Active Inclusion – an Effective Strategy to Tackle Youth Homelessness?

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Introduction: Active Inclusion: a Framework for Policy – and Services?

The Active Inclusion paradigm emerged on the European policy agenda in 2005 during the UK's EU presidency, and has since then steadily established itself as a point of reference for strategies against poverty and exclusion. The core idea is simple: to be effective for those who are excluded from the labour market, such strategies need to combine adequate income support with access to quality services and inclusive labour markets (cf Council of the European Union, 2008; European Commission, 2008; European Parliament, 2009; European Commission, 2013). This is clearly a step forward from narrow approaches to activation that overlook the wider context of social problems and are prone to fail because of their simplistic assumptions. It accepts that policy interventions can come in various forms, which need to be properly aligned. Conceptually, the approach resembles the sociological debate about distinct logics of social policy and intervention that can be categorized into rights and regulation, income, ecological measures, and education (Loewenberg, 1977; Kaufmann, 2012). As obvious as the need to see these in perspective and in their mutual interaction may seem, the holistic approach of the active inclusion concept, however, is ambitious and challenging when it comes to implementation. As policy delivery has typically been fragmented with monothematic programmes running alongside each other in well fenced strongholds of competence and authority, boundaries between organizations need to be overcome, partnerships and networks developed. Furthermore, organizations and their staff have to change internally so that they can cooperate rather than compete. These challenges to collaboration have been discussed over past decades in governance and public management literature (see, for example, Geddes, 2005, pp.8-14; Loffler, 2009, p.215). Whilst many pilot programmes and experimental policy schemes have addressed these issues in recent years, they have not yet triggered substantial progress in practice. The European Commission recently stated:

"Member States have reported little progress in providing an integrated compre-hensive strategy for active inclusion. Almost all are planning partial implementa-tion, but have difficulties or challenges with integrated provision of active inclusion. These difficulties are often due to a lack of administrative capacity, or to the vertical and horizontal coordination of the three pillars" (2013, p.8).

A severe manifestation of social exclusion – and a tricky challenge for social policy that by its nature escapes single pillar approaches – is youth homelessness (Quilgars *et al*, 2008). It is often a result of numerous social problems and chal-lenges accumulating to create a crisis where a comprehensive response can require elements as diverse as counselling and advice, housing, financial support, assistance with health issues, and access to education or employment. Others could be added, but these examples demonstrate the potentially large number of organizations that may need to be involved. Hence, to address youth homelessness the three strands of the active inclusion strategy need to be joined up, but access to quality, co-ordinated services is likely to be particularly important.

In an action research project, we examined local strategies to support young people with experience of homelessness or at risk of becoming homeless in four cities; Bologna, Hamburg, Malmö and Newcastle. In the course of the project, titled "Local Strategies for the Active Inclusion of Young People facing multiple disadvantages" (known as Com.In) and funded by the European Commission's PROGRESS programme, social experiments were conducted that built on, and strengthened further, governance arrangements that were already considered to be effective. Instead of introducing completely new initiatives, the aim was to improve existing practices by more sensitively "bending" these practices through small but significant changes. A research objective was to find out if and how these changes could lead to enhanced or new forms of collaboration between relevant agencies.

From a broader range of findings, we concentrate here on two challenges to inte-grated agency responses that were particularly evident in the Newcastle and Hamburg experiments. Firstly, with regard to clients, those with the greatest needs – who face the greatest burden in managing their everyday lives – may get lost in complex support structures. Secondly, with regard to service providers, there is a need to set limits and boundaries to manage expectations and resources. These challenges do not negate the potential gains of a holistic approach, but they draw attention to the need for good design and governance of networks to avoid imple-mentation failure and unintended paradoxical effects. What is described by policy-makers rather simplistically as a "one-stop-shop" (European Commission, 2013, p.9) will have to be sensitive to specificities of individual cases and circumstances.

Setting the Scene: Strategies to Combat
Youth Homelessness in Newcastle and Hamburg

This is not the place to describe the specific welfare arrangements in the United Kingdom and in Germany; it should be sufficient to refer to the respective liberal and conservative-corporatist traditions to indicate the differences. In addition, similarities can be inferred from the Third Way philosophy of former heads of state Tony Blair and Gerhard Schroeder, who introduced workfare oriented welfare reforms in the late 1990s and early 2000s, based on an expressed wish to strike a balance between rights and responsibilities (Lewis, 2003). These reforms impacted on strategies against homelessness; those who do not comply with conditions linked to benefit take-up face sanctions, which may cause additional stress for those who already have difficulties coping with labour market requirements. Furthermore, young homeless people are at risk of falling into gaps between services for children and adults. Services for young people are often provided in an ambiguous space between the two distinct systems of youth and adult welfare that have their own rules, institutions and resources and have developed distinct networks of practice. Whilst young adults have begun to receive attention from policy makers as a distinct group, legal age is still a key gatekeeper to rights, services and resources. There is a group of young people who fail to make the transition from childhood to adulthood and are at risk of experiencing exclusion.

Welfare arrangements to address homelessness
and youth homelessness in Hamburg

In Germany, a key point of reference for services for homeless people are articles 67-69 of the Social Security Code Ch.XII. The German constitution states that municipalities are responsible for providing services of general interest and most cities have established a system for homelessness prevention. There are usually central offices for coordinating the services, which are provided by non-governmental organizations (NGOs) in the majority of cases. Key elements of the system are the prevention of eviction and the provision of public housing, advice and medical treatment.

The city of Hamburg coordinates the various elements of prevention and provision through coordinating offices for housing need ("Bezirkliche Fachstelle für Wohnungsnotfälle") (BFW) in each of its seven districts.[1] As 'one stop shops', these offices act as an interface between the relevant departments (social services, housing, public order); they also pool the available support in the case of emergency

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[1]   Hamburg is, as Berlin and Bremen, a ''city-state", combining municipal and state level (Bundesland) competences. Some municipal competences and tasks are delegated to the seven districts (Bezirke) that have their own public administration (Bezirksverwaltung).

housing and social assistance according to Art. 67 Social Security Code, Ch. XII. The services are, however, not provided by the BFW itself but commissioned from a range of welfare organizations.

A second element of Hamburg's approach to preventing homelessness is a cooperation agreement between the city administration and twelve housing associations. The aim of this agreement is to save on expensive special shelters and to provide an entry point to the mainstream housing market. The budget that could be saved is given to these housing associations, so that a win-win situation is achieved. The agreement is reviewed and renewed every second year.

The responsibility for the implementation of this agreement lies with the coordinating offices for housing need. Their job is not only to help homeless people or households find an apartment, but also to work pro-actively to prevent evictions. To receive support, a certificate of urgency is needed, which is given to homeless people living on the street or in a shelter by the BFW. On the basis of this certificate, three levels of housing need are differentiated. There are a wide range of criteria used to determine whether a homeless household is classified as without further difficulties and able to solve upcoming problems independently (Level 1); with social problems and debts, able to solve upcoming problems on their own but needing financial safeguards for the tenancy (Level 2); or with social problems and debts, unable to solve upcoming problems independently and needing extra support from an NGO in addition to a financial safeguard for the tenancy (Level 3).

To tackle the specific challenges of youth homelessness, the German youth welfare system was extended in 1990 and provides housing support services to young people up to the age of 21 (Art. 41 Social Security Code, Ch. VIII; in extreme cases, services are provided up to the age of 27), working in parallel with adult services. In the city of Hamburg, a specific housing project for young male adults was established in 2009 (19 bedspaces) and a second one (20 bedspaces) is planned. There are also projects to help former residents of supported youth accommodation find an apartment and to provide assistance in their first move into independent living. In addition, young adults can also access accommodation offered under the framework contract mentioned above.

Welfare arrangements to address homelessness and youth homelessness in Newcastle

In the United Kingdom, since the passing of the 1977 Housing (Homeless Persons) Act, local authorities have had responsibility for assessing people who approach them as homeless and, in some circumstances, securing housing for them. A further key policy development was the 2002 Homelessness Act which requires local authorities to work strategically and in partnership with other agencies to

prevent and tackle homelessness. In 2003, the introduction of the *Supporting People* programme transferred money to local authorities to meet the housing related support costs of homeless people and other groups. This money had previously been paid by central government directly to NGOs. The change enabled authorities to commission housing and support services from NGOs and others in line with their strategic aims.

Newcastle City Council has commissioned services from Supporting People funds in order to meet the housing and related support needs of vulnerable people. For example, it has created a homelessness prevention fund, which can assist with a wide variety of needs such as providing furniture and paying transport costs to re-connect people to their area of origin. It also funds several hundred bedspaces of supported accommodation through the Supporting People programme. There has been recognition in the United Kingdom that young adults can fall through a gap in the provision of services, particularly in the area of homelessness. The 1977 Housing (Homeless Persons) Act identified certain groups of homeless people as being 'in priority need' for housing and the Homelessness (Priority Need for Accommodation) (England) Order 2002 added all 16- and 17-year-olds to this list: an acknowledgement that provision for them had previously been inadequate. For those young people who are 'looked after' by the local authority in place of their own family (usually referred to as being 'in care'), it has been recognised for some time that there can be major difficulties at the point where they cease to be regarded as a child and move towards independent living (at which point they begin to be referred to as a care leaver). The Children (Leaving Care) Act 2000 introduced a number of measures to strengthen the support provided to young people in this period of transition. To ensure that there was no financial incentive for local authorities to discharge them from care at an early age, 16- and 17-year-old care leavers lost entitlement to almost all forms of state financial benefits – instead local authorities were made responsible for meeting their financial needs from ring-fenced funds. In addition, further responsibilities were created for local authorities towards young people in their care up until they were 18: to provide them with (or maintain them in) suitable accommodation, and to give other prescribed forms of support. These new responsibilities meant that the subsequent change to the homelessness legislation, placing 16- and 17-year-olds into the priority need category, did not affect young people in care (although homeless care leavers aged 18-21 benefited from being placed into the priority need category under the 2002 Amendment).

Service Coordination in Practice: Acting Across Organizational and Professional Boundaries

In addition to the risk (noted above) of falling between children's and adults' services, the large number of agencies that young homeless people are often required to keep in touch with can create additional problems. Coordinating services can prevent such difficulties. At policy level, frameworks can be aligned to avoid gaps or contradictions. Commissioning bodies can promote coordination between implementing organizations through respective contractual provisions. Service providers can develop work flows that ensure transparency and adequate information management. And finally, at street level, officers can proactively promote informal cooperation with colleagues and the service user. Clearly, these levels intertwine: It will be easier for a street worker to find adequate support if housing and other services have the capacity to cooperate and if he/she can refer to supportive legislation rather than being dependent on organizational goodwill.

There are numerous approaches to fostering collaboration at all these levels and between them, whether formal (such as committees, boards, contracts and protocols) or informal, systematic and spontaneous. In our research project, we focused on two common models operating at implementation level: network management and case management. Network management is about facilitating communication between organizations, which often means "promoting the mutual adjustment of the behaviour of actors with diverse objectives and ambitions with regard to tackling problems within a given framework of interorganizational relations" (Kickert and Koppenjan, 1999, p.44). It can include activating and arranging interaction, but also conflict mediation and, if it is done in a strategic way, "tinkering" with relations (*ibid*, p.46). Case management was originally developed as a response to deinstitutionalization, community-orientation and personalization of care services. Relevant services and resources are identified and coordinated around a person who is handled as a "case"; central to this is a case worker, working together with the person to develop an adequate and effective support network. As a range of contacts and organizations will be involved, this includes brokering and coordination between them.

Irrespective of the specific form of collaboration, a number of challenges have to be tackled. These include the multiple management styles, work processes and cultures of the organizations involved, blurred/unclear roles and relationships (personal and professional) between actors, unclear responsibilities and "dilemmas of multiple accountabilities", and varied perceptions of what constitutes a problem and what needs to be done (Williams 2012, p.70). The case management model is applied by some of the NGOs in Hamburg that work with households who are classified as level 3 (see above). The case manager coordinates services (and the

respective providers) around the person ("case") he/she works with to avoid double-consulting and inappropriate services. Case management has been introduced only recently in this area of work, where previous approaches tended to produce rather fragmented and disorganized services. In the specific context we reviewed, it is used when renting property from a housing provider and then subletting it to a household through a temporary rent contract for one year. In addition to the sublet, the case worker and the tenant develop together a support plan, which includes all the targets that the tenant needs to achieve for a successful tenancy. The conversion to a regular tenancy contract after 12 months depends on the person fulfilling all the conditions of cooperation with the NGO, which are (for example) making rental payments and coping with the tenancy conditions.

The case management focuses primarily on the participant's ability to cope with living independently, care for the apartment and have a stable financial situation to pay the rent regularly. This focus is mirrored in the case management network, as illustrated in Figure 1. It concentrates on the areas of employment, debt and housing. Areas that are not (yet) involved include informal contacts, family or friends, culture, and other activities that are only indirectly linked to managing the flat and finances.

Figure 1: Case Management Network[2]

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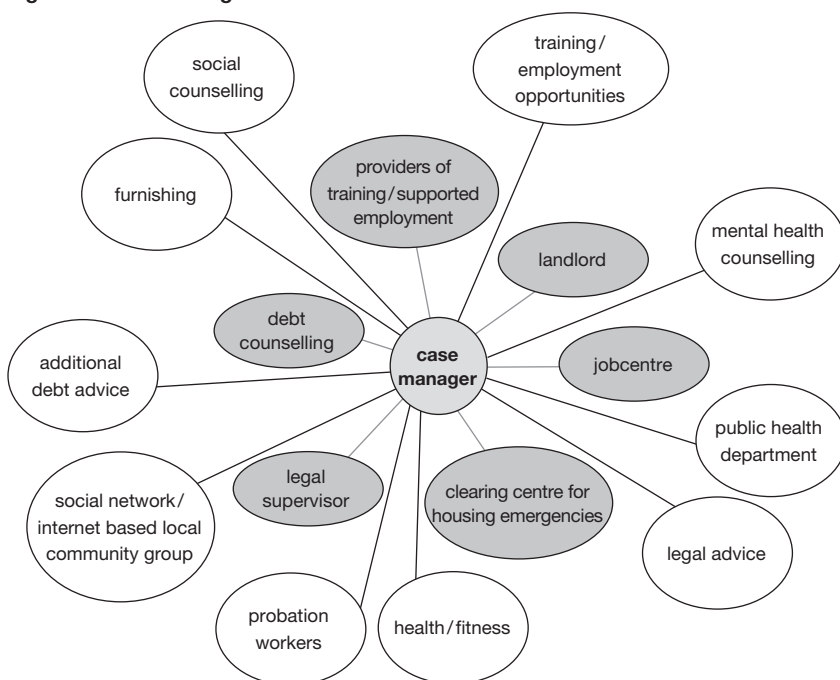
[2]   This diagram was kindly provided by Ines Moers, Hamburg.

In Newcastle, a range of innovative tools for coordinating services to tackle housing need among young adults have been developed by the local authority (Harding, 2004). There are examples of both case management and network management. One example of case management is The Gateway; a common allocations system to temporary, supported housing. Referrals to The Gateway can be made by a range of agencies that may work with single homeless people such as probation, mental health services and addiction services. On making a referral, the agency will be asked to supply information about their client; this information is used by the local authority to prioritise applicants. Supported housing providers are expected to offer vacancies to those with the highest level of priority. Both case management and network management are evident in the creation and implementation of a 'Prevention from Evictions' Protocol in the city. This protocol was created by housing providers and other agencies who together decided the appropriate point at which it was acceptable to make an eviction, and what support could be put in place for a tenant whose actions placed her/him at risk of eviction. There is now regular liaison between housing providers and the local authority's homeless section to discuss the cases of people who are at risk of eviction.

These examples of case and network management, together with specific forms of support for young people, which are provided through a Young People's Service, have ensured that there are positive outcomes for young homeless people in Newcastle in comparison to similar UK cities. However, a recent study in the North East region (Harding *et al,* 2011) confirmed previous findings that care leavers are over-represented in studies of homeless people and reflected concerns of policy makers and professionals that this group often face difficulties in making the transition from children's to adults' services. In addition, a 2010 EUROCITIES review expressed concern that Newcastle City Council's largely effective homeless services were not addressing the needs of some of the homeless people who faced the most severe deprivation and exclusion. The action research project discussed below focused on care leavers with the most problematic circumstances.

Testing the Limits: Challenges to Participation and Cooperation at Personal and Organizational Levels

The experimentation that was undertaken in Hamburg and Newcastle, the nature of which is discussed further below, faced difficulties linked both to the characteristics of individuals and those of organizations. Considering first the individuals, any social programme will inevitably find greater ease in meeting the needs of some clients than others. For example, in the United Kingdom, the Labour governments of 1997-2010 achieved early success in reducing the numbers sleeping rough before adopting some punitive measures towards those more intransigent rough

sleepers who did not respond to the initial attempts to encourage them to take places in temporary accommodation (Cloke *et al*, 2010). The term multiple exclusion homelessness (MEH) has come into use for those homeless people who seem to face particularly entrenched difficulties (Dwyer and Somerville, 2011) and are most difficult to engage with services.

The same pattern emerged in Hamburg and Newcastle, where the action research project tried to expand and develop the service network. We found that improvements were achieved for some participants, but not for all. Those who benefitted more were the cases that were described by professionals as comparatively unproblematic, with less complex needs and a more promising outlook from the beginning. In Hamburg, the experimentation focused on the incorporation of informal contacts and resources that go beyond basic needs (such as services providing leisure activities) into the case management network. It found, however, that young people with more serious problems derived little benefit from an extended service network and new opportunities. In fact, one group of clients already had enough resources and possibilities to find and maintain meaningful activities on their own, and could find and approach agencies themselves, so had no need for the extra services. However, of much greater concern were those for whom the sheer struggle of securing the tenancy as well as their daily subsistence left no room for any additional engagement related to culture, sports, or other activities. They had barely any resources to manage their daily life due to problems such as debt and mental health difficulties and the case manager had to concentrate on finding and providing support to meet these basic needs. The difficulties were aggravated when potentially helpful services refused to get involved because of the person's problematic track record or previous experience with the service.

Two cases can illustrate this division: Person A had been co-operating positively with services, keeping the conditions of her tenancy (appointments with the team, house rules, rental payments, etc.) and accepting the help offered. She had begun a job-training scheme, started to take care of her payments right away and contacted the team about the changes. She developed a good and stable network of counselling, family and friends and did not need the offers from additional services. Person B, in contrast, had just moved into his apartment when the project started and was neither able to keep to appointments with the case manager nor the conditions of his rental contract in general. Even after several reminders he did not pay his rent and electricity bills. This was due to financial sanctions from the Jobcentre, which were announced after he missed several appointments there. In addition, the rental company continuously received noise complaints from his neighbours. Even though the case manager approached the Jobcentre, and asked family and friends for help to prevent the sanctions, B declined almost all offers of support. These difficulties were aggravated because the youth advice centre that was asked to help declined to work with him

because he had had so many different options and supporting institutions in the past, which had not proved effective. The problems with noise and his unwillingness to take the help offered led to the cancellation of his rental contract. It was clear that he was unable to cope with the requirements of daily life, meaning that managing a tenancy was too big a challenge for him. Hence, the case manager needed to concentrate on the housing situation, whilst additional daytime activities came second in the experiment and were of less importance.

In Newcastle, the project encountered similar limitations. It looked for new ways to bridge the work of housing and social services staff in respect of young people in local authority care who were approaching the transition to independent housing. It found that joint working across children's and adults' services proved highly effective for some young people but not for the most chaotic, particularly those who had had contact with the criminal justice system. This is also best reflected by two cases.

Person C was a young man who had been in the care system for many years and had a history of failure in different housing situations, in part due to his behavioural issues, emotional immaturity, and vulnerability. When his social worker began to work with a member of staff of the homelessness section, there was an immediate difference: the homelessness officer was able to negotiate more effectively with housing providers and, on one occasion, ensured there was an investigation into (false) allegations made about C's behaviour. The social worker spoke about the homelessness officer 'fighting C's corner' and the 'extra clout' she brought to the case. Her constant presence at case management meetings was invaluable. Eventually the combined efforts of the social worker and the homelessness officer led to C being diagnosed with autism (many had assumed that he had bipolar disorder) and being found accommodation that was suitable for somebody with this condition. At the time of the evaluation, C was receiving appropriate support in this accommodation and his social worker felt more optimistic for his future, while acknowledging that he would always need some kind of support to live independently and had yet to develop many of the skills needed to do so.

There was a contrasting outcome in the case of Person D. He had been in care since he was seven years old and his behaviour had been considered dangerous from an early age: he had been in a detention centre for young offenders on a number of occasions and had great difficulty functioning in the community. His social worker began to work with a homelessness officer at the point where D (now a young adult) was about to be released from a Young Offender's Institution. The social worker was concerned about the impact on D if he was to be placed in accommodation with older adults, while the homelessness officer was concerned about his impact on others if he was found a place in accommodation with other young people. So the housing department paid for an emergency bed with Tyneside Foyer, a local

supported housing provider with experience of accommodating young people who are difficult to engage. Unfortunately, D visited the accommodation but never moved in and was subsequently recalled to custody.

So the second type of problem that arose in both Hamburg and Newcastle was difficulties with network and case management that arose from an organization's key purpose and modus operandi and its relationship to partners in the service network. Collaboration in a network can cause confusion and mistrust if it is not properly designed. Collaboration can also fail when a partner for whatever reason is not sufficiently flexible to adjust to a more cooperative mode of working. Such problems were experienced in Hamburg when the case manager working for an NGO tested whether she could take on a more central role for five cases by expanding the service network, as discussed above. In seeking to develop this role, she sought to formalize some informal contacts. This attempt created a role conflict – other organizations, as well as the clients, began to attribute a central role to the NGO that it could not fulfil in the long run. In addition, it was seen by some as an effort by the NGO to improve its position on the service market rather than as an attempt to strengthen the network around a case. Furthermore, it contradicted the well-elaborated concept of clearly defined monothematic experts in the case management network. The conclusion reached in Hamburg was not that closer coordination was unnecessary, but that other forms of coordination (committees, protocols etc.) may be more appropriate because they avoid the differential positioning of one organization over others.

In Newcastle, a peer review team from Hamburg recommended the creation of a panel system to support and monitor the transition of the most problematic young people from care to independent housing. The panels were to take a competency rather than age-based approach to managing the transition to independent living for a small number of care leavers with complex needs. However, the panels proved impossible to organise because housing and social services staff felt that attending them would be too great a time commitment alongside their other statutory duties. Instead of panels, a less time consuming method of cooperation was eventually found. This involved adapting the care plan – a document that is legally required to be created and updated from around the time of the young person's sixteenth birthday – to include a greater housing element. An assessment, made by the young person and their social worker, was introduced to determine whether they should be regarded as green, amber or red, with green representing the highest level of readiness for independent living and red the lowest level. Funding has now been re-allocated by Newcastle City Council and one of its partner organizations, and additional resources obtained from a charitable source, in order to fund two workers whose task will be exclusively to support those young people who are assessed as 'red' and need most help to make the transition from care to independent living. So

a means has been found of supporting the most difficult young people through the interface between adult and children's services, and between housing and social services, without increasing the heavy burden placed on staff by statutory require-ments. The project finished before this approach could be evaluated, but profes-sionals and young people alike spoke positively about its likely impact.

Discussion: Going Beyond Simplistic Ideas of Coordination

A starting point of the "active inclusion" concept is that one-dimensional approaches will not suffice when people are experiencing multiple disadvantages. It is widely accepted that to effectively tackle social exclusion, organizations that specialise in one area – be it social services, housing or other – need to align their activities and work together, not only at a strategic level, but also in the day to day relationships of 'street level' workers. At a time when austerity measures mean that two elements of the active inclusion paradigm – inclusive labour markets and adequate income support – are under threat, there is a particularly acute need for the third element, i.e. the provision of services, to be effective. The complex nature of youth home-lessness, and the danger that young people will fall through gaps between services for children and those for adults, mean that this is an area where it is particularly important for agencies to understand the nature and importance of effective collaborative working.

However, creating a "one-stop-shop" as proposed by the European Commission is more complex than it may seem. A project or a system to support a young person on his or her pathway to independent living – which may need to combine elements as complex as strengthening self-awareness, building social competencies, and eventually creating employability – is always embedded in the complex and broad landscape of welfare provision, including social security and other services. In addition, family, friends and other social contacts are important resources to be acknowledged in a personalised approach to inclusion. While the complexity of the task means that working across organizational boundaries is essential, this is not yet common practice and is often difficult to achieve.

The examples from Hamburg and Newcastle demonstrate the difficulties of providing effective, co-ordinated services when the circumstances of clients are difficult and their problems complex. They also show that a lack of a clear mandate or legitimation, and shortage of resources to meet other fundamental responsibili-ties, can be barriers to creating effective networks. However, the projects also highlighted the ability of small and large organizations to adapt in order to work more collaboratively and effectively. In Hamburg, despite difficulties with the process of creating a formally expanded case management network, informal

contacts and exchange still offered the opportunity to provide greater support to clients to access other services. In Newcastle, the barriers created by the responsibilities of individual parts of the local authority were being overcome by positive relationships and an innovative method of 'bending' routines to create more effective co-operation.

In both cases, personal commitment and creativity by individual officers who went beyond the core remits of their job descriptions to explore new ways of working drove the search for better services. Their enthusiasm and impetus were matched by flexibility on the part of framework setters so that change could be triggered and active inclusion promoted. So these experiments suggest that commitment of staff, and responsiveness to change on the part of organizations, are two key factors that are required to produce effective, co-ordinated services that can prevent and tackle social exclusion. Hence, to avoid implementation failure, any active inclusion strategy and framework must include designing services and developing networks in a manner that promotes and supports such creative and flexible methods of working.

Acknowledgements

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