

Assessing network effectiveness as a multidimensional variable: the case of homelessness in Belgium

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Workshop II – Institutional relations, network structure and network management: what does it matter?

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Introduction

Within many modern welfare states, local governments obtained growing responsibilities with regard to social policy due to processes of decentralization of state functions. The argument behind this logic is that policy decisions are best made by the governmental level that is closest to the problems citizens are confronted with (De Vita 1998). Still, the increasingly complex or 'wicked' character of the societal issues to be tackled also urged local authorities to rely on the expertise of private actors, such as third sector organizations (TSOs), which are active on their territory (Rittel and Webber 1973; Clarke and Stewart 1997). After all, these wicked issues, which cut across policy domains and service areas, warrant flexible ways of working together because demands of individual citizens might be rather unpredictable (Kettl 2006). With regard to social welfare provision for citizens, we therefore witnessed the emergence of networks through which local governments and TSOs cooperate for jointly implementing and developing social policies (Klijn 2008; Koliba, Zia et.al. 2012). Whereas many Public Administration scholars had a major interest in unraveling the structural and functional characteristics of these networks, this paper focuses on the often neglected topic of network effectiveness (O'Toole 1997; Provan and Milward 2001). Hence, we agree that after a period of 'network euphoria' (Provan and Kenis 2009: 440), there is a need for a thorough empirical assessment of the actual outcomes of these public-private networks for social welfare provision.

Therefore, we start from the assumption that networks must be considered as goal-oriented structures addressing complex societal issues through collective provision of services (Provan, Fish et.al. 2007). As networks are too often used as 'metaphors' (Borzel 1998), we agree to define them as structures of interdependence involving multiple organizations or parts thereof, where one unit is not merely the formal subordinate of the others in some larger hierarchical arrangement (O'Toole 1997:45). Hence, networks must be distinct from more traditional forms of hierarchal steering or market-based competition, as its members acknowledge that critical resources are dispersed and there are gains to be had by pooling them (Powell 1990). Still, as argued above, we recognize that substantial questions might occur about the actual outcomes that are expected to arise from this collaboration through networks (O'Toole 1997). This evaluation of network effectiveness has, however, been considered as a complicated task due to the fact that multiple stakeholders might lay a claim to the network (Provan and Milward 2001). Starting from our initial focus on networks for social welfare provision to citizens, this paper advances the argument to assess network effectiveness at the broadest level of the community. In essence, this is related to the contribution the network is able to make in improving conditions of life to the pool of clients it tries to serve and that are most directly influenced by its actions. Although all individual network members might provide excellent services on their own, there might indeed be a 'rest group' of citizens that is left

unserved yet by the network (McGuire and Agranoff 2007). Hence, there might be 'gaps' in the supply of services due to a lack of coordination or even conflicting interests amongst service providers that cooperate within these networks (Huxham 2003).

As a result, this raises the question about how to evaluate these outcomes for clients in concrete practices. According to Provan and Kenis (2009) there are multiple criteria to do this, such as service quality, efficiency, equity, etc. As every criterion could be considered as a valuable norm in itself, the authors insist that scholars should make a responsible and also normative decision about the criteria on which they rely to evaluate actual network outcomes. In this paper, we opt to assess effectiveness of service delivering networks by evaluating the availability of the services when care is needed (Roose and De Bie 2003). This could be linked to an awareness of the thresholds that are imposed to the commonly defined target group of citizens. These thresholds are related to the conditions to which citizens must adhere for benefiting from social services. We argue to analyze these thresholds at the level of the services that are jointly created for the commonly defined target group, but also at the level of the admission policies of individual network members that keep on providing services themselves to this target group as well.

This paper is structured in the following way. In the section below, we will further outline the research context by highlighting the set of public and private organizations that is active around the topic of homelessness at the local level in Belgium and the factors that have led to the creation of an additional network around this target group. Next, we will focus on the research method before we highlight the research findings based on the double case study in two Belgian cities (Kortrijk and Hasselt) of service delivering networks through which local government cooperates with a range of private TSOs for collectively dealing with a growing population of homeless people on their territory. In the final section, we summarize the main results and elaborate on their significance with regard to the topic of network effectiveness and the availability of social welfare provision for citizens.

Research context

Homeless care in Belgium

Before we further outline our case study and the actors involved, we need to elaborate on the nature of homelessness as a growing societal problem. In short, we agree that homelessness is not just a matter of inadequate housing opportunities, but must be considered as a poverty problem for which welfare policies must be developed (Anderson and Christian 2003). This is primarily related to the fact that most homeless people do not only lack a roof above their head, but are also confronted, to some or lesser extent, with a precarious financial situation, unemployment, problems related to

addictive behavior (e.g. drugs, gambling, etc.) or a psychiatric dysfunction (FEANTSA 2009). From this perspective, it might be stated that homelessness is a good example of a complex and multidimensional, or so-called wicked, problem (Rittel and Webber 1973; Clarke and Stewart 1997).

In this paper, we distinguish between three scenarios that might describe the situation in which homeless people might find themselves. These are presented in Figure 1 below. In essence, the most ideal situation is the third one in which they are able to live independently, whether or not supported by an ambulatory facility, in a house acquired or rented on the private housing market or with the help of a social housing company¹. Still, as shown in figure 1, there are also citizens who live, whether voluntarily or involuntarily, on the streets or in squats because they lack adequate housing opportunities or even a proper social network to accommodate them for a while. The second scenario then describes a particular situation in between in which homeless people are able to obtain a place in a residential setting of professional care facilities.

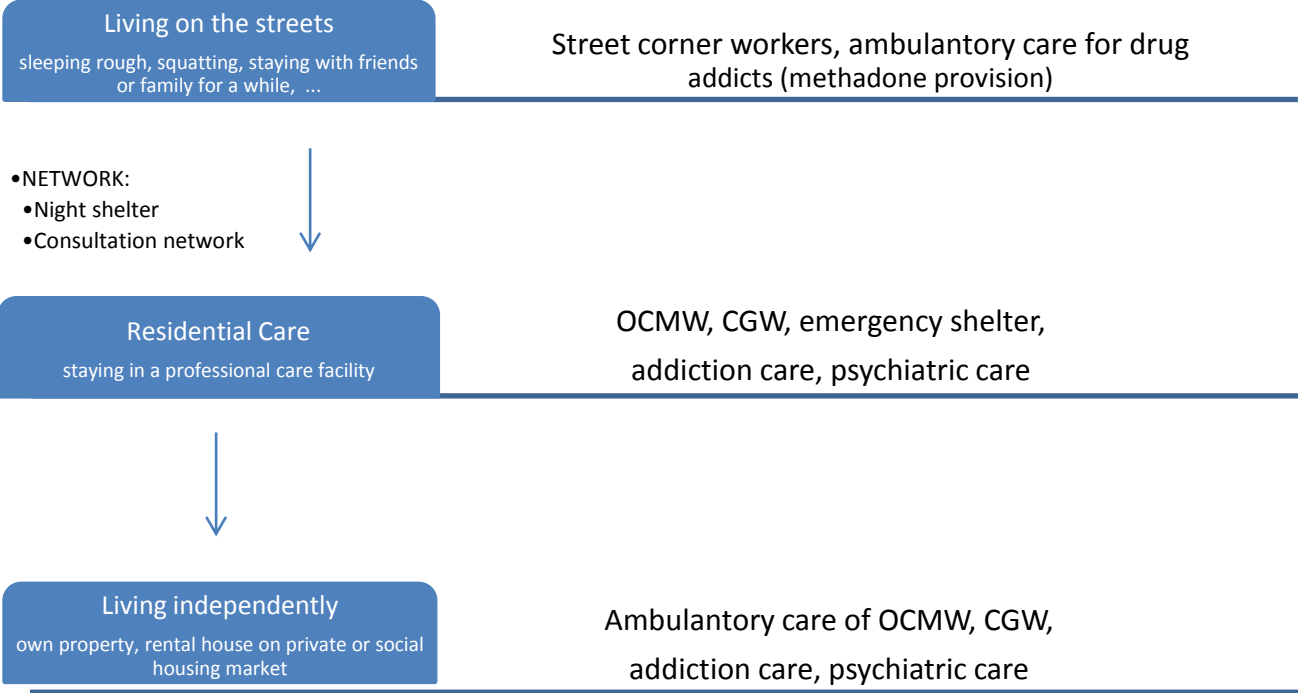


Figure 1 – Overview of housing situations and relevant care facilities and network initiatives

In Flanders, the Dutch speaking region of Belgium, there are both public and private organizations that are, to some or lesser extent, confronted with client situations in which homelessness is part of the problem. The most relevant private care facilities are the Centers for General Welfare² (CGWs). In

¹ In Flanders, approximately 6% of all rental houses are provided by a social housing company.
² Throughout Flanders, there are ten CGWs that are recognized and largely financed by the regional Flemish government as private TSOs. These CGWs are situated in the larger cities, such as Kortrijk and Hasselt, and

essence, CGWs should provide low-threshold care to assist and support all citizens that are confronted with relational, financial, psychological, etc. problems. With regard to this paper, it is important to notice that CGWs are also financed to develop a residential setting, which has a capacity of approximately 40 beds, to take care of citizens that lack a roof above their head. Hence, after having passed an obligatory intake interview, people might stay for a couple of months in so-called living groups under professional guidance. The aim is to acquire the necessary basic skills, means and attitudes that must enable them to live independently again over time.

Next, there are more specialized residential facilities in which some homeless people might obtain a place. On the one hand, we might point to the addiction centers that provide long-term support and accommodation for people dealing with an addiction (e.g. drug or alcohol abuse, gambling, etc.). On the other hand, there are psychiatric clinics that provide either short-term (up to 2 or 3 weeks) or long-term support and accommodation for people confronted with psychiatric problems. Still, we must acknowledge that citizens do not have direct access themselves to these private care facilities. In practice, they must submit their request after which they end up on a waiting list because demands for help largely transcend current levels of supply within these specialized facilities.

Next, we must point to emergency shelters that are closely related to the functioning of a CGW. Still, they must be considered as a separate instrument to overcome very acute situations of homelessness. In short, the emergency shelters in Kortrijk and Hasselt have a limited capacity of respectively three and ten beds every night. As it was the case for the residential settings of the CGWs and the more specialized facilities, these shelters are not directly assessable for citizens themselves. Instead, they must be considered as a support for police services or professional care facilities (e.g. CGW, OCMW, hospitals, psychiatric clinics, addiction centers, etc.) that are confronted with a request for help of homeless person for whom they cannot provide an accommodation themselves for the upcoming night. Hence, instead of sending these people back on the streets, policemen or caretakers might then call the emergency shelter to make a reservation for a bed. In both Kortrijk and Hasselt, the means to organize such an emergency shelter are not only provided by the CGW but also by the OCMW and other care facilities active in the municipality as it functions as a safety net for all of them. Finally, we must stress the temporary character of the help provided by the emergency shelter as its use for individual persons is limited to three consecutive nights in Kortrijk and seven in Hasselt.

perform a pivotal role in social welfare provision as they serve citizens from smaller surrounding municipalities as well.

With regard to public initiatives towards homeless people, we point to the Public Centers for General Welfare or OCMWs. In every Belgian municipality there is an OCMW, which must be considered as a part of local government next to the city council³. Whereas, the latter covers a wide a range of responsibilities (e.g. environmental policies, mobility, education, etc.), the OCMWs primarily focus on all issues related to the social welfare of city inhabitants such as health care, elderly care, child care or social economy. Moreover, every OCMW performs a double role as it is not only part of local government but also functions as an autonomous welfare organization. From this perspective, they have obtained the ability to develop their own professional social services depending on the particular needs within their municipality. This is also the case with regard to homeless people as OCMWs might opt to develop residential care for those people wandering around in the city. In this paper, we therefore refer to the so-called crisis or transit rooms of the OCMWs in which homeless people might stay for a couple of days or weeks while being guided and supported by social workers of the OCMW.

The creation of a network around homelessness

During our interviews, street corner workers in both Kortrijk and Hasselt indicated that ever since the beginning of the 2000s, they were confronted with a rapidly growing population of people that wandered around in the streets of their municipality and had no other option left than sleeping rough. Besides more obvious reasons related to insufficient capacity of both general (e.g. OCMW, CGW) and specialized (e.g. addiction care, psychiatric care) residential facilities, street corner workers equally attributed this phenomenon to the adoption of more restrictive admission policies within these facilities. In a similar vein, a manager of the CGW in Kortrijk putted it in the following way:

'As many homeless people were confronted with multiple problems, care facilities, including mine, became reticent to invest any more of their scarce resources to this group. Moreover, as mutual consultation between facilities was scarce back then, this eventually resulted in the emergence of a circuit of people that were continuously referred from one organization to another. Hence, we partly created a 'rest group' of homeless people for which no single actor took responsibility'.

In both cases under study in this article, it were street corner workers that took further initiative to gather relevant welfare actors around the table to discuss these issues. As a first step, fourteen

³ Due to the law of 1976 on OCMWs, there are two democratically legitimized actors at the local level in Belgium, the city council and the Public Center for General Welfare (OCMW), which each have a separate administration of civil servants at their disposal. Every six years, a local city council is elected within each municipality. Next, this city council elects and appoints politicians to compose the OCMW council, which is then indirectly democratically legitimized.

welfare organizations in Kortrijk agreed in 2006 to internally register all cases in which homeless was part of the problem and for which they could not provide a durable solution themselves. The aim was to further substantiate the shared assumptions about the growing problems with regard to homelessness in their city. After four months, more than 100 cases were registered. For many of the respondents, this appeared to be the trigger that was needed to set things in motion. In the case of Hasselt, the creation of a formal network and steering group around the topic of homelessness resulted from the joint initiative in 2003 to realize an additional shelter during cold winter months with direct access for homeless people themselves. In essence, this was a collaboration between the OCMW, the CGW and the CAD (a center for alcohol and drug abuse). Hence, in both cases, we witnessed the emergence of a first small-scale project that was well-delineated in time, scope and efforts to be undertaken by individual organizations. Furthermore, starting from the initial assumption to collectively deal with situations of homelessness, these projects allowed the parties that were already involved to learn to know each other in a constructive and non-threatening way. In order to explore possibilities for further collaboration, a steering group was then installed in both Hasselt (2003) and Kortrijk (2006) with similar objectives: reporting needs of homeless people to relevant policy makers on the one hand and to set up concrete initiatives to collectively deal with the so-called rest group of homeless people on the other. For the purpose of this paper, we are especially interested in the latter objective of launching concrete projects to avoid gaps in current supply to the homeless and to facilitate the admittance of homeless people into a residential care facility (also see Figure 1). As a result, the focus is put on two of these projects, which developed in a very similar way in both cases. On the one hand, we highlight the creation of a directly accessible night shelter preventing citizens of having to sleep rough. On the other hand, we focus on the so-called consultation networks through which fieldworkers could confer across sectoral boundaries on well-delineated but often very complex and persistent situations of homelessness with the aim of (re)admitting a homeless citizen into a residential care facility.

Research Method

In order to study the topic of the effectiveness of networks between public authorities and the private sector, we rely on a double case study of networks between local government and a range of private TSOs to deal with the multi-dimensional problems with which the hard-to-reach population of homeless people is confronted. This research is conducted in the cities of Kortrijk and Hasselt, which have approximately 80.000 inhabitants and are respectively situated in the south-west and the eastern part of Flanders, the Dutch speaking region of Belgium. We argue our cases might represent the situation in other cities and urbanized regions in Flanders as well. This is especially related to the fact that, due to the current economically precarious situation, most Flemish cities are increasingly

confronted with a population of citizens who find it difficult to preserve or acquire qualitative housing conditions. Moreover, cities such as Kortrijk and Hasselt, which are at the heart of an urbanized region, will inevitably attract homeless people from small-scaled surrounding municipalities as well and thus performs a pivotal role in social welfare provision to this particular group of citizens.

Primary data are obtained using a mixed method approach (Yin 2003). In a first step, a comprehensive analysis of archival records was conducted, such as policy documents but also meeting reports, strategic notes, evaluation reports and internal memos generated by the networks and their individual members. Furthermore, a researcher was able to obtain a picture of the interactions between network members by regularly observing network meetings in both cities. In a second phase, we then conducted semi-structured interviews with representatives of all organizations involved in these networks. Respondents were selected and contacted using a strategic sampling strategy. This has led to a total number of 32 interviews whereby respondents represented different professional disciplines (e.g. general welfare work, street corner work, psychiatry, etc.), different internal positions (both fieldworkers and managers), different positions (core vs. periphery) within these networks and different legal nature (private TSOs vs. local civil servants and politicians). The interviews were semi-structured in the sense that special themes were discussed but interviewees were able to add other themes. All interviews were confidential and recorded on tape with permission of respondents. Follow-up contacts through e-mail or telephone have further helped us to clarify our data and allowed us to obtain supplementary information. The empirical data were then systematically analyzed through coding. These codes originated from an extensive review of literature and empirical research findings that have already been carried out on the key topics covered in this article (Provan and Milward 2001; Roose and De Bie 2003; Provan and Kenis 2009). Furthermore, the process of coding was also enriched by a first series of exploratory interviews with key actors that surrounded the networks under study. As coding continued, patterns emerged and codes were used to further unravel our central concepts.

Research findings

Night shelter

In general, a night shelter must be considered as an additional residential supply targeting those people having no other opportunity than living in squats or sleeping rough (also see figure 1). This is because they lack a (rental) house of their own, could or would have no (longer) access to residential care facilities or cannot rely (anymore) on a proper social network (e.g. friend, family) to stay over for a while. In both cases under study, the night shelter is a joint network initiative and has been

financed by public means. Whereas the yearly budget in Hasselt amounts 20.000€ and is solely provided by the OCMW, the night shelter in Kortrijk has a budget of 51.000€ that is proportionally granted by the OCMW, the city council and the province of West-Flanders. The budget serves to supply material means (food, hygiene products, blankets, etc.) and to pay the wages of the professional care takers that stay over at night.

Starting from 7pm, people might enter the shelter and enjoy a shower, a bowl of soup and a bed for the night. After having had breakfast, they are asked to leave again the next morning. Hence, the night shelter basically aims to provide a listening ear to this vulnerable target group and to create a safe and warm place where homeless people can temporarily come to rest. It is important to notice that both night shelters should have a low threshold as they are directly accessible for citizens. This implies that people do not need a referral from a professional care facility to be able to enter and they should not 'pass' an obligatory intake interview as it is the case in all other residential facilities. Moreover, no one is denied access based on pre-defined criteria such as age, gender, family situation, care need (e.g. addiction, psychiatric dysfunction, etc.) or nationality. Next, there is no single obligation for those who use the night shelter to step into a care program of a residential facility afterwards. The aim is to avoid a perception among potential users that the night shelter is just another link in a broader care chain. Still, as soon as users of the night shelters themselves express an aspiration to be admitted into such facility, an intake interview will be scheduled.

Despite the striking similarities with regard to the functioning of the night shelter in both cities under study, there are still some differences related to their admission policies. Whereas the use of the night shelter is anonymous and free of charge in Kortrijk, homeless people in Hasselt might face a threshold to enter because they have to specify their real name and pay a contribution of approximately 7€ a night. Moreover, unlike the night shelter in Hasselt, we observed that the shelter in Kortrijk did provide some form of medical assistance (e.g. foot care, etc.) for those staying over at night and has some lockers available for enabling homeless people to safely put away their few belongings during the day.

Still, based on the yearly evaluation reports of the night shelter and interviews with those network actors most directly involved, we noticed further thresholds to occur in both cases under study that might restrict the access of individual citizens to these night shelters. Firstly, both night shelters are not available all year long but are only opened for four consecutive months during winter. Secondly, the capacity of both night shelters is limited to approximately fifteen beds. Whereas, this number of beds seems to cover demands for help in Hasselt, this is not particularly the case in Kortrijk. The internal evaluation reports showed that during previous winters, the night shelter lacked sufficient

capacity to accommodate at least one additional person in approximately one out of four nights. As a result, a procedure was introduced whereby beds are assigned by lot when more than 15 people have entered at 8pm. Thirdly, the night shelter in Kortrijk has adopted a rule stipulating that every individual citizen might only use the night shelter for five out of eight nights. This implies that after having spent five nights in the night shelter, homeless people are temporarily denied access for at least three consecutive nights. This restriction, which does not exist in Hasselt, only falls away during nights in which temperatures are below the freezing point. This measure is justified by the network in Kortrijk as they refer to the need for respecting and maintaining proper survival strategies of homeless people. Finally, we might point to differences in the suspension policy of both night shelters. This is related to the need for those using the night shelter to live up to a set of basic rules for facilitating the living together. In situations of violation of these house rules, people are temporarily suspended for one or several nights. Still, there were approximately eight persons in Hasselt who were permanently denied access to the night shelter due to aggression towards care takers. As a result, these people didn't have any alternatives left than squatting or sleeping rough. Still, instead of washing their hands of these persons, the network in Hasselt recently decided to collectively develop a procedure that should help to restore the contact between a suspended person and the care taker that was threatened. Hence, after having respected a short cooling down period, this so-called time-out procedure should then facilitate a durable reintegration of the person into the night shelter.

Main characteristics	Case Study: Night Shelter	
	Kortrijk	Hasselt
The night shelter is directly accessible for citizens	Yes	Yes
The use of the night shelter is anonymous	Yes	No
The use of the night shelter is free of charge	Yes	No
The night shelter is open all year	No	No
The night shelter can be used unlimited during the period in which it is open	No	Yes
The night shelter generally has sufficient capacity to accommodate all citizens that want to enter at night	No	Yes
No one is denied permanent access to the night shelter due to former behavior or violation of house rules	Yes	Yes

Table 1 – Differences and similarities with regard to the availability of the night shelter

Consultation network

As was the case with regard to the night shelter, a consultation network must be considered as an additional instrument that has been deliberately created by network members in both cities under study in this paper. It consists of public and private fieldworkers that are active in different disciplines

and organizations targeting homeless people such as the OCMW, CGW, hospitals, psychiatric facilities, addiction care and street corner workers. The prior aim is to share expertise and information by conferring in-depth on well-delineated and often persistent situations of individual homeless persons that appeared to be complex to be solved by any of the single actors alone. This should result in the collective development of a tailor-made solution to accommodate and support these persons in the long-term. As a result, the consultation network is considered as an instrument to facilitate the (re)admission of particular persons into a residential care facility (also see figure 1). In a broad sense, these consultation networks could target all people that currently live on the streets or in squats or that rely on a night or emergency shelter. Still, as will be outlined below, the gateway will not always be defined broadly.

With regard to our first case study, the consultation network must be linked to the functioning of one particular private TSO, the Regional Crisis Center (RCC), which operates as an emergency shelter in the region of Kortrijk⁴. As outlined before, the RCC is not directly accessible for citizens as it primarily functions as a safety net for professional care facilities confronted with an acute situation of homelessness for which they cannot provide a solution themselves for the upcoming night. More importantly, however, the use of these beds is limited to three consecutive nights for every individual person. This implies that the facility that has initially 'referred' a person to the RCC must equally engage itself to find or develop a more durable solution (e.g. within their own facility or within another residential setting) to accommodate this person. Still, there are also cases in which this relatively short time span does not suffice to find this solution. It is at this particular moment that the consultation network could be activated, which implies that network members will come together within the next 48 hours.

These meetings are intensively prepared by the RCC manager who gathers and synthesizes all information by questioning relevant care facilities and based on an intake interview with the client himself. This approach must enable the manager to acquire further insights about the actual needs of the client. Furthermore, the client must hereby formally approve that his case will be collectively discussed by care takers. In the days before the meeting, the RCC manager, which will act as a chair, also pretests some 'care scenarios' that can be further discussed at the table. This is related to the fact that network members only gather once to discuss a particular situation. Hence, at the end of each network meeting, they engaged themselves to find agreement on the most appropriate

⁴ In 2011, the RCC was contacted 209 times by other care facilities to make a reservation for a crisis bed. During that year, the RCC helped 97 different persons. Hence, some of these persons were referred several times to this emergency shelter by one or more care facilities. Still, the consultation network was activated only 12 times to collectively discuss one of these cases.

network member that will be appointed as the responsible care taker to accommodate and support this person. This implies that, in principle, all residential facilities are willing to interpret the criteria with which they normally restrict access of citizens to their facility in a flexible way. As a result, they must be equally willing to create exceptions on their own admission policies to admit persons to their facility via the collective gateway of the RCC and the consultation network. In the case of Kortrijk, we equally noticed that a professional care taker, which is active in another facility than the one above, was appointed as a buddy with the aim of further supporting and empowering the client from a more neutral position. This implies that the buddy must not be considered as just another care taker, but primarily operates as a go-between in the relationship between the client and the responsible care facility.

As a result, we might state that the consultation network is a potentially very powerful instrument to enhance the effectiveness of the network targeting homeless people in Kortrijk by broadening accessibility of existing residential care facilities and by collectively developing tailor-made care trajectories for complex and long-lasting client situations. Still, we must also point to some drawbacks in terms of the availability. Firstly, we must be aware of the fact that the RCC is the only gateway through which people might obtain access to the consultation network. Still, as mentioned before, the RCC is not directly accessible for homeless persons themselves. This implies that some homeless citizens staying over for example in the night shelter or in a squat might not become subject of collective reflection by relevant care facilities even though this should be beneficial for them to open up new possibilities. Furthermore, it is the RCC manager who decides independently to activate the network, or not. Hence, as there appeared to be no fixed or commonly agreed criteria upon which this decision is based, the other network members, which engaged themselves to come together to discuss these complex cases, lack a clear voice in this activation process. Secondly, we must also point to the fact that the consultation network only deals with a limited number of concrete client situations every year. This restrictive logic has been a deliberate choice made by network members to avoid to overburden network actors as engagement as responsible care taker or being a buddy are voluntarily and often come on top of their regular activities that continue to be carried out. As a result, the consultation network in Kortrijk is activated ten to twelve times a year, or approximately once every month. This implies that within the first couple of weeks after a network meeting, the RCC manager appeared to be rather reticent to activate the network once more, even if a particular client situation might urge for a collective discussion.

The approach of the consultation network in Hasselt must, however, be distinct from its counterpart in Kortrijk. Firstly, network members agreed to have a fixed meeting every month to discuss complex

and long-lasting client situations related to homelessness. Moreover, the frequency of their meeting doubles as soon as the night shelter has opened its doors during cold winter months. Hence, the decision to ‘activate’ the network lies not in the hand of a single actor. Moreover, every single network member might equally introduce new client situations with which they were confronted to the agenda of the consultation network. Secondly, the consultation network in Hasselt is not uniquely related to the functioning of a single care facility or initiative. Hence, as the gateway is deliberately kept as broad as possible, people sleeping rough or staying in a squat or in the night or emergency shelter might all appear on the radar of the network. As a result, there are approximately fifteen to twenty client situations that are discussed every meeting.

Overview of network characteristics related to the availability of social services for citizens	Case Study: Consultation network	
	Kortrijk	Hasselt
The consultation network is directly accessible for citizens	No	No
There is a broad gateway through which client situations might appear on the agenda of the network	No	Yes
The number of cases that appears on the agenda of a single meeting of the consultation network	1	15-20
In-depth discussion of every individual client situation that appears on the agenda	Yes	No
Clients are able to have a clear voice in the development of a care trajectory	Yes	No
There is a central organization within the consultation network that coordinates its activities and enhances the flow of information between its members	Yes	No
Appointment of a single organization that should take up responsibility for accommodating and supporting a homeless persons whose case is being treated on a meeting of the consultation network	Yes	No

Table 2 – Differences and similarities with regard to the availability of the consultation networks

Still, we equally observed thresholds with regard to the consultation network in Hasselt that could prevent citizens to benefit from social services they might need. Most importantly, we must refer to the fact that the network lacks a clear procedure with which members engage themselves to appoint a responsible care taker for every client case that is collectively discussed. This is primarily related to the fact a network meeting is not limited to a discussion around one single client situation, but deals with several of these complex situations at the same time. Moreover, some respondents equally pointed to the lack of coordinator that could perform a role in gathering and processing the information available and assist care facilities in building bridges and finding adjustment on how to deal with a concrete situation. Hence, although concrete care trajectories for individual citizens have been developed over the years within the consultation network, this should be rather considered as the exception than the rule. As a result, we might state that the consultation network in Hasselt

primarily succeeds in enhancing communication and the sharing of information and expertise between relevant care facilities targeting homeless people, instead of providing durable solutions for these people.

In sum, the main differences between both consultation networks were related to the procedures on which its members rely (e.g. the gateway to the network, the frequency of meetings, presence of a network coordinator, the routine to appoint a responsible care taker) and the profundity with which client situations are generally treated.

Conclusions and discussion

Starting from the growing interaction through networks between local governments and private TSOs for collectively dealing with complex, or 'wicked', societal issues, this paper had a central interest in the topic of network effectiveness (O'Toole 1997). We agreed to assess outcomes of service delivering networks at the broadest level of the community, which was then understood as the contribution the network is able to make to the particular pool of citizens or clients it tries to serve (Provan and Milward 2001). Therefore, networks must be able to enhance the availability of social welfare provision for citizens by avoiding thresholds to care as much as possible (Roose and De Bie 2003). We argued this was highly relevant with regard to our study of service delivering networks in two Belgian cities targeting a 'rest group' of vulnerable population of homeless people that was not able (anymore) to have access to social welfare provision and had no other options left than sleeping rough or staying in squats. Hence, in order to overcome these 'gaps', we observed the development of two additional instruments (night shelter and consultation network) in both cases under study to further support homeless people within their respective municipalities.

The *night shelter* soon appeared to be a missing link and a necessary bottom-step in both cities to support homeless people that had no (rental) house of their own, that were not able (anymore) to enter a residential care facility or that had no proper social network to stay over for a while. When analyzing the functioning of these night shelters, we found, however, mixed evidence in terms of availability and network effectiveness. On the one hand, these night shelters definitely made a considerable contribution in enhancing the conditions of life of the particular target group the network was trying to serve. Starting from a perspective on human dignity, they did so by providing basic material services and a place to come to rest for a while. Still, as shown in table 1, various thresholds seemed to occur in both cases with which access of individual citizens to the shelters was hampered as well. The implementation of these rather restrictive admission criteria was justified by the aim to avoid an attracting effect on homeless people of surrounding areas in which no night shelter was present but also by the fear of becoming a 'hammock' in which homeless people might

linger permanently. Hence, we might state that an appeal is made on the individual responsibility of the homeless themselves as well. As a result, the night shelters were primarily considered as an additional supply that could only provide temporal support for homeless people, especially during cold winter months.

After all, the (re)admission of these people into a residential care facility was considered as a following intermediary step that should enable them to live independently again over time (see figure 1). Therefore, we equally analyzed the functioning of the so-called *consultation networks* that were created in both cities to coordinate efforts of care facilities targeting homeless people and to find mutual adjustment or solutions for concrete client situations. Although these consultation networks could be very powerful instruments to enhance accessibility of social welfare provision for individual citizens, they were not always effective in concrete practices. In the case of Kortrijk this was related to the fact that the gateway is defined in a narrow sense and the frequency of meetings is deliberately kept low. In Hasselt, the most important drawback of the consultation network was associated with the lack of profundity with which many client situations were discussed and solved afterwards.

In our view, these consultation networks are, to some or lesser extent, stuck in the strive of their individual members to hold on to their autonomy in making most strategic decisions with regard to their own admission policies. Although care facilities certainly made exceptions on their admission criteria due to engagements on behalf of the network, these mostly had an ad hoc character and were only applied to well-delineated cases of particular persons. This reticence among care facilities was especially related to the increasingly complex and multidimensional character of many client situations. Moreover, managers of the care facilities equally had the fear to overburden their own staff, which was for example not properly trained to deal with behavior related to addictions or psychiatric disorders.

Therefore, we advance the argument that network effectiveness should be assessed as a multidimensional variable by combining the analysis of the effectiveness at the community level to the effectivity of the network at the organizational level. After all, besides defining a common goal, individual network members are equally driven by a degree of organizational self-interest that must enable them to acquire resources, reduce costs or improve outcomes for their clients (Provan and Milward 2001; Huxham 2003). This equally reflects the difficulties for individual network members to find a balance between the need to invest time and resources on behalf of the network (e.g. by reserving a scarce place in one of their residential care programs) and the preservation of sufficient

levels of organizational identity, autonomy and flexibility for adequately serving their own bulk of clients. The following quote of a manager of the CGW in Hasselt could illustrate this:

'As our facility is the largest residential facility in the area to accommodate homeless people, other network partners rapidly consider us as the most preferred facility to take up responsibility for almost any client. Hence, we must put ourselves in the role of a 'filter' as well by making an estimation whether the client could successfully follow the care trajectories we have designed. If this is not the case, it's better for us to step back to avoid negative experiences for both the client and our own staff'.

In sum, based on the double case study in this paper, we might state that networks proved to be highly valuable instruments for collectively tackling wicked issues and to provide tailor-made solutions for the often highly complex and unpredictable demands of citizens in contemporary civil societies. Still, there was still a rest group of homeless citizens that was left unserved, despite the valuable additional efforts of care facilities to fill in gaps within existing supply. Hence, we must be aware of the fact that the construction of these networks is never completely finished. Moreover, they should evolve over time from mere cooperative networks to coordinative networks as well by gradually giving up some degree of autonomy and making further changes in the margins of what they deliver (Mandell and Keast 2008).

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