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# Important but not Urgent: The Advocacy Role of Homelessness Organisations in the Netherlands

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➤ **Abstract\_** *A major increase in the number of people experiencing homelessness in the Netherlands in the past decade can be attributed largely to the absence of effective governmental policies and legislation. Organisations working on homelessness, especially those representing the interests of people experiencing homelessness, have a crucial role to play through advocacy: highlighting the faults in existing policies, promoting alternatives, and holding the Government accountable. Despite being well-placed to do so, very few of these organisations in the Netherlands undertake sustained advocacy with the aim of changing government policies. This study identifies five barriers these organisations face which prevent them from becoming impactful advocates: (1) a lack of organisational resources dedicated to advocacy, (2) little cooperation between organisations, (3) absence of mechanisms to ensure constituency involvement, (4) dependence on government funding, and (5) ineffective participation in consultation structures. Based on these findings, this paper identifies a number of recommendations for organisations representing the interests of people experiencing homelessness and the Dutch Government.*

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<sup>1</sup> Jelmer Kamstra wrote this in his personal capacity.

## Introduction

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Although the government has a duty to tackle homelessness<sup>2</sup>, homelessness in the Netherlands is on the rise. Many have linked this rise to failing government policies (Netherlands Institute for Human Rights, 2017; Netherlands Institute for Human Rights, 2018; National Ombudsman, 2019; Raad voor de Volksgezondheid en Samenleving, 2020). The number of people experiencing homelessness has increased considerably since 2010 (Centraal Bureau voor de Statistiek, 2019)<sup>3</sup>, as well as the overall risk of becoming homeless (Netherlands Institute for Human Rights, 2017; Hochstenbach and van Gent, 2018; Lupi et. al., 2018; Fondation Abbé Pierre and FEANTSA, 2020; Salomons and Voogt, 2020; Hochstenbach, 2022). Simultaneously, the group of people experiencing homelessness has become more heterogeneous, including youth, the elderly, and the working poor (see Texeira, 2017; van Doorn, 2020).<sup>4</sup> This is something which policies have failed to incorporate as the care system is mainly focused on the stereotypical middle-aged man with substance use disorder experiencing street homelessness.

While failing government policies present the need for policy change, this is not the focus of most civil society organisations working on homelessness in the Netherlands, especially those representing the interests of people experiencing homelessness. While many of them acknowledge the need for advocacy to change government policies, and many try to undertake some form of advocacy, only a few manage to do so in a sustained way. Instead of pleading for structural change on the national level through advocacy efforts, they focus mainly on service delivery efforts at the municipal level. This means that ineffective policies remain in place, and that the voices of people experiencing homelessness often remain unheard.

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<sup>2</sup> General Comment 4 Convention on Economic Social and Cultural Rights and Art. 31 European Social Charter (Revised).

<sup>3</sup> Latest official figures published in 2022 suggest this rise has come to a halt. However, these figures have been highly contested by civil society. Contestation is centred around the definition used, as well as the exclusion of different groups (children, elderly, undocumented) and the data sources used for the overall estimation. Government, as well as the Statistics Netherlands, who publish the data, have recognised the severe limitations of the current way of estimating the number of homeless. In the new National Action Plan on homelessness the Government indicates it strives to apply the ETHOS Light definition for counting the number of people experiencing homelessness in the Netherlands.

<sup>4</sup> This observation is based on reports, as well as an increasing amount of media coverage that suggests groups that do not fall within the stereotypical image of people experiencing homelessness are increasing. The housing crisis and decrease in social housing stock does influence the possibilities for people to find alternative housing and pushes them into homelessness. Despite this, it is still unclear whether, and to what extent, the group is increasing or whether the perception of people experiencing homelessness is changing and therefore they become more visible. This question will not be dealt with in this article.

This paper focuses on Dutch organisations representing the interests of people experiencing, or at risk of, homelessness. It aims to identify the barriers preventing these organisations from being effective advocates. The argument is structured as follows. After describing the methodological approach, the second section of the paper zooms in on the policy landscape in the Netherlands. This section explains the main reasons why policies are failing to tackle the rising problem of homelessness. The third section provides a description of the Dutch civil society landscape working on homelessness, its dispersed organisation, its main focus on service delivery, and its limited advocacy efforts. Also, it explains opportunities that homelessness organisations have to engage in advocacy. The fourth section identifies the barriers which prevent homelessness organisations from becoming effective advocates. The paper ends with conclusions and policy recommendations.

## Methodology

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Given the explorative nature of the research, the study employed a qualitative methodology (Punch, 2014). Data was collected over a 4-month field research period from 2020-2021. In total, 29 semi-structured interviews took place with 33 respondents, with five types of stakeholders: organisations representing interests of people experiencing homelessness at local level (20), organisations working on homelessness at national level (7), organisations providing care within the shelter system (4), policy-makers (2), and national organisations working on issues relevant to homelessness (2).<sup>5</sup> In total, 27 organisations and client representation councils participated in the study.<sup>6</sup> Interviews were conducted online using an interview guide that was continually updated based on new insights. Respondents were given the opportunity to prepare for the interview by means of filling out a questionnaire that gave them an idea of the key questions that would be addressed during the interview.

Research participants were initially determined through purposive sampling (Ritchie et al., 2003). Many respondents shared names of relevant people to speak to (snowball sampling) allowing the team to further identify additional respondents (Ritchie et al., 2003). Much care was taken to ensure the broadest range of experiences and insights were used in the research. While no interviews were conducted with people experiencing homelessness, multiple interviewees (about six) have lived experience in the near or distant past. Also, two experts with lived experience were present throughout the research to provide advice for the sampling procedure, as well as their particular expertise on policy, legislation, and how this works out in

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<sup>5</sup> Two persons represented different organisations, hence the total number of interviews per category number adds up to 35.

<sup>6</sup> At several organisations, multiple interviews with different divisions were conducted.

practice. However, it is impossible to establish whether the selected individuals from homelessness organisations form an accurate representation of all organisations active in this domain. This is because many organisations do not publicly communicate their advocacy work. Also, some organisations target multiple vulnerable groups, making it difficult to establish how much of their advocacy work actually revolves around homelessness.

Data were analysed using the grounded theory approach of coding and combining data (Corbin and Strauss, 2015). Collection of data continued until 'saturation' was reached and findings no longer added to the formation of categories and their relationships (Spencer et al., 2003). To enhance validity, a draft report of the research findings was discussed in an online workshop in which 34 persons participated, including 23 of the original respondents. The workshop confirmed the research findings and resulted in a number of small improvements.

## **Failing Government Policies on Homelessness in the Netherlands**

Two main structural features of the Dutch policy landscape on homelessness explain why government policy fails to bring down the number of people experiencing homelessness. These are, (1) the choice to address it mainly through the healthcare system, and (2) the choice to address it through a decentralised and outsourced system. These policy choices lead to various issues and incompatibilities as explained below.

The policy decision to address homelessness through the healthcare system has two major consequences. First, people experiencing homelessness without health-related issues end up being excluded from any form of support whilst remaining largely invisible to policymakers. In the Netherlands, there is a large shelter- and healthcare system which mainly caters to the stereotypical middle-aged man with psychological problems, substance use disorder, and experiencing street homelessness. This image, however, no longer adequately reflects reality. While there is still a considerable group of people experiencing homelessness with mental health issues and/or problematic substance use, and the number is possibly increasing, there is also a growing number of people experiencing homelessness who do not fit this description. They experience homelessness due to a life-changing event, such as a divorce, losing a labour contract, or bankruptcy. Some even have steady jobs, although homelessness makes this more difficult, and are referred to as the 'working poor' (van Doorn, 2020). Another group that has increased in official statistics is youth (18-27 years). These groups are excluded from the care- and shelter system or choose not to enter it, and are often considered 'hidden homeless'. Overall, people experiencing homelessness without mental health issues and/or

problematic substance use in the Netherlands have great difficulties accessing the shelter system (Netherlands Institute for Human Rights, 2017 Netherlands Institute for Human Rights, 2018; National Ombudsman, 2019). These people are called 'self-reliant' homeless.<sup>7</sup> Groups that are considered homeless according to the definition used by the European Commission (Edgar et al., 2007; VandenBroucke, 2010; Baptista and Marlies, 2019), are excluded by the narrow Dutch definition (van Doorn, 2020; Oostveen, 2019; Valente, 2021) and consequently remain invisible.

A second consequence of addressing homelessness as a healthcare issue is that other policy areas pay little attention to the problem, and even contribute to worsening it.<sup>8</sup> This is especially the case for policies on housing and income, which are key areas for the prevention and ending of homelessness (Fitzpatrick et al., 2021; O'Sullivan, 2022). Market-led policies in (social) housing have led to a sharp increase in rent. Affordable housing has decreased as the social housing sector was forced to sell, liberalise, and demolish houses. Waiting lists have soared (Hochstenbach, 2022). Tenants' rights and security of tenure have been limited for the sake of a more flexible rental sector with timebound contracts (Salomons, 2020).

At the same time, social security policies do not consider the reality of people experiencing homelessness. In the past decade, social security policies in the Netherlands have increasingly focused on fraud risk mitigation, compelling people to work and labelling social security as a favour rather than a right (Vonk, 2014; 2015; Netherlands Institute for Human Rights, 2015). Social benefits are relatively low compared to the costs of living and the benefit system has become extremely complex. In the labour market, as in the housing sector, flexibilisation has led to a decrease in job – and income security. All these policies affect lower and lower-middle-income groups disproportionately (for example: Algemene Rekenkamer, 2020). It is those groups we find in the ever more heterogeneous group of homeless in the Netherlands (van Doorn, 2020; Hochstenbach, 2022).

The second structural feature of the Dutch policy landscape explaining the failing government policy for addressing homelessness relates to decentralisation and outsourcing. Social policy, such as the care for people experiencing homelessness,

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<sup>7</sup> The term used for people experiencing homelessness without problematic substance use or psychological provisions in the European Social Charter as per conclusions of the European Committee for Social Rights in a decision in the collective complaint of FEANTSA v. the Netherlands, complaint No. 86/2012. See Decision of the Merits Complain 86/2012, European Committee on Social Rights, 2<sup>nd</sup> of July 2014. This part of the decision was rejected by the Dutch Government in a letter addressed to Parliament. See: Vreemdelingenbeleid; Brief regering; Resolutie ESH-zaak Feantsa tegen Nederland (klacht nr. 86/2012); 18th of June 2015.

<sup>8</sup> Recently some first steps have been taken to take a more integral approach at national level, including a policy focusing on prevention and solving homelessness (Ministry of Health, Wellbeing and Sport, 2020; Ministry of Health, Wellbeing and Sport, 2022).

has been decentralised since 2015. The underlying idea was that municipalities, being closer to citizens, could identify proper care easier and at an earlier stage. This, however, has been done without describing a clear mandate. As such, it is not fully clear what the municipal government is supposed to do to address homelessness. Municipalities enjoy a significant amount of policy discretion, resulting in large differences regarding the implementation of social policy (Pommer et. al, 2016; Willink, 2018; Kromhout et al., 2020).

Simultaneously, the decentralisation of the implementation of social service provision in the Netherlands has become increasingly outsourced to market actors by successive governments (Willink, 2018). Outsourcing social care services has encouraged competitiveness in the market. The quality and extent of the provision of health care services have become increasingly geared towards market systems and efficiency, as opposed to addressing the needs of people. Besides a worsening in service provision, vulnerable citizens are confronted with an increasingly complex system which is difficult to access and navigate (i.e., National Ombudsman, 2016; National Ombudsman, 2017; The Netherlands Scientific Council for Government Policy, 2017; Kromhout et al., 2020).

## **Civil Society in the Homelessness Field**

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In the Netherlands, a wide range of civil society organisations are active in the field of homelessness. A distinction can be made between two fundamentally different types of organisations: (1) Care providers within the shelter system; and (2) organisations representing the interests of people experiencing (or at risk of) homelessness. This section discusses both types of organisations, and their service delivery and advocacy work. The remainder of the paper and overall analysis focuses on the second type.

### ***Care providers within the shelter system***

Care providers are, as the phrase suggests, service providers. Their mandate is not to represent the interests of people experiencing homelessness or to advocate for different government policies for homelessness. Instead, their work revolves around service provision, particularly to those people who have a legal right to access shelter, care, and ultimately, to some form of adequate housing.

Care providers within the shelter system are generally contracted for multiple years by municipalities to implement care and shelter policies. Often, they compete with each other in tendering procedures to get a contract. Many of these organisations work in one municipality, some of them work in different municipalities, and one operates all over the Netherlands (Salvation Army). Shelter and care may be quite

basic, like emergency/night shelter. It can also be more advanced and complex, like providing 24-hour shelter with specialised care or so-called 'in-between housing' intended for those who exit shelter, but are considered not ready yet to live independently. Increasingly they provide extramural support for people who exit the shelter system. This may be through renting houses and providing care themselves for people who exit the shelter system.

Though their primary mandate is service delivery, a few care providers also undertake advocacy at the municipal level. The most visible one of these is care provider 'De Tussenvoorziening' in Utrecht. They know how to communicate their messages to the media and also how to involve the general public with visible events like building a (prefab) house in the city centre to focus attention on housing as solution to homelessness. In doing so, they advocate, amongst others, for the interests of people experiencing homelessness (their 'clients' or others who are excluded from their services by law). At the municipal level, several care providers contributed to improvements to the quality of the shelter system through their advocacy.

At a national level, two organisations represent the interests of care providers. This is Valente (the association of care providers) and the Salvation Army.<sup>9</sup> These organisations undertake policy advocacy at the national level, with the aim of representing the interests of care providers within the shelter system. They are able to strategically pursue advocacy objectives, aided by long-term planning and the capacity to issue public demands. In doing so, their advocacy may have favourable outcomes for people experiencing homelessness. For instance, their advocacy efforts were important for introducing legislation on the registration of addresses. As the representation of the interests of homeless persons is not part of their formal mandate, this group of organisations is not the core focus of this paper.

### ***Organisations representing the interests of people experiencing homelessness***

Contrary to care providers, there is a group of organisations with the formal aim of representing the interests of people (at risk of) experiencing homelessness. Generally, these organisations, which are the focus of this paper, "stand behind and besides people who experience homelessness", as one respondent indicated. We refer to these organisations in this paper as 'homelessness organisations'.

This group mostly works in the field of service delivery at the municipal level, providing, amongst others, individual client support. This kind of support is required by the Social Support Act (*Wet Maatschappelijke Ondersteuning*). In providing service delivery these organisations assume different roles, such as translator, advisor, mediator, and/or representative of the interests of people experiencing homelessness. They guide persons experiencing homelessness through the

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<sup>9</sup> The Salvation Army is also a member of Valente. In public debate they frequently operate separately.

increasingly complex system of care and requirements for financial support. They also provide paralegal support when people experiencing homelessness are in conflict with the municipality and providers of shelter and care (i.e., because they are critical of the quality of support and shelter, they have complaints about access to shelter, or because they have been banned from shelter). Some homelessness organisations provide access to basic necessities, like a warm place to stay in daytime (and, for some, also at night), or moral and religious support.

Municipalities have different ways of financing homelessness organisations, and within municipalities they are often financed from different budgets, causing fragmentation. Usually, finance has to be renewed annually, causing uncertainty. Furthermore, it only covers a few FTE, meaning that organisations are small, sometimes even consisting of only one person. They also work with volunteers, and sometimes have access to (limited) private funding. Overall, compared to the care providers, homelessness organisations tend to be much smaller and more financially vulnerable. In fact, small variations in funding often have a direct effect on their staff and potential to do their work, including their primary service provision work.

Despite having the formal aim to represent the interests of people (at risk of) experiencing homelessness, very few of these organisations at the municipal level undertake sustained advocacy to challenge failing policies and address root causes. Their inclination is to solve the immediate problem(s) for individual clients, rather than focus on structural and systemic problems that cause them. The primary focus of advocacy efforts therefore lies in the field of (access to) shelter and care of people experiencing homelessness. Thus, advocacy work that is undertaken focuses on managing homelessness, rather than preventing and ending homelessness. At this level, they do report some successes, such as making night shelters more small-scale, improving more transparency in access to shelter or realising input in tender procedures for care providers.

It is difficult to assess the effectiveness of the advocacy undertaken by homelessness organisations. Very few organisations formulate explicit advocacy goals. Moreover, organisations hardly reflect upon the results achieved, let alone conduct evaluations. In fact, for many respondents, the interview for the research was the first time they reflected on advocacy efforts in any structured manner. The informal advocacy activities that do occur happen mostly in consultation meetings with the municipal government, in work visits, and during informal meetings with government officials and politicians. Generally, set aside a few exceptions, it is rare for homelessness organisations to adopt a confrontational approach such as making public demands and mobilising people (e.g., demonstrations, petitions, lawsuits, or media campaigns).



Homelessness organisations undertake some limited national-level advocacy to influence (youth) homelessness policies. These organisations are either very small, limited in scope, just starting, and/or fragile in terms of staff and funding. Stichting Zwerfjongeren Nederland (Foundation Homeless Youth Netherlands) represents the interests of youth experiencing homelessness at the national level. Two staff members dedicate part of their time to advocacy at the national level. Jongerenpanel/ Derde Kamer (Youth Panel/Third Chamber), at the time of research, just started as part of the action plan on youth homelessness. It is made up of youth with lived experience supported by a coordinator and two people from municipal organisations. Werkplaats COMO (Client Organisation Homeless Shelters) was an organisation of people with lived experience seeking to undertake national-level advocacy, which drew mostly on the voluntary time of two people. It ceased to exist relatively shortly after the research finished. Finally, there is an informal network of street doctors who have done advocacy on a national level for uninsured people, resulting in better access to health care for the uninsured. Their main focus, however, is on health issues at the municipal level.

In sum, few organisations representing the interests of people experiencing homelessness engage in strategic and sustained advocacy with the aim of changing the system, especially in the field of prevention and ending homelessness. Instead, the most strategic and structural advocacy seems to be undertaken by care providers in the shelter system. These organisations, however, do not represent the interests of people experiencing homelessness in their advocacy.

## **Opportunities for Advocacy**

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Despite the fact that homelessness organisations hardly engage in sustained advocacy to change policies, they are potentially well-placed to do so. First, interest representation is part of these organisations' formal mandate. Moreover, people with lived experience often work for these organisations and many of them have more or less organised constituencies of people with lived experience. This gives them legitimacy in the eyes of the target groups and policymakers.

Second, through their service delivery, homelessness organisations have deep insight into the impact of policies and legislation on people experiencing homelessness (and those at risk of homelessness). They first-handedly see the structural and systemic causes and consequences of homelessness and the extreme difficulties for people experiencing homelessness to access basic shelter, (health)care, social security, decent income and work, education, and, ultimately, adequate housing. This enhances their information position and credibility.

Third, at the municipal level, homelessness organisations tend to have strong relations with policymakers. Besides being contracted to provide services, policymakers actively seek out homelessness organisations for their knowledge and expertise. Due to this frequent interaction, the organisations' legitimacy, credibility, and their expertise, the right preconditions for exerting influence, seem in place.

Fourth, as became apparent during the interviews undertaken for this study, most homelessness organisations recognise the limits of service provision alone. Their workload has increased due to the growing number of people experiencing homelessness and the system becoming extremely complex to navigate. This workload is not matched by funding. One respondent noted

We can continue supporting individual people forever, but we also know this is not a structural solution. And we want to help people, as soon as possible, but for the numbers to really decrease and really stop homelessness we need to address the structural causes. We need to do more advocacy. (Interview 18<sup>th</sup> of January, 2021)

## **Barriers to More Impactful Advocacy**

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So why do homelessness organisations hardly undertake sustained advocacy to change policies despite seemingly being well-placed to do so? This section discusses five key barriers that prevent these organisations from becoming impactful advocates: 1) lack of dedicated organisational resources, 2) lack of cooperation, 3) lack of constituency involvement, 4) financial dependence, and 5) ineffective participation in consultation structures.

### ***Lack of dedicated organisational resources***

Paradoxically, the service delivery role undertaken by homelessness organisations makes them potentially effective advocates, but also hampers their advocacy role. Advocacy is a specialised craft, requiring dedicated organisational resources and staff. The outcomes of advocacy are usually influenced by many actors and factors. Effective advocacy typically requires formulating objectives and strategies based on preparatory contextual analysis and formulating intermediate steps and objectives over a longer time period. Effective advocates are able to reflect on their ambition in relation to the available advocacy expertise, budget, and capacity for an advocacy campaign (Almog-Bar and Schmid, 2014). Key capacities include the ability to produce evidence as the basis for credible claims, the ability to analyse the political arena as a starting point for stakeholder engagement, and the ability

to produce tailored messages to motivate power holders and other audiences to act (Elbers and Kamstra, 2020). These capacities require specialised staff and continuous resources.

Most homelessness organisations lack dedicated resources for advocacy. Although many of them mention advocacy as part of their mission, in practice, it is not seen as a primary task. Organisations attach little priority to advocacy in budget decisions and little staff capacity is dedicated to advocacy. One of the reasons is that many homeless organisations largely depend on government funding earmarked for service provision, which makes it difficult to allocate substantial resources to advocacy work. Another reason respondents noted is that there is no advocacy tradition or culture amongst homelessness organisations. Staff typically have a social work background, lacking an in-depth understanding of advocacy. This is reflected in the Supervisory Boards governing these organisations. It was clear from the fieldwork that those organisations with board members who have a political background have more focus on advocacy, even though this is not structural. One respondent indicated: “For advocacy we really need a mindshift, another way of thinking about our work. This is really difficult. The inclination is to help and seek solutions quickly for the urgent cases you are working with.” It also highlights a lack of reflection and analysis of structural and systemic causes. Time spent trying to work on pragmatic solutions for a case usually hampers such an analysis. In this context, it is understandable that existing advocacy efforts lack a strategic element and remain ad hoc instead.

In practice, most organisations rely on one or a few motivated individuals, who are not necessarily experienced advocates. For example, a director of one of the interviewed organisations indicated she has a personal interest in advocacy. She spent time making sure staff members registered problems experienced by ‘clients’ to build up a case. She analysed most of these registered problems in her own time in the evening, making it unclear what remains if she leaves (interview 15<sup>th</sup> of December 2020). Another respondent indicated he wasn’t even sure the rest of the organisation really realised that he was doing advocacy with problems experienced by his clients. He did not discuss or register these problems in order to analyse them. It all took place in his head. “The director doesn’t seem to mind when I do an interview and criticise the municipality. Sometimes I am quite explicit, but they see that as part of my charm really” (interview 8<sup>th</sup> of December 2020).

### ***Lack of cooperation***

The most effective civil society advocacy occurs when civil society organisations work in broader advocacy coalitions with like-minded organisations (Pittman and Naciri, 2010; Lobina et al., 2011; Chopra et al., 2014). In most cases, policy change requires advocacy at multiple levels where decision-makers and implementing

agencies relevant to the intended advocacy goals reside (Chapman, 2000; Revelli and Paidakaki, 2022). This particularly holds true in countries with decentralised governance models like the Netherlands. No one organisation can effectively campaign at all the different levels, which often require different attitudes, strategies, and skills. To achieve this complex mix of work, different types of organisations need to work together. Also, by working together, advocates can share crucial information like political analyses or evidence regarding an issue. Collective advocacy campaigns also have the advantage of being more visible than those of individual organisations. The more attention a campaign receives, the more people are reached with its message, and the less easy it can be ignored by power holders. Finally, working together can create a sense of security when a more confrontational stance needs to be taken on issues.

The research found that in terms of advocacy there is very little cooperation between homelessness organisations in the Netherlands. This applies to horizontal relations (between municipal organisations or between national level organisations) and to vertical relations (cooperation between the municipal and national levels). One of the respondents echoed a much-heard concern indicating: “We understand cooperation is important, but we don’t have the time. Getting together and agreeing on a certain issue and a message just takes too long” (interview, 11<sup>th</sup> of December 2020). Efforts to work together on youth homelessness between the four biggest cities in the Netherlands (Amsterdam, Rotterdam, Utrecht, and The Hague) ultimately failed due to, amongst others, “differences in priorities” (interview, 29<sup>th</sup> of December). As one respondent noted: “What was important in Rotterdam, wasn’t considered a priority in Amsterdam and ultimately the discussions about this took a lot of time and energy” (interview 29<sup>th</sup> of December 2020). This suggests that the importance of joint advocacy might be recognised, but not considered important enough. It underscores that homelessness organisations do not see joint advocacy as part of their core operations.

There is also very little cooperation between homelessness organisations and care providers from the shelter system. Here distrust appears to play a role. As indicated above, care providers are not representatives of the interests of people experiencing homelessness, but can, potentially and in reality, be effective advocates for the interests of people experiencing homelessness. Both type of organisations do share common goals. Yet, there is clear distrust between these type of organisations. The distrust is caused by the fact that homelessness organisations also support people in their conflicts with care and shelter providers. However, it goes much deeper. One respondent echoed another much-heard concern: “They [organisations providing shelter and care] only advocate for their own interests:

more care, more shelter. That is not in the interest of homeless people, it's their business model" (Interview 4<sup>th</sup> of December 2020). Care providers themselves indicated in interviews that they did not recognise this distrust.

A final issue that was raised by a number of interviewees was the discussion between people with lived experience and those without lived experience. The discussion revolves around the question of whether people without lived experience can really advocate on homelessness in any legitimate or credible way. One interviewee indicated:

Part of the field will argue that only people with lived experience have the right to speak up and advocate. While this type of advocacy is crucial and should be enhanced, the reality is that these people are not well-organised. Discrediting anybody who can then support you and fill gaps in advocacy is not so effective. (Interview 10<sup>th</sup> of December 2020)

Part of the discussion thus also revolves around empowerment and constituency involvement (see below).

Respondents from homelessness organisations explained they have few incentives to invest in vertical connections as their core operations consist of service provision at the municipal level. Moreover, building vertical connections and gaining access to the political arena at the national level is seen as costly as opposed to working at the local level where they have a strong network and feel they can be more influential. Another respondent argued that: "Whatever is decided in The Hague has no impact here. The real work is done here" (interview 13<sup>th</sup> of January 2021). In other words, decentralisation has enhanced the distance between municipal and national organisations that work in different realities. As one interviewee noted: "Really the Central Government has no idea what is happening in the municipalities" (interview 13<sup>th</sup> of January 2021). This may explain, in part, the lack of a more professional national organisation representing the interest of all people experiencing homelessness.

Ultimately, many respondents feel that there are diverging and sometimes even conflicting interests among organisations. It takes too much time to find common ground for advocacy and determine a strategy together. The urgency to cooperate is limited. This is further compounded by other elements, such as the lack of strategy, focus on solutions for individual clients, and financial dependency and competition.

### ***Lack of constituency involvement***

In the social domain, constituency involvement is often a precondition for effective advocacy (Houtzager and Lavalley, 2010; Spicer et al., 2011). Organisations that fail to clarify in whose name they speak, why they are authorised to act, and to whom they are accountable run the risk of being seen as less credible or illegitimate

(Antlöv et al., 2010; Barnes et al., 2016). Constituency involvement is essential for acquiring a correct understanding of the situation and setting the right advocacy goals and priorities. This implies that advocates need to communicate regularly with those they seek to empower while being accountable to them for their advocacy messages and actions (Barrett et al., 2016).

In the Netherlands, we see that most advocacy happens *for* people experiencing homelessness, as opposed to *with* or *by* them. A key reason seems to be that most homelessness organisations, are primarily service-providing organisations. They tend to see people experiencing homelessness as clients as opposed to partners in a joint struggle for a more just system. Their focus lies on individual empowerment, as opposed to collective empowerment designed to achieve policy change. Thus, there is hardly any work on supporting a movement 'owned' by people experiencing homelessness. This focus on individual empowerment should be seen in a wider context of the individualisation of homelessness. In the Netherlands, working on empowerment has become synonymous with working on *individual* empowerment. Words such as 'client', 'activate', and 'recovery' emphasise the individual dimension of homelessness and shifts the frame of homelessness to people who are sick and need tailor-made support to reintegrate in society. While this may be part of the problem for some people experiencing homelessness, it also means the structural and systemic causes for homelessness and the need for collective empowerment have been largely forgotten (Boumans, 2012; Green, 2021).

There are real challenges to collective empowerment though. Individual empowerment is needed as a basis for collective empowerment. Through individual empowerment, individuals start seeing themselves as rights holders who have a right to speak out, instead of sick people who deserve their plight (Veneklasen and Miller 2007; Van Regenmortel, 2009). People experiencing homelessness represent particular challenges in both individual and collective empowerment. Many people with lived experience have deep trauma and self-stigma. They are often at risk of relapsing, mostly still dealing with real problems, such as debt and problematic substance use. One respondent indicated: "We have stopped working with people who are still currently homeless in our advocacy. I think it doesn't help them in their own recovery" (Interview 15<sup>th</sup> of December 2020). Many obviously do not want to keep the label of 'homeless', thus once 'reintegrated' they prefer not to be associated with homelessness. Something they already experience in daily life when dealing with state institutions, such as within the social welfare system (Eickholt, 2017). Finally, homelessness is also a dynamic process whereby people enter in and out of situations of marginalised and temporary housing and shelter or street homelessness. Each of these situations, as well as this unpredictable dynamic, naturally influences people's ability, possibility, and will to be supported in individual and collective empowerment.

Many homelessness organisations in this study lack mechanisms to represent people experiencing homelessness or involve them structurally in the advocacy process. They do however invest in individual empowerment: enhancing the self-esteem, self-confidence and skills of people experiencing homelessness. What is lacking, however, is collective empowerment enabling them to represent the interests of people experiencing homelessness. Consequently, people experiencing homelessness tend to have little influence on how they are involved in advocacy efforts. In those cases where people experiencing homelessness are involved, they tend to have little influence over the strategy or goals of the advocacy work undertaken. One interviewee noted:

In order to really play a lead role in advocacy someone with lived experience should do so much more than just tell their life story. The story has real value, but it is only a small part of advocacy. In order for them to do advocacy as well, they need so much more support. However, this kind of support isn't there. (Interview 14<sup>th</sup> of December 2020)

This approach runs the risk of tokenism with people experiencing homelessness being used in an instrumental manner to lend legitimacy to advocacy efforts (European Programme for Integration and Migration, 2019). To counter this, a collective approach is needed: "What is important in advocacy, is that every person with lived experience has their own story. The trick with advocacy is to combine these stories in a collective story" (Interview 18<sup>th</sup> of January 2021).

### *Financial dependence*

Most homelessness organisations in the Netherlands are partly or completely dependent on governmental funding. Most organisations working on homelessness receive subsidies from municipalities to provide services.<sup>10</sup> Municipalities stipulate what is laid down in contracts, unilaterally define accountability requirements, and the terms and conditions on which funds will be released. Homelessness organisations are viewed through a market-oriented approach that views the organisations as sub-contractors and emphasises value for money: obtaining maximum benefit in terms of service provision for the funds provided.

As many organisations are small and financially vulnerable, their financial dependence on government funding makes undertaking advocacy uneasy and dampens their ability to be critical. Homelessness organisations explained that they are not always comfortable with being too critical of the government. They fear this might affect future funding prospects. One respondent noted: "I do use the media as a more confrontational way of getting my message across, but I am careful with my

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<sup>10</sup> There are some exceptions working only with donations. A number of these are more church-based organisations providing basic necessities.

wording. It shouldn't be too confrontational" (Interview 8<sup>th</sup> of December 2020). The underlying issue is that the power relation between the municipality and homelessness organisations is skewed.

Respondents gave a multitude of examples of negative responses by policymakers at the municipal level towards organisations perceived to be too (openly) critical. This dynamic of (self-) censorship and real or perceived negative reactions by policymakers toward organisations considered too critical is further compounded by the fact that the primary and first target of advocacy is often also responsible for financial decisions concerning the organisation. Interestingly, several mentioned that they sometimes use other organisations to deliver advocacy messages.

### ***Ineffective participation in consultation structures***

The Netherlands has a long history of consensus decision-making which is part and parcel of Dutch politics, business, and all kinds of situations in which people will have to work together in spite of their differences (Van Drimmelen, 2014). This approach to decision-making also shapes how the Dutch Government interacts with civil society. For this interaction, it has set up formal and informal consultation structures in all sectors. From a governmental perspective, these structures are important for acquiring knowledge and on-the-ground experience, legitimising policies and minimising tensions between state and civil society. In the domain of homelessness, the decentralisation of social policy led to a major increase in consultation structures at the municipal level. Municipalities were expected to formulate and implement policies for homelessness while lacking knowledge and expertise on the topic. Therefore, the decentralisation of social policy was a major incentive for municipalities to set up new structures as they required input from civil society to understand the homelessness problem and formulate policies.

A key finding of this study is that participation in the consultation structures, which promise opportunities to exert policy influence, has a dampening effect on the ability of organisations representing the interests of people experiencing homelessness to be effective advocates. Several interrelated dynamics are at play here. Firstly, the combination of some of the barriers discussed above (e.g., absence of a solid strategy, lack of cooperation, and lack of constituency involvement) means that organisations tend to participate in the consultation structures whilst lacking clear advocacy goals and the capacity to pursue them in a sustained manner. This makes it extremely challenging for organisations to seize the promise of influence offered by the consultation structures.



Second, homelessness organisations pointed out that their ability to exert influence remains insecure at best whilst the costs of participation in terms of time and resources are high. According to one respondent, “We sit and talk and talk and talk, while the homeless come to our desks in increasing numbers. Nothing really changes” (interview 26<sup>th</sup> of January 2021). Another respondent explains that “We have so many consultation structures, I can spend all my time just participating in these, while nothing changes” (Interview 1<sup>st</sup> of December 2020).

Third, the agenda in the consultation structures tends to be limited to issues related to the implementation of homelessness policy. Particularly at the municipal level, the nature of the policy itself, including its design, and thus many of the root causes that promote and sustain homelessness, are usually not part of these consultations. As the scope of the discussion is usually confined to apolitical and practical topics, the ability of civil society to exercise policy influence is constrained from the start. Where policy is discussed it is usually confined to discussions with health departments, and/or departments responsible for shelter, solely. None of the organisations interviewed had for instance established communication channels with policymakers responsible for housing.

Fourth, by participating in the consultation structures and acting as a partner of the Government, it seems as if homelessness organisations and the Government are on the same side and want the same thing. This is reinforced by the fact that ‘critical’ topics are usually not part of the agenda. As conflicting views and interests are downplayed, the risk of co-optation becomes real. In this context, the consultation structures act as a barrier towards undertaking more confrontational action, for example, via (social) media campaigns or demonstrations. By shying away from more confrontational approaches, the ability of homelessness organisations to exert pressure and hold the Government accountable is greatly reduced.

## **Conclusions and Recommendations**

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Homelessness is a major societal problem in the Netherlands. The group of people experiencing homelessness has grown dramatically whilst simultaneously becoming more diverse. Failing governmental policies lie at the root of the problems observed. In this context, organisations representing the interests of people experiencing homelessness are uniquely placed and have the potential to play an important role in promoting effective policies and holding the Government accountable. However, the advocacy efforts of these organisations tend to be one-off, fragmented, and focused on addressing the urgent needs of individual clients as opposed to collective action addressing the root causes of homelessness.

This paper identified five barriers that prevent Dutch organisations representing the interests of people experiencing homelessness from becoming impactful advocates:

1. Most organisations lack the organisational resources to engage in strategic and sustained advocacy. Although advocacy is often part of their formal organisational mission, homelessness organisations are organised and managed as service providers.
2. There is little cooperation between organisations in the Netherlands that do engage in advocacy. This limits their ability to engage with decision-makers at different levels, share information, and pool resources.
3. Organisations do not have mechanisms in place to ensure adequate constituency representation. Consequently, they leave one of the most important advocacy resources untapped – legitimacy – whilst existing advocacy efforts run the risk of not reflecting the interests and priorities of people experiencing homelessness.
4. Homelessness organisations are partly or completely dependent on governmental funding. Particularly municipalities do not expect them to be or accept these organisations if they are too critical and vocal. Consciously and unconsciously this limits the organisations' organisational autonomy and overall ability to critically engage municipalities.
5. Organisations participate in government-organised consultation structures which cost considerable time and energy, offer little influence, and run the risk of co-optation.

Based on these findings, the study identifies recommendations for homelessness organisations and the Dutch Government. For organisations representing the interests of people experiencing homelessness, we recommend the following:

- Acknowledge the crucial role of advocacy in tackling the root causes of homelessness. Develop a clear vision of the role of advocacy in achieving the organisational mission and its implications for decisions on budgets and staffing.
- Develop and implement procedures to register problems experienced by individual clients with the aim of documenting broader patterns. Ensure that these patterns are analysed to establish whether and how they are rooted in policy and legislation.
- Invest in building the capacity of the organisation, including Boards, to understand and undertake sustained advocacy. Such understanding is crucial for addressing all the barriers identified in this study.

- Adopt a holistic approach toward empowerment to stimulate advocacy *with* and *by* people experiencing homelessness. Individual empowerment through service delivery should be complemented, where possible, by collective empowerment designed to support people with lived experience to undertake their own advocacy.
- Build horizontal and vertical relations among organisations representing the interests of people experiencing homelessness, with those representing the interests of care and shelter providers and other organisations in the field of housing, revolving around a strategic long-term advocacy strategy with explicit objectives and strategies grounded in contextual analysis (i.e., making use of the right to housing movement).

For the Dutch Government and municipalities, we have the following recommendations:

- Recognise the crucial role of advocacy by organisations representing the interests of people experiencing homelessness as an important feedback mechanism to improve public policy. Recognise that the Government benefits from a strong and critical civil society that can identify the shortfalls of existing policies, develop, and promote alternatives and hold the Government accountable.
- Promote advocacy as (one of the) core tasks of those organisations representing the interests of people experiencing homelessness based on a clear (and currently absent) policy vision. Invest in the capacity strengthening of these organisations, stimulate joint advocacy initiatives (but don't oblige this), and make subsidies available to support advocacy work.
- Taking advocacy seriously implies adopting a long-term time horizon. Successful advocacy is generally the outcome of a sustained effort by a multitude of organisations over a longer time frame. This time frame should be reflected in the conditions under which funding is provided.
- Promote the participation of people with lived experience by giving organisations representing the interests of people experiencing homelessness the means for individual and collective empowerment.

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