¹³⁸ Night shelters used to be a low threshold provision (max stay 7 nights). In 2012, only persons in a trajectory are allowed to stay there, while awaiting more suitable provisions. The average stay is half a year. In more permanent temporary housing the average stay is approx 3 years (Runtuwene and Buster, 2013).

Conclusions on Amsterdam output

In 2013 a decrease in persons reporting at central intake was visible, as well as a decrease in the number eligible for an individualised social relief trajectory (Runtuwene and Buster, 2014). Public mental health need is indicative of being included in the Amsterdam chain, which explains the rather high ratio of mental health service coverage. Priority needs appear to be assessed successfully; however, the majority of trajectories bypass central access, a relatively large number are lost after access and anticipated influx appeared to be half of the actual influx in 2013. Homeless persons offered integrated trajectories are highly likely to be offered an improvement in their housing situation (73%), however, only a small number are offered permanent solutions out of homelessness (17%).

6.5 Varying outcomes

More specific policy goals on prevention, recovery and participation have not been met in full. While objectives on day-care are nearly met, the goal for ex-prisoners has to be assessed in relation to complex policy issues. To date local level networks are not well embedded in homelessness networks impacting on the expertise available for the provision of preventative/rehabilitative services to potential homeless persons. Relapses have increased. It is difficult to get detailed insight into active trajectories. While congestion (Interdepartementaal Beleidsonderzoek 2003) is a complex issue (a policy goal in the phase 2 of the strategy), most effort in terms of output has been targeted at social relief. At the end of the eight-year strategy, the question remains of whether, with the policy implemented at the time (2006), the G4 strategy on homelessness (PvA MO) has not simply added to congestion. All Amsterdam policy outputs can be explained by one or more of the three governance arrangements (see appendix).

In this study, outcome is conceptualized as perceived benefits to clients (impact on rough sleeping, number of homeless persons) and community. As this second variable is less tangible, I have also referred to the impression of public support for the local homeless policy as expressed by respondents and perceived in the documentation available. Within the Amsterdam findings there appears to be a strong focus on nuisance. Not only in its instrumentation and underlying policy model, but also in the way outcomes are measured. I will start by describing the rates of homelessness in this context.

Apparent decrease in reported homelessness but slight increase in rough sleeping

In 2013 the number reporting as homeless has decreased. In 2012 the total number reporting at central access was 1647 persons: in 2013 it was 1138. The anticipated influx appears half the actual influx in 2013 (596 instead of approximately 300 persons). However, this decrease is not necessarily related to the decrease in the number of homeless people, but to a change in registrations and workflows. From 2013 only persons with public mental health need are referred to central intake – previously it was everyone with housing need. Therefore this outcome is explained by the policy instrumentation.

The target was that by 2014 the number of rough sleepers would be 50% of that in 2010 (Tweede Fase Plan van Aanpak MO). However, the trend is in the wrong direction. In 2010 about 55 persons entitled to benefits were sleeping rough, dropping

to 40 in 2011 but rising to 70 in 2012. The total estimated sleeping outside per night, including those non-eligible to services has been estimated at 190 in 2010 and 185 in 2012, most of whom are not entitled to social relief (cf. Hensen et al., 2013).

Much effort for public visibility of reduced nuisance

Amsterdam policy has repeatedly made the business case for investments in care to lead to lower spending on the police. Monitoring (Maas e.a., 2007, 2008, 2009; Tuynman et al., 2011, 2012, 2013) shows that the homeless policy (2006-2013) aimed, among other objectives, to reduce nuisance and criminal behaviour by the public mental health target group by 25% by 2013. In 2007 it was reported that nuisance and criminal activities by this group of 3000 decreased to 66% because of the policy over time (Van Wifferen et al., 2007). In 2010 one of the city-peers in the G4 Strategy, Rotterdam, claimed nuisance by homeless persons had been reduced by over 65% and the financial impact on society was twice as high as the investments made into phase 1 of the Rotterdam Homelessness Strategy. One euro spent on social relief saved two euros spent on police.¹³⁹ Cebeon (2011) made a Dutch business case showing that 'social relief is better and more price wise than the street: also by providing adequate shelters, coordination and after-care the social relief policy contributes to the fact that savings of considerably higher costs in other areas, more specific care and safety, are avoided'.

Tuynman and Planije (2013) report in their G4 monitoring that repeat offenders with a support offer in all four areas are less criminal than peers involved in care without an integrated offer. The Amsterdam regional safety report states that of 453 repeat offenders asked on 1-1-2013, 212 belong to the target group. Of those 68 (32%) use a person-centred approach stable offer: 23 use the offer, but not in all areas. There was insufficient information on 121 and/or it was evident that there is no use of a stable offer (Regionale Veiligheidsrapportage, 2013-1).

Complex configurations within the Amsterdam political and administrative realm have led to a situation in which police officers say they are responsible for cases where they feel they should not be needed. This section has also referred to unnecessary criminalisation of individuals. Care professionals have said that treatment is delayed and vital information about patients is lacking. The outcome findings in this section are explained by the policy variable, its targets and policy model, as well as the management variable, the relationship between politics and administration.

Serving the neediest and most dangerous individuals in society

By prioritizing the worst and best, providers and service users will be constructed as being or providing for the neediest and most dangerous in society. In this context, I am referring to specialist approaches that remain in place when no alternatives are available. These choices impact practice in return. One clinician offered this example to me in which he/she illustrates the limits of influence.

An example is set by adjustment disorders; these are no longer financed when you diagnose them. Then people will tell you you have a depression, while this possibly isn't even the case but because this is still being financed. Look, my fear is that because as a big group we are all doing that probably, at some point, the insurance will say 'we will

¹³⁹ <http://www.rotterdam.nl/rotterdamseaanpak:resultaten20062010>.

not finance this depression anymore either'. But the thing is that you do this because you just want to give people this help because you think, it would be great if the system would work out the way it should or has been designed, that the generalist mental health provision will do this task or the practice nurse, that would be good, but that of course isn't, it isn't realistic that that will happen like that in a hundred per cent of the case's. (Health Services Provider)

This illustrates how, when money is moved from the specialist function to the generalist function, the initial or eventual professional response will be to 'make up' a different severe specialism (*'but that of course isn't realistic that that will happen'*) so practice will make sure it is not disturbed too much by policy, while in this case the policy merely impacts upon statistics in the wrong direction.

One service user explains the effect of this – either not being helped at all or, once you have fixed it, you can have it all. This service user has been homeless without being assessed as in priority need for three years, using a long-term low threshold bed in the 'passantenverblijf'.¹⁴⁰

And if you do get an assessment, then you are entitled to everything, then you can use anything. sometimes you run from pillar to post, but once you get your way like I did, because I happen to have got that assessment by accident, then you are helped with everything. (Service User Perspective)

Only when he had been assessed as mentally ill was he given a *Housing First* house with support.

Conclusions on Amsterdam outcome

From the study of Amsterdam outcomes we have learned that the scope of measurement and research is limited. Outcomes are hardly measured and numbers on reducing of nuisance are communicated. As a possible side effect of this, individuals and/or groups are unnecessarily criminalised. This chapter has also investigated the way strong political influence impacts upon the knowledge base of policy. Numbers and statistics are estimated and extrapolated in the best interests of society. By prioritizing the worst and best, providers and service users remain constructed as being or providing for the neediest and or most dangerous in society. These choices also impact on practice and individual assessment procedures and can be seen as unnecessary medicalisation. These outputs are clearly explained by policy and by management variables.

¹⁴⁰ 'DWI-bed'. Bed in a shelter provided municipal department of work and social benefits.

7. Comparative analysis of empirical findings

This chapter will compare the existing variation in the quality of outputs and outcomes in terms of efficacy. This will be possible by the answering of the third, fourth and fifth sub-questions. The third sub-question, and first empirical question, concerned what exactly is the variation between metropolitan governance arrangements with regard to homelessness. Chapters 4, 5 and 6 presented the information to answer this question. This information is summarised in this seventh chapter in three graphs. The fourth sub-question concerned the actual variation between metropolitan governance arrangements with regard to the quality of outputs and outcomes of homelessness strategies. The output and outcome sections of the empirical chapters will accordingly be subject to a comparative analysis. This chapter also holds the answer to the fifth question, the third empirical sub-question: what variation in outputs and outcomes of homelessness strategies is actually explained by the observed variation in governance arrangements? This question is answered through the testing of three hypotheses. Ultimately, the answer to the five sub-questions contribute to the final answer to the main research question in chapter 8.

7.1 Variation in governance arrangements

The third sub-question, and first empirical question, concerned what exactly is the variation between metropolitan governance arrangements with regard to homelessness. The chapters 4, 5 and 6 hold the evidence to the answer to this question. This evidence is in this seventh chapter summarised within three graphs. In chapter 3 tables 5 to 13 have been drawn up to provide an overview of the indicators that measure the variation in interventions within a governance arrangement. The tables 21 to 29 below show how the cases have been assessed on the basis of the empirical evidence, on each of the elements. The individual scores of each case have been explained within the concluding sub-sections of each of the empirical chapters that hold these case studies.

Table 21 Variation per case in the policy goals of the governance arrangement on homelessness

	<i>Scandinavian (Copenhagen)</i>	<i>Continental (Amsterdam)</i>	<i>Anglo-Saxon (Glasgow)</i>
1. POLICY GOAL	The setting of internal policy goals		
	Focus: ending complex groups living on the streets	Prevention, through and outflow. Generalist. Setting of internal goals	Provide support, advice, assistance, no priority need, prevention, permanent re-housing, reduce offending. Previously: internal goals
Score	0	2	1

Only in Amsterdam is there a specific internal policy target for the integrated service coverage of homeless persons. This integrated service coverage requires the relevant services from within the municipality – initially the municipal health department and

also the social benefits department – to offer services in alignment with external services, such as (temporary) housing and general or psychiatric health services. The Amsterdam internal goal emphasises the importance placed on the steering role being executed by the city itself. This incentive can also be seen in the Glaswegian case in which in the preceding strategy period internal goals with relation to an integrated approach of homelessness had also been set. However, the Glaswegian case has been awarded lower scores than the Amsterdam case in this respect, since the Glaswegian goals were set in the former policy period and therefore risk not being prioritised in the current timeframe. The Copenhagen case has shown no sign of an internal policy goal addressing the clear issues in terms of integration, for example, between the homelessness office and the department for work and social benefits.

Table 22 Variation per case in policy instruments of the governance arrangement on homelessness

	<i>Scandinavian (Copenhagen)</i>	<i>Continental (Amsterdam)</i>	<i>Anglo-Saxon (Glasgow)</i>
2. POLICY INSTRUMENT	The setting of instrumentation tuned to the policy goals		
	Relevant instrumentation (HF) proposed but mitigated: not for complex groups. Stopgap measures proposed (no 'stick'). Integrated needs assessment and reference to inter-institutional cooperation	Direct, person-centred, coordination on inflow; assessment procedure, local care networks unprepared; health and security instruments	Detailed guidelines for direct social work, partnership housing
Score	1	1	2

The case of Glasgow is the clearest example of a case in which targets have only been set (such as providing advice and assistance to prevent statutory homelessness and to solve statutory homelessness) that can be attained by the city's instrumentation. There is less such coherence visible between the goals that have been set in Amsterdam and the instrumentation proposed for them. The city of Amsterdam sets goals in relation to prevention and through-flow as well as rehabilitation. Local care networks were to be the main method of instrumentation, which were within the same policy (as explained in chapter 6), but were not well prepared for this task. Also, whilst policy goals have been targeted at prevention, through-flow and outflow and sustainable recovery, the municipal strategies to coordinate the person-centred approach were actually more successful at institutionalising people. These two examples illustrate how the Amsterdam instrumentation is not fully tuned in to the city's policy objectives.

In the Copenhagen case, we have witnessed the setting of a clearly targeted goal, with a focus on ending living on the streets by complex groups. The city's most important and likely to be relevant instrumentation is Housing First. However, the city's policy initially seems to exclude complex groups from this instrumentation and alternative instruments are proposed. The instrumentations supposed to be used to

solve the issue of complex groups living on the streets have been characterised as stopgap measures, not leading to long-term solutions that take people out of homelessness. Also, like in the Amsterdam case, an integrated needs assessment has been developed. Also in its proposed instrumentation this city does mention to desire working under one direction, inter-institutional cooperation and the social care plan can also be seen to display the addressing of fragmentation.

Table 23 Variation per case in the policy models of a governance arrangement on homelessness

	<i>Scandinavian (Copenhagen)</i>	<i>Continental (Amsterdam)</i>	<i>Anglo-Saxon (Glasgow)</i>
3. POLICY MODEL	The number of policy models supportive of goals/the total number of policy models		
	(1) Focus on treatment; no double diagnoses (-). (2) Mentality: homeless strong individual lives good life in the streets (-)	(1) Resilience of old image (specialist/ generalist (-). (2) Influx security domain in social relief (-) (3) We can do it (+)	(1) Generalist (+), (2) self-responsibility and (un)deserving poor (-)
<i>Score¹⁴¹</i>	<i>0 supportive policy models/ a total of 2 policy models (0/2=0)</i>	<i>1 supportive policy model/ a total of 3 policy models (1/3=1)</i>	<i>1 supportive policy model/ a total of 2 policy models (1/2=1)</i>

In Copenhagen the policy model of permissiveness explains the lack of the 'stick' (Fenger and Klok, 2008). In addition, the disparity in policy models between local and national government in respect of addiction impacts upon the effectiveness of this city's policy. In Amsterdam, the increased discourse on security in homelessness policy accounts for the choice of this type of instrumentation (as well as the participation of the police in the municipal network). The focus of the coordinated strategies on the most severe groups in the city is also in line with a policy model that reflects the strength of the old image of homelessness as well as the discourse on security risk. This hinders the opportunities to achieve prevention and rehabilitative policy goals. In Glasgow, the policy model that I have referred to as the undeserving poor accounts for instrumentation and exclusion mechanisms that stem from anti-social behaviour orders. Still, the Glasgow case has also been assessed for its second, generalist policy model which coheres with its policy instrumentation of housing options and the policy's strong focus on prevention.

¹⁴¹ In the variable on the policy model the indicator expresses the number of supportive policy models. Since these make up mathematical fractions (e.g. ½, 2/2), the possible outcome can never be more than one. For this reason I have assessed a score above zero (0) and below one (1) as one (1). A score that equals one (1) indicates that all policy models in this particular case are supportive of the policy and is accordingly assessed with a score of two (2).

Table 24 Variation per case in the allocation of responsibilities in the governance arrangement on homelessness

	<i>Scandinavian (Copenhagen)</i>	<i>Continental (Amsterdam)</i>	<i>Anglo-Saxon (Glasgow)</i>
4. ALLOCATION RESPONSIBILITIES	The degree to which important aligning policy actors are involved in governance arrangements on homelessness ¹⁴²		
	Multi-level governance [archipelago]: seemingly decentred, hardly structural, integrated embedding nor mandates on housing, income, health or justice	Multi-level governance: strong decentralising intentions, local centralising response. Police, income and health involved. Housing less so.	Centralised. Housing, income, justice involved. Involvement of health more complex.
<i>Score</i>	<i>Low: all four relations problematic = 0</i>	<i>Medium: three out of four involved= 1</i>	<i>Medium: three out of four involved= 1</i>

Amsterdam has been shown to have a policy of aligning state policy sectors with each other. Whilst confronted with both a highly fragmented and multi-levelled structure. The difference between the Scandinavian and the continental cases in this respect has been the degree to which the (lack of) integration has become part of the policy approach itself. In the continental case, an internal policy goal to address the lack of integration was set, whilst in the Scandinavian case there was a lack of the policy domain gaining wider or more integrated political support in the first place. In the Anglo-Saxon case, both the national directive to work in partnership as well as the necessity to start from a mixed economy of care might have led to the most integrated approach. Besides the national and the local authorities, in this case also health, housing associations and private funding are seen to contribute to the goals of the homelessness policy.¹⁴³

It has been possible to assess whether important policy actors are involved or not through measuring which actors are actually involved. In the Copenhagen case, that seemingly sets the example of a decentred case, there is hardly any structural integrated embedding nor have mandates been set on the required responsibilities for housing, health or justice to be involved in the arrangement. For this reason the score allocated is zero. In the Amsterdam case, three (health, justice and income) out of four are involved within the arrangement, for which reason this case has scored one.

¹⁴² Relevant policy actors to be involved in an integrated governance arrangement on homelessness are the health, housing, income and justice actors.

¹⁴³ However, there appears to be an issue at stake here in respect of health policy. For example, both accountability and organisational issues have led to social/municipal budgets not being able to take more responsibility for social issues that to date have just been addressed by health budgets, making it harder to implement an integrated approach at the local level.

In the Glasgow case, with a focus on housing, the justice and income silos appear easier to involve than health, which has therefore also led to a score of one.

Table 25 Variation per case in the allocation of budgets in the governance arrangement on homelessness

	<i>Scandinavian (Copenhagen)</i>	<i>Continental (Amsterdam)</i>	<i>Anglo-Saxon (Glasgow)</i>
5. ALLOCATION OF BUDGET	The degree to which the allocation of financial responsibilities over the levels of governance enhances the efficient spending of the arrangement		
	Patchwork of financing structures (mean lost during course of strategy)	Multi-levels, local additional prioritising (protection within the specialist arrangement of a specific budget for homelessness only)	Mixed economy of care, much centralised budget, still interplay of 'corrective mechanisms' decrease local efficiency
<i>Score</i>	<i>Inefficient spending (0)</i>	<i>Inefficient exclusivity (0)</i>	<i>Efficient spending somewhat mitigated (1)</i>

Mental health services in Copenhagen for the target group have a patchwork of financing structures, not only stemming from health but also from the municipality and the Ministry of Social Affairs and Integration. The political reluctance towards a harm reductive approach also impacts forms and management of treatment available for addiction. Mental health is only partly decentralised, possibly only temporarily, and could be allocated to national level. Examples have been presented of inefficient spending as a result of the patchwork of financing structures.

In the continental case budget exclusivity poses questions of wider municipal efficiency. The administration aims to integrate care for elderly, intellectually handicapped and homeless people to allocated responsibilities in conjunction across each area. For this, strategies of the self-sufficiency matrix and efforts to work with profiles are implemented, but no fundamental choices have yet been made.

Within the centralised, adversarial and deprived context of the Anglo Saxon case, its most¹⁴⁴ ambitious social model in relation to homelessness has clear limitations. However, the council is not out of the picture entirely and has taken on coordinating tasks. At the same time and attributable to this management-style, innovative initiatives are taken and are visible at other levels (e.g. Scottish government, NHS) and also non-governmental local initiatives are present.

¹⁴⁴ Cf. Serpa and Anderson (2013).

Table 26 Variation per case in the networks and relations with society of the governance arrangement on homelessness

	<i>Scandinavian (Copenhagen)</i>	<i>Continental (Amsterdam)</i>	<i>Anglo-Saxon (Glasgow)</i>
6/7. NETWORK/ RELATIONS SOCIETY	The degree of the heterogenic nature of the network, indicating more effectiveness in the prevention and recovery of homelessness		
	Corporatist. Archipelago and homogeneous, longstanding relations. Officially sanctioned interest groups involved. Third-sector parties independent and do not always support the policy. Relations with shelter providers, with national administrative level only	Pluralist-corporatist. More homogenic than heterogenic, longstanding relations Effective coordination through involving all Institutionalised coalitions, limited focus on housing	Pluralist. More heterogenic, detached (fewer longstanding relations), focus on housing Vital and at times antagonist society More detached relation with shelter providers, investment in relation housing partners
<i>Score</i>	<i>Homogenic, less effective 0</i>	<i>More homogenic than heterogenic. More effective (1)</i>	<i>Most heterogenic, most effective (2)</i>

In the preceding chapters we have seen how the concept of the pluralist-corporatist model appears to be very helpful in understanding what constitutes Amsterdam's management or coordination. We have also witnessed the official sanctioning of interest groups by the government, characteristic of a corporatist structure, which can indeed be seen in the Copenhagen case. In this particular case, NGOs are actually key players; however, opportunities for the local authority to involve or change these are limited, for reasons of multi-level structures. In this context of particular influential networks, working in partnership appears to require much argumentation and discussion in practice. Particular influential parties in the network have appeared to not always support the policy that is to be implemented, also within their own voluntary organisations. And these parties tended to have a rather independent position in relation to the local authority which makes balancing within the (ultimately national) network therefore part of the municipal role. The homogeneous constellation of this particular network has been scored as zero because of a lack of involvement of more mainstream partners that are expected to contribute to the prevention of homelessness (cf. Pawson, 2007),

And we have seen how the most options to work with mainstream partners exist in Glasgow where homelessness services such as the street work team are tendered, which aligns with the theoretical assumption about this city council that establishes arenas and gives each group equal chances of winning, in line with the pluralist model (cf. Pierre and Peters, 2000). In the Glaswegian case, we have seen an example of a situation where the market and civil society play a prominent role and where a strong reliance on various forms of self-organized, voluntary types of governance (cf. Painter and Peters, 2010) are happening in reality. For its achievement in involving more

mainstream and various other partners in its network, which in the literature is an indicator of success in preventing homelessness, Glasgow has been assessed with a score of two.

Table 27 Variation per case in the relationships between administration and politics in the governance arrangement on homelessness

	<i>Scandinavian (Copenhagen)</i>	<i>Continental (Amsterdam)</i>	<i>Anglo-Saxon (Glasgow)</i>
8. RELATIONS ADMINISTRATION AND POLITICS	The degree to which the relationship between administration and politics is distinct, flexible (close) or somewhere in between, indicating the latter as the most positive relationship.		
	Highly flexible relationship between administration and political institutions embedded policies	Relatively informal and interwoven. Political criteria and elements of bureaucracy dominate policy	Rigid rules in relationship to administration and politics, finance and fear that dominate policy, distinct relationship, rigid rules apply
<i>Score</i>	<i>Flexible (1)</i>	<i>Flexible (1)</i>	<i>Distinct (1)</i>

The relationship between administration and politics can be characterised in different settings as either close or distinct, with politics and society having much or little impact on policies. I propose a rephrasing of these concepts on the basis of my empirical study into rigid, instead of distinct, and flexible, instead of close. Cases vary on these archetypes from most rigid rules applicable to relationships (which I found to be the case in Glasgow, thus scoring of one) to highest flexibility required in the management of relationships (that appeared to be the case both in Amsterdam and Copenhagen, thus scoring one as well). In this study I have not found any evidence for the ‘most preferred relationship’ (cf. Painter and Peters, 2010) in which a realistic balance between commitment and competence would be the case.¹⁴⁵

¹⁴⁵ However, a more specific focus on ‘what dominates in policy’ has appeared to be very helpful in understanding the variation and dynamics of the governance arrangements related to efficiency, discussed in section 7.3.

Table 28 Variation per case in the discretion of civil servants in the governance arrangement on homelessness

	<i>Scandinavian (Copenhagen)</i>	<i>Continental (Amsterdam)</i>	<i>Anglo-Saxon (Glasgow)</i>
9. DISCRETION CIVIL SERVANT	The number of prescriptive pages in policy documentation available on different levels of expertise: number of pages local/ number of pages national		
	Lawyer in context with emphasis on political criteria. Danish Strategy to Reduce Homelessness 2009–2012: 20 pgs. Copenhagen policy sheets: 58 pgs. [58/20 - 2,9]	Legislating manager. A'dam letter of the Social Support Act (2007): articles 1 and 20: 3 pages. Amsterdam translation of the G4 strategy: 20 pages [20/3 = 6.66]	Manager. Scottish Executive, code of guidance on homelessness (2005): 129 pages; Glasgow Homelessness Strategy 2009-2012: 57 pages [57/129 = 0,44 ¹⁴⁶]
<i>Score</i>	<i>[medium] 1</i>	<i>[highest] 0</i>	<i>[lowest] 2</i>

In this study I have found evidence for very distinct conceptions of the civil servant, indicating that the likelihood that this variable can explain the variation in efficiency outcomes is high. In the Anglo-Saxon case, I observed the lowest level of discretion for the civil servant and the most national direction in this respect. The result on this variable is expressed by the level of detail of the central documentation, such as the detailed Scottish code of guidance on homelessness, compared to the (required) detail at the local level when so much clarity about what to do and what not to do is given on this central level.

In this case, clear examples have also been given of 'anti-étatist institutions' (cf. Painter and Peters, 2010: 21). This expression of distrust towards a politically non-accountable role, such as the civil servant, results in the lowest discretion-making capacity to be allocated to this level (see also management section, Glasgow). As a consequence both of the financial situation as well as of centralised and political decision-making, the room for manoeuvre for individuals can be very limited with administration being mainly reduced to procedural manners.

An alternative conception has been described in the Scandinavian case in which much discretionary room is attributed to civil servants to come up with the best solution for society that is clearly expected to be embedded within political and societal demands and not for civil servants to operate as technocrats. This provides strong support for the conception of the civil servant as a lawyer in this administrative tradition. Still, in this respect the Scandinavian case appeared to have more clarity in terms of national direction available to the work of the civil servant than in the continental case. In the continental case, the room for civil servants to draw up their own plans appeared to be the highest.

¹⁴⁶ Glasgow Housing Strategy 2011-2016: 1 page. The table of contents of the Scottish Code of Guidance on Homelessness (2005) can be found in appendix 6.

Table 29 Variation per case in the conceptions of accountability in a governance arrangement on homelessness

	<i>Scandinavian (Copenhagen)</i>	<i>Continental (Amsterdam)</i>	<i>Anglo-Saxon (Glasgow)</i>
10. ACCOUNTA- BILITY	The degree to which more corporate conceptions of accountability are part of the governance arrangement, indicating more focus on the actual efficacy of policies		
	Emphasis on political criteria. Strategy's strengthened accountability mechanisms function in a less corporate, more noncommittal context	Accountability mechanisms impacted by politics and society	Corporate-style. Law provides clarity on responsibilities
<i>Score</i>	<i>Less corporate (0)</i>	<i>Less corporate (0)</i>	<i>More corporate (2)</i>

I have found strong evidence for the idea of negotiated conceptions of accountability (cf. Frederickson and Smith, 2003) in all three cases, which implies that, even though I do see differences in terms of accountability, this seems to be somewhat mitigated by the specifics of a complex social issue, or wicked social problem.

According to theorists, a more contractarian notion of the state, in which state and society are not intertwined and the contract between state and society is limited, can also be seen to be reflected in the corporate management of these relations. However, as in the Amsterdam and Copenhagen contexts, in the Glaswegian context it also appeared difficult to set outcome targets for sheltered provisions. In the management section of the Glaswegian chapter, we have also seen that when contracts, service specifications and agreements have actually been set up it is the sheer availability of legal assistance within the administration that requires priorities to be set on which services receive the majority of attention. In practice, therefore, the resulting agreements and management will sometimes not be very different from the Amsterdam model/practice.

The comparison of the three cases on characteristics of their governance arrangements has been summarised within three graphs. These graphs illustrate each of the three governance arrangements and how they differ in terms of what matters in these arrangements. These graphs will also appear to be very helpful in the testing of hypotheses. For example, it can be seen below within the Copenhagen governance graph that there is the least relevant activity within the first quarter, indicating only to some degree that internal goals or instrumentation tuned to these goals have been set, nor is any supportive policy model apparent. For the Amsterdam case, some more activity is visible within the first quarter of the graph, with the highest level of activity on the setting of internal goals and also some progress on the setting of realistic goals. However, in Amsterdam there appears to be little support between the policy goals and its model. In the Glasgow case some activity can be seen on the setting of internal policy goals, with the most in terms of tuned-in instrumentation and also activity on the containing of the most support within the policy models of the three cases.

Figure 7 A graphical representation of differences between governance arrangements



7.2 Variation in the quality of outputs and outcomes

This section holds the answer to the fourth sub-question: what is the variation in outputs and outcomes of governance arrangements on homelessness? To answer this question, the output and outcome sections of the empirical chapters are subject to a comparative analysis.

Overall service coverage

The first indicator of the quality of outputs has been the Public Mental Health Care indicator of the level of integrated services being offered to homeless persons in a certain area. Table 7.10 provides an overview of the findings with regard to this indicator.

Table 30 Overall service coverage in Copenhagen, Glasgow and Amsterdam

	Numerator	Denominator	Quotient	No. of Inhabitants
Copenhagen	879 homeless persons within the catchment area of the PMHC system who receive care from ≥ 1 providers	1630 homeless persons within the catchment area	0.53	548.443 0.29% of inhabitants homeless
Glasgow	3428 homeless within catchment area of PMHC system that receives care from ≥ 1 providers	6182 homeless persons within catchment area	0.55	580.000 1,06% of inhabitants homeless
Amsterdam	596 homeless people within the catchment area of the PMHC system that receives care from ≥ 1 providers	1593 homeless persons within the catchment area	0.37	811.185 0,19% of inhabitants homeless

In this comparison, the city of Glasgow stands out for the sheer number of homeless persons it is confronted with. The number of homeless persons in Copenhagen (1630) is very similar to that of Amsterdam (1593). Glasgow also contains the highest number of homeless persons (6182) as a percentage of the total population (1.06%). Of the homeless people in the three cases, those in Glasgow receive care from more than one provider more often (0.55) than those in the other two cities.

COMPARATIVE ANALYSIS OF EMPIRICAL FINDINGS

Mental health service coverage

Table 31 **Mental health service coverage in Copenhagen, Glasgow and Amsterdam**

	Numerator	Denominator	Quotient
Copenhagen	92 homeless persons with a SMI ¹⁴⁷ that receive ACT ¹⁴⁸ or Intensive Outreach treatment	902 homeless persons with SMI	0.1
Glasgow	> 431 homeless persons with a SMI that receive ACT or intensive outreach treatment	> 661 homeless persons with SMI	>0.65 ¹⁴⁹
Amsterdam	503 homeless persons with a SMI that receive ACT or Intensive Outreach treatment	581 of homeless persons with SMI	>0.87

Of the three cases, the Copenhagen governance arrangement on homelessness has the lowest quality in output of mental health service coverage. The opposite is the case in Amsterdam, which has the highest score. There is also much to indicate that the Glaswegian score should be higher and align more with the Amsterdam score than is shown here, due to the score being based on the service coverage of one particular outreach service only.

¹⁴⁷ Serious Mental Illness.

¹⁴⁸ Assertive Community Treatment.

¹⁴⁹ This ratio indicates homeless clients working with the homeless mental health team only. Homeless clients working with community mental health teams or other specialist teams are not included in this ratio. This means that this quotient is considerably higher than it appears here.

Temporary housing

Table 32 Temporary housing in Copenhagen, Glasgow and Amsterdam

	Numerator	Denominator	Quotient
Copenhagen	569 clients who were homeless at intake, whose housing status had improved preceding the second evaluation after intake. Housing status was ranked (from low to best) street – night shelter – temporary housing	1630 clients who were homeless at intake with a valid second evaluation	0.35
Glasgow	999 clients that were homeless at intake, whose housing status had improved (...).	8621 clients that were homeless at intake with a valid second evaluation	0.11
Amsterdam	71 clients homeless at intake, whose housing status had improved (...).	126 ¹⁵⁰ clients who were homeless at intake with a valid second evaluation	0.56

Permanent housing

Table 33 Permanent housing in Copenhagen, Glasgow and Amsterdam

	Numerator	Denominator	Quotient
Copenhagen	277 clients that were homeless at intake, who lived in permanent housing preceding the second evaluation after intake. Housing status was ranked (from low to best) street – night shelter – temporary housing – permanent housing	1630 clients who were homeless at intake with a valid second evaluation	0.17
Glasgow	2943 clients that were homeless at intake (...) permanent housing	8621 clients (...) with a valid second evaluation	0.34
Amsterdam	21 clients who were homeless at intake, (...) permanent housing	126 clients (...) with a valid second evaluation	0.17

The comparison of these three cases shows that Glasgow has the lowest level of improvement in the housing situations of homeless persons, relatively speaking.

¹⁵⁰ The number of 126 persons refers to the Amsterdam part of a cohort of Dutch homeless persons in the four largest cities being followed from 2011 to 2014 (Al Shamma et al., 2013). This appeared the only and most feasible way to achieve a relevant quotient for the housing ‘streams’ in the Amsterdam case.

However, of those that do, the majority are offered permanent solutions out of homelessness over temporary solutions in terms of housing. The Amsterdam case has the highest level of improvement in the housing situations of homeless persons (0.73), although more solutions are offered in temporary housing (0.56) than in permanent (0.17) housing. In the Copenhagen case, half the homeless persons improve their housing situation (0.52), with the largest number of the solutions offered being temporary solutions (0.35).

Outcomes in perspective

Table 34 Rough sleeping in Copenhagen, Glasgow and Amsterdam

	<i>Copenhagen</i>	<i>Amsterdam</i>	<i>Glasgow</i>
Rough sleeping	164-250 (2013)	185 (2012)	473 (2013)
homeless persons in catchment area (from table 7.10)	1630	1593	6182
% of homeless persons in catchment area	10-15%	12%	8%

When the numbers of rough sleepers are compared for the three cases we learn that Glasgow has the most rough sleepers. However, when this information is placed in perspective of the task this local governance arrangement is actually faced with – the total number of homeless persons in the catchment area – this is the lowest of the three cases in percentage terms.

An added complexity in this variable is the issue of having reliable figures. For Copenhagen, it has been pointed out that there is uncertainty around the number of rough sleepers. In 2013 evaluators reported that 250 persons were sleeping on the streets, but the same researchers also indicated that they were only sure about 164 individuals sleeping rough.

Another relevant element in terms of governance is the issue of local connection. The majority of goals and instruments of the governance arrangements on homelessness that have been studied are targeted at homeless persons who are legally entitled to welfare services in the particular city or country. In some of the available counts of homeless persons sleeping rough this issue has been taken into account. For the Copenhagen case, it is said that possibly only 129 of the 164 to 250 persons sleeping outside are entitled to homeless services (cf. Rambøll and SFI, 2013). For the Amsterdam case this number has been estimated at 70 persons (cf. Hensen et al., 2013). Whilst the Amsterdam quality of outcome is similar to the Copenhagen case in the total percentage of rough sleeping, those eligible to services and targeted by the arrangement in Copenhagen sleep rough two times more often than those in Amsterdam (8% vs 4%). For the Glaswegian case it is unknown whether there is a bias for the total number having slept rough more often as an outcome than homeless persons with a local connection¹⁵¹.

Another outcome concerns the number of homeless persons in a city. In Copenhagen we have seen an increase in the total number of homeless persons, including those in institutions (Rambøll and SFI, 2013). In Amsterdam a decrease in the number of homeless persons eligible for an individualised social relief trajectory is the case. As a result of addressing the needs of more severe groups, a lighter group

¹⁵¹ In the Glasgow case there is similar outcomes (6%) when this is compared to the total number of homelessness assessments (8142) or the ones with local connection (7346).

now reports as homeless (Runtuwene and Buster, 2014), possibly also caused by the economic recession. These persons are served outside the Amsterdam homelessness chain. In Glasgow a decrease in homelessness applications has been seen, which is also attributable to the offering of alternative housing options before being assessed as statutory homeless. Table 35 summarises the comparative findings about outputs and outcomes in this section.

Table 35 Summary of the quality of outputs and outcomes compared for Copenhagen, Glasgow and Amsterdam

	<i>Copenhagen</i>	<i>Amsterdam</i>	<i>Glasgow</i>
Integrated service coverage	0.53	0.37	0.55
Mental health service coverage	0.1	> 0.87	> 0.65
Temporary housing	0.35	0.56	0.11
Permanent housing	0.17	0.17	0.34
No. of homeless persons in catchment area (% No. inhabitants)	1630 (0, 29%)	1593 (0, 19%)	6182 (1, 06%)
% of homeless persons in catchment area sleeping rough	10-15%	12%	8%

7.3 Testing three hypotheses

This section holds the answer to the fifth sub-question: what possible variation in outputs and outcomes of homelessness strategies is actually explained by the observed variation in governance arrangements? This question is answered through the testing of three hypotheses. At this point I will embark on the testing of the first hypothesis.

Specific variations in governance arrangements on homelessness impact upon their efficacy in terms of service coverage (first hypothesis)

In the empirical chapters, the specific variation that in these cases explains the quality of local outputs and outcomes has clearly been demonstrated. I have indeed found that the efficacy of policies which aim to supply integrated care can be explained by the governance elements of policy goals and the allocation of responsibilities and budgets. The variation in these elements does appear to impact upon whether integrated offers are being made to homeless clients. The first variable which expresses efficacy very well is integrated service delivery. This output variable holds both an indicator of the integrated service coverage of the total population of homeless as well as a specific indicator for the mental health service coverage provided to homeless persons whom suffer from serious mental health issues. Having more positive outputs on these variables in this study has been causally related mostly to the setting of internal goals (a policy variable), and the involvement of aligning policy sectors (a structure variable).

Table 36 below summarises the efficacy of the three cases in terms of integrated service delivery and their outcomes in terms of the number of homeless persons. I will test the hypothesis of a variation in governance arrangements on homelessness having an impact upon efficacy by focusing on how integrated policies and integrated structures may have led to more integrated service delivery.

Table 36 Scores of the relevant elements of governance arrangements and the quality of output in terms of integrated service coverage

	<i>Scandinavian</i>	<i>Continental</i>	<i>Anglo-Saxon</i>
<i>Independent variable</i> Governance arrangement on homelessness			
1. Setting internal goals	0	2	1
4. Involvement aligning policy sectors	0	1	1
5. Allocation budget	Patchwork of financing structures	Protection of specific budget	Mixed economy of care, much centralised budget
<i>Dependent variable: efficacy</i>			
Overall service coverage	0.53	0.37	0.55
Mental health service coverage	0.1	>0.87	>0.65

The quality in terms of overall service coverage in Copenhagen (0.53) is explained by the Copenhagen instrumentation. It appeared from the empirical study of this case that the main proposed instrumentation of Housing First initially appeared not to be available for complex groups amongst the homeless population. It was exactly these complex groups that were targeted by the policy. The low mental health service coverage in this case is explained by its lack of setting internal goals in this respect and deficit in involving aligning policy sectors. In this case no objectives were set or attained in close cooperation with adjacent sectors. In the policy goals there is no sign of involving these other sectors. In its operation, the homelessness sector is rather isolated from other municipal services, responsible for social benefits, or regional services providing mental health treatment. Quality output regarding the mental health service coverage is particularly low (0.1) in the Scandinavian case. This I expected to be the most decentralised structure, and I found adjacent policy domains (e.g. social psychiatry) to have been strongly and successfully decentralised. However, this appears not to have been the case for any of the policy domains closely related to homelessness policy (psychiatric treatment, income, police or housing). The complexity of mental health structures in this configuration has led to the high prevalence of mental health problems amongst Copenhagen homeless people. Multi-level structures of funding have led to the dependence of the city upon third-sector parties to deliver integrated care or housing assistance to their citizens when leaving sheltered institutions (cf. Rambøll and SFI, 2013). It has also been shown that the complexity of the situation has clearly had financial consequences when national financial structures appeared not to have been adapted to the new policies.

In the continental case, multi-levels of allocation were also found which led to a complex structure that showed similarities to the multi-level complexity of the Scandinavian case, but also differences. Still, a different rationale from the Copenhagen one is apparent in Amsterdam where the overall service coverage of homeless persons is 37%, which can be attributed to its policy instrumentation that

strongly is aimed at persons with health needs and/ or that bear a public safety aspect the city is successful in assessing persons in priority need, i.e. public mental health need.¹⁵² And even though the policy goals were targeted to do so, it has become evident from the empirical study of this case that not much extra instrumentation has been implemented to prevent homelessness amongst lighter or other groups. The clear difference between Copenhagen and Amsterdam is explained by the Amsterdam setting of internal goals to reach the mental health and justice groups and the relative success in the involvement of adjacent policy areas, especially the health and justice sectors. These explain the service coverage rate of at least 87% of this particular group. From the start of its homelessness strategy, the so-called support approach, the city of Amsterdam has been determined to take responsibility and set priorities which were not even its own to set, which also explains the difference in terms of mental health service coverage with the other cases.

In Glasgow half of the total population of homeless people there have been provided with integrated care within the homelessness system. This relatively high score on this indicator is explained by the generalist and preventative focus of the policy instrumentation. The same proportion of the homeless population has been provided with mental health services; however, as a consequence of anti-social behaviour policies these might not be the same persons as in the first two-thirds. With regard to the Glaswegian administration, exactly what tasks need to be taken on to address homelessness is described in detail by the central government. Also the search for partnerships and cooperation is mentioned much in this policy documentation. In this way the centralised, regionally operating health services have also been involved in the city its approach.

In terms of outcome, a different variation in governance elements explains the quality of observed outcomes. A policy variable that appears to be quite influential, in regard to the quality of outcomes, is public opinion which impacts on the basic assumptions of the policy models. The management element also appears to have more explanatory value for the quality of outcomes than for outputs. In the efficacy in terms of the quality of outcomes, the hypothesis does appear to have theoretical value. However, explanations appear more diffuse when it comes to outcomes where there is a wider range of possible interpretations. However, these tend to be more centred on policy and management elements of governance arrangements rather than on structure.

¹⁵² Runtuwene and Buster (2014) found that the group that does not meet the threshold, in comparison to the one that does, has fewer problems in addiction, physical and mental health. This group is also more self-sufficient in providing their own basic needs, such as food, washing, receiving support from family/friends and has less police contacts.

Table 37 Scores of the relevant elements of governance arrangements and the quality of outcomes in terms of integrated service coverage

	<i>Scandinavian</i>	<i>Continental</i>	<i>Anglo-Saxon</i>
<i>Independent variable</i> Governance arrangement on homelessness			
2. Coherent instrumentation	1	1	2
3. Supportive policy model	0	1	1
7 Relation to society	0	1	2
8. Relation politics/administration	Flexible (1)	Flexible (1)	Distinct (1)
<i>Dependent variable: outcome</i>			
No. of homeless persons in catchment area (% No. inhabitants)	1630 (0, 29%)	1593 (0, 19%)	6182 (1, 06%)
% of homeless persons in catchment area sleeping rough	10-15%	12%	8%

The probable increase in homelessness in Copenhagen over the strategy period as well as the problematics of measuring this precisely are due to the dynamics of the targeted groups and the definitions of who does and does not count as homeless under the strategy (all policy elements). Increased attention on the matter of homelessness might also be due to the gentrification of areas in Copenhagen. This is where relations with society and between politics and administration (management) have explanatory value.¹⁵³

Rough sleeping in Glasgow constructs in absolute terms the highest and most negative outcome, and at the same time a relatively low one compared to the decreasing number of homeless persons in its city. This has different explanations. In relation to the decrease in total numbers, Glasgow has been successful in providing homeless persons with information/advice and has thereby prevented homelessness occurring (policy). In regard to the outcome in terms of rough sleeping, various opinions within the wider society co-exist (such as the low tolerance for rough sleeping) that provide support for policy implementation (management) at the political level.¹⁵⁴

From the study of Amsterdam outcomes we have learned that the scope of measurement and research is limited, and mostly numbers on the reducing of nuisance are communicated (basic assumptions, policy). Strong political influence also impacts upon the knowledge base of policy (relations between politics and administration). These outcomes are clearly explained by policy and by management variables.

¹⁵³ This explanation actually shows how outcomes such as the public opinion influence a particular governance arrangement in its turn. Also see chapter 8, discussion.

¹⁵⁴ Also, this explanation, like the one above, shows how outcomes such as public opinion impact upon a particular governance arrangement in its turn.

Heterogenic networks' efficacy in terms of housing is higher in preventing homelessness (second hypothesis)

Next I will present the evidence for the second hypothesis: the idea that heterogenic networks' efficacy is higher in preventing homelessness. I have assumed, on the basis of Pawson et al. (2007) that the engagement in homelessness prevention by mainstream agencies and services systems is a critical component into preventing homelessness. Therefore, I studied how mainstream or specialist the partners of each of these three cities are. The nature of the relationships between administration and society in the three cases may be of influence on the opportunities to involve mainstream partners. By making use of the theoretical conceptions of Pierre and Peters (2000), who distinguish between network structures, more insight into the relationships is provided. The concepts of corporatist, pluralist-corporatist and pluralist-network structures refer to the traditions in the division of tasks between the state, third sector and the market.

Table 38 summarises the cases' output in terms of housing, since this output variable is most closely related to prevention. In this table permanent housing solutions are valued as more successful than temporary housing solutions.

Table 38 Variation in network traditions and structures and the quality of housing outputs and outcomes

	<i>Scandinavian</i>	<i>Continental</i>	<i>Anglo-Saxon</i>
<i>Independent variable: Governance arrangement on homelessness</i>			
6/7. Network, relations society	Corporatist, homogeneous. Mainstream partners not involved: 0	Corporatist-pluralist, more homogeneous than heterogeneous. Mainstream partners somewhat involved: 1	Pluralist, most heterogeneous. Mainstream partners most involved: 2
<i>Dependent variable: quality of outputs</i>			
Temporary housing	0.35	0.56	0.11
Permanent housing	0.17	0.17	0.34
<i>Dependent variable: quality of outcomes</i>			
No. of homeless persons in catchment area (% No. inhabitants)	1630 (0, 29%)	1593 (0, 19%)	6182 (1, 06%)
% of homeless persons in catchment area sleeping rough	10-15%	12%	8%

In the Scandinavian case, we have indeed traced an archipelago of administrative responsibilities and homogeneous, longstanding relations with providers of sheltered housing at the national level only. This constellation has been assessed with a score of zero in terms of the involvement of mainstream partners. In the continental case, we have also found the network to be more homogenic than heterogenic, comprising longstanding relations and institutionalised coalitions. However, the more heterogenic characteristics of this network have shown to open up the opportunities for alternative partners than health to be involved in the network. This networks displays a focus on

housing, even though this can be assessed as limited compared to the Anglo-Saxon case. This network therefor is assessed with a score of one. In the Anglo-Saxon case, we have witnessed a more heterogenic network composition with, in particular, detached relationships with providers of shelters and a clear focus on and more investment in relationships with housing partners. This has been assessed with a score of two.

These differences can be related to the clear difference in housing balance between, on the one hand, the Scandinavian and Continental model and, on the other, the Anglo Saxon one. The Scandinavian and the Continental cases have permanently housed 17 % of their homeless population and placed more persons, 35 and 56 %, in temporary housing solutions. The latter is explained by the limited focus on permanent, non-sheltered housing, the over-representation or homogeneity in the network of providers of these solutions out of homelessness. When rehabilitation out of homelessness is considered to be a form of prevention, these networks appear to be less effective. Also, in the most homogeneous network, the Scandinavian one, an increase instead of decrease is seen in the number of homeless persons. In the Continental case, a positive change in the needs of the homeless people who come forward is visible. These persons are then diverted to preventative services, somewhat comparable to the housing options offered in the Anglo-Saxon case.

The opposite can be seen in the Anglo-Saxon case, where 34 % of the homeless population has been housed permanently as compared to 11 % temporarily. Also, the case with the most pluralist network has seen a decrease of 10 % in homelessness applications in comparison to the preceding year whilst the locality in which the preventative housing options pilot was run showed a drop of 21 %. Another issue indicating the relevance of whom to involve within the network – the more plural the better it seems – is the finding in the Anglo Saxon case that, in 2011, there was a reduction to 11.5% in applications from people who had previously had a social rented tenancy and an increase to 16% in those who had owned or privately rented. Respondents have also indicated how social housing associations had been more successfully involved by the city than the private rented sector. The latter had been specifically referred to as having ‘frosty relations’ with the housing department.

The more effective quality of housing outputs and outcomes provides clear indications for the governance arrangement element of networks to impact upon this quality. In the more pluralist networks (Pierre and Peters, 2000) I found lower rates of institutionalised homelessness and vice versa, in more corporatist networks in a quasi-organic setting, I found higher rates of institutionalised homelessness. In the corporatist-pluralist structure I did not find medium rates of rehabilitated homelessness but similar rates of rehabilitated homelessness to the corporate case.

In a centred tradition the efficacy in terms of efficiency will be higher than in a decentred situation (third hypothesis)

Finally, I present the evidence for the third hypothesis: the idea that in a centred tradition the efficiency of a policy would be higher than in a decentred situation. In the course of this study I have found this hypothesis to have been somewhat limited. I have found that along with being a centred or decentred tradition (fourth element), the allocation of budgets (fifth element), relationships with society (sixth and seventh element) and between politics and administrations (eighth and ninth elements) come into play. For this reason, since these contribute to the strength of testing the efficiency

hypothesis, this is tested by a closer study of five elements in particular and what stands out here is the finding that none of the policy elements appear to have an impact on efficient outputs.

Table 39 Scores related to the efficiency of governance arrangements

	<i>Scandinavian</i>	<i>Continental</i>	<i>Anglo-Saxon</i>
<i>Independent variable: Governance arrangement on homelessness</i>			
4. Allocation responsibilities	Multi-level: archipelago	Multi-level decentralising, centralising response	Centralised
5. Allocation budget	Patchwork of financing structures	Protection of specific budget	Mixed economy of care, much centralised budget
6. /7. Network, relations society	Corporatist (0)	Pluralist-corporatist (1)	Pluralist (2), antagonist
8. Relation politics/administration	Close, flexible	Close, flexible	Distinct
9. Discretion of civil servant	Medium	Most	Least
<i>Dependent variable: quality of outputs</i>			
Efficiency	Lower	Lower	Higher

Efficiency in the Scandinavian case is the most clearly explained by its archipelago structure and it's patchwork of financing structures. This case appeared not to be the decentred case I expected it to be, for the case of homelessness policy. Its multi-level constellation does provide the evidence for seemingly de-centeredness to explain for (a lack of) efficiency. In addition the seventh, eighth and ninth variable appear to have much explanatory value. It is the room that exists, within or between multi-levels of governance, for the dynamics of the relationships between politics and administration, which explains for decreased efficiency. When these relationships can be characterised as close and require social servants to be flexible, move along whatever political outcome of the corporatist network is the case, more local discretion threatens efficient outcomes.

Also, within the pluralist-corporatist structure (variable 6/7), rationality and clarity about health issues that matter appear hard to provide in a wider governance configuration with networks of provision that have conflicting interests. There can be rivalry between the multi-levels in different departments or branches that makes it very hard to cut to the core of how to offer the best possible care with the least amount of money and as little bureaucracy as possible.¹⁵⁵ It is felt (see also the policy model referred to as 'we can do it') that change for the better (and more efficient) in this dynamic will only happen once responsibilities are decentralized, and once certain health funds dry up. To illustrate this, an Amsterdam respondent sighed to me in despair.

¹⁵⁵ This is apparently a real issue for the Netherlands, but also in the care sector more generally.

The frustrating fact is that, if that doesn't happen, problems, in spite of more money, don't become smaller but only bigger. (Authority Respondent)

Looking at what dominates in policy revealed that, in the continental case, the dominance of the coordinating department within the wider administrative and political configuration explained the protection of a specific budget. In this case, we have seen that in order to prevent 'unwelcome situations' occurring in the city (e.g. a mental health crisis or probation not being properly executed), financial priorities were set within the city's own budgets.

In the Anglo-Saxon case, centralised and detailed policy in rules and targets creates a clear task for the local level. The local civil servant's task is to execute this policy and the level of detail leaves little room for local discretion for the civil servant to interpret the policy him- or herself. All these elements are part of the wider new public management doctrine about running an authority like a business, with efficiency as an important goal in itself.

Still, I like to point out how strong dynamics of influence in the preventing of unwanted situations (the eighth variable) also appear to impact upon the Anglo-Saxon efficiency. Even though the majority of Glaswegian respondents have indicated that (the lack of) public finances are decisive in policy issues, more than anything else, what I have found evidence for is the 'rights' tradition¹⁵⁶, which also works as a corrective mechanism toward too much emphasis on efficiency. Within the Anglo-Saxon case I have also identified a strong corrective mechanism towards administrative practice and policy that I referred to as the criticism or basic distrust reflected in the culture of blame as applicable to the work of social services (see management section Glasgow). The general political response to incidents is to legislate in even more detail what social work practice should look like and invest even more in social services. This may explain the relatively large expenditure on this part of the policy and, as we have seen, this local authority is not in control of other social areas that correlate with the issues underlying social work themes – such as housing, poverty, health and safety – and therefore has limited ability to prevent this local lack of efficiency.

¹⁵⁶ (Cf. Painter and Peters, 2010: 21) for the Anglo-Saxon context as well, whilst these authors refer to the Anglo-American context only.

8. Conclusion and discussion

In this chapter I will draw my final conclusion by providing the positive answer to the question central to this thesis. I will summarize why I conclude that I have sufficient information to show that there are specific configurations between elements of governance arrangements that account for the quality of outputs and outcomes. After doing so, in the discussion I will review the theoretical and social implications of my study as well as making a recommendation for further research. The theoretical section discusses how the efficacies of outputs are most clearly explained by elements of structure, whilst the quality of outcomes is explained by elements of policy and management, rather than elements of structure. I will also examine the topics of interdisciplinarity, and the necessity for a more rational, less value-laden approach towards the issue of homelessness that I have identified. The social section will deal with the symbolic function of homelessness policy that disguises other social needs – for example, in relation to the protection of children and the most vulnerable. Secondly, the value of this study in relation to contemporary and future issues of homelessness and migration is discussed. Recommendations for further study will focus on the required changes within the current welfare state, related to care for the most severely disadvantaged groups, in which it will be increasingly important to transcend borders in learning about alternative perspectives on care.

8.1 Answer to the central question

I am now able to answer the final research question: what variation in metropolitan governance arrangements on homelessness exists and does this variation explain the quality of outputs and outcomes, in terms of efficacy and efficiency? There are clear relations attributable to the specific elements of the governance arrangements on homelessness policy, structure and management and the quality of outputs in service coverage and housing and outcomes for clients and the wider society. This study hoped to make a significant contribution to the governance debate taking place on causal relations and to provide the empirical evidence for the idea that, over and above general conditions, relevant aspects of a governance arrangement explaining policy outputs and outcomes can also be identified.

The overall conclusion that can be drawn on the basis of this is that governance really does matter. First, levels of integrated service delivery appear to be positively impacted by the setting of internal policy goals to address multi-level fragmentation. Also, the degree of multi-level fragmentation or, in other words, where (at what level) responsibilities and budgets are allocated, appears to account for the quality of this output. In addition, we may conclude that the successful outputs for the various cases in this respect are mostly attributable to successful coordination (cf. Bouckaert et al., 2010). In doing so I have also found that decentralizing trends do not impact positively on levels of integration, such as integrated approaches and customized services (cf. Fleurke en Hulst, 2006).

Second, efficacy in terms of the housing situation of homeless persons appears to depend on the network structure that is part of the governance arrangement. A more heterogenic constellation of the network does appear to have better outputs in terms of housing.

Third, it appears to be predominantly elements of structure and management, rather than policy that are decisive for the quality in terms of efficient output. Again, multi-levelness is a decisive factor, but only because this has an impact on the room for variations in elements of management to account for efficiency of output.

Finally, the explanation is less focused, more diffuse, for outcomes than has been the case for outputs. There is a wider range of explanations and these explanations are more centred on policy and management elements of governance arrangements rather than on structure.

To study the possible variation in metropolitan governance arrangements on homelessness, so that policy outputs and outcomes could be identified, three European cities have been selected with big differences in their governance structures in terms of their level of local autonomy and administrative tradition. Ten independent elements have been operationalized (within three sub-headings) that enabled me to point at the relevant aspects explaining the quality of output and outcomes.

The comparative chapter first presented an overview of the variation observed in the case studies with respect to the governance arrangements on homelessness. This variation has been described in terms of the ten elements of a governance arrangement. Following that, the quality of outputs and outcomes has been compared for the three case studies. Finally, three hypotheses have been tested in which the quality of outputs and outcomes in terms of efficacy and efficiency is related to specific elements of the governance arrangement.

All these three elements – the variation in governance arrangements, the quality of outputs and outcomes and the testing of hypotheses – have enabled us to observe the clear variation in outputs and outcomes that can be attributed to specific variables. For example the local network structure, allowing mainstream partners to participate or not, impacting on housing outputs. For this reason we have seen that there is sufficient basis to assume specific relationships within a particular governance arrangement, and between governance arrangements, and its output and outcomes (as described in the theoretical model underpinning this study). And I believe this is even more so than I initially expected to be the case. I did have the impression, as expressed in the hypothesis, that efficacy and efficiency of homelessness policy would depend on the more or less contractarian approach. However, the degree to which this has an impact on the quality of outputs and outcomes for individuals has also surprised me a lot.

This research has clearly shown that a detailed study of a complex social issue can contribute to relevant and detailed knowledge about the governance of such issues that tend to be viewed as too interwoven and complex to approach in the way that I did. I feel that in this study I have shown that this is an approach worth taking.

8.2 Theoretical implications

The idea that there is a relationship between governance attempts to address a socially complex issue and the impact of the way the government addresses these issues has probably always been there implicitly. In the introduction to my research question I summarized a number of authors whose contributions I have discussed in the preceding chapters that deal with the research problem of homelessness and the governance perspective. These authors (Hoogerwerf and Herweijer, 2008; Pollitt and Bouckaert, 2011; Painter and Peters, 2010; Donabedian, 1983, in Wolf and Edgar, 2007) had been identified as making reference to relationships in a rather causal manner. By this I

mean that they seemed to assume a relationship between A and B, a certain impact of the way the government addresses a social complex issue. This relationship has been evidenced by this study. In this section I address two theoretical implications of this finding.

Firstly, the issue of homelessness policy has proved to be very useful in examining the relations evidenced above. It appears to provide a very valuable contribution to the theoretical debate in which it seems that the public sector is a rather rudderless part of a society that is constantly improvising. Boutellier (2013: 39) writes about 'improvisations that range from fanatical structuring to hopelessly fumbling and from beautiful harmony to some messing around'. Relations are typified as rather diffuse, the conditions under which a governance arrangement is to operate is referred to as liquid (cf. Bauman, 2000) and network theory has emerged to understand the new social order, with a special interest in ties and nodes (cf. Borgatti and Foster, 2003; Borgatti, Mehra, Brass and Labianca, 2009; Kilduff and Brass, 2010).

The example of homelessness provided a particular setting that enabled me to study the impact described above and also created the possibility of identifying clearer causalities in more detail. In the years leading up to this study, all European nation states with liberal and social democratic welfare regimes drew up strategic objectives that, in many cases, aimed to actually eliminate homelessness (Benjaminsen et al. (2009), which at first sight might be seen as an effective use of a window of opportunity for change (Kingdon, 1984). Criticism of the effectiveness of these regimes stemmed both from sociologists, pointing at the increased risks of institutionalization (cf. Culhane et al. 2011; Schout, 2011), fragmentation (cf. Wolf, 2002) and moralization (cf. Wacquant, 2004, 2008, 2009; Dunn, 2012), and theoretical insights from the perspective of governance that highlighted 'wicked' policy problems (Rittel and Webber, 1973) and greedy governance (Trommel, 2010). How exactly elements of policy, responsibilities and process, grouped together within different governance arrangements, impact on the service coverage and the housing situation of homeless persons – as well as the actual outcomes for these individuals and the wider public – was unclear (cf. Pollit and Bouckaert, 2011; Benjaminsen et al., 2009; Benjaminsen and Dyb, 2010). Still, monitoring was taking place (cf. Buster, 2013; Tuynman and Planije, 2013; Rambøll and SFI, 2013; Scottish Government Homelessness Statistics Unit, 2013/2014; Mphasis, 2009) and in this study I have been able to detail the quality of outputs and outcomes of these governance arrangements in terms of efficacy and efficiency. In this way I have also been able to answer the question of what quality requirements homelessness policy ambitions pose to the institutional design of and the inter-relationship between the state, the (semi-)market and civil society.

In the context of an 'improvising society', in this study empirical evidence about these relationships has been collected which can identify what causal relationships are more likely to exist. And from this research it has also become clear what aspects are relevant to the study of these relations. This research has shown that in a complex society, through the selection of well-established options within the governance configuration, decisive choices can be made.

The value of this study also lies in the fact that governance does matter, but not if the approach is too isolated. In this study I have deliberately constructed what I have referred to as an interdisciplinary theoretical framework. In this, the issue at stake has been studied from a socio-medical perspective (the issue of homelessness) as well as

from the perspective of governance (the governance configuration and the quality of its outputs and outcomes as object of study). This approach has been shown to have additional value over an approach in which a governance study has a solely instrumental nature. By this I mean the lack of necessity felt to combine the contents of the policy with the study of the structures or institutions of governance. The inclusion of information on the background to the issue (of homelessness) has enabled me to study in more depth the relationship between particular arrangements and the quality of their outputs and outcomes.

In this study, we have also found that efficacy in terms of outcomes (as opposed to outputs) is more clearly explained by elements of policy and management than by elements of structure. The availability of additional funds or organizational structure does not seem to influence the effective outcomes of governance arrangements as much as what public opinion or support there is for, and is reflected in, the policy's instrumentation and basic assumptions. The room for interplay of these public and therefore political opinions into the outcomes of the governance arrangements is also explained by the (elements of) management. This finding would not have been apparent if the scope of this study had not been extended beyond structural traits.

Another finding supporting the additional theoretical value of this study in this respect has come out of the Anglo-Saxon case. In this case what I have referred to as the culture of blame as applicable to the work of social services (see management section Glasgow) explained the relatively large level of expenditure (contrary to notions of efficiency of the NPM style). This example also illustrates the value of a theoretical approach in which the content of the policy (and the moral panic surrounding the issue) impacts upon policy implementation.

8.3 Practical implications

In this section I will first put forward the reasons for the necessity for a more rational, less value-laden approach to the issue of homelessness. Following that, I will deal with the symbolic function of homelessness policy that disguises other social needs, such as the protection of children and the most vulnerable, and with the problematics of who actually is the state's client if it is not these most vulnerable persons.

The results of this study provide support for a more corporate, instrumental approach to this social issue. During the course of this research, the importance of disenchantment with the issue under examination became apparent to me and I realised that it was important to address the issue with more empirical baggage,¹⁵⁷ in a more rational way. I had an initial research interest focused on the underlying values of the governance of homelessness. However, the interest I felt in the study of these values has actually revealed a picture to me that I personally had not previously envisaged. For example, the idea of blaming addicts for their drug use or untreated psychiatric patients for not having paid their rent would simply not have occurred to me. And the inability of persons in positions of responsibility to display the personal characteristics of critical thinking or courage has surprised me in a negative sense.

¹⁵⁷ Another example of the practice in the governance of the care for double-diagnosed persons could be: what psychiatric expertise, as embodied in the standardized template of the DSM V, is available that can be taken as a known-to-be-effective starting point in dealing with addicted persons with severe psychiatric needs? This would probably include rather than exclude these persons from any governance arrangement on homelessness.

Such an instrumental approach is currently blocked by a moralizing tendency. I therefore refer to the contractarian notions of governance, such as efficacy and efficiency, as solutions, because I feel that this approach is best capable of rationalizing the social issues at stake and in so doing serving the best interests of clients themselves.

This leads to a second practical implication that must be considered in the light of my findings. Even if it is concluded that governance matters and that in a complex society by the selection of well-established options within the governance configuration decisive choices can be made, there is still room for change. There is room for change for local authorities in the Anglo-Saxon tradition which are deliberately limited, divided and fragmented in terms of governing power, with the protection of children and social services remaining at the local level, as opposed to health needs, which are dealt with at the centralist level. There is room for change in the treatment of those who are worst-off (children in need and, in the Dutch context, homeless people) who are left to be dealt with at the governance level that is seen – or in the Dutch context used to be seen – as a level possessing only limited abilities and funding.

In this respect this study has also provided insight into the variation there is in governance responses (accountability) to the quality of outputs. In the Glaswegian case, I caught a glimpse of the culture of blame that I feel I ought to reflect upon from the Amsterdam and Copenhagen perspectives as well. In Amsterdam, policies of integrated care plans can be implemented without clients being aware of who their individual case manager is (IVO, 2010) and, in Copenhagen, plans are frequently made that do not provide services to individuals who, according to the (national health) law, are entitled to them. As a matter of fact, I am well used to speaking to clients or professionals telling me about an entirely different reality than the one on paper. When I reflected on the difference in findings from the Glaswegian case study, I was asked by a researcher from this Anglo-Saxon context: 'But don't people challenge this? Isn't this unlawful?'

In the UK context, when a social services adverse incident happens, institutions and individuals responsible are held accountable. I have described the culture of fear this has as an impact in the Glaswegian case study. However, in the Amsterdam case an adverse incident can happen and no-one is accountable or needs to fear for his or her job. In this respect it is worth reminding ourselves of the Amsterdam moral case (zedenzaak) in which a convicted paedophile from Germany had been able to obtain a certificate of good conduct and was able to find many more victims in Amsterdam day-care centres amongst children under the age of four.

How can good practice be stimulated? In this debate that I feel needs to take place for the non-Anglo Saxon context, I would suggest reflecting on issues of accountability in a different way. Again, I am aware of the risk of a scapegoating culture within social practice and of the jealousy that might quite rightly exist in contexts where welfare taxes traditionally are lower. However, the Kafka-ish situation clients might find themselves in when unsatisfied with their services in the wealthier welfare states such as the Amsterdam and the Copenhagen one presents in this respect an unwanted alternative.

There is a final important practical implication of the finding of this study that the structure elements in particular (allocation of responsibilities, budgets and network constellation) account for effectiveness and efficiency. I would like to discuss this finding in the perspective of what I refer to as the possible functioning of the entity of

homelessness, of the social relief sector within the three governance constellations. After that the outlook – the mission – (based upon by my empirical findings for homelessness policy) will be discussed.

I will demonstrate the possible function of homelessness policies by asking what precisely is the reason for having a homelessness policy at all. In the three case studies, we have come across many different opinions that exist (at multi-levels) about what exactly is the function of the social relief sector within this particular context. I will now sum up some of the possible social roles that this sector and the concept of homelessness appear to have.

There is evidence for the idea that social relief might actually be perceived and addressed by social housing institutions to *'punish people for the fact that they haven't paid their rent'* (Authority Respondent). In an evaluation of an early prevention of evictions project, Baan, Sprenger en Willemen (2010) found that, in developments within the social housing sector in the Netherlands, social responsibility was felt to be a factor that should be taken into account in future policy making. In Copenhagen, it also appeared to be structural deficiencies in the housing market that impacted upon the possibility of implementing the homelessness strategy. At times it seems almost as if, in these two cases, a successful way of implementing the homelessness strategy would be a housing strategy.¹⁵⁸

Amsterdam respondents have made reference to the longstanding tradition of the social relief sector functioning for mental health professionals as *'a place where you can send people when they have finished their treatment'*. Also, in Copenhagen, the administration, within the framework of its homelessness strategy, has taken the initiative to implement a psychiatric mental health outreach team (project eight) and temporary housing provisions which, as I would argue, in essence is about the improvement of mental health services themselves.

To the police in Amsterdam social relief might indeed very well be a place where you can send troublesome persons, to get them off the street. Gerritsen (2011) describes how persons in crisis residing at the police station, when they appear not to have psychiatric needs, are referred to addiction services, social relief or other local care networks.

The social relief sector itself also acknowledges having an interest in keeping clients inside institutions instead of rehabilitating them (source: interviews). The current financing of social relief is still based on keeping clients inside instead of getting them to flow out. To the sector itself, social relief is a building where people have a job they want to hold onto.

Finally, the Dutch national health care insurance, the contemporary AWBZ, is described as having a steering function, but to have no interest in an efficient approach. The main interest of the current health insurance is supposedly to be able to distribute funds without too much dispute.

As a result the social relief sector in a broad sense risks being seen as an adequate referral address for strands in mental health services, addiction care, forensic care and

¹⁵⁸ Downey in a presentation in 2013, on the Feantsa homelessness research conference in Berlin, made reference to the idea that, as a result of the financial crisis, because more people who find themselves homeless are actually less likely to be from that hard core group, the image of homelessness would be impacted in a positive way: 'We're now in the area where there are families and things like that becoming homeless just straightforwardly because people are losing jobs and they didn't have secure tenancies.'

prisons. Since no policy response to these administrative agreements has been formulated in any full sense yet, the social relief functions as a last resort.

[Aligning services are] *Emptying themselves on the street, just pushing into that [social relief] system.*

'Especially lately that pretty much keeps me busy. Who is responsible for doing what? Especially with these homeless families. When I see those situations, I think, 'That's all debt-counselling that has not worked well.' Or people who just have not thought how they sign their mortgage contract properly. And is this now the task of the social relief to get these people back on track? In that case I think you are far removed from that multi-problem group referred to in the Social Support Act. At the same time, someone will need to help those people ... They are there and we need to do something with them. Yes, and then they look quickly to the social relief sector, since they have the expertise. (Both Authority Respondents)

As we have seen the social relief sector has a great number of stakeholders who will at times play influential roles in a dynamic and diffuse network with their strong and at times diverging viewpoints. One of the respondents referred to this functioning of the social relief sector in the wider societal context with the image of shelters, which are in dominant and influential positions, being of shelters functioning as *Corrective Institutions for Poor People*. This thought resembles the work of, for example, Wacquant (2004). According to a provider of statutory services whom I interviewed, social relief has become the following.

a place where the bottom layer of the population gets pumped through in some sort of a perpetuum mobile to punish them for the fact that they haven't paid their rent (...) where you can send naughty people, a bit as a punishment and a bit to get them somewhat back to walk the line. If they behave well to behave as a good citizen they slowly acquire the right to a new house in which they can be a decent civilian, until they mess up again and then they can come back. To many persons in high positions this is the function of the social relief sector, which is kind of sad.

(Authority Respondent)

At the same time, we now have evidence for the idea that even in a complex society decisive choices can be made within the governance configuration. And we have also seen how the main focus of attention in this respect has to be upon the allocation of responsibilities, budgets and the network constellation. The answer to the above analysis of the functioning of the sector of social relief should align with the insights gained from this study that we should intervene at the level of structure.

The main focus of homelessness policy and sheltered institutions should be, in my opinion, to locate and refer persons, or in other words 'push these people back' to the adjacent, primarily responsible areas. The observations during my study have led me to defend the position that homelessness merely has a strong derivative functioning. In a way this makes homelessness in terms of a policy meaningless; refer to nothing of a real issue. Instead it references to other adjacent structures and provisions that are dysfunctional. The prime role of any homelessness strategy should therefore be to address these structures and functions so they act as a trampoline to bounce people back to where their needs are best served. The risk that I see in homelessness strategies, besides congested shelters and institutionalization, is that of the symbolic or specific connotations that homelessness might be labelled with. The Big Issue has been

very successful in setting the agenda of what Other Structural Issues might be addressed by governments.

8.4 Recommendation for further study

As has been indicated in the first section, the theoretical implications of this first study on the relationships between government arrangements on homelessness and their outputs and outcomes are great. However these have to date only been tested once, in three case studies. There is a clear need for this research to be repeated and for the hypotheses to be further tested. In this section, the question is also posed of whether the findings of this study hold value for future homelessness policy about migration.

It will be relevant and useful both in a theoretical sense as well as valid for policy development to apply the conceptual model of this study to other cases. On the one hand, studying more cases within the Scandinavian, Anglo-Saxon and particularly the continental models as well as Hybrid configuration of the Netherlands would allow more generalisations of the theoretical model. On the other hand, the study can also fruitfully be extended to cases that have a less comparable level of welfare to the cases that have been studied to date. On the basis of visits and a review of the policies in southern European cities such as Lisbon and Athens I am able to make this recommendation with confidence. Besides the Liberal, Corporatist Statist and Social Democratic models, Esping-Andersen (1990) also identifies a Mediterranean model for Italy, Spain or Greece, where the family network is important for providing welfare. This has implications for the role of government that will be relevant to study. In a practical sense this will not only be relevant for these Mediterranean contexts but for the other models as well, especially since in these the required changes to the welfare state are in most contexts related to more individual as well as family responsibilities.

Now, when future homelessness policy becomes more about migration than it is now, does this study's proposed method still retain its value? The increased focus in the last ten years on entitled homeless persons has made this issue of non-entitled persons more prominent. A former Amsterdam alderman (Guusje ter Horst) responded to the problem by pragmatically stating that it is better not to make policies on such an issue. However, the active emergence of homelessness strategies has clearly highlighted this issue, almost as an unwanted consequence of the policy itself. It is felt increasingly, both by the city of Copenhagen as well as by third sector providers in the city, which are formally forbidden by law to help non-Danish homeless persons apart from when specific exceptions are made, that a specific policy is required. In Amsterdam a similar trend is visible. (cf. Buster et al., 2013; for a description of the UK context see Fitzpatrick et al., 2012). The issue of migrant homelessness with the changed situation within the EU has become an emerging problem for many European cities. Gosmé (2014) recently described how the interconnection between local actions, national measures and the EU policy arena on homelessness is increasingly evident, to the extent that the EU is now in a position to support Member States to address homelessness. However, I have found that in most cities what the most appropriate response is to this situation is unknown to date.

The focus of this study has only been on persons targeted by the policies within the three case studies. This has meant that this study has not focused on persons who have been referred to as having no local connection or non-urban citizens. However, I

argue this study is still valuable because governance arrangements can be identified and explanatory relations can therefore be clarified.

Finally, an interdisciplinary research programme is proposed, targeted at analysing the social and structural societal mechanisms that homelessness is rooted in, including; the mystifying/symbolic image of extremely vulnerable groups: youth in care, vulnerable elderly, double-diagnosed persons and people with learning disabilities: with a strong link to and focus on multi-levels of governance and wider society, interests groups. The social relevance of these studies, especially in the Netherlands, is apparent since this country is not only capable of merely sheltering homeless persons, but also tends to institutionalise the groups mentioned above, more so than in the surrounding European contexts. This might imply that the Dutch population is either more handicapped in practice, or in its policies.

Dutch summary

Dakloosheid kan worden gezien als een ingewikkeld beleidsprobleem waar lokale overheden mee worden geconfronteerd. Tegelijkertijd hebben lokale overheden vaak maar heel weinig invloed op de oorzaken van dakloosheid, zoals deinstitutionalisering, drugsverslaving, ontslag uit detentie en huisuitzettingen. Bezien vanuit een Europese context staan Noord-Europese lokale overheden doorgaans voor vergelijkbare beleidsuitdagingen zoals het tegengaan van buitenslapen en het bevorderen van doorstroom uit tijdelijke opvangvoorzieningen.

Vanuit een bestuurskundig perspectief is dakloosheid te duiden als een weerbarstig, lastig en complex sociaal probleem. Al te gulzig bestuur zou mogelijk slechts ten dele bijdragen aan oplossingen en wellicht eerder zorgen voor nieuwe problemen zoals hospitalisering. Er is nog wat weinig bekend over de wijze waarop het probleem van dakloosheid op lokaal niveau het beste zou kunnen worden aangepakt. Ik wil met deze studie meer inzicht verschaffen in welke elementen van bestuurlijke-politieke aanpakken, oftewel welke governance arrangementen, in dit opzicht effectief zijn.

Daartoe bestudeer ik voor een aantal Noord-Europese landen (Denemarken, Groot-Brittannië, Nederland) de ontwikkeling van dakloosheid in de afgelopen tien jaar. Dakloosheid kwam op de politieke agenda en werd in deze tijd van voorspoed niet langer beschouwd als een acceptabel fenomeen; het diende te worden geadresseerd. Doordat er verschillende financiële en morele mogelijkheden op één moment samenkwamen, ontstonden er mogelijk nieuwe mogelijkheden om dakloosheid te bestrijden. In dit onderzoek stel ik mij de vraag of een verschil tussen Noord-Europese metropolen in de bestuurlijk-politieke aanpak van dakloosheid invloed heeft op de kwaliteit van de aangeboden voorzieningen en op de daarmee samenhangende maatschappelijke resultaten. Leidt een verschil in het governance arrangement dat ten aanzien van dakloosheid wordt toegepast, tot een verschil in de kwaliteit van de voorzieningen voor daklozen en in maatschappelijke effecten?

Om deze vraag te kunnen beantwoorden ben ik allereerst via literatuurstudie nagegaan uit welke elementen een governance arrangement voor het bestrijden van dakloosheid bestaat en welke aspecten van deze elementen moeten worden bestudeerd om te kunnen verklaren welke uitkomsten in termen van de kwaliteit van aangeboden voorzieningen, en welke maatschappelijke effecten verschillende arrangementen mogelijk hebben.

Als cruciale onderdelen van een governance arrangement zie ik de volgende drie elementen: beleid, structuur en management. Aan het element 'beleid' onderscheid ik als aspecten: beleidsdoelen, beleidsinstrumenten en de aan het beleid ten grondslag liggende (morele en empirische) veronderstellingen. Bij het element 'structuur' gaat het om het niveau waarop middelen en verantwoordelijkheden die te maken hebben met (oplossingen voor) dakloosheid, zijn gealloceerd. Daarnaast vormt de netwerkstructuur een belangrijk aspect van structuur. Onder het element 'management' ten slotte, vallen de relaties die de lokale overheid binnen de netwerkstructuur aangaat met non-profitorganisaties en particuliere organisaties, en de flexibele dan wel meer afstandelijke verhouding tussen politiek en ambtenarij binnen de lokale overheid zelf. Voorts zijn als relevante managementaspecten te onderscheiden de dominante

rolopvattingen van ambtenaren en de waarde die op lokaal niveau wordt gehecht aan het geven van rekenschap over gemaakte afspraken.

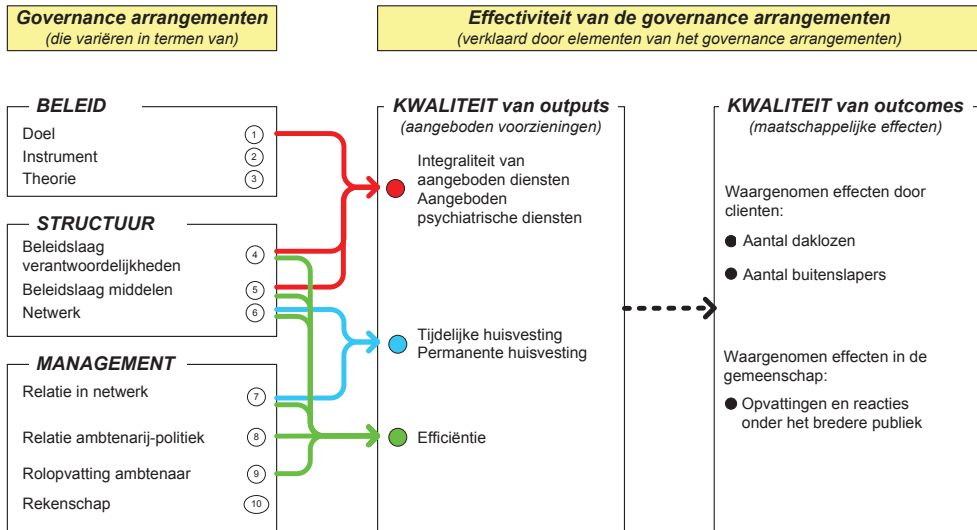
De effectiviteit van een governance arrangement wordt vastgesteld aan de hand van de kwaliteit van de aangeboden voorzieningen en de daarmee verband houdende maatschappelijke effecten. De kwaliteit van de aangeboden voorzieningen kan worden gemeten met behulp van een aantal prestatie-indicatoren voor openbare geestelijke gezondheidszorg (OGGZ). Deze prestatie-indicatoren meten de integraliteit van de aangeboden diensten, de mate waarin er tevens sprake is van psychiatrische diensten en het aanbod van tijdelijke dan wel permanente huisvesting. Daarnaast is efficiëntie één van de criteria op basis waarvan de kwaliteit van de aangeboden voorzieningen wordt bepaald.

De maatschappelijke effecten van het governance arrangement worden vastgesteld aan de hand van indicatoren met betrekking tot het aantal daklozen (dat in de aangeboden voorzieningen verblijft) en het aantal buitenslapende personen in de stad. Daarnaast wordt een beeld van de maatschappelijke effecten verkregen door opvattingen en reacties onder het bredere publiek op te tekenen.

Er zijn in het kader van deze studie op het terrein van dakloosheid drie hypothesen over de invloed van een governance arrangement op de kwaliteit van de aangeboden voorzieningen en op de resulterende maatschappelijke effecten opgesteld. De eerste hypothese houdt in dat specifieke verschillen in de wijze waarop een governance arrangement is ingericht, invloed hebben op de effectiviteit van het arrangement in termen van integrale dienstverlening en maatwerk. De tweede hypothese luidt dat netwerken die heterogener zijn, effectiever zijn op het gebied van huisvesting. Heterogene netwerken zijn beter in staat dakloosheid te voorkomen dan homogene netwerken. De derde hypothese stelt dat in een meer gecentraliseerde structuur sprake is van een grotere effectiviteit, in de zin van een hogere efficiëntie.

Deze drie hypothesen en de overige bevindingen van het literatuuronderzoek kunnen worden weergegeven in het volgende theoretische model.

Figuur 1 Theoretische relatie tussen het governance arrangement dat op lokaal niveau ten aanzien van dakloosheid wordt toegepast, en de effectiviteit van het arrangement



Om de drie op literatuurstudie gebaseerde hypothesen empirisch te kunnen toetsen, is gezocht naar zo veel mogelijk variatie in de politiek-bestuurlijke contexten van Noord-Europese steden. Er is gekozen voor Noord-Europese steden omdat deze wat betreft welvaartsniveau onderling goed vergelijkbaar zijn en in de afgelopen tien jaar blijf hebben gegeven van beleidsplannen ter adressering van dakloosheid. In Noord-Europa zijn verschillende bestuurlijke tradities te onderscheiden. Deze zijn te vatten onder de noemers 'Angelsaksisch' (meer centralistische structuur en corporatistisch netwerk), 'Scandinavisch' (meer gedecentraliseerde structuur en pluralistisch netwerk) en 'continentaal' (een mengvorm van voornoemde twee bestuurlijke tradities).

Op basis van deze driedeling zijn Glasgow, Copenhagen en Amsterdam gekozen als steden waarvan de inrichting en effectiviteit van het governance arrangement zijn geanalyseerd. De lokale overheden van deze steden waren bereid medewerking te verlenen aan het onderzoek. In iedere stad zijn de relevante beleidsdocumenten bestudeerd en vertrouwelijke semigestructureerde interviews onder zo'n tien relevante stakeholders (beleidsmakers, politici, uitvoerende instellingen, cliënten) afgenomen. De drie casestudies leveren een goed gedocumenteerd beeld op met betrekking tot de verschillende aspecten van het hierboven geschetste theoretische kader.

In Kopenhagen blijkt het beleid in hoge mate problematisch te zijn. De inspanningen richten zich op de zwaarste groepen daklozen. Voor deze personen wordt echter geen ander instrumentarium voorgesteld dan tijdelijke noodoplossingen. Het belangrijkste Kopenhagens instrumentarium zou housing first zijn. Dit blijkt slechts ten dele beschikbaar te zijn voor de zwaarste groep daklozen. De veronderstellingen die aan het beleid ten grondslag liggen, blijken een mentaliteit van vrijblijvendheid tot uitdrukking te brengen. De dakloze wordt gezien als een vrije vogel, een onafhankelijk individu dat beter niet kan worden opgejaagd.

Om de governance-structuur te kunnen typeren past de metafoor van een eilandenrijk. Het beleid is niet geënt op deze structuur en dit beïnvloedt de aangeboden voorzieningen en de resulterende maatschappelijke effecten in negatieve zin. Van een gedecentraliseerde structuur is slechts ten dele sprake. De structuur kenmerkt zich door een centrale sturing, mede ten gevolge van het financieren van een langer lopend netwerk van maatschappelijke opvangaanbieders die hun diensten aanbieden in de stad Kopenhagen. Er is een nauwe verwevenheid tussen maatschappij en politiek. De ambtenarij heeft de taak hier flexibel op in te spelen. Dit kan de incidentgerichte praktijk en de door politici gedane voorstellen zoals tot uitdrukking gebracht in het beleid, verklaren.

Dit governance arrangement heeft twijfelachtige resultaten: op straat verblijvende daklozen met psychiatrische problemen, die onder de verantwoordelijkheid van de regio vallen, worden niet geholpen doordat de oplossingen voor deze daklozen duidelijk tekort blijken te schieten. Het maatschappelijke effect van het governance arrangement is dat zowel het aantal daklozen dat van opvangvoorzieningen gebruik maakt, als het aantal daklozen dat op straat verblijft, is toegenomen tijdens het geïntensiveerde daklozenbeleid.

In Glasgow is sprake van een beleid dat uitgaat van de eigen kracht en eigen verantwoordelijkheid van daklozen. Door de aanzienlijke sociale uitdagingen die deze stad kent, en de centrale verplichting om daklozen een nieuw permanent huis te bieden, worden veel inspanningen gepleegd ter preventie van dakloosheid. Personen die zich melden, worden geassisteerd met andere instrumenten dan opvang, en er wordt gestreefd naar alternatieve oplossingen zoals het herstellen van een relatie door middel van mediation. Om huisuitzettingen te voorkomen wordt actief onderhandeld met huisbazen die overwegen daartoe over te gaan. Het daklozenbeleid maakt onderdeel uit van het huisvestingsbeleid. De betrokkenheid van woningbouwcorporaties bij dit beleid is groot.

Er zijn landelijk een duidelijke centrale structuur en een centraliserende trend zichtbaar. Ten tijde van de onderzoek (heel 2013 – begin 2014) zou meer Schotse zelfstandigheid minder autonomie voor de Schotse steden opleveren. Er is over het algemeen weinig vertrouwen bij het publiek in door de overheid aangeboden oplossingen: voor het realiseren van oplossingen voor maatschappelijke problemen heeft het innemen van hogere functies door politiek gekozen personen de voorkeur. In deze context is het geven van politieke rekenschap, zowel over afspraken met aanbieders van opvangvoorzieningen als over incidenten, een belangrijk element in de bestuurscultuur.

Glasgow blijkt vrij succesvol te zijn in het bereiken van de beleidsdoelen die de stad zichzelf heeft gesteld. In vergelijking met de andere twee casussen, bereikt de stad de hoogste uitstroom van dakloze personen naar permanente huisvesting. Ook zijn, ondanks de wisselende steun voor het beleid door omwonenden en in de publieke opinie, de maatschappelijke effecten verbeterd. De resultaten van het lokale beleid worden landelijk nauwgezet gemonitord en aan benchmarking onderworpen.

In Amsterdam ten slotte, zijn de beleidsdoelen gericht op preventie, herstel en doorstroom uit maatschappelijke opvang. Het instrumentarium van de persoonsgerichte aanpak van de veldregie is er echter vooral nog op gericht om de personen te helpen die het meest in nood zijn of het lastigste gedrag vertonen. De uitgebreide huisvestingscapaciteit heeft geleid tot meer oplossingen binnen de

maatschappelijke opvang dan hierbuiten. Uit de onderliggende gemeentelijke beleidsveronderstellingen blijkt dat er gebrek is aan ervaring met nieuwe zorg- en begeleidingsconcepten en dat er een toenemende nadruk ligt op veiligheid.

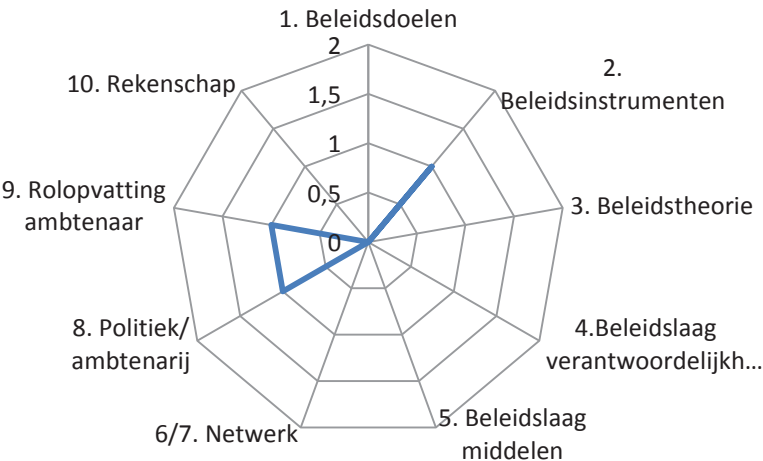
In Amsterdam speelden op het moment van onderzoek (2013) decentraliserende trends een rol. Het beleidsnetwerk voor de maatschappelijke opvang bestaat uit een groot aantal, veelal gelijksoortige, partners. Er ontbreken echter huisvestingspartijen. De geslotenheid van het formele beleidsnetwerk lijkt een meer integraal beleid in de weg te staan: het huidige aanbod blijft gericht op de historisch gegroeide vraag; men is blijkbaar niet in staat te reageren op de huidige bredere maatschappelijke vraagstukken. De Amsterdamse bestuurlijke traditie kenmerkt zich door het afwegen van belangen en door historisch gegroeide structuren en verhoudingen en is bepalend voor de flexibele en betrokken managementstijl. Deze bestuurlijke traditie verklaart ook het tempo waarmee nieuwe paradigma's en beleid worden geïmplementeerd. De ambtenaar heeft relatief veel discretionaire ruimte. In de wijze van sturing en verantwoording worden relatief weinig voorwaarden gesteld aan de non-profitsector van de maatschappelijke opvang. Het sturingsinstrument staat hiertoe te veel onder invloed van politiek en maatschappij waarin weerstand bestaat tegen een verandering naar een meer zakelijke verhouding.

Het governance arrangement blijkt effectief te zijn wat betreft de kwaliteit van de aangeboden voorzieningen. De uitkomsten van het beleid blijken effectief wat betreft de hoog risicogroepen, waar het beleidsinstrumentarium zich nog steeds op richt. OGGZ-criteria zijn bepalend voor de inclusie van hoogrisicogroepen in de Amsterdamse keten. Dat vormt de verklaring voor het gegeven dat er zowel veel geestelijke gezondheidsproblemen voorkomen onder de daklozenpopulatie in de keten, als dat er vaak psychiatrische diensten worden aangeboden aan de daklozenpopulatie. De centrale toegangspoort tot de maatschappelijke opvang in Amsterdam blijkt goed in staat geprioriteerde zorgvragen als het blijf geven van geestelijke gezondheidszorg en of verslavingsproblematiek te kunnen onderscheiden bij de daklozen die zich hier melden. Dit is iets dat de gemeente zich ook ten doel heeft gesteld, dus in dit opzicht is het governance arrangement effectief. Tenslotte roept de aanhoudende exclusiviteit van maatschappelijke-opvangbudgetten in de bredere decentralisatietrend vragen op ten aanzien van gemeentelijke efficiëntie.

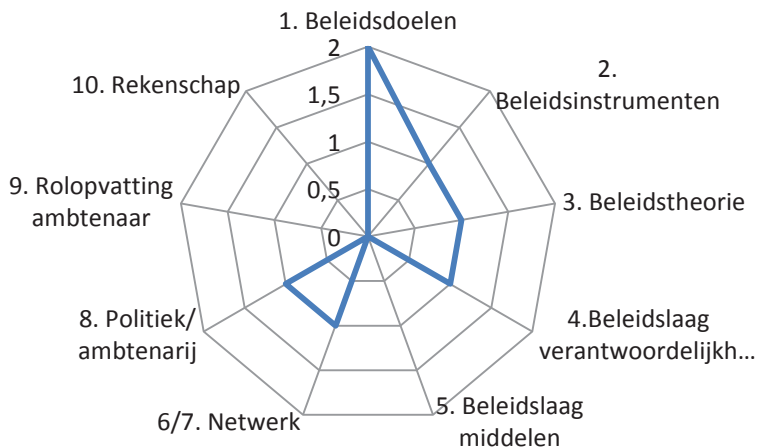
De maatschappelijke effecten zijn wisselend. Het aantal daklozen neemt af. Het aandeel van daklozen met minder zware zorgvragen neemt echter toe. Mogelijk verklaart deze trend de waargenomen stijging in het aantal buitenslapers in Amsterdam. Een mogelijk neveneffect van de wijze van monitoring en berichtgeving in Amsterdam, waarin de focus ligt op veiligheid, en van het prioriteren van de meest ongezonde cliënten, is dat individuen en groepen onnodig worden gecriminaliseerd en gemedicaliseerd.

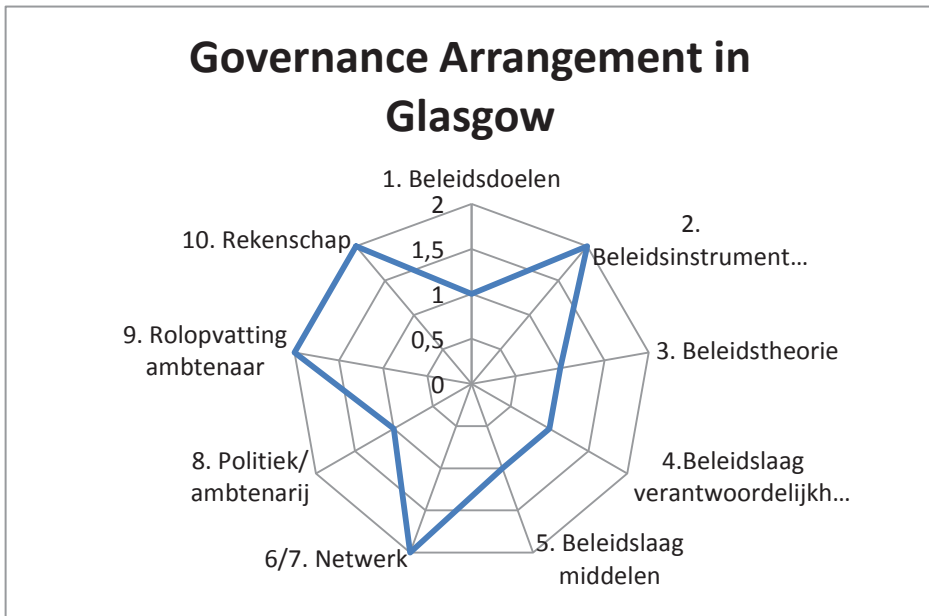
De resultaten van de drie casestudies kunnen – wat de inrichting van de governance arrangementen betreft op onderstaande wijze grafisch worden samengevat. In deze figuren is per element aan het meest relevante aspect van dit elementen een ordinale indeling verbonden tussen nul en twee. Aan de meest positieve inrichting van het relevante aspect is iedere keer maximaal twee punten toegekend.

Governance Arrangement in Kopenhagen



Governance Arrangement in Amsterdam





De in het onderzoek waargenomen variatie in governance arrangementen die in de onderzochte steden op het terrein van dakloosheid worden toegepast, is vervolgens door mij in verband gebracht met de verschillen en overeenkomsten tussen de drie cases wat betreft de kwaliteit van de aangeboden voorzieningen en de daarmee samenhangende maatschappelijke effecten. Op deze wijze heb ik de drie hypothesen uit het theoretisch kader empirisch getoetst. Deze empirische toetsing van de hypothesen resulteert in het volgende beeld van de invloed van de inrichting van een governance arrangement op de effectiviteit van het arrangement.

De algemene conclusie van dit onderzoek is dat governance ertoe doet. De eerste hypothese uit het theoretisch kader wordt hiermee bevestigd. Dat wat de overheid in samenspraak met partijen onderneemt of nalaat ter bestrijding van dakloosheid, heeft effect.. Zo blijkt de mate waarin integrale dienstverlening wordt geleverd, afhankelijk te zijn van de omstandigheid of interne beleidsdoelen al dan niet onderdeel zijn van het governance arrangement. Met behulp van interne beleidsdoelen kan een fragmentatie van beleidsverantwoordelijkheden en middelen worden voorkomen. Ook de mate waarin verantwoordelijkheden en budgetten op verschillende overheidsniveau's (multi-levels) belegd zijn, blijkt relevant te zijn. We kunnen dan ook concluderen dat een succesvolle coördinatie (cf. Bouckaert et al., 2010) de belangrijkste verklaring levert voor succesvolle resultaten in de bestudeerde casussen. Voorts blijken decentralisaties geen positief effect te hebben op het realiseren meer geïntegreerde oplossingen zoals het leveren van maatwerk (cf. Fleurke en Hulst, 2006).

Een tweede conclusie, die het resultaat van de toetsing van de tweede hypothese is, is dat de effectiviteit van een governance arrangement in de zin van verbetering van de huisvestingssituatie van dakloze personen af blijkt te hangen van de netwerkstructuur van het governance arrangement. Een meer heterogene netwerkstructuur, dat wil

zeggen meer gemengde samenstelling van specialisten en generalisten in het netwerk, blijkt positievere effecten te hebben op de huisvestingssituatie van dakloze personen.

Ten derde is bij de toetsing van de derde hypothese gebleken dat het eerder de structuur- en managementelementen dan de beleidselementen van een governance arrangement zijn die de efficiëntie van het arrangement verklaren. Ook hier blijken multi-levels een bepalende factor te zijn. Dat komt met name doordat tussen deze niveau's ruimte ontstaat voor een verschillende invulling van de managementelementen.

Bovenstaande conclusies houden verklaringen in voor de kwaliteit van de aangeboden voorzieningen. Ze betreffen de kwaliteit van de outputs. De maatschappelijke effecten, de outcomes, van een governance arrangement zijn daarentegen minder precies te verklaren. Er is een bredere variatie aan verklaringen voor de aangetroffen maatschappelijke effecten mogelijk. Desalniettemin kan ook voor de maatschappelijke effecten worden geconcludeerd dat deze meer kunnen worden verklaard uit beleids- en managementelementen dan uit structurelementen. Overtuigingen en maatschappelijke tradities blijken meer invloed te hebben op maatschappelijke uitkomsten dan middelen of structuren.

Het onderzoek heeft duidelijk gemaakt dat het er toe doet dat overheden iets doen en laten, en dat ook de wijze waarop inspanningen worden vormgegeven, in welk arrangement, relevant is. Er is meer inzicht verkregen in welke aspecten van bestuurlijke-politieke arrangementen nu precies bijdragen aan de effectiviteit van het arrangement. Deze studie levert zo een bijdrage aan het wetenschappelijk debat over de gewenste inrichting van governance arrangementen.

Deze studie biedt geen steun voor een benadering van netwerken als een diffuse, vloeibare en steeds meer globaliserende eenheid. Ze levert daarentegen wel belangrijke informatie op waardoor onderlinge relaties tussen elementen van governance, output en outcome beter kunnen worden geduid. Uit dit onderzoek wordt ook duidelijk welke aspecten relevant zijn voor de bestudering van deze relaties. Daarnaast biedt deze studie een methodologisch instrumentarium om een sociaal complex verschijnsel als dakloosheid bestuurskundig te kunnen bestuderen. Ten slotte bieden de resultaten van dit onderzoek aanknopingspunten voor de beleidsvorming op het terrein van sociaal complexe vraagstukken zoals de aanpak van dakloosheid.

Deze studie is een pleidooi voor een zakelijke, instrumentele benadering van governance arrangementen op het terrein van dakloosheid. Interventies met betrekking tot het functioneren van de keten van de maatschappelijke opvang, zouden zich het beste kunnen richten op structurelementen. Op de aan daklozenbeleid aanpalende beleidslagen waar de beleidsverantwoordelijkheden liggen voor geestelijk gezondheidszorgbeleid, jeugdbeleid en beleid ten aanzien van licht verstandelijk beperkte personen. De meest vitale functie van het daklozenbeleid en opvanginstellingen zou dan zijn om (trends onder) dakloze personen op te sporen en (terug) te verwijzen naar de primair verantwoordelijke instellingen. De maatschappelijke opvang zou moeten functioneren als een trampoline, in plaats van als een laatste vangnet.

English summary

Homelessness is a complex policy issue that all local governments face. But, at the same time, local authorities often have very little influence on the causes of homelessness, such as de-institutionalization, drug addiction, and release from detention or evictions. Seen in a European context, Northern European local governments all face similar policy challenges, such as addressing rough sleeping and promoting the flow of people out of temporary shelters.

From a public administration perspective, homelessness can be identified as both a 'wicked' and a persistent social and policy issue. Interventionist governments tend to implement policies that might end up creating new problems – hospitalization being an example of this– and at the moment there is little known about the effectiveness of public administration policies that aim to address homelessness. From this study I hope to gain more insight into exactly which elements of administrative and political approaches, or which governance arrangements, are most effective in this respect.

To this end, this research has examined developments in three northern European countries (Denmark, the United Kingdom and the Netherlands) over the past ten years.. Homelessness has made its way onto the political agenda because, in a time of relative prosperity, it is no longer considered an acceptable phenomenon and has therefore become an issue that has had to be addressed. It is true that, as various financial and moral strategies have been combined, possible new opportunities have arisen to tackle the problem of homelessness. In this research, I ask the question of whether differences in the administrative-political approach to homelessness between Northern European metropolises impact upon the quality of the level of the facilities offered, as well as the related social results. Does a difference within the governance arrangement that is applied in relation to homelessness lead to a difference in the quality of facilities for homeless people and a difference in the social results?

To answer this question, I first examined, through a literature study, exactly which elements of governance arrangements to combat homelessness currently exist and exactly which aspects of these elements must be studied in order to explain which outcomes (in terms of the quality of services offered) and which societal effects different arrangements may have.

There are three elements of a governance arrangement that are crucial to this: policy, structure and management. Within the 'policy' element, I distinguish three aspects: policy goals, policy instruments and the basic assumptions (moral and empirical) underpinning the policy. The 'structure' element concerns the level at which resources and responsibilities that offer possible solutions to homelessness are allocated. In addition, the network structure is an important aspect of the structure element. Lastly, under the 'management' element are grouped relations that local government within the network structure has with non-profit organisations and private organisations. Flexible or more distant relationship between politics and the civil service within local government itself are also subject to examination. In addition, the dominant role of local officials and the value at the local level attached to certain conceptions of accountability can also be distinguished as relevant aspects of management.

The effectiveness of a governance arrangement is assessed on the basis of the quality of the services offered and the related societal effects. The quality of the

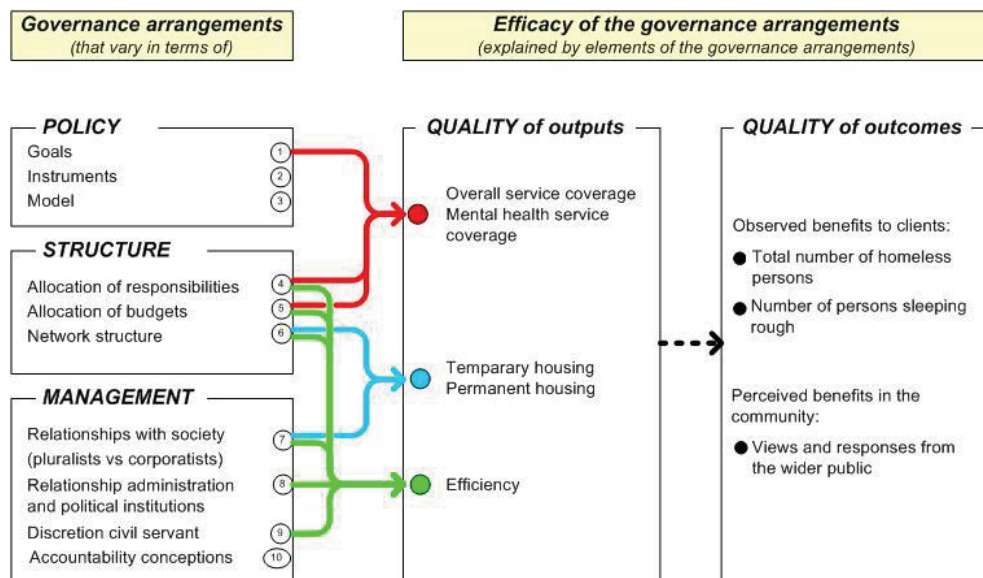
services offered can be measured by using a number of performance indicators for public mental health care (PMHC). These performance indicators measure the integrated nature of the services offered, the degree to which this also includes psychiatric services, and the supply of temporary or permanent housing. Efficiency is also one of the criteria on the basis of which the quality of the services offered is defined.

The societal effects of the governance arrangement are assessed on the basis of indicators related to the number of homeless people (who reside in the facilities provided) in the city and the number of people sleeping outside. In addition, a picture of the societal effects is obtained by recording the opinions and reactions of the broader public.

In the context of this study on the subject of homelessness, three hypotheses on the impact of a governance arrangement on the quality of the services offered and the societal results have been put forward. The first hypothesis proposes that specific variations in the way in which a governance arrangement is organised impact upon the efficacy of the arrangement in terms of integrated service coverage and customised services. The second hypothesis states that networks that are more heterogenic are more effective in the field of housing. Heterogenic networks are more capable of preventing homelessness than homogenic networks. The third hypothesis argues that in a more centralised structure there is a greater effectiveness in terms of efficiency.

These three hypotheses and the other findings of the literature study are outlined in the following theoretical model.

Figure 1 Theoretical relation between the governance arrangements applied at local level in respect of homelessness and their efficacy



In order to empirically investigate the three hypotheses, using the results of the literature study, I sought as much variation in the political-administrative contexts of northern European cities as possible. I decided to study northern European cities because they are comparable in terms of prosperity and in the last decade they have demonstrated activity in the setting of policies to address homelessness. In Northern Europe, different administrative traditions can be distinguished. These can be summarized under the headings of Anglo-Saxon (more centralist structure and corporatist network), Scandinavian (more decentralized structure and pluralist network) and continental (a mixture of the administrative traditions of the first two).

On the basis of this trichotomy, Glasgow, Copenhagen and Amsterdam were chosen as cities where it would be possible to analyse the organisation and effectiveness of the governance arrangement. The local authorities of these cities were willing to cooperate with the investigation. In each city, the relevant policy documents were studied and confidential semi-structured interviews among ten relevant stakeholders (policy makers, politicians, executive institutions, clients) have been carried out. The results of the three case studies provide a well-documented picture of the different aspects of the theoretical framework outlined above..

In Copenhagen, the policy appears to be highly problematic. Efforts focus on the groups of homeless people with the most complex needs. However, the only instrumentation tools offered to these persons are temporary emergency solutions. Copenhagen's main instrument is Housing First. This appears to be only partially available for the toughest group of homeless people. The assumptions underlying the policy appear to exhibit a mentality of permissiveness. The homeless person is seen as a free bird, an independent individual, who is better off not being rushed.

The governance structure fits the metaphor of an archipelago, which is not addressed in the policy and impacts on the quality of the services offered and the societal results. There is only a partly decentralized structure. The structure is characterised by central control, achieved in part as a result of funding a network of longer-term social relief providers who offer their services in the city of Copenhagen. There is a close interrelationship between society and politics. The civil service is given the task here of responding flexibly to this close interrelationship. This may explain the incident-focused practice, as well as proposals made by politicians directly reflected in the policy.

This governance arrangement has questionable outputs: on the street, homeless persons with psychiatric problems (those who are the responsibility of the local region) cannot be helped because there is a clear lack of solutions to address the problems faced by these individuals. The societal effect of the governance arrangement is that both the number of homeless people who make use of shelter facilities and the number of homeless people who reside on the street have increased during the intensified homeless policy.

Glasgow's policy focuses on the strength and self-responsibility of homeless persons themselves. Because of the significant social challenges that this town is facing and the central obligation to offer statutory homeless people a new permanent home, many efforts are being made to prevent homelessness. Persons who report themselves as homeless, and who it is felt could benefit from the supply of services other than just shelter, are offered alternative tools and the city also seeks other solutions, such as the repairing of family relationships through mediation. To prevent evictions, active

negotiation takes place with landlords considering such action. Homelessness policy is part of the housing policy. The involvement of housing agencies in these instruments is significant.

Both a clear state central structure and a centralizing trend are visible here. At the time of the research (all of 2013 until the beginning of 2014), the possibility of more Scottish independence would have actually produced less autonomy for Scottish cities. Also, there is generally little public confidence in the solutions offered by government: to achieve solutions to societal issues politically elected people tend to take up higher public positions. In this context, political accountability is much valued and impacts on agreements with providers of care, as in the case of adverse incidents. Accountability is an important element in this management culture.

Glasgow has proved quite successful in achieving the policy goals that the city has set itself. As compared to the other two cases, the city reached the highest outflow of homeless people into permanent housing. Also, despite the varying support for the policy from local residents and in public opinion, the city managed to improve the social effects. The results of the local policy are closely monitored and subject to national benchmarking.

Finally, in Amsterdam, the policy objectives are aimed at prevention, rehabilitation and flow through and out of shelters. However, the instruments of the person-centred approach in this municipality appear to still be mainly focused on helping the people who are most in need or display troublesome behaviour. The recently extended capacity in sheltered housing has led to more solutions being offered within the social relief sector than outside it. From the underlying municipal policy assumptions it is clear that there is a lack of experience with new care and support concepts and that there remains a growing emphasis on security.

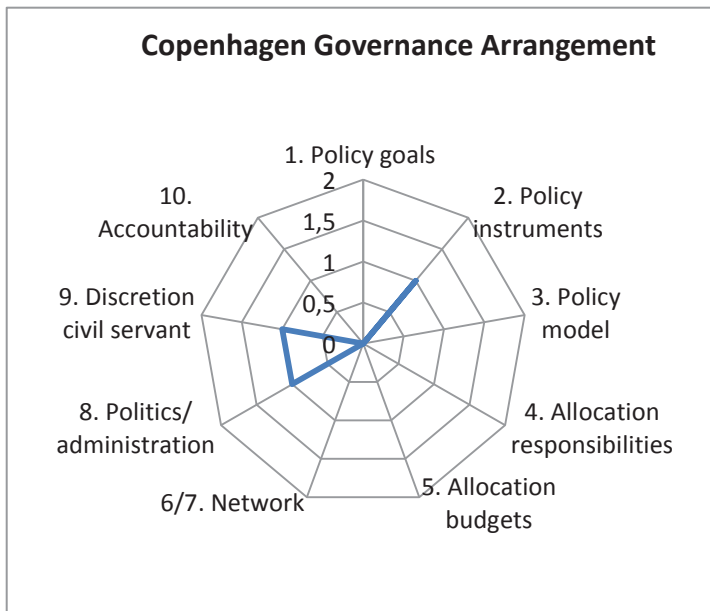
In Amsterdam, at the time of research (2013), decentralizing trends were playing a role. The policy network for social relief consists of a large number of, mostly similar, partners. Predominantly missing, however, are housing players. The closeness of the formal policy network seems to get in the way of a more integrated policy: the current supply is based on a historically grown question, one that is apparently unable to respond to current broader social issues. Amsterdam's administrative tradition is characterized by balancing interests, and by historically grown structures and relationships, and sees the flexible management style as relevant. This administrative tradition also explains the pace at which new paradigms and policies can be implemented. The civil service has a relatively large discretionary space. In terms of accountability, there are relatively few conditions placed on the non-profit part of the social relief sector. The instrumentation to do so is too much under the influence of politics and society, from which a resistance to change towards a more corporate relationship comes.

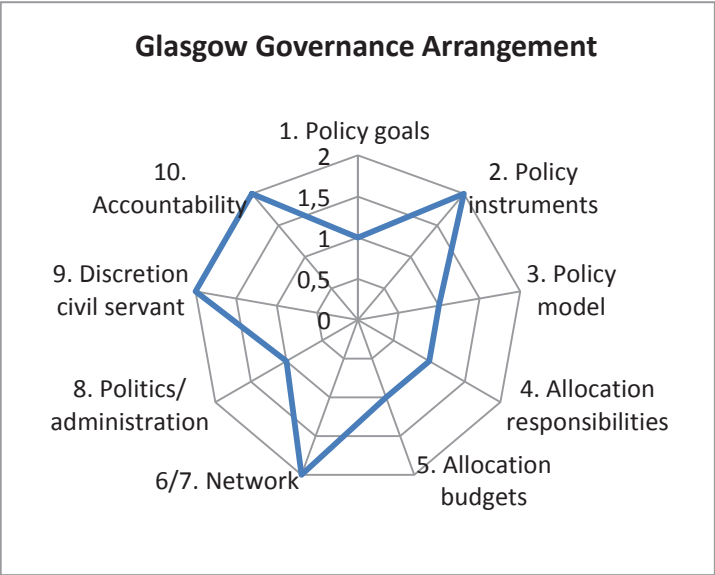
The governance arrangement appears to be effective where it concerns the quality of the services provided. The outputs of the policy appear to be effective in respect of the high-risk groups, which the current tools are still engaged with. PMHC criteria are decisive for the inclusion of high-risk groups in the Amsterdam chain. This explains why the homeless population within the provisions often has mental health issues as well as why mental health services are often offered to the homeless population. The central gateway to homeless shelters in Amsterdam appears able to distinguish prioritized care demands such as evidence of mental health and addiction issues among the homeless who report there. This is something that the municipality has also set as a

target so, in this respect, this governance arrangement is effective. Finally, the continuing exclusivity of social-relief budgets in the broader decentralising trend raises questions regarding municipal efficiency.

The outcomes vary. The number of homeless people is decreasing. The proportion of homeless people with less severe care needs is, however, increasing. This trend may explain the observed increase in the number of rough sleepers in Amsterdam. A possible side effect of the method of monitoring and reporting in Amsterdam, where the focus is on safety and prioritizing the clients with the most severe health needs, is that individuals and groups are unnecessarily criminalized and medicalized.

The results of the three case studies can – in respect of the organisation of the governance arrangements – be summarised in a graphical manner as below. In these, a figure, an ordinal grouping ranging between zero and two, has been allocated per element to the most relevant aspect of the element. To the most positive organisation of the relevant aspect a maximum of two points has been awarded.





The results of this study found variations in governance arrangements in the cities selected in how they approached the problem of homelessness. Using these findings I was able to make connections between the similarities and differences in the three cases in respect to the quality of the services offered and the related societal effects. In this way I have empirically tested the three hypotheses from the theoretical framework. This empirical testing of the hypotheses results in the following picture of the impact

of the organisation of a governance arrangement on the efficacy of the arrangement. The general conclusion on the basis of this is that governance really does matter. The first hypothesis from the theoretical framework is thus confirmed. What the authority does or does not initiate in conjunction with other parties to address homelessness does indeed have an impact. So, it appears that levels of integrated service delivery are dependent on the condition of whether or not the setting of internal policy goals is part of the governance arrangement. With the help of internal policy goals, multi-level fragmentation of responsibilities and budgets can be prevented. Also, the degree of multi-level fragmentation or, in other words, where (at what level) responsibilities and budgets are allocated, appears to account for the quality of this output. In addition, we may conclude that the successful outputs for the various cases in this respect are mostly attributable to successful coordination (cf. Bouckaert et al., 2010). In reaching this conclusion, I have also found that decentralizing trends do not impact positively on the realisation of higher levels of integration, such as more integrated approaches and customized services (cf. Fleurke en Hulst, 2006).

A second conclusion, which results from the testing of the second hypothesis, is that the efficacy of a governance arrangement – in terms of the improved housing situation of homeless persons – appears to depend on the network structure that is part of the governance arrangement. A more heterogenic constellation of the network, which means a more mixed composition of specialists and generalists in the network, does appear to have better outputs in terms of the housing situations of homeless persons.

Third, it appears from the testing of the third hypothesis that it is predominantly elements of structure and management, rather than policy, that are decisive for the efficiency of the arrangement. Again, multi-levelness is a decisive factor, but only because this has an impact on the room for variations in elements of management to account for efficiency of output.

The above conclusions offer explanations for the quality of the services provided: they concern the quality of the outputs. Meanwhile, the societal effects (the outcomes) of a governance arrangement can be explained less precisely. There is a wider range of explanations for the societal effects that are possible and these explanations are more centred on policy and management elements of governance arrangements than on structure. Beliefs and social traditions would have more influence on social results than means or structures.

The research has made clear that it does matter whether governments do or do not do something, and that the way in which efforts are constellated in each arrangement also matters. More insight has been obtained into exactly which aspects of administrative and political arrangements contribute to the effectiveness of the arrangement. In this way this study makes an important contribution to the academic debate on the optimum organisation of governance arrangements.

It does not offer support for an approach that is about networks as diffuse and liquid entities within an increasingly globalising context. Instead, what it does do is provide important information that will enable scientists to better understand relationships between elements of governance, output and outcome. This research also clarifies exactly which aspects are relevant in the study of these relationships. In addition, it provides a methodological tool to study a complex social phenomenon such as homelessness from a governance angle. Finally, the results of this research offer

ideas for the development of policies in areas of socially complex issues, such as a strategy on homelessness.

This study is a plea for a corporate, instrumental approach towards governance arrangements on homelessness. Interventions to improve the functioning of the social relief sector should focus on elements of structure and on the governance levels at which the adjacent responsibilities for homelessness are organised – such as the responsibility for mental health policy, youth policy and learning disability policy. The main focus of homelessness policy and sheltered institutions should then be to locate trends and refer persons – or in other words ‘push them back’ – to the adjacent, primarily responsible areas. The sector of social relief should be functioning as a trampoline, not as a last resort.

Appendices

Appendix 1

1: topic list interviews key respondents

Used to interview central and local authority professionals and helping professionals

‘City’ can be equally replaceable for all 3 cases’

Intro interview

I have been a policy maker on homeless now for about five years. The city of Amsterdam has given me the opportunity to do an independent PhD.

I am interested in the relation between what the government does to overcome homelessness and the actual effect of these actions. Is there an effect and if so what?

For this reason I am interested in the case of *City*. I have done as much as possible reading of research that is known and have also studied policy-documents, so far mainly from the internet

This interview is intended; on the one hand to test the impression I got on the basis of this search and please, do tell me when I got the wrong impression. On the other hand I would like to know more about your experiences with the relation between government’s actions and policy and what this means for people working with homeless and people experiencing homelessness themselves or as inhabitants of the city of *City*.

If this is okay with you, I would like to record this session. All text will be typed out and I will let you read the report I will make of this interview to check if I understood you right. On this occasion you will also have the opportunity to share additional information or ideas with me. It will however not be possible to make changes to the interview text afterwards. In the final report reference to your quotes will be anonymous.

1. Background respondent

- 1.1 What is your professional background?
- 1.2 What do you do, what is your job?

2. Policy

2.1 Policy model

- 2.1.1 What are the general causes for and characteristic of homelessness in *City*?
- 2.1.2 What do you feel explains homelessness in *City*? What can you base this impression on?

2.2 Strategy

- 2.2.1 Are you familiar with the *City* strategy on homelessness?
- 2.2.2 Where are you positioned in the *City* homelessness strategy? What is your place, your role?
- 2.2.3 The *City* strategy sets specific goals and employs specific instruments
SHOW GOALS AND INSTRUMENTS/ ASK: are you familiar with these goals, instruments?

- 2.2.4 Does the *City* strategy on homelessness influence your daily work? How? In what way?
- 2.2.4.1 E.G. (IV3.5 *City*) How/ to which extent is 'cooperation with the NGO's in the local districts of the city' realised?
- 2.2.4.2 E.G. (*other city*)
- 2.2.5 According to you, are the goals being set in the strategy (IV2 below) met by these instruments (IV3)?
- 2.2.6 How is the strategy related to the wider policy area of homelessness? Is there a distinction between the strategy and the wider policy area or does the strategy cover the whole policy area?
- 2.2.7 *Intro* I am also interested in how well you need to know whether these are met. To what extent do you know the goals set in this strategy are met? What instruments do you/ does your organisation have available? (Accountability mechanisms, also IV 6)?
- 2.2.8 In general, do you feel the strategy addresses the main problems with homelessness in the city of *City*?

3. Structure: Mapping multi-levels of homelessness

Intro

(Since the needs of homeless people can be complex,) the financial sources for support can come from several departments or levels in the government structure, and beyond.

- 3.1 Together with you, I would like to draw a picture of the different levels that are involved.
 - SHOW/ COMPOSE A SKETCH OF the horizontal and vertical levels involved in the *City* strategy
 - TOGETHER FILL IN POSSIBLE 'GAPS'
- 3.1.1 Where are funds and policy for addiction situated?
- 3.1.2 Also, mental health policy and means.
- 3.1.3 Housing policy?
- 3.2 What expertise is available at what level?
- 3.2.1 In your everyday job, where and how do you get informed about what you need to know about homeless or homelessness (information position; sources)?
- 3.3 (with homelessness as a potentially wicked problem;) What financial risks are positioned at what level?
- 3.4 How is the position of *City* in this (broader) picture?
- 3.4.1 And how does this impact your work?
- 3.4.1.1 More specific, is there an impact on the network (THINK: STEERING CAPACITY, IT'S RELEVANCE)?
- 3.4.2 IF NOT DISCUSSED UNDER 1.2.4.1: what does the network on a local level look like?
- 3.4.2.1 How is this managed? By whom? In what way? And to what effect? What is the effect on participants of this network?

4. Working together

(IF NOT ALLREADY DISCUSSED BEFORE) What is your relation to, how do you work together with:

- (other) homeless people (Peer support)
- (other) practitioners,
- (other) policy makers (IV1 en IV6a),
- (other) politicians (IV6a),
- the public (monitoring data available)?

Do you know of any studies that describe the effect on individual clients (such as a cohort study) and or effects on certain city areas that I need to know about?

5. Output TALK ABOUT

- 5.1 Mental health service coverage homeless
- 5.2 Overall service coverage homeless
- 5.3 Temporary housing
- 5.4 Permanent housing
- 5.5 Homeless with income
- 5.6 Homeless registered with care providers

Anything else you would like to share about the topic of this interview?

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Appendix 2

3: table Copenhagen policy goals and instruments before 2013

	Project	Nat. goal (left column) Cph goal (output) (right column)	Concrete targets and success criteria for the effort	Instrument
1	Særboliger	2, 3 “establishing approximately 160 permanent særboliger (*1) to meet the need”	E.g. “80% maintain the dwelling for at least 1 year after receiving instructions”	Housing First, ACT and CTI. Improving the skills of workers, by the Cph-templates of the ACT and the CTI method.

2	Alternate care sites	3	<p>the improvement of the quality of life and security of the target group by achieving an improved or stabilized physical and mental health - through:</p> <ul style="list-style-type: none"> • That the audience receives the necessary care, support and care. • To the target of physical and mental disorders are treated. • That segment not commute between different acute botilbud (*2), hospitals and posterity. own home or the street • That frees up seats in §110-quotes (*3) 	<ul style="list-style-type: none"> • One year after registration has at least 70 percent of users reduced or stabilized their alcohol and/or substance abuse (...) their physical health. their emotional, mental health. • After the search for the quote is a reduction in the number of hospital admissions per year for users of the offer. • In §110 offerings is the proportion of enrolled citizens in segment (across botilbud) decreased by at least 50 % by the end of 2012 compared to mid-2010 	<p>The improvements expected by users ' physical and mental health to be achieved by:</p> <ul style="list-style-type: none"> • Users are regular and stable access to staff with health professional competences which can furnish users as well as ensure that they come to medical or treatment. • Reading stabilizes (that will always be staff who have a focus on reading and user State of health) • Continuity in staff relationship creates secure frames which is expected to help users motivated to receive treatment • Users are associated with staff who have experience with and can handle care homeless and addicts, which will increase the power and success. • Fixed frames with daily food and general daily care
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3	Acute quotes for women,	1, 3	<p>The goal is to provide several homeless women with addictions with social action plans coming into treatment for their addiction and are offered suitable housing</p> <p>Additional Cph goal: no female sofa surfers; several acquire (?) and maintain housing; reduce physical and mental disorders.</p>	<ul style="list-style-type: none"> • 50% fewer female sofa surfers by SFI census in 2011 in compared to 2009 • 75% fewer women staying in the street by SFI Census in 2011 compared to 2009 • 80% maintain the dwelling for at least 1 year after receiving instructions, respectively. 70% maintain the dwelling for at least 2 years after receiving instructions. 	permanent acute places' (§110) with systematic 'clearing' (see project 7) and a night café for homeless women
4	Acute botilbud[2] for young people	1, 2	<p>Significantly fewer homeless on the streets of Copenhagen 2013. It is particularly targeted to prevent social decline by intervention with young people (who are) homeless. The aim must be to constantly work for that there are no young people who end up in homelessness</p> <p>Additional Cph goal: homeless get and maintain own dwelling</p>	<ul style="list-style-type: none"> • The number of 18-25-year-old homeless on the street is reduced by 50% by SFI's homeless census in 2011 compared to the census in 2009; • Young people 18-25 year olds to common hostels reduced by 50% by SFI's census in 2011 compared to census in 2009; • Clearing 18-25 year olds who are enrolled in § 110- quote begins within 1 week after the placing on quote; • Success criterion is that at least 90 % had started a clearing within a week after registration (starting with 2010). 	permanent acute places §110) and also to the conversion of more permanent housing solutions (§107) into the §110 offer; focus on systematic and rapid clearing; night café for young persons

5	Safe night café	1	<p>Significantly fewer homeless sleeping on the street in 2013</p> <p>Additional Cph goal: (1) by improving the security in the night café offerings and (2) having fewer users leaving night-café offers in the course of the evening or the night</p>	<p>(1) the proportion of users who leave natcaféerne in the course of the evening/night is reduced by 50% in the second half of 2010 compared to the first half of 2010 (base line). This level is maintained in 2011, 2012 and 2013. (2a) conflict level in natcafé offers dropped by at least 25% after the introduction of the security-building measures in relation to prior introduction. (2b) reduction in the number of people staying on the street by SFI census in 2011</p>	<p>physical improvements (redecorations) and two outdoor beds (with possibility of coverage)</p>
6	Providing supporting bridges facing chaotic abusers	1	<p>(1) Significantly fewer homeless sleeping on the streets in Copenhagen in 2013 (2) To alleviate and reduce the most vulnerable home fixes suffering</p>	<p>· Reduce the chaotic young people sleeping on the street with 50%, see. statement from the men's homes and SFI's Census in 2011 (...) Census 2009. · Reduce the number of citizens in the segment it has not dependants basis by 75% by SFI's census in 2011, (...) 2009.</p>	<p>outreach workers and the replacement of sleeping cabins are by 24-hour manned permanent acute places (§110-quotes)</p>

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7	Systematic clearing	1 23 4	<p>Several (homeless persons) obtain and maintain housing</p> <p>Additional Cph goal: <u>Concrete effects of effort</u>: Improved and faster clearing[1] of citizens in botilbud on §110; Greater power of action plans and accommodation plans. The improved clearing; More people searched for and staying in suitable botilbud; Clearer responsibilities around citizen efforts among professional staff (increased whole and continuity); Working systematically to measure citizen progression and satisfaction in connection with the effort.</p>	<p>To indicate proof for the effectiveness of the tool: · The tool is developed per 1. May 2010 and fully implemented for 100 people per 1. december 2010. · The number of genindskrivninger (suspends?)[4] in §110 offers for participants in the project is reduced by 75% in late 2011/early 2012 in relative to the baseline at the end of 2009/beginning of 2010. · Participants in the project, which designate residential, insists in higher degree the dwelling a year after occupation than the persons have not participated in the project and has been designated residential. · Participants in the project who started treatment after project start, maintain better treatment than individuals in treatment who have not participated in the project.</p>	<p>A hundred persons will be involved in a pilot to test a tool</p>
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8	Mentally ill street sleepers (rough sleepers)	1	<p>(1) Significantly fewer homeless sleeping on the streets in Copenhagen in 2013; (2) To alleviate and reduce the most vulnerable home fixes suffering</p> <p>Additional Cph goal: <u>Concrete effects of effort</u>: To reduce damage by homeless behavior among the very weak homeless; To achieve stable contact for the most vulnerable and weak in the Street environment; Social action plans to be drawn up for more of the citizens in the segment</p>	<ul style="list-style-type: none"> • That 85% of those citizens who are assessed to be in the audience (SFI-count 2009) assessed medical before SFI's homeless census in 2011. • That At least 30% of the citizens who come into contact with and evaluated by a psychiatrist, begin treatment within 6 months from initial contact. • The number of citizens in the segment is reduced by 25% by SFI's census in 2011 compared with 2009. 	a new Cph homeless outreach team that includes a psychiatrist; strong emphasis on interaction and dialogue with the (mental health) Region 'Hovedstaden' and a documentation system
9	Release	4	<p>(1) Significantly fewer homeless sleeping on the streets in Copenhagen in 2013; (2) Reduce physical and mental suffering</p> <p>Additional Cph goal: <u>Concrete effects of effort</u>: Fewer released characters printed for General homeless hostels; Several released characters which establish themselves in permanent housing,</p>	<ul style="list-style-type: none"> • By the end of 2010 has 75% of the Copenhagen released characters (covered by §141 of the Service Act) received quotes about/had prepared a social action plan, which takes into position on the housing situation. 	management tools: a road map and a cooperation agreement

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			obtain employment and come into treatment for a possible abuse.		
10	Focus on urban citizens	1	Significantly fewer homeless on the streets of Copenhagen in 2013 Additional Cph goal: 1[1] To be translated as displacement, outflow		outreach and relationship building work and in close interaction with social center, botilbud and home municipality

11	Team for handling of citizens affected by resettlement and to ensure increased flow at botilbud, etc.	123	<p>(1) Significantly fewer homeless sleeping on the street in 2013; (2) Reduction of physical and mental suffering</p> <p>Additional Cph goal: <u>Concrete effects of effort</u>: The effort will help to ensure that happens fast contact to citizens who are teased and ready to move forward from a temporary botilbud and ensure that citizens who are affected by resettlement, etc., maintain contact with the help system; Through a temporary exceptional efforts to target audience ensure first, that citizens do not experience adverse effects of rehabilitation, conversion, etc., and can be traded faster on concrete needs of citizens who need a move forward from a temporary botilbud. This effort also is expected to support an increased flow of municipal botilbud.</p>	<ul style="list-style-type: none"> • 100% of the citizens who associate the effort has a Social action plan or have been offered a social action plan by the end of 2011. • By the end of 2011, there is found permanently housing solution for 75% of the citizens who associate the effort. • By the end of 2011 is in pending relevant treatment for 80% of the citizens who are attached to the effort. 	a temporary team of social workers and social advisors
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12	Offload bays for pending persons	4	(1) Several (homeless persons) obtain and maintain own dwelling; (2) Reduction of physical and mental suffering	75% of the citizens offered to stay at one of the sites has its own housing within 6 months. 25% of the citizens offered to stay at a workplace is provided other relevant botilbud within 6 months.	seven temporary housing offers (§110)
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- 1 The term "særbolig" used in the Copenhagen Municipality as a summary description for different types of homes with 100% municipal anvisningsret, but where the citizen has its own rental contract and where is granted concurrently an appropriate multidisciplinary support to each inmate. Særboliger can be created independently of the organizational form of and may have very different nature-including: Soloist Homes, Shared households, Good communities and Dorm-like residences -all with different needs for support.
- *2 Botilbud: the term Bo and botilbut remain translated to this date. Nevertheless the impression is that this term general refer to some form of basis provision of a roof (shelter, temporary housing).
- *3 \$110 offer refers to temporary housing provision as opposed to permanent housing provisions such as meant under Særbolig
- [4] Geninds= reset. Possibly, in this context this goal refers to the diminishing of suspending persons from shelters.

Appendix 3

3: table Glasgow policy goals and instruments before 2012

	Strategic aim		Objective
1	Prevent homelessness	1	Ensure that the Statement of Best Practice with Glasgow Housing Association and other housing associations working in Glasgow are embedded in practice across housing organizations, Community Health and Care Partnerships Homelessness Services and Health.
1		2	Deliver a comprehensive set of Housing Information and Advice resources and services, including the Housing Options Guide and the implementation of Section 11 of the Homelessness (Scotland) etc Act 2003.
1		3	Monitor, evaluate and reconfigure, if required, support services which can prevent homelessness, and collaborate with purchased service providers to ensure service users are receiving the most appropriate levels of support and that this is reviewed on a regular basis.
1		4	Continue to work with Glasgow Housing Association to implement the tenancy sustainment strategy and to share best practice with other housing associations.
1		5	Introduce with Glasgow Community and Safety Services, a mediation service for young people who are at risk of losing their settled accommodation.
1		6	Develop joint working with Community Health and Care Partnerships and housing associations to ensure improved access to health and social care services to address those potentially homeless and ensure tenancy sustainment.
2.	Alleviate homelessness for those who experience it by:-	7	Aligning homelessness services with the Community Health and Care Partnerships to work more effectively together.

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2		8	Working with Children and Family Services to review the range and models of supported accommodation and floating support services for young people experiencing homelessness.
2		9	The re-provision of the accommodation and support services for women experiencing homelessness in services managed by Glasgow City Council and develop accommodation and support options for the resettlement of women service users.
2		10	Continuing to monitor and evaluate the implementation of the Homeless Shared Assessment tool to provide better information on level of service user needs.
2		11	Matching homeless people to support services based on assessed level of need
2		12	Define the responsibilities of specialist and mainstream health services in the delivery of health care to people affected by homelessness and achieve equality of access to mainstream and specialist health service for people affected by homelessness.
3	Eliminate the need for anyone to sleep rough	13	Review the impact of services provided from the Hamish Allan Centre following a service restructuring.
3		14	Ensure that there is an appropriate supply of quality emergency and temporary accommodation that meets the needs of homeless households.
3		15	Ensuring provision of appropriate permanent accommodation for homeless people through linking with the Local Housing Strategy about housing supply and through the operation of the revised Homelessness Duty protocol with housing associations in terms of access to accommodation.
4	Ensure effective joint work and service delivery by relevant agencies to provide user/needs-led services	16	Manage joint service planning and strategy implementation through the Homelessness Planning and Implementation Group.
4		17	Further develop user involvement, building on current good practice including regular customer feedback.

4		18	Redesign specialist homeless health services to reflect changing needs of homeless people
4		19	Work with employability agencies (Local Regeneration Agencies and Job Centre Plus) and housing providers to increase employment opportunities for service users.
4		20	Work jointly with Glasgow Addictions Partnership and Community Justice Services to develop specifications to report on respective management information systems, implement improved standards of recording, and improve data quality and exchange to improve outcomes for individuals with
4		21	In partnership with Children and Family Services ensure that the needs of vulnerable children who are part of a household who could become homeless or experience homelessness are reflected
5	Evaluate current services and plan for future needs for households experiencing homelessness.	22	Work with the Scottish Government to enhance the planning toolkit to assist in planning for the abolition of priority need by 2012 in terms of policy and practice changes, emergency, temporary and permanent accommodation as well as support services.
5		23	In the constantly changing area of “People from Abroad” seeking advice and accommodation in Glasgow, evaluate our current approach to the services provided to refugees and migrant workers and implement recommendations.
5		24	Ensure policies and practice reflects current best practice, equal opportunities and the new equalities legislation.
5		25	Complete the longitudinal study of service users who were part of the Hostel Reprovisioning Programme and disseminate the interim and final report to all interested parties.
5		26	Monitor all service changes and developments using Equalities impact assessment and address any negative impacts on those groups who experience inequalities.
5		27	Review health and homelessness action plans and delivery as part of a revised monitoring framework with NHS Greater Glasgow and Clyde.

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- Existing services will be reviewed to ensure that the support provided continues to meet the diverse needs of clients. Ensuring households receive support, and information and advice which is of good quality, is central to achieving multiple outcomes underneath the 'Access' theme.
- Preventing homelessness is a strong focus for joint working across health, housing and voluntary sectors. The relationship between homelessness and the risk of ill health has been well documented, and a range of mainstream and specialist services have been established to help ensure homeless households access appropriate care. Joint planning structures have been reviewed as a result of the establishment of Community Health Partnerships, and a revised Homelessness Planning and Implementation Group has been established to ensure broad participation service delivery, and continued service user involvement.
- Good progress has been made towards the target for the Abolition of Priority Need in 2012, with an increase from 73% in 2006/07 to 92% in 2010/11. The Council is extending priority need on an incremental basis based on age range, ensuring that the policy is fully implemented by 1st October 2012.
- The Scottish Housing Regulator (SHR) inspected Homelessness Services in 2009 and an Improvement Plan was agreed. The SHR highlighted access to emergency, temporary and permanent accommodation as a key area of concern. GHA and other Housing Associations (RSLs) are the main provider of housing for homeless households. The number of households with a recorded outcome of a Scottish Secure Tenancy increased from 2515 (06/07), to 3276 (2009/10). The most recent figures show a drop in the allocations of secure tenancies by 189 to 3087 (2010/11). The number of lets to homeless households (Section 5 lets) by RSLs is now jointly monitored by the Council, Housing Associations and representative organizations through the Homelessness Duty Protocol Working Group.
- Finding a quality and appropriate housing outcome for homeless households is paramount in achieving sustainable housing. There is a continued need for an increase in social rented allocations, and alternative routes for providing settled accommodation are being investigated, particularly around the role the growing private rented sector can play.

The Council and GHA are progressing proposals to establish a Joint Housing Options Service Pilot. Other RSLs, Health providers and the voluntary sector will also be involved in development of the pilot. Anticipated benefits include better outcomes for clients, better working relationships across housing and other service provider organizations and reduced numbers of homelessness applications

Appendix 4

4: Glasgow homelessness network

1. ASPIRE,
2. ASPIRE Housing & Personal Development Services,
3. Blue Triangle Housing Association
4. Carr-Gomm Scotland,
5. CHYP,
6. Crossreach,
7. Cube Housing Association,
8. Drumchapel Children's Rights Project,
9. ELPIS Centre,
10. EMMAUS,
11. Glasgow Association for Mental Health,
12. Glasgow City Mission,
13. Glasgow Council on Alcohol,
14. Glasgow Rent Deposit and Support Scheme
15. Glasgow Simon Community,
16. Glasgow Womens Aid,
17. Govan Housing Association,
18. Govan Law Centre: Prevention of Homelessness Project,
19. Gowrie Care,
20. Greater Easterhouse Alcohol Awareness Project,
21. Greater Easterhouse Womens Aid,
22. Glasgow Homelessness Partnership
23. Harmony Employment Agency,
24. Homeless Addiction Team,
25. Legal Services Agency,
26. Lodging House Mission,
27. Loretto Housing Association,
28. Move On Ltd,
29. NCH Scotland,
30. New Gorbals Housing Association,
31. Pensioner's Action Centre,
32. Phoenix House,
33. Quarriers,
34. Queens Cross Housing Association,
35. Rosshead House,
36. Salvation Army,
37. SAY Women,
38. Scottish Christian Alliance
39. The ARCH,
40. Scottish Churches Housing Action,
41. Scottish Council for Single Homeless,
42. Scottish Drugs Forum,
43. Scottish Refugee Council,
44. Scottish Veterans Residences,
45. Second Opportunities,
46. Shelter Housing Aid Centre,
47. Southside Housing Association,
48. Spruce Carpets,
49. SSAFA Forces Help,
50. Starter Packs Glasgow,
51. Stepping Stones,
52. Supporting People (Scotland) Ltd,
53. Talbot Association,
54. The Marie Trust,
55. The Mungo Foundation,
56. Thenue Housing Association Ltd,
57. Thistle Housing Association,
58. Turning Point,
59. Turning Point Scotland,
60. Unity Enterprise,
61. Victim Support,
62. Ypeople,
63. Youthstart

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Appendix 5

5: Scottish code of guidance on homelessness

Guidance on legislation, policies and practices to prevent and resolve homelessness

May 2005, Scottish Executive, Edinburgh 2005

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Appendix 6

6: additional quotes about the financial position of the city of Glasgow

1. *The boundaries of the city were drawn in the mid-nineties and it wasn't the best bit. Basically all the suburbs, the wealthier suburbs were excluded from Glasgow so that caused two problems. It meant we lost the tax take, so we lost a greater tax income there, but all those people still travel into a city to work and to do all the rest of it and use a lot of our services, but in effect not paying into it in the same way, and also disproportionately, because of the essence of socioeconomics, people higher up the income scale like that, to be honest they are less likely to use social services, aren't they, let's be honest? (...) So we've lost a group that paid in more than it got, if you like. (Authority Respondent)*
2. *Roughly about 80 per cent of our spending comes directly from government. We don't actually raise much of our tax ourselves. Now, that might sound contrary to what I was just saying how we could higher income tax rates, but there is a general problem in that I think local government in this country is too reliant on central grants. (...) I think if we could get there then that actually gives an in-built motivation to get that more balanced environment (...) because, at the moment, we are running to stand still. We don't get the chance to really think that way. I mean social work in Glasgow is a constant battle just to try and stay on top of things. (Authority Respondent)*
3. *A gradual drawing away of any power from local government has meant that we are more reliant on, I mean a classic example right now, we have council tax, that is our form of local taxation, and the Scottish Government has frozen it, we are not allowed to put it up. Now, you'd think that we should have the power to vary that, but what happened was they said you will freeze it, and if you don't freeze it, they said we'll cut your budget by 3.6 per cent but if you increase your council tax by 1p your cut will be 6.4 per cent instead, which is an additional £50 million. So local authorities across the council froze their council tax.' (Authority Respondent)*

Appendix 7

7: monthly report - homelessness mental health services Glasgow

Year: 2012/13

Summary	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
Current Caseload/List Size	100	105	172	155	169	162	168	171	176	172	157	158	159,0	
	20	10	19	38	26	25	31	17	13	18	28	27		
		25	77	2	52	19	31	34	22	9	3	29	28	331
431 persons seen by the homeless mental health service														

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Appendix 8

8: table Amsterdam policy goals and instruments before 2014

	A'dam goals	A'dam internal goals/ remaining goals	Concrete targets and success criteria for the effort	Instrument
1.	Prevention, social relief and rehabilitation	Internal goal: implementation of the person-centred approach		There is an overall goal set to offer homeless persons an integrated personalised approach. This requires that an offer is made on four life areas (housing, care, income and daily activities), through which not only stability is targeted, but also rehabilitation.
2.	Prevention is aimed at preventing persons being rendered homeless as a result of a wide range of problems in the areas of finance, work/occupation, worthwhile activities, social networks, mental health, addiction and/or learning disabilities, or after a stay in an inpatient situation (e.g. in a mental hospital or prison).			Develop a preventive offer by guidance for this group (NO HEAVY CARE) which also temporary housing is concerned. The target group reviewed at the beginning of the chain as well region-specific, but not mental healthcare, and therefore not admitted to social services. In a pilot a customized solution for this target group will be developed with the following elements: strengthening its own power, conflict resolution, mediation, guidance to debt and labor, possibly linked to short-term accommodation in a hotel.
3.	Prevention [,,]		the number of evictions in 2014 should have decreased	The chain approach for homeless people always gives better information about the

				<p>profiles of people who are homeless or are at risk to become that. Reasons for homelessness or homelessness include rent arrears, (financial problems), conflicts / problems within a family / family, illegal occupation and nuisance.</p> <p>Based on further investigation of these factors will have to come to a better understanding in the field of signalling, guidance and support to take both borough and city level to prevent. Homelessness targeted actions. Intensify the current 'Vroeg erop af' methodology by intervening earlier by other types of debt in the approach to involve (utilities, health care premium) and by involving private owners.</p>
4.	Prevention [...]		no such measurable indicator to have been formulated separately for persons being discharged from mental health hospitals. ¹⁵⁹	<p>Not having housing after admission to a healthcare facility is also a reason for homelessness. It examines how big this problem is and what actions and targets should be to tackle which is connected to the existing chain to tackle this problem. Strengthen Chain approach aftercare after admission to care institution (mental health, learning disabilities)</p>

¹⁵⁹ The national monitoring of the G4 Strategy on Homelessness that is carried out by the National Institute for Mental Health and Addiction does monitor the indicator of persons leaving care, including mental health care, and who report themselves as homeless within three months after discharge from hospital (Tuyman et al., 2013)

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5.	Prevention [...]		an increase in the number of ex-prisoners who have immediate access to suitable accommodation.	Strengthen chain approach aftercare detention
6.	Social relief is more specifically targeted at 'by flow' (right person in right place) and outflow (persons flowing out of the institution) than was previously the case.	Remains: the expansion of group housing provisions is not on schedule	The target for 2014 is that the annual outflow from the municipal-funded residential facilities should be greater than the annual inflow. Also the number of homeless people who are sleeping rough should be reduced.	Reformulate and realize rest task expansion social care facilities. Continue to expand reception. Special facilities for the heaviest category with specific problems are realized. On the basis of new data on the actual need whether and how the remaining 180 seats are to be realized.
7.	Social relief [...]		The target for 2014 is that the annual outflow from the municipal-funded residential facilities should be greater than the annual inflow. Also the number of homeless people who are sleeping rough should be reduced.	Low threshold services are included in the chain approach. The person-centered approach also extend to clients who now (night shelters, walk) to stay in outreach with the goal to offer them even a trajectory;
8.	Social relief [...]		The target for 2014 is that the annual outflow from the municipal-funded residential facilities should be greater than the annual inflow.	This means that a proper screening in recruitment, promotion and outflow of great importance and will remain. Admission to the social support is based on a key that consists of two elements, namely binding region and OGGZ- problematiek. This test takes place

				under the direction of the central city as objectively as possible. For this to be recognized tools used. The outcome of the test (both boarding admission) is stored in a decision which is open to objection and appeal. Assessment of the current population of the 24-uursopvang on career prospects. The developed chain approach is more oriented toward outflow; which means that the process so come to see that all agreements on outflow. enrollment at the basis of the assessment of self-reliance in It also means that the progress of events will be monitored. Screening clients on self-reliance
9.	Social relief [...]		The target for 2014 is that the annual outflow from the municipal-funded residential facilities should be greater than the annual inflow.	incorporating financial incentives to institutions
10.	Social relief [...]		The target for 2014 is that the annual outflow from the municipal-funded residential facilities should be greater than the annual inflow. Also the number of homeless people who are sleeping rough	Professional activities in the care focuses on promoting recovery, and involves the use of peer counseling. Pilot integrated debt: the two major mental health institutions (Arkin and inGeest) a pilot will be set up with long-term mental health clients who receive intensive care is a modified form of debt which receive

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			should be reduced.	input from different disciplines and funding comes from various sources is . Presupposition is that in this way, a stable situation will be reached more quickly and relapse prevention.
11	Social relief [...]	Remains: to target groups that have not been addressed and	Also the number of homeless people who are sleeping rough should be reduced.	Thanks to the person-centered approach is now a group of people that is not yet visible in process. Homeless who are not yet covered roof or project are actively sought and included in the person-centered approach. Actively offering a pathway to the people who regularly sleep now outside
12	Social relief [...]	Remains: the desired outflow out of these provisions, once people have been housed in them, is also behind	The target for 2014 is that the annual outflow from the municipal-funded residential facilities should be greater than the annual inflow.	Chain approach to focus on outflows and the readying of flanking facilities. In addition to various types of facilities, namely accessible relief, 24-hour care, assisted living and assisted living independently in a logistics context, which involve the municipality performs control on recruitment, promotion and outflow.
13	Social relief [...]		The target for 2014 is that the annual outflow from the municipal-funded residential facilities should be greater than the annual inflow.	Refitting financial incentives for clients
14	Social relief [...]		The target for 2014 is that the annual outflow from the municipal-funded residential	Waitinglist

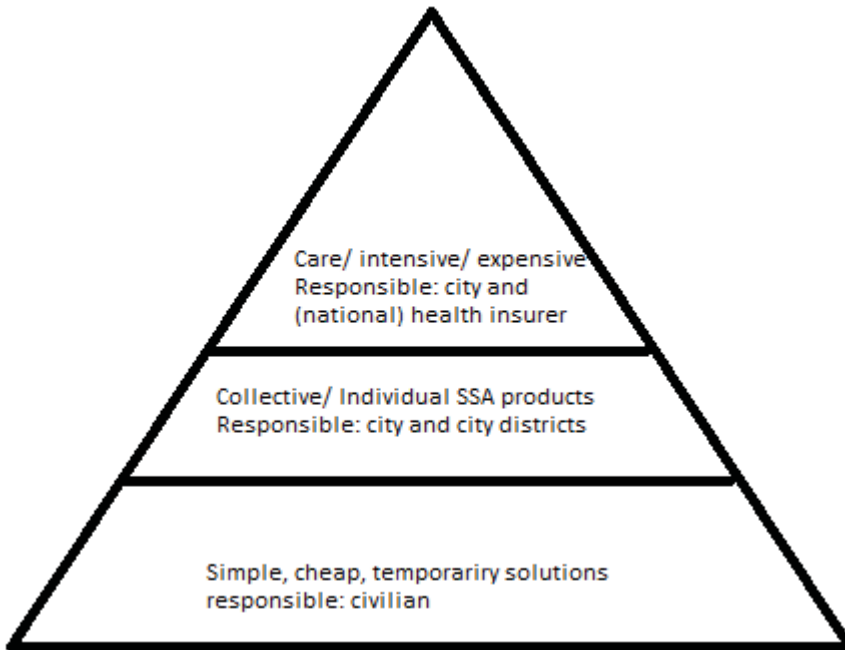
			facilities should be greater than the annual inflow.	
15	Rehabilitation. Outflow out of social relief and participation are signs of rehabilitation. 'Outside social relief the client, in their rehabilitative process, should be given the opportunity to remain independent and not to relapse into homelessness, as is often the case.'	Internal goal: the improvement of local care networks	To objectify this, it is stated that in 2014 the majority of homeless people applying for social relief should be participating in daytime activities and that relapses into homelessness should diminish.	Smooth transfer onto local care networks in the city districts, ensuring an appropriate guidance and keep it as necessary in view. Should be at what time a former homeless person no longer needs the guidance as now given by the social relief Sort out but can go lighter forms of support such as social services and / or welfare. The determination of this point is necessary to go shape. The mode of transmission Additional secondary tasks and roles of different types of institutions discussed and signaling failures. Developing new products also belongs in this pilot home.
16	Prevention, social relief and rehabilitation	Internal goal: the improvement of local care networks		Intensification and innovation in the area of joint purchasing. Joint purchasing of central city and health insurance / care office is extended by at least another partner in the OGGZ the localities. Furthermore, it is checked whether we can now, for example, get an area-purchasing, or procurement on the basis of journeys, with different finance their budgets insertion. Until a further way of purchasing

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17	Prevention, social relief and rehabilitation			New actions and objectives formulation based on yet to obtain information from the chain approach, and studies in progress and start
18	Prevention, social relief and rehabilitation			In all these pilots expertise of clients will be deployed

Appendix 9

9: Amsterdam social support policy pyramid



Bibliography

- Aedes (2014) vereniging van woningcorporaties.
<http://www.aedes.nl/binaries/downloads/schuldhulpverlening/aedes-corporatiemonitor-huisuitzettingen-en-huurac.pdf>.
- Al Shamma, S., Van der Laan, J., Van Straaten, B., Boersma, S., Schrijvers, C., Van de Mheen, D. en Wolf, J. (2013) *Daklozenprofielen in Amsterdam en veranderingen in wonen, kwaliteit van leven en hulpbehoeften. Resultaten uit de tweede meting van Coda-G4*. Rotterdam/ Nijmegen: IVO en St. Radboud.
- American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5®).
- Anderson A. and Serpa, R. (2013) The Right to Settled Accommodation for Homeless People in Scotland: A Triumph of Rational Policy-Making? *European Journal of Homelessness*. Vol. 7, Pp.13-39
- Anderson, I., Dyb, E. and Finnerty, J. (2008) Homelessness Policy and Housing Options in Three European Countries: Ireland, Scotland and Norway, in: D. Downey (ed.) *Perspectives on Irish Homelessness: Past, Present and Future* (Dublin: Homeless Agency).
- Arentsen en Trommel, W. (2005) *Moderniteit en overheidsbeleid*. Bussum: Coutinho.
- Baan, A., Sprenger, P. en Willemen, M. (2010) Evaluatieonderzoek 'Vroeg EropAf!' ! Amsterdam. Berenschot.
- Bakker HG, Bannink F, Gelever JJ, Laar, F. van (2006) *Onderzoek armoedebeleid gemeente Eindhoven* (Study on municipal anti-poverty policy in Eindhoven). Utrecht: Berenschot, November.
- Bauman, Z. (2000) *Liquid Modernity*. Cambridge: Polity Press.
- Beck, U. (1992) *Risk Society: Towards a New Modernity*. London: Sage.
- Beijers, W.M.E.H., Rutjens, L.S.M. and Waterman, L.C. (2009) *Evaluatie pilot APV Amsterdam. Een evaluatieonderzoek naar de ketenaanpak van overlastgevende veelplegers*. Faculteit der Rechtsgeleerdheid, Vrije Universiteit Amsterdam.
- Benjaminsen, L. and Dyb, E. (2008) The Effectiveness of Homeless Policies - Variations among the Scandinavian Countries. In *European Journal of Homelessness, Volume 2, December 2008*.
- Benjaminsen, L. (2013) *Rehousing Homeless Citizens with Assertive Community Treatment*.
- Benjaminsen, L. and Dyb, E. (2010) *Homelessness Strategies and Innovations*. Homelessness Research in Europe. Festschrift for Bill Edgar and Joe Doherty: pp. 123- 142. Brussels: Feantsa.
- Benjaminsen, L., Evelyn, D. and O'Sullivan, E. (2009) The Governance of Homelessness in Liberal and Social Democratic Welfare Regimes: National Strategies and Models of Intervention. *European Journal of Homelessness*. Vol. 3, Pp. 23-51.
- Borgatti, S.P. and Foster, P. (2003) The network paradigm in organizational research: A review and typology. *Journal of Management* 29(6): 991-1013
- Borgatti, S.P., Mehra, A., Brass, D. and Labianca, G. (2009). Network analysis in the social sciences. *Science*, Vol. 323, no. 5916, 892-895.
- Bogner, A., Littig, B. en Menz, W. (2009) *Interviewing Experts*. Palgrave Macmillan

BIBLIOGRAPHY

- Bouckaert, G., Peters, B. and Verhoest, K. (2010) *The Coordination of Public Sector Organizations. Shifting Patterns of Public Management*. Palgrave Macmillan.
- Boutellier, J.C.J. (2013) *The Improvising Society. Social Order in a Boundless World*. Den Haag: Eleven international publishing.
- Bressers, J. Th. A. (1993) Beleidsnetwerken en instrumentenkeuze in: *Beleidswetenschap, nr.4, 1993: 309-330*. In: Hoogerwerf & Herweijer, 2008. *Overheidsbeleid. Een inleiding in de beleidswetenschap*. Alphen aan den Rijn: Kluwer.
- Bressers, J. Th. A. en Klok, P.J. (2008) De inhoud van het beleid. In Hoogerwerf & Herweijer, 2008. *Overheidsbeleid. Een inleiding in de beleidswetenschap*. Alphen aan den Rijn: Kluwer.
- Bruijn, de. T.J.N.M. (2008) Samenwerken in beleidsnetwerken. In Hoogerwerf & Herweijer, 2008. *Overheidsbeleid. Een inleiding in de beleidswetenschap*. Alphen aan den Rijn: Kluwer.
- Bueren, E.M van, Klijn, E-H. and J.F.M. Koppenjan (2003) Dealing with Wicked Problems in Networks, Analyzing an Environmental Debate from a Network Perspective, In: *Journal of Public Administration, Research and Theory, Vol. 13, No. 2, 2003, p. 193-194*.
- Busch-Geertsema, V. (2010) *The Finnish National Programme to Reduce Long-Term Homelessness: Synthesis Report* (Helsinki: European Commission Employment, Social Affairs and Inclusion).
- Buster MCA (2003) PMAMAHUAMP: Prevalence, mortality and morbidity among heroin users and methadone patients. (thesis, University of Amsterdam).
- Buster, M., M. Hensen, M. de Wit, N. Runtuwene, E. Mandos, S. van Zeele, R. Gilissen, R. Vleems. en A. van Bergen (2012) *Feitelijk dakloos in de G4*. Amsterdam, Rotterdam, Den Haag, Utrecht: G4-USER.
- Cebeon (2005) Verslaafden in Amsterdam: zorg en overlastbestrijding, transparantie, prestaties en effectiviteit. publ.nr. 5650/04.
- Cebeon (2009) Verdeelsystematiek specifieke middelen voor maatschappelijke opvang, verslavingsbeleid en openbare geestelijke gezondheidszorg. Rapport 525008-10.
- Cebeon (2010) Ondersteuning visiedocument Maatschappelijke Opvang. publ.nr. 5890/13.
- Cebeon (2011) *Kosten en baten van Maatschappelijke opvang*. Bouwstenen voor effectieve inzet van publieke middelen.
- Cigler, Beverly (1990) County Contracting: Reconciling the Accountability and Information Paradoxes. *Public Administration Quarterly* 3: 285-301.
- City of Amsterdam (2013) Specifications and Conditions for the Tender on the day-occupation for the Public Mental Health Group in Amsterdam. http://www.amsterdam.nl/publish/pages/522325/bestek_dagbestedingstrajecte_n_voor_de_o_ggz_groep_03april2013.pdf
- Coolsma, J.C. (2008) De uitvoering van overheidsbeleid. In Hoogerwerf & Herweijer, 2008. *Overheidsbeleid. Een inleiding in de beleidswetenschap*. Alphen aan den Rijn: Kluwer.
- Coumans, M., Cruyff, M. Van der Heijden, P., Schmeets, H. and Wolf, J. (2010) *Dakloos in Nederland. Bevolkingstrends, 4^e kwartaal 2010*, CBS, UU en UMC Nijmegen.

- Culhane, Dennis P., Metraux, Stephen and Byrne, Thomas (2011) 'A prevention-centered approach to homelessness assistance: a paradigm shift?', *Housing Policy Debate*, 21: 2, 295-315.
- Danny Philips Associates (2009) PREVENTION OF HOMELESSNESS PARTNERSHIP EVALUATION, Section 11 Homelessness etc. (Scotland) Act 2003 Pilot Project by Danny Phillips Associates.
<http://www.govanlc.com/prevention%20of%20homelessness%20evaluation.pdf>.
- Deben, L. and Greshof, D. (1998) Zwerven zonder zorg; daklozen in Nederland. In: *Het sociaal tekort; veertien sociale problemen*. redactie Schuyt, K., Amsterdam, de Balie.
- DeHoog, Ruth Hoogland (1984) *Contracting for Humans Services: Economic, political, and Organizational Perspectives*. Albany: State University of New York Press.
- Delden, van. P.J. (2009) *Sterke netwerken*. Ketensamenwerking in de publieke dienstverlening. Amsterdam: Van Gennep.
- Diederiks, H.A. (1994) *Van agrarische samenleving naar verzorgingsstaat*. Leiden: Martinus Nijhoff.
- DiMaggio, P.J. and Powel, W.W. (1983) The Iron Cage Revisited: Institutional Isomorphism and Collective Rationality in Organizational Fields', *American Sociological Review*, 48, 147-160.
- Dixon, L. (2000) Assertive community treatment: Twenty-five years of cold. *Psychiatric Services*, 51, 759-765.
- Doherty, J., Busch-Geertsema, V., Karpuskiene, V., Korhonen, J., O'Sullivan, E., Sahlin, I., Tosi, A., Petrillo, A. and Wygnańska, J. (2008) Homelessness and Exclusion: Regulating public space in European Cities, *Surveillance & Society*, 5 (3): 290-314.
- Donker M. *Paradigma & praktijk in de OGGz*. Presentatie expertmeeting Onderzoek OGGz. 11-2-2010.
- Dunn, W.N. (2012) *Public Policy Analysis, An Introduction*. Pearson education
- Dyson, K. (1980) *The State Tradition in Western Europe: A Study of an Idea and Institution*, Colombia University Press: European Consortium for Political Research Press.
- Edgar, B., Anderson, I., Baptista, I., Kärkäinen, S., Schoibl, H. and Sapounakis, A. (2003) *Service Provision of Homeless People in Europe: Regulation and Funding Implications for Service Development* (Brussels: FEANTSA).
- Engbersen, G. (2009) *Fatale Remedies. Over onbedoelde gevolgen van beleid en kennis*. Amsterdam: University Press.
- Esping- Andersen, G. (1990) *The three worlds of welfare capitalism*, Cambridge, Polity Press.
- Esping- Andersen, G. (2002) *Why we need a new welfare state*. Oxford: University Press.
- Feantsa/ Stichting Experimentele huisvesting (2005). *Woonladder*. via http://www.opvang.nl/files/Factsheet_Samen_werken_aan_de_woonladder.Pdf.
- Fenger, H.J.M. and Klok, P.J. (2008) Beleidsinstrumenten. In Hoogerwerf & Herweijer, 2008. *Overheidsbeleid. Een inleiding in de beleidswetenschap*. Alphen aan den Rijn: Kluwer.

BIBLIOGRAPHY

- Fitzpatrick, S, Bretherton, J, Jones, A, Pleace, N and Quilgars, D (2010) *The Glasgow Hostel Closure and Re-provisioning Programme: Final Report on the Findings from a Longitudinal Evaluation*. Glasgow City Council/Centre for Housing Policy, University of York, Glasgow / York.
- Fitzpatrick, S, Johnsen, S and Bramley, G. (2012) Multiple Exclusion Homelessness amongst Migrants in the UK. *European Journal of Homelessness, Volume 6, No 1 August 2012*.
- Fitzpatrick, S. (2013) Discussion paper. Prepared for the Peer Review in Social Protection and Social Inclusion programme coordinated by ÖSB Consulting, the Institute for Employment Studies (IES) and Applica, and funded by the European Commission. © ÖSB Consulting.
- Fitzpatrick, S. and Jones, A. (2005) Pursuing Social Justice or Social Cohesion?: Coercion in Street Homelessness Policies in England. *Journal of Social Policy, 34*, pp 389-406.
- Fitzpatrick, S., Johnsen, S. and White, M. (2011) Multiple Exclusion Homelessness in the UK: Key Patterns and Intersections. *Social Policy & Society 10:4*, 501–512. Cambridge: University Press.
- Fitzpatrick, S., Pawson, H., Bramley, G. and Wilcox, S. (2012) *The Homelessness Monitor: Scotland 2012*. Institute for Housing, Urban and Real Estate Research, Heriot-Watt University & Centre for Housing Policy, University of York.
- Fleurke, F. and Hulst, R. (2006) A Contingency Approach to Decentralization. *Public Organizations Review*. Springer Science + Business Media, LLC.
- Fleurke, F., Hulst, R. and De Vries, P.J. (1997). *Decentraliseren met beleid*. Den Haag: SDU.
- Fleurke, F., Jochemsen, M.C., Montfort, A.G.J.M. and Vries, P.J. (2002) *Selectieve decentralisatie en de zorg voor kwetsbare groepen*. Een bestuurskundig onderzoek naar de werking van het bestuurlijk stelsel op het terrein van de maatschappelijke opvang, het verslavingsbeleid en de vrouwenopvang. Den Haag: VNG-uitgeverij.
- Foucault, M. (1977) *Discipline and Punish: The birth of prison*. NY: Vintage Press.
- Frederickson, H.G. (1999 b) The Repositioning of American Public Administration. *Political Science and Politics 32*: 701-711.
- Fredrickson, H.G. and Smith, K.B. (2003) *The Public Administration Theory Primer*. Boulder: Westview Press.
- Frederickson, H.G., Smith, K.B., Larimer, C.W. and Licari, M.J. (2010). *The Public Administration Theory Primer. Second edition*. Boulder: Westview Press.
- Gaetz, S. Scott, F and Gulliver, T. (Eds.) (2013) *Housing first in Canada. Supporting communities to end homelessness*. Toronto: Canadian homelessness research network press.
- Gemmert, A.A. Van and Tenneij, N.H. (2013) Forensic care anno 2013 and the position of the TBS order within, *Judicial Explorations, jrg. 39, nr. 4, Recent developments in forensic care*.
- Gerritsen, E. (2011) *De slimme gemeente nader beschouwd: Hoe de lokale overheid kan bijdragen aan het oplossen van ongetemde problemen*. Amsterdam: University Press.
- Gezondheidsraad. Broodnodig. De ontwikkeling van kennis voor de openbare geestelijke gezondheidszorg. Den Haag: Gezondheidsraad, 2011; publicatienr. 2011/02.

- GGD Amsterdam, cluster epidemiologie, documentatie en gezondheidsbevordering. Mei 2013.
- Glasgow City Council – Homelessness Services. 2011/12 Annual Report of HL1 Data. February 2013.
- Glasgow City Council – Homelessness Services. 2013/14 Annual Report of HL1 Data. April 2014.
- Glasgow Homeless Network (2012) Ten Year Audit of Homelessness in Glasgow. www.ghn.org.uk.
- Glasgow Homelessness Partnership. Edinburgh/ Newcastle Upon Tyne: Blake Stevenson.
- Glasgow Housing Options Project Board (2014) Housing Options Pilot Evaluation Study Executive Summary.
- Glasgow's Housing Strategy 2011/12 to 2015/16.
- Goffman, E. (1961) *Asylums. Essays on the Social Situation of Mental Patients and Other Inmates*. The United States: Anchor Books.
- Gosmé, L. (2014) Key steps towards a European Union homelessness policy. *Journal of European Social Policy* July 2014 vol. 24 no. 3 289-299. doi: 10.1177/0958928714525816.
- Greater London Authority (2010) The London Housing Strategy. www.london.gov.uk.
- Leyla Gulcur, Ana Stefancic, Marybeth Shinn, Sam Tsemberis, and Sean Fischer (2003) "Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes" *Journal of Community and Applied Social Psychology* 13 (2003): 171-186.
- Gunsteren, H. van (2006) *Vertrouwen in democratie. Over de principes van zelforganisatie*. Amsterdam: Van Gennep. In: Boutellier, J.C.J. (2011).
- Hansen, F. K. (2010) The Homeless Strategy in Denmark. *European Journal of Homelessness*. Vol. 4. Dec. 2010.
- Health and Resources and Services Administration (1996) *Blueprint for Change*, Washington.
- Heffen, O. van (2008) Beleidstheorieën uit de beleidspraktijk in: Hoogerwerf and Herweijer (2008) *Overheidsbeleid. Een inleiding in de beleidswetenschap*. Alphen aan den Rijn: Kluwer.
- Hensen, M., Buster, M. and De Wit, M (2013) *Feitelijk dakloos in Amsterdam: beschrijving van de bezoekers van nachtopvang én winterkoudeopvang, winter 2012/2013*. GGD Amsterdam, cluster epidemiologie, documentatie en gezondheidsbevordering.
- Hoogerwerf and Herweijer (2008) *Overheidsbeleid. Een inleiding in de beleidswetenschap*. Alphen aan den Rijn: Kluwer.
- Hoogerwerf, A. (1984) 'Beleid berust op veronderstellingen: De beleidstheorie', in: *Acta Politica*, 19 (4), oktober 1984, p. 493-532.
- Health Resources and Services Administration (1996) *Blueprint for Change*, Washington.
- In 't Veld, J. (2002) *Analyse van organisatieproblemen*, Groningen: Wolters-Noordhoff.
- Interdepartementaal Beleidsonderzoek (2003). *De opvang verstoort*. IBO Maatschappelijke opvang.
- IVO (2010) *Evaluatie veldregie*. Rotterdam.

BIBLIOGRAPHY

- Jansen, S. (2008) *Het pauperparadijs*. Amsterdam: Uitgeverij balans.
- Jencks, Christopher (1994) *The Homeless*. Harvard University Press. Blackwell Publishers.
- Kettl, Donald F. (2000) *The Global Public Management Revolution: A Report on the transformation of Governance*. Washington, DC: Brookings Institution.
- Kilduff, M. and Brass, D. (2010) Organizational social network research: Core ideas and key debates. *Academy of Management Annals*. Vol. 4, 317-357.
- Kingdon, J.W. (1984) *Agenda's, Alternatives and Public Policies*, New York.
- Kickert, W.J.M (1993) Autopoiesis and the Science of (Public) Administration: Essence, Sense and Nonsense. *Organization Studies*, vol. 14, no. 2, 261-278.
- Kitchener, M. (1998) Quasi-Market Transformation: An Institutionalist Approach to Change in UK Hospitals, *Public Administration* Vol. 76 spring 1998 (73-95).
- Klijn, Erik-Hans (2008) 'Governance and Governance Networks in Europe', *Public Management Review* 10: 4, 505 - 525.
- Koffijberg, J and Guit, J. (2013) Pilot 'opvangvoorziening verwarde personen' Den Haag. LamerisKoffijberg: <http://lameriskoffijberg.nl/projecten/project-opvang-verwarde-personen-door-politie-en-ggz>.
- Lauriks S, de Wit MAS, Buster MCA, ten Asbroek AHA, Arah OA, Klazinga NS. (2008) Prestatie indicatoren voor de openbare geestelijke gezondheidszorg. Een conceptueel kader. *TSG Tijdschrift voor Gezondheidswetenschappen* 86(8): 328-336.
- Lauriks, S., de Wit, M.A.S., Buster, M.C.A., Arah, O.A., Klazinga, N.S. (2013) Composing a Core Set of Performance Indicators for Public Mental Health Care: A Modified Delphi Procedure, *Administration and Policy in Mental Health and Mental Health Services Research*. doi: 10.1007/s10488-013-0506-4.
- Lauriks, Buster, De Wit. (2012) MaDiNoMO. Evaluatie van de pilot maatschappelijke dienstverdeling (MaDi) voor personen met regiobinding die geen toegang krijgen tot de Maatschappelijke Opvang (MO). De groep, de interventie, het effect. GGD Amsterdam.
- Lauriks, S. (2010) *Onderzoek Screening Niet-OGGZ*. Amsterdam: GGD.
- Lauriks, S., Buster, M.C.A., de Wit, M.A.S., Van de Weerd, S. and Tichelaar, G. (2010) *De Zelfredzaamheidsmatrix*. GGD Amsterdam.
- Lindblom Charles E. (1979) Still Muddling, Not Yet Through. *Public Administration Review*, Vol. 39, No. 6. (Nov. - Dec., 1979), pp. 517-526.
- Lindblom, Eric N. (1991) Toward a comprehensive homeless-prevention strategy. *Housing Policy Debate* 2 (3): 631-47.
- Lipsky (1980, second edition 2010) *Street Level Bureaucracy. Dilemmas Of The Individual In Public Service*. New York: Russell Sage Foundation.
- Lohuis, G. en Beuker, A. (2013) *Zonder sociaal geen psychiatrie*. Amsterdam: Uitgeverij SWP.
- Maas, M., Planije, M. (2007, 2008, 2009, 2010) *Bestuurlijke Monitor Plan van Aanpak Maatschappelijke Opvang Rijk/ G4*. Utrecht: Trimbos Instituut.
- Marissing, E. van, Tan, S. and Boutellier, H (2010) *Het is hier net Amsterdam. Een veiligheidsarrangement voor IJburg*. Utrecht: Verwey Jonker Instituut.
- Merton, R.K. (1940) Bureaucratic Structure and personality. *Social Forces*, Vol. 18, No. 4 (May, 1940), pp. 560-568. Oxford University Press.
- Milward, H.B. and Provan, K.G (2000) Governing the Hollow State. *Journal of Public Administration Research and Theory*. J-PART 10(2000): 2: 359-379.

- Ministry of Internal and Social Affairs and Ramboll Management Consulting (2009) *The Government's Homelessness Strategy- A Strategy to Reduce Homelessness in Denmark 2009-2012* [in print version].
- Mutual Progress on Homelessness through Advancing and Strengthening Information Systems* (December 2009) Funded by EUROPEAN COMMISSION Employment, Social Affairs and Equal Opportunities DG.
- Nijnatten, C. Van, Boesveldt, N., Schilperoord, A., and Mass, M. (2001) The Construction of Parental Authority and Co-operation in Dutch Juvenile Courts. *International Journal of the Sociology of Law*. 29 (3) 237-252.
- Nota dak- en thuislozenzorg (1990) Gemeente Amsterdam. First published 17 January 1990.
- Nuy, N. (1998) *De odyssee van thuislozen*. Utrecht: SWP.
- Olsen, J. P. (2003) 'Towards a European Administrative Space?', *Journal of European Public Policy*, 10 (4), 506-531.
- Olsen, J. P. (2009) Change and Continuity: An Institutional Approach to Institutions. *European Political Science Review* 1-32.
- Osborne and Gaebler (1992) *Reinventing Government*. New York: Penguin Group.
- Osborne, T. and Gaebler, T (1993) *Reinventing Government*. Reading, Pa.: Addison-Wesley.
- Page, E.C. and Goldsmith, M. (eds) (1987) *Central and Local Government Relations. A comparative analysis of Western-European Unitary States*. London: Sage.
- Painter, M. and Peters, B.G (2010) *Tradition and Public Administration*. Basingstoke: Pallgrave MacMillan.
- Pawson, H., Netto, G., Jones, C., Wager, F., Fancy, C. and Lomax, D. (2007) *Evaluating Homelessness Prevention* (London: Communities and Local Government).
- Persbericht Parnassia Groep, Efficiënte oplossing voor verwarde personen in Den Haag 08/05/2013 <http://www.parnassia Groep.nl/?view=/Efficiente-oplossing-voor-verwarde-personen-in-Den-Haag&backpage=4>.
- Peters, B. Guy and Pierre, J. (1998) Governance Without Government? Rethinking Public Administration, *Journal of Public Administration Research and Theory* 8 (2): 223-243.
- Peters B. Guy (2010) *Governing in the Shadows*, SFB-Governance Lecture Series, No. 3, DFG Research Center (SFB) 700, Berlin, March 2010.
- Peters, B.G. and Pierre, J. (2004) Politicization of the Civil Service. Concepts, Causes and Consequences. In: *Politicization of the Civil Service in Comparative Perspective. The Quest for Control*, Edited by B.G. Peters and J. Pierre. London: Routledge.
- Pierre, J. and Peters, B.G. (2000) *Politics, Governance and the State*, London: Palgrave Macmillan.
- Pollitt, C. and Bouckaert, G. (2011) *Public Management Reform: A Comparative Analysis- New Public Management, Governance and the Neo Weberian State*. Third Edition. Oxford: University Press.
- Querido, A. (1968) *The development of sociomedical care in the Netherlands*. London: Routledge & K. Paul.
- Quilgars, D. and Bretherton J. (2009) *Evaluation of the experiences of single people presenting as homeless in Glasgow*. The University of York: Centre for Housing Policy. Research Report, February 2009.

BIBLIOGRAPHY

- Refuss, John (1989) *Contracting Out in Government: A Guide for Working with Outside Contractors to Supply Public Services*. San Francisco: Jossey-Bass.
- Rambøll and SFI (2013) HJEMLØSESTRATEGIEN AFSLUTTENDE RAPPORT. Til Social- og Integrationsministeriet <http://hjemlosestrategien.ramboll.dk/evalueringen%20og%20monitoreringen/~media/C2DB8AEFC45344B2BCC032E2C10361DB.ashx>.
- Raad voor de Volksgezondheid (2012) *Stoornis en Delict. Forensische en verplichte geestelijke gezondheids- zorg vormen een keten*. Den Haag: Raad voor de Volksgezondheid en Zorg.
- Rekenkamer (1997) *Decentralisatieproces maatschappelijke opvang*. Tweede Kamer, vergaderjaar 1996/1997, 25 315, nrs. 1-2.
- Rekenkamer Amsterdam (2013) *Nazorg aan gedetineerden. Een ongemakkelijke keten*. www.rekenkamer.amsterdam.nl.
- Rhodes, R.A.W. (1996) The New Governance: Governing without Government. *Political Studies*. XLIV, 652-667.
- Rhodes, R.A.W. (2007) Understanding Governance: Ten Years On. *Organization Studies*. August 2007 vol. 28 no. 8 1243-1264.
- Rijk/ G4 (2011) *Plan van Aanpak Dak- en Thuislozen (Maatschappelijke Opvang). Tweede Fase*. Status document: definitief; versie: 7.0; Datum: 4 april 2011.
- Rittel, H.W.J. and M.M. Webber (1973) Dilemmas in a General Theory of Planning. *Policy Sciences* 4(2):155-169.
- Runtuwene, N. and Buster, M. (2013) *Monitor – Maatschappelijke Opvang 2010-2012*. Amsterdam: GGD/Epidemiologie, documentatie en gezondheidsbevordering.
- Runtuwene, N. and Buster, M. (2014) *Monitor – Maatschappelijke Opvang 2010-2013*. Amsterdam: GGD/Epidemiologie, documentatie en gezondheidsbevordering.
- Sahlin, I. (2006) *Urban definitions of places and behaviour*, Working Group 1, European Observatory on Homelessness, FEANTSA, Brussels.
- Scharpf (1997) *Games Real Actors Play. Actor-Centred Institutionalism in Policy Research*. Boulder, C.O.: Westview Press.
- Schmidt, V. (2010) Taking Ideas and Discourse Seriously. *European Political Science Review*, 2, 1-25.
- Schönberger, H. (2013) Long-term extramural supervision on sex offenders, *Judicial Explorations*, no. 4, *Recent developments in forensic care*.
- Schout, G. (2011) Broodnodig (6) Naar een overbodige OGGZ. *Maandblad voor de Geestelijke Gezondheidszorg*, 5, 303-305. Utrecht: Trimbos Instituut.
- Scott, W.R. (1995) *Institutions and Organizations*. London: Sage.
- Scottish Executive (2005) Code of Guidance on Homelessness. Guidance on legislation, policies and practices to prevent and resolve homelessness. Edinburgh: Blackwell's Bookshop.
- Scottish Government Homelessness Statistics Unit (2013/2014) Annual Review 2012-2013 GCC SWS – Homelessness Services, Analysis of HL1 Data Annual Report from 1 April 2012 to 31 March 2013 <http://www.scotland.gov.uk/Topics/Statistics/Browse/Housing-Regeneration/RefTables>.
- SFI (2013) *Experiences from an ACT-programme in Copenhagen*. Copenhagen: SFI Working Paper 07:2013.
- Smith, N. (1996) *The New Urban Frontier: Gentrification and the Revanchist City*. London: Routledge.

- Smith, N. (2002) New Globalism, New Urbanism: Gentrification as Global Urban Strategy *Antipode Volume 34, Issue 3, pages 427–450, July 2002*.
- Streeck, W. and Thelen, J. (2005) Beyond continuity: institutional change in advanced political economies. Oxford: Oxford University Press.
- Terpstra, J. (2001) 'Netwerken en samenwerking bij de uitvoering van beleid' in: *Beleidswetenschap, jrg. 15, nr. 2, 2001, p.141-168*. in: Hoogerwerf and Herweijer, 2008. *Overheidsbeleid. Een inleiding in de beleidswetenschap*. Alphen aan den Rijn: Kluwer.
- Tonkens, E. (2009) *Tussen onderschatten en overvragen. Actief burgerschap en activerende organisaties in de wijk*. Amsterdam: Uitgeverij Sun.
- Tosi, A. (2007) Homelessness and the Control of Public Space – Criminalising the Poor ? *European Journal of Homelessness, Volume 1, December 2007*.
- Trommel, W. (2010) *Gulzig bestuur*. Oratie. Amsterdam: Boom uitgeverij.
- Tsemberis, S. and Eisenberg, R.F (2000) Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals With Psychiatric Disabilities, *Psychiatric Services* 51:487-493, American Psychiatric Association.
- Tummers, L.G. (2012) *Policy Alienation: Analyzing the experiences of public professionals with new policies*. Erasmus University Rotterdam. Retrieved from <http://hdl.handle.net/1765/31615>.
- Tuynman, M., Planije, M., (2011) *Monitor Plan van Aanpak Maatschappelijke Opvang Rijk/ G4 2010*. Utrecht: Trimbos Instituut.
- Tuynman, M., Planije, M., (2012) *Monitor Plan van Aanpak Maatschappelijke Opvang Rijk/ G4 2011*. Utrecht: Trimbos Instituut.
- Tuynman, M., Planije, M., (2013) *Monitor Plan van Aanpak Maatschappelijke Opvang Rijk/ G4 2012*. Utrecht: Trimbos Instituut.
- Udenfor (2010) <http://udenfor.dk/uk/menu/news/challenges-meeting-the-homeless-strategy-in-copenhagen>.
- Uitermark, J. en J.W. Duyvendak (2005) *Civilizing the city. Revanchist urbanism in Rotterdam (the Netherlands)*. Amsterdam, working paper Amsterdam School for Social Science Research, University of Amsterdam.
- Van der Laan, J. Van Straaten, B., Boersma, S., Schrijvers, C., Van de Mheen, D. and Wolf, J. (2013) *Daklozenprofielen in vier grote steden en veranderingen in wonen, kwaliteit van leven en hulpbehoeften: resultaten uit de tweede meting van CoDaG4*. Nijmegen & Rotterdam: OMZ en IVO.
- Van Doorn, L. (2002) *Een tijd op straat. En volgstudie naar (ex-)daklozen in Utrecht*. Utrecht: NIZW.
- Van Doorn, L. (2009) Dringen bij de voordeur. Outreachend werken in de wijk. In: Tonkens, E. (2009) *Tussen onderschatten en overvragen. Actief burgerschap en activerende organisaties in de wijk*. Amsterdam: Uitgeverij Sun.
- Van Doorn, L., Leeuwen, P. van, Heineke, D. (2002) *De maatschappelijke opvang in beweging. Huidige en te verwachten ontwikkelingen in vraag en aanbod*. Utrecht: NIZW.
- Van Hemert AM, Krens F, van Nobelen P. (2009) Politieprogramma Parnassia Bavo Groep. Zorgmijders kunnen de politie niet mijden. *Epidemiologisch Bulletin* 2009; 44: 20-24.
- Van Montfort, C. (2008) *Besturen van het onbekende. Goed bestuur bij publiekprivate arrangementen*. Oratie Universiteit van Tilburg.

BIBLIOGRAPHY

- Van Wifferen, R., Zegerius, R. and Brussel, G. (2007) *Zorgt Werkt! De eerste resultaten van het Plan van Aanpak Maatschappelijke Opvang*. Amsterdam, GGD, cluster MGGZ.
- Verplanke, L and Duyvendak J.W. (2010) *Onder de mensen? Over het zelfstandig wonen van psychiatrische patiënten en mensen met een verstandelijke beperking*. Den Haag ; Amsterdam: Nicis Institute ; Amsterdam University Press.
- Wacquant, L. (2004) *Body and Soul: Ethnographic Notebooks of An Apprentice-Boxer*. New York: Oxford University Press.
- Wacquant, L. (2008) *Urban Outcasts: A Comparative Sociology of Advanced Marginality*. Cambridge: Polity Press.
- Wacquant, L. (2009) *Punishing the Poor: The Neoliberal Government of Social Insecurity*. Durham: Duke University Press.
- Watt, G., Lambert, J. and Eaves, J. (2009) Evaluation of the Glasgow Homelessness Partnership's Strategic Approach to the Glasgow Hostels Reprovisioning Programme since 2003 Final Report.
- Weber, M. (1952) The Essentials of Bureaucratic Organization: An Ideal-Type Construction. In *Reader in Bureaucracy*, edited by Robert K. Merton, Alisa P.Gray, Barbara Hockey, and Hanan C. Selvin. Glencoe, Ill: The Free Press.
- Wetenschappelijke Raad voor het Regeringsbeleid (2000) *Het borgen van publiek belang (safeguarding the public interest)*, Rapporten aan de Regering no. 56, Den Haag: Sdu Uitgevers.
- Wol, M.J.F van der and Noyon, L (2013) Seven years after the Commission-Visser: a new equilibrium?, *Judicial Explorations*, no. 4, *Recent developments in forensic care*.
- Wolf (2002) *Uitburgering*. Rede ter verkrijging hoogleraarschap Maatschappelijke Opvang. Amsterdam: SWP.
- Wolf, J. and Edgar, B. (2007) *Measuring Quality of Services and Provision in Homelessness*. European Journal of Homelessness, Volume 1, December 2007.
- Yesilkagit, K. (2010) The Future of Administrative Tradition: Tradition as Ideas and Structure. In: *Tradition and Public Administration*, Edited by Martin Painter and B. Guy Peters. London: Pallgrave Macmillan.