

***Nienke Boesveldt's response
to Joe Doherty's review of her thesis
'Planet Homeless. Governance arrangements
in Amsterdam, Copenhagen and Glasgow'***

Doherty's criticism focuses primarily on my research design and my writing style (Doherty, 2015). In relation to research design, he raised the following issues: definitional differences, measures of integrated services, case selection and gathering of public views. I will address each of these aspects in turn.

Definitional Differences

I believe that, like Doherty, I recognised "the problems of definitional differences that accompany comparative analysis across (...) boundaries" (Doherty, 2015, p.309). I learned a lot from the MPHASIS project at the time it was published (2009) and made extra efforts in my thesis to overcome some of the definitional differences.

To overcome the differences between Amsterdam, Copenhagen and Glasgow in terms of admission criteria for Public Mental Health Care (PMHC) services for homeless people, I examined the population that was defined as a target group of PMHC systems and that could therefore be used to compare the performance of the PMHC systems examined in this study, namely: single-person, homeless households, where 'homeless' was defined as either sleeping rough or making use of housing services for homeless people (i.e., night shelters or emergency/temporary housing services). Almost every country in the EU defines this population as 'homeless' (ETHOS), including the UK, the Netherlands and Denmark.

I excluded homeless families (couples, couples with children and single parents), homeless young people (those under the age of 18) and homeless elderly people (those over the age of 65) from the study population for the following reasons: 1) these populations are relatively small (the majority of homeless persons are single, adult men) and 2) these populations have access to different PMHC services (in some areas but not in others) due to national laws pertaining to, for instance, child protection services. Public health care systems that focus on vulnerable families, young people and the elderly were therefore considered separate from PMHC systems for homeless people and outside the scope of this study, even though some services and care providers may be stakeholders in both systems.

Some characteristics other than the housing status, family status and age of the homeless population were used as inclusion criteria for 'specialty' services within PMHC systems in the metropolitan areas examined in this study – for instance, complex psycho-social or socio-economic problems; co-morbid psychiatric, substance abuse or physical disorders; and gender.

On this basis I came to the conclusion that, indeed, “there is still much to be done in the area of homelessness if the potential benefits of transnational comparison and learning are to be maximized (cf. Mphasis, 2009).” (Boesfest, 2015, p.37) I made this comparison based on what information was actually available to me. And in doing so, I made every effort to advance scientific knowledge a small step further.

Measures of Integrated Services

Doherty went on to criticise the scope of the mental health quotient in my study. Besides other measures, such as the integrated care quotient, the mental health care quotient was used as a measure of integrated or heterogenic services. Doherty recommended broadening the measure to include, for example, employment support and substance abuse support and was concerned that I was 'unnecessarily restrictive' in this regard. First of all, the definition of mental health issues in my thesis included dual diagnoses and substance abuse. Secondly, in order to measure heterogenic services, I analysed the involvement of adjacent services such as social benefits and employment support by using a fourth indicator: measuring the different allocation of responsibilities concerning governance arrangements on homelessness. And, of course, in this part of my study I did encounter the problematics of comparative analysis across boundaries. For example, it was difficult to include substance abuse in the Glaswegian measure and I emphasised that this was an issue (e.g., on p.94). Again, when taking unavoidable limitations into account, on the basis of the information available to me, I sought to select measures that enabled me to compare cases in the most scientific way possible.

Gathering Public Views

I very much agree with Doherty's comment on the “major problems associated with gathering the views of the ‘broader public’” (p.309). I established the views of the broader public by interviewing local stakeholders on the subject (e.g., politicians, civil servants, volunteer organisations and homeless persons). It was exactly the problems Doherty mentioned that led me to draw a dotted line between the process variables and the outcome variables, which include the views of the broader public. While I acknowledge the limitations of the indirect evidence I gathered, I am never-

theless satisfied that, in the conclusion of my thesis, I was able to discuss the relationship between Public Views and the Policy Model on which a policy is based (moral and empirical assumptions).

Case Selection

My selection of cases was backed by relevant academic theory, e.g., *Regimes* (Esping-Andersen, 1990) and *Traditions* (Painter and Peters, 2010). The ‘traditions’ approach clarifies the relationships between politics, government and society within different traditions. In my thesis, I noted the similarities between both approaches. They both identify the Liberal/Anglo-Saxon type, the Corporatist-Statist/Continental type (a combination of Germanic and Napoleonic types) and the Social Democratic/Scandinavian type. I share Doherty’s concern with respect to my rather brief discussion of these typologies and, more specifically, the link between the Germanic and Napoleonic traditions and the Corporatist-Statist type. Still, I justified my final selection of these three types with the fact that I could expect sufficient variation due to the dependent governance variables. This made it possible to include larger cities from any of the Scandinavian, Anglo-Saxon or Continental contexts in the study.

Doherty questions why I did not use the findings of the HABITACT peer review studies to support my definitions and selection of governance regimes. It is true that I did not base my selection of research sites on the HABITACT peer reviews, although I participated in many of them with much interest. To do so would have risked introducing a bias since, in my opinion, cities that participate in HABITACT exhibit a specific interest in the issue of homelessness in their city. A city like Glasgow, which at times has had a more detached relationship with third-sector parties such as NGOs and is not a member of HABITACT, would not then have been selected as a case.

This example also illustrates the fact that, when selecting cases, it was not always clear whether the cities would be willing to participate in my study. In some cases, like Glasgow, both I and my professor first had to provide information about my research before I was granted access. Still, every city that I approached to participate in my study appeared to be interested and willing to share both published and unpublished data. This openness to self-reflection in itself can be regarded as an interesting finding in relation to researching governments. Moreover, I am happy that my thesis builds upon, and contributes to, the knowledge available within the HABITACT network.

During the course of my research, I managed to ensure sufficient substantive distance from policy practice. For example, during the Amsterdam case study, I was not involved with policy practice for four months. Furthermore, during the course of my entire thesis, I had a separate working space at VU University. At the same time, I was able to use my practical access to the field to set up my field study. The results of my study are contributing to discussions – at local and national level, both in the Dutch and Danish contexts (where an increased focus on prevention is planned) – on public health spending and which interventions are the most effective. My research also illustrates what changes might be required to state, federal and municipal governance.

The interdisciplinary theoretical perspective on the governance angle is rather new, which is unusual given that it seems highly relevant to the subject of homelessness. Doherty concluded by stating that: “If, however, we were to get our priorities right and invest sufficient resources, we would not perhaps need to be too precious about the finer details of governance arrangements” (p.310). In my view, this overlooks one of the most interesting and striking findings of my study, which calls for more truly open and critical research into a particular phenomenon that I identified. I discovered that cities with sufficient funds (like Amsterdam and Copenhagen) are not forced to take a preventive approach to homelessness or hospitalisation. Budgets and welfare arrangements are extensive enough so as always to be able to provide people with shelter without seeking to involve other housing partners in the city beyond homelessness agencies. I referred to the combination of both homelessness agencies and housing partners as heterogenic networks. I identified such networks in Glasgow, along with other positive governance elements, outputs and outcomes of this arrangement. In this context, I like to quote Lowndes and McCaughie (2013), who stated in that, in the UK context, “creative approaches to service redesign are also emerging as the crisis deepens, based upon pragmatic politics and institutional bricolage. (...), local government reveals a remarkable capacity to reinvent its institutional forms to weather what amounts to a ‘perfect storm’” (p.533).

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› References

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