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Vulnerable and Disadvantaged Groups: On the Margins of the Welfare State?

Editors

Inger Lise Skog Hansen and Tone Fløtten

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Article

Sustainable Collaboration to Support Vulnerable Youth: Mental Health Support Teams in Upper Secondary School

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Abstract
Schools play a central role in preventing mental health problems from affecting the development and educational opportunities of youth. While school health and social pedagogical support services have expanded in many countries, they are still not considered sufficient in meeting the needs of vulnerable youth. We find particular challenges in the development of sustainable collaboration to support the target group. In this article, we present and analyze empirical data from ongoing trailing research on an interprofessional team focusing on the health and psychosocial conditions of students in various upper secondary schools in Norway. In the article, we discuss what conditions need to be in place for inter-professional collaboration to succeed in the efforts to support students at risk of dropping out of upper secondary school. The article is theoretically influenced by boundary literature and analyzes challenges and opportunities in boundary crossing between different professions and service areas. In the article, we argue for the need to spend time on establishing a reflecting understanding of which qualities the various actors possess and what they should contribute with to create a collaboration that constitutes more than the coordination of what already exists, thereby creating intersecting practices; so-called third spaces.

Keywords
collaboration; drop out; interprofessional team; mental health; Norway; school; student; support; vulnerable youth

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1. Introduction

The Nordic welfare states are characterized as being service intensive, with comprehensive public initiatives that are meant to ensure the welfare of the general population and, more specifically, vulnerable groups. This makes these welfare states both robust and complicated at the same time. In such complex societies, knowledge and expertise is becoming increasingly specialized (Edwards, 2011; Hjörne & Säljö, 2014) and divided into different political and bureaucratic sectors of responsibility. At the same time, these societies experience that some of the challenges they face are too complex for individual actors to solve on their own (Lagreid & Rykkja, 2015). Such kinds of problems are referred to as wicked problems and described as being complex and difficult to define and resolve (Bjørgo, Sandvin, & Hutchinson, 2015; Morris & Miller-Stevens, 2015; Rittel & Webber, 1973). A wicked problem may be viewed as a problem with many "owners", whereby each "owner" has his/her own understanding of the problem, while no single actor's solution is adequate in resolving the issue. When tasks and service areas become as complex as a wicked problem, the need for collaboration arises (Lagreid & Rykkja, 2015), also in the form of multidisciplinary team work (Fay, Borrill, Amir, Haward, & West, 2006).

In the Nordic countries, as in the rest of the OECD countries, there are increasing concerns for the growing

number of young people who are neither employed nor attending school while simultaneously struggling with mental health issues (OECD, 2012, 2016). Early intervention is highlighted as being important to help this group of children and youth (OECD, 2012). Schools are a central arena in succeeding with early intervention. However, despite the fact that school health and social-pedagogical support services have expanded in many countries, this is not considered sufficient in meeting the complexity of the needs of children and youth. Research on multidisciplinary teams find that placing professionals from different sectors together in teams, such as public health teams, does not necessarily guarantee new and improved services (Fay et al., 2006; Hjörne & Säljö, 2014). Insufficient cooperation between stakeholders and services, within and outside of school, constitute particular challenges (Anvik & Waldahl, 2017; OECD, 2012; Stephan, Weist, Kataoka, Adelsheim, & Mills., 2007).

Many studies, including our own, point out the need to place greater focus on interaction as the solution to the complexity of such problems; nonetheless, little attention has yet been given to how this may take place. This article seeks to draw attention to new ways of interprofessional collaboration to expand on the understanding of this. In the article, we ask what conditions need to be in place for inter-professional collaboration to succeed in the efforts to support students at risk of dropping out of upper secondary school. In an ongoing study, "Complete", we conduct trailing research on an intervention in various upper secondary schools in Norway.[1] The intervention is a so-called Mental Health Support Team (MHST), an interprofessional team focusing on health and psychosocial conditions. The intervention represents one link in strengthening the collaboration to support students who struggle within the framework of the upper secondary school system. Through systematic, goal-oriented and early efforts, the purpose of the intervention is to prevent youth from dropping out of school and ending up on the outskirts of the labor market. The establishment of MHSTs may be viewed as an attempt to coordinate and collaborate across both sectoral and professional boundaries. It is theoretically framed by some central concepts taken from boundary literature, wherein the focus is directed at crossing boundaries between different fields or social realms (Akkerman & Bakker, 2011). The literature describes, in various ways, the dynamics of and conditions for different actors to cross a variety of social realms.

2. More on Student Services in Upper Secondary School

According to the Norwegian Education Act (Norwegian Ministry of Education, 1998), schools should make "active and systematic efforts to promote a good psychosocial environment, where individual pupils can experience security and social belonging" (§9A-3). To safeguard the requirements of this law resources are set aside—both in and outside of schools—to address the students' social, emotional and academic challenges, in addition to supporting them in questions of future careers. The resources included in student services vary somewhat from school to school, but the functions that are constant throughout are, first and foremost: counselors, pedagogical psychological services and nurses. Furthermore, there is a follow-up service in all provinces that is responsible for supporting youth under the age of 21 who have the right to training but are not employed or under training (§3-6). Whether the follow-up service is located in or outside the schools varies. The intervention, MHST, is organized as its own team under the student services of each school, with particular focus on youth who are on the brink of dropping out of upper secondary training. The teams are particularly meant to help deal with the students' social and emotional challenges. The teams consist of counselors, nurses, and follow-up services. All the follow-up services that are part of the MHST are located in the school. The teams are supposed to work closely with individual students as well as being systematically directed at the school and its surroundings. The teams have a particular focus on systematic follow-up work in addition to being available to and working closely with the youth. MHST is built on resources that already exist in or around the school.

3. Theoretical Framework

While MHSTs are a trial to test interaction between professions and services, we theoretically approach the topic by referencing boundary literature. As a means of perspective, boundary literature places focus on what happens during boundary crossings between situated practices (Akkerman & Bakker, 2011; Engeström, Engeström, & Kärkkäinen, 1995; Star, 2010; Star & Griesemer, 1989; Suchman, 1994; Wenger, 2000). A boundary makes up a space, a marker between different areas that both divides and connects them. As an analytical term, "boundary" clarifies the state of belonging to one and several sites at the same time. As a point of departure, boundaries are not viewed as barriers. Interaction across different sites (boundary crossing) and lasting collaboration between actors from different sites (boundary practices) also encompass the potential for dialogue between diverse perspectives and understandings; and, therefore, the establishment of spaces for transfer, change and development (Akkerman & Bakker, 2011; Suchman, 1994).

Boundary crossing creates a discontinuity in established practices and actions, which makes it possible to

[1] Complete is an ongoing school-based research project in upper secondary schools of four counties in Norway, led by the University of Bergen, with Nordland Research Institute as a partner. The trial period is August 2016–June 2019. The project consists of two interventions, where the Mental Health Support Team (MHST) is one of them, aimed at following up specific students at risk of dropping out. Complete is one of four national research projects aimed at reducing drop out, financed by the Norwegian Ministry of Education and Research.

identify and negotiate around both challenges and solutions that may be useful in new settings (Akkerman & Bakker, 2011; Star & Griesemer, 1989). As a means of perspective, we find boundary crossing particularly beneficial in analyzing collaboration across professions and sectors because it:

> Allows a more fine-grained understanding of the required new relationships and cultural perceptions, as it is specifically targeted at analyzing challenges and learning opportunities of situations in which diverse stakeholders (e.g., different disciplines or institutions) need to collaborate. (Akkerman & Bruining, 2016, p. 248)

In an extensive literature review, Akkerman and Bakker (2011) identify four mechanisms that may occur in situations of boundary crossing: identification, coordination, reflection and transformation. Identification is a process that occurs in situations where previous boundaries between practices become uncertain or destabilized. Identification deals with redefining the diverse practices by asking questions about the core operations of the various practices and becoming aware of and directing focus towards how the different intersecting practices exist in relation to one another. "This questioning leads to renewed insight into what the diverse practices concern" (Akkerman & Bakker, 2011, p. 142) and how they may legitimately coexist. The next central element in boundary crossing interaction is coordination. Coordination makes it possible for "diverse practices to cooperate efficiently in distributed work" (Akkerman & Bakker, 2011, p. 143). Coordination may be viewed as a communicative distribution of work and duties, in which the dialogue is nonetheless "established only as far as is necessary to maintain the flow of work" (Akkerman & Bruining, 2016, p. 245). This may happen through routinization, among other things, whereby coordination becomes automated. Through reflection, the actors may become aware of and make explicit distinctions between their own and others' practices, thereby learning about and understanding their own and others' practices in new ways (Akkerman & Bakker, 2011). As an alternative to coordination, Akkerman and Bakker bring up transformation to characterize what happens when the actors are confronted with their own practices and continually strive to initiate joint works. With transformation, the practice is changed and a "new, in-between practice" (Akkerman & Bakker, 2011, p. 146) is created. When different practices intersect, and elements from diverse contexts are negotiated and combined in new ways, what is referred to in literature as "third spaces…that allow negotiation of meaning" are created (Akkerman & Bakker, 2011, p. 135; Engeström et al., 1995). This must be embedded in the existing practices to achieve "real consequences" (Akkerman & Bakker, 2011, p. 148).

4. Method

The authors of this article are part of a research team that conducts trailing research (2016–2019) on the implementation of MHSTs. The trailing research may be divided into two parallel tracks: 1) observation of the intervention's implementation process, and 2) school interviews towards the end of the first year of the intervention. As part of point 1, the researchers participated in the introduction of the intervention; joined the intervention team for information rounds in all of the six schools prior to initiation of the service (early spring 2016); participated in a new visit to all of the schools to follow the training each MHST received from the intervention team (late spring 2016), in which the researchers' role was to observe how the service respond to the schools' and student services' needs for interaction to support students struggling to finish upper secondary schooling; and observed two experience exchange meetings (fall 2016, spring 2017), in which the intervention team gathered all MHSTs from the six schools for a joint full-day meeting. The purpose of the meeting was to give the MHSTs the opportunity to share experiences and discuss challenges and opportunities associated with the implementation of the intervention. Additionally, the intervention and research teams have had monthly meetings in which the research team was updated on the status of the implementation (fall 2016–spring 2017). Furthermore, as part of point 2, the researchers have carried out fieldwork (spring 2017) in the six schools (2–4 days per school). One of the purposes of the fieldwork was to discern the status of the MHST intervention as far into the trial period as possible. In the overall project we conducted 119 interviews with administrators, lead teachers, students and those professional actors who make up the MHST (counselors, nurses and provincial follow-up coordinators), 83 transcripts provided relevant data for answering our research question. The findings presented here are based on data from the observations of the MHST implementation and interviews with members of the MHSTs, teachers and administrators. We analyze boundary crossing on an interpersonal level (Akkerman & Bruining, 2016), with focus on relations and interaction between specific actors from different practices. For the analytical work we have employed what Tjora (2012) calls a stepwise-deductive-inductive method, whereby we work stepwise with the analyses, both inductively and deductively. In so doing, we have continually moved between raw data and concepts in the development of the analytical categories. The theory and concepts from boundary literature have been of significant help during thematic text analysis (Berg & Lune, 2012). In the analytical work, we have found inspiration in the four mechanisms of boundary crossing described in the theory section, defined by Akkerman and Bakker (2011) as identification, coordination, reflection and transformation.

5. Findings and Discussion

Among the various actors in and around the schools, we find an overall interest in and willingness to get started with MHSTs. Administrators, teachers and student service staff alike felt that a growing number of students were struggling with personal issues, particularly related to mental health, and that the support students receive comes too late and is not well coordinated. The informants further express a reasonable degree of support for the intervention and its understanding of problems (e.g., many students who struggle while falling through the cracks, lack of routines and systematic collaboration), means (e.g., MHST teams, collaboration and routines) and objectives (e.g., to get involved more quickly, prevent drop out among students and more effectively use resources now, while working together rather than parallel). During data collection, we have not registered that staff directly opposed or worked against the implementation of the team. According to Akkerman and Bakker (2011) a shared problem space is a central prerequisite for boundary practices.

At the same time, we found some confusion and ambiguity at several of the schools as to what the MHST was, and what roles and tasks they had, both in relation to student services in general, and for the pedagogical staff. Upon initiation of the MHST one counselor asked, "How do we define the MHST so that it's distinguished from school nursing services, student services, etc.?" At several of the schools, a lot of time was used to clarify and distinguish the roles and responsibilities of the MHST versus the other student services and the MHST versus the teachers. Although the introduction of the service has brought with it some "clutter" and initial difficulties, this has more to do with role clarification at the schools than with the general attitude towards the intervention.

While MHSTs challenge the boundaries between the team and the rest of the school, they also represent new roles for team members. This is most clearly expressed in relation to the position of follow-up services on the team and at the school. This particularly applies to schools where provincial follow-up services have not previously been involved. At such schools, follow-up services have only gotten involved with the school when a student is already on the brink of dropping out. Although the intention of MHSTs was that follow-up services would be an equal partner in the team and a natural part of the school, several of the follow-up service representatives nonetheless feel they are behind the scenes: "I wish I were a more visible part of the work at the school but, instead, I feel that a lot of what I do today is, in a way, a bit too connected to behind-the-scenes work".

Although the will exists to make the teams work, we see that they have had challenges in identifying both the boundaries between MHSTs and the rest of the school and the roles within the team, particularly that of the follow-up services. We find that such challenges primarily had to do with a lack of identification of the boundaries between the diverse professional fields and their responsibilities and duties from the start. The subject of what the new roles and tasks of the follow-up services meant for the collaboration between actors was not discussed within the teams or at the schools. It seems as though the consensus that MHSTs represented something positive has led to a lack of awareness and identification of one's own and others' academic and professional boundaries. During the identification process, the boundaries between practices are "encountered and reconstructed, without necessarily overcoming discontinuities" (Akkerman & Bakker, 2011, p. 12). Star and Griesemer (1989) point out that cooperation across boundaries does not require consensus. In fact, a lack of consensus may be advantageous as the actors when confronted by the boundaries between professional fields are forced to become more aware of their own position, such that they negotiate to a greater degree for the intersection of practices.

The focus at the schools and in the MHSTs has rather been to establish a structure for the follow-up work to prevent "things slipping through the cracks", as one counselor expressed it. To a considerable degree, this has meant coordinating and distributing work duties and coming up with joint routines. One administrator said that, before the initiation of MHSTs, "we had some routines, but didn't follow up on them". This is a common feature at several of the schools, that they had routines before the start of MHSTs, but that they were not well known or followed. For these actors, the implementation of MHSTs represented an opportunity to put things into a system. One MHST counselor said: "We've perhaps gotten things more in order, worked with the students. We've gotten some set routines". When asked specifically what the MHST does, one counselor responded:

> A bit more formalization of, "Ok, who does what now and who can help now?", and clarifying things. When we get a referral to the MHST, we now work on a bit more formalization of the tasks ahead: what are the student's tasks, what will the lead teacher do, what will the counselor do? In other words, we arrange agreements.

A common feature of the schools and the MHST teams has been to spend a lot of time the first year on developing routines. Although many of the schools have succeeded with this, some schools continually experience setbacks in that routines are not followed. It can thus seem that, even though the teams and schools acknowledge that routines contribute to "maintaining the flow of work" (Akkerman & Bakker, 2011, p. 143), they have not yet reached the point where the work flows "smoothly without costs" (Akkerman & Bakker, 2011, p. 144). This may be due to the fact that the teams have not adequately achieved a dialogue with the organization. There is a tendency for the teams to be introverted in their focus and this may have diminished the dialogue with the organization.

According to Star (2010) coordination means that diverse practices collaborate more effectively in distributed work. These are features we find at the schools, where the teams are characterized by members who still work somewhat parallel to one another on their own case/duties. At the same time, both team members and other school staff at some other schools point out that the establishment of MHSTs has led to new working methods in which professionals such as counselors, nurses and follow-up coordinators work more closely in sync together. Common to all of these is the common idea, though expressed differently, that they are working together in new ways, which makes them see the youth and their own and others' practices in a new and other light. One administrator underscored that, with the initiation of MHSTs, interprofessional work is lifted up and has more transparency: "I believe the work with MHSTs makes the practice of counseling services less private, you eventually establish a professional environment and some mutual ground". Another administrator welcomed new professions in school, bringing in other perspectives: "There is another way of doing things, another way of receiving students, another way of acting with students, in various situations. So, I see that this is something for the future".

In addition to seeing the value of interprofessional work, one MHST member claimed that:

> We have become clearer about the competence we have. Many have competence, [and through the MHST collaboration] we get to better use the entirety of it. Has the team messed up or cleaned up? Some roles give of themselves, but we have had to discuss how we are going to do it.

The above is an example of how certain actors reflect on their own and others' practices.

Questions may be asked about whether the challenges that arose underway during implementation of the MHSTs and the daily interactive practice could have been avoided or addressed much earlier on, and if the implications of boundary crossing had been acknowledged from the start. Akkerman and Bakker describe boundary crossing as the "enactment of multivoiceness" (2011, p. 142). For the individual interactive actor, this involves an awareness of and reflection on what their role was before they entered into the collaboration, as well as what they will contribute to the team to create a joint basis for cooperation. Reflection, according to Akkerman and Bakker (2011), means a "process that emphasizes the role of boundary crossing in coming to realize and explicate differences between practices and thus to learn something new about their own and others' practices" (2011, p. 144). Reflection not only leads to consensus but also to the formulation of a distinctive perspective, "making explicit one's understanding and knowledge of a particular issue" (Akkerman & Bakker, 2011, p. 145).

Through reflection and shift in perspective, actors may identify, define and learn something new about differences between their own and others' practices. "Taking another perspective is a way to begin to see things in a different light" (2011, p. 145). Difficulties in the interaction in and around the MHSTs have occurred when they have stumbled onto and felt the boundaries between the different practices. As one follow-up coordinator described the first year in the team: "It became a difficult time for me, I simply didn't feel welcome. I felt she would come with her babble…just because we have different ways of doing our job". Feeling the boundaries lead to frustration and insecurity, through which team members risk getting stuck in their own perspective rather than managing to view things from another's.

Transformation takes collaboration one step further. While coordination may be viewed as distribution and division of duties and roles (Akkerman & Bakker, 2011), such as the various MHSTs have achieved to varying degrees, transformation adds something more. Transformation directs the focus towards the idea that boundary crossing is precisely what happens in intersecting practices. In boundary crossing, one moves away from one´s own standpoint, gaining access to the other actors' perspectives and understandings. Wenger calls this "a chance to explore the edge of your competence, learn something entirely new, revisit your little truths, and perhaps, expand your horizon" (2000, p. 233). For boundary crossing to occur with MHSTs, the individual follow-up coordinators, school nurses and counselors must possess a boundary crossing competence, "the ability to manage and integrate multiple, divergent discourses and practices across social boundaries" (Akkerman & Bakker, 2011, p. 140). Based on what each one brings to the interaction, they must be armed with the ability to transform it together and create something new, called the "third space" (Akkerman & Bakker, 2011, p. 140). As one administrator said, "establish a professional environment and some mutual ground". According to Akkerman and Bakker:

> Transformation leads to profound changes in practices, potentially even the creation of a new, in-between practice: The studies that describe transformation processes consistently start with describing the confrontation with some lack or problem that forces the intersecting worlds to seriously reconsider their current practices and the interrelations. If such a confrontation is not occurring, transformation cannot be expected. (2011, p. 146)

During the interviews after almost one year's operation of MHST, few show examples of transformation. There are attempts. For example, when a team member describes the inception of the team as a transition from previously "sending students" to each other to now stopping up and finding out what specific help the student needs. At the same time, based on the interviews, it is difficult to identify concrete examples of transformation that have occurred in the MHSTs.

6. Conclusion

The study of MHSTs shows that it is demanding to achieve good interprofessional collaboration. This is despite the fact that the teams are made up of existing actors who already know each other and are located in or around the school. The consensus, in both the teams and schools, about the benefit and need for closer interprofessional collaboration to support youth who are neither attending school nor employed while simultaneously struggling with mental issues, characterized the establishment of the teams. However, absence of confrontation from the start led to the teams spending a lot of time the first year on identifying what the roles within the team should be and how the teams should relate to the rest of the school. In particular, it seems that the teams' introverted focus has been somewhat at the expense of a dialogue with the rest of the school. The consequence has been that the teams have also spent a lot of time achieving good coordination.

Particularly in the teams that have achieved identification and coordination, we see attempts at reflection on their own and others' practices. After one year's trial of MHST, however, we see few concrete examples of transformation. Thus, time seems to be an important factor in achieving good interprofessional collaboration. Less than one year is likely too little time to see concrete examples of transformation.

At the same time, we would like to specify that identification and coordination are likely not enough to solve wicked problems. If a solution to a wicked problem with many owners is to be found there is a need for collaboration in which the actors/owners reflect on their own practices and, together, transform existing welfare services into new intersecting practices. Another aspect of identification and coordination is that these are not sufficient in helping to tear the different actors away from their own bureaucratic contexts. This can be explained with an increasing focus on goals and result management within the different sectors of responsibility. This helps to create so-called vertical loyalties, which make horizontal interactions between sectors and service providers difficult (Vike, 2013).

In a previous study, we have shown examples of so-called welfare navigators; i.e., individual actors who possess the ability and competence to cross their own boundaries in the work of comprehensive follow-up of youth with complex problems (Anvik & Waldahl, 2017). What characterizes these individuals is that they are local service providers who operate beyond and across their sectors or mandates and create room for horizontal interactions. These individuals often have skills, competence and experience that transcend their sectors, along with good knowledge of the responsibilities of other sectors and work methods. They are able to see and handle youth's complex needs and work closely around the youth. These welfare navigators help in closing the gap between youth's complicated challenges and needs in everyday life and the fragmented sector responsibilities of the welfare state (Anvik & Waldahl, 2017). MHSTs may be seen as an attempt to better systematize this and create intersecting practices around youth who struggle to complete school.

Based on our own and others' research in the field, we believe there is a need for increased interprofessional work and efforts to support students, both in primary and secondary school, who struggle in their daily routines at school (Anvik & Waldahl, 2017; Olsen, Gustavsen, & Anvik, 2017). The need for more collaboration is raised in various contexts within welfare policy, administration and research alike. In this article, we have argued for the significance of having a greater focus on the work of providing comprehensive services to youth with complex needs. We have pointed to the necessity of taking time to establish a mutual understanding of what the work should constitute and the various roles the individual actors should contribute with, in addition to a focus on the idea that this collaboration should be more than a coordinating unit that distributes tasks among themselves but rather creates inter-sectional, multi-professional teams that become something more than the sum of the individual actors' sector mandates—so-called third spaces. Therefore, in our opinion, boundary literature's concepts and perspectives are well suited to broadening the understanding of processes in which different practices and perceptions transcend boundaries and meet to try and create comprehensive efforts to address wicked problems. This will benefit schools when it comes to the need for increased interprofessional work and school efforts to support children and youth who have complex challenges, also in primary schools. Such a focus, we believe, may also constitute a model for more sustainable collaboration within the public service sector as well as between the public and volunteer/private sectors.

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Conflict of Interests

The authors declare no conflict of interests.

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Article

Between Idealism and Pragmatism: Social Policies and Matthew Effect in Vocational Education and Training for Disadvantaged Youth in Switzerland

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Abstract
Since the mid-1970s, research shows that less-disadvantaged individuals more frequently access social policy schemes when compared to their more-disadvantaged counterparts, a phenomenon called the Matthew effect. Through two in-depth case studies, based on 60 semi-directive interviews, and document analysis, this study aims to more fully understand the mechanisms leading to a Matthew effect in Swiss Vocational Education and Training (VET) programmes for disadvantaged youth. Indeed, education is key to post-industrial labour markets access, and VET appears to facilitate school-to-work transitions. A Matthew effect in this policy field might thus lead to particularly detrimental repercussions, and public authorities should be especially eager to contain it. Nevertheless, findings show that, under certain conditions, decision-makers push frontline-workers into cream-skimming practices, causing a Matthew effect. Additionally, structural challenges also lead to a Matthew effect, highlighting the general difficulty of the very mandate: (re-)inserting highly disadvantaged individuals into selective markets. Indeed, in contexts of tight public budgets, service oriented modern Welfare States tread a fine line between empowering and prioritising beneficiaries. Dealing with complex target groups, it seems crucial whether the rationale driving public authorities is more oriented towards credit-claiming or problem-solving: the former increasing and the latter decreasing the incidence of Matthew effects.

Keywords
disadvantaged youth; education; Matthew effect; social policy; Switzerland; Vocational Education and Training; welfare

Issue
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1. Introduction

More than four decades have lapsed since 1975 when Herman Deleeck introduced the notion of a Matthew effect in social policy research. This concept describes a situation in which the least-disadvantaged individuals among a targeted group are more able to benefit from social policy schemes than their more-disadvantaged counterparts. Thus, it allows for a depiction of the various means in which social policy particularly favours upper social-classes (Deleeck, 1979) or, more generally, less-disadvantaged individuals among a target group. As within-country disparities have increased over the last years, this principle remains an interesting object of study. Recent research in social policy also highlighted the existence of a Matthew effect in interventions aimed at facilitating labour market participation, particularly focusing on access to childcare services (e.g., Bonoli & Champion, 2015; van Lancker & Ghysels, 2012), or on the broader functioning of the social investment approach (Bonoli, Cantillon, & van Lancker, 2017; Cantillon, 2011). Needless to say, a Matthew effect can significantly impact the life-chances of the most vulnerable individuals, while affecting public finances due to higher social expenditures and forgone public revenue. Therefore, it is in the interest of public policy to contain it as much as possible.

As education has become a crucial asset for labour market integration in modern knowledge societies, it is particularly important to limit a Matthew effect in this policy field. Indeed, structural changes such as tertiari-

sation, technological evolution and globalisation have driven post-industrial economies towards an increasingly skilled workforce (e.g., Bonoli, 2013). Young adults lacking post-compulsory education are a particularly vulnerable group, facing great employment difficulties and a high risk of poverty (López Vilapana, 2013). Moreover, long unemployment spells at a young age can leave long-lasting scarring effects (e.g., Bell & Blanchflower, 2010). Consequently, rapid youth integration into labour markets is crucial, and post-compulsory education seems a promising avenue for increased chances on the labour market. Vocational Education and Training (VET) systems, in particular dual-VET, which combines in-school theoretical education with on-the-job practical training (apprenticeships and dual-VET are used interchangeably), are often praised for facilitating school-to-work transitions (e.g., Salvisberg & Sacchi, 2014; Stalder, 2012). Political efforts to support VET integration are therefore an important tool to increase disadvantaged youth's chances on the labour market. Yet, it is crucial that they manage to reach out to the most-disadvantaged youth, as dual-VET access is generally challenging, and the more-disadvantaged face greater access difficulties (e.g., Häfeli & Schellenberg, 2009).

A Matthew effect in dual-VET programmes for disadvantaged youth might therefore be particularly detrimental, leading to long-term repercussions on individual well-being and on welfare states, further marginalising already highly vulnerable persons. Previous studies focused e.g., on a French social integration programme for disadvantaged youth (Gomel, Issehnane, & Legendre, 2013), on VET programmes in Belgium (Nicaise, 2000), or on training and employment programmes for disadvantaged individuals (Nicaise & Bollens, 1998). The present research differs from those studies by focusing on a Matthew effect in dual-VET programmes for disadvantaged youth. The rather narrow focus pursued in this study is due to its presumed integration potential and consequent political salience. Given dual-VET's strength in facilitating school-to-work transitions, such programmes presumably result in more opportunities for youth labour market integration—while training is a broad term, inclusive of diverse activities (e.g., language or computer courses) and yielding highly diverse impacts, dual-VET programmes are highly specific and fairly rare among activation policies. Moreover, given the risk of substantial repercussions on public finances through failed youth labour market integration, Matthew effect containment in this policy field should be particularly relevant to policy makers. Yet, difficult dual-VET accessibility for disadvantaged youth implies that some degree of a Matthew effect is likely present. Against this backdrop, this article is guided by questions of why and how a Matthew effect occurs in training programmes for disadvantaged youth. This research aims to contribute to the understanding of the Matthew effect through a holistic investigation of the contributing mechanisms in two Swiss dual-VET programmes.

The article is structured as follows. First, background information and research approach are introduced (Section 2). Second, the analytic lens is presented, highlighting key actors and crucial systems affecting access to the studied measures (Section 3). Third, a synthesis of results is explained, then illustrated through relevant excerpts from the empirical data (Section 4). This section is divided according to the two detected mechanisms leading to a Matthew effect in the studied cases: as a consequence of the political mandate (Section 4.2.1), and due to cream-skimming incentive structures for frontline workers (Section 4.2.2). Discussion and conclusion follow.

2. Background and Research Approach

Switzerland offers interesting research opportunities for investigating the different mechanisms leading to a Matthew effect in youth VET programmes. The federal structure and a generally high degree of local discretion lead to a variety of programmes embedded in cantonal contexts, while the general reference to the VET system, of federal competence, is nationally uniform. Dual-VET is quite popular in Switzerland: annually, two-thirds of youth opt for a VET upper-secondary education, with a majority opting for dual-VET (Staatssekretariat für Bildung, Forschung und Innovation [SBFI], 2018, p. 10). The proximity of dual-VET to labour market requirements, in terms of skills and workforce, is often associated with the comparatively low youth unemployment rate in Switzerland (SBFI, 2018, p. 4). Indeed, the nationally recognised VET certificates represent a valuable asset for integration within the Swiss labour market.

To holistically explore the mechanisms and reasons engendering a Matthew effect, I rely on two in-depth, embedded case studies (Yin, 2009/2013, p. 50). Each case study represents a Swiss cantonal (regional) measure aimed at increasing disadvantaged youth's chances on the labour market by supporting their achievement of a VET certificate. For each case, the different groups of key actors represent the units of analysis. Selected relative to their influence on the odds of youth access to the measures, these are politico–administrative actors (designing, steering and managing the policies), frontline workers (implementing the programmes), the targeted youth (defining the degree of integration difficulty), and other crucial actors relative to each case. The main data source is a corpus of 60 semi-structured face-to-face interviews, lasting between 30 and 90 minutes, with 63 key actors. For the first case 39 interviews with 40 persons were conducted, and for the second (smaller) case, 21 interviews with 23 persons were conducted. Table 1 offers an interview overview, clustered by key actor group. Analysis of the fully self-transcribed interviews was performed using MAXQDA, and draws on grounded theory (Glaser & Strauss, 1967). Aiming at fully understanding a phenomenon, grounded theory seems particularly appropriate for the present study. In order to se-

Table 1. Interviews clustered by group of actors.

Group Of Actors	Function (Citation Code)	No. Interviews; No. Interviewees	Function (Citation Code)	No. Interviews; No. Interviewees
	Case 1-Large Francophone Canton		Case 2-Small Germanophone Canton	
Politico-Administrative Actors	Cantonal level: Design and steering (POLADMIN1-CANT-I & II);	3; 2	High civil servant: Design and steering (POLADMIN2-I)	1
	Municipal level: Local implementation management (POLADMIN-MUN1-I & II)	3; 2	Support-group members: Various actors involved in designing the measure, now consultative function (POLADMIN2-II to VII)	6
Street-Level Bureaucrats	Social workers: Providing social support to the youth before accessing the programme (SLB-SW1-I to X)	10	Professionals working for the contracted organisation, participating to design and steering (SLB2-I to IV)	4
	SIM workers: Socio-professional (re)integration experts, contracted to support youth to find a solution (SLB-SIM1-I to XIV)	11; 14		
(Potential) Policy Recipients	18-25-year-olds at the benefit of social assistance, without accomplished post-compulsory education, enrolled in a SIM (YOUTH1-I to X)	10*	15–24-year-olds risking to fail post-compulsory education transition due to multiple problematics, enrolled in the measure (YOUTH2-I & II)	2
Others	Member of the organisation accompanying the youth enrolled in the programme (ADD1-I) Employee of a municipal specialised insertion unit (ADD1-II)	2	Professionals of institutions entitled to announce youth (ADD2-I to VIII)	8; 10
Total		39; 40		21; 23

Note: * Including a 17-year-old, thus ineligible for social assistance.

lect the data useful to holistically understand the phenomenon, different analytical rounds aim to progressively lead the analysis to a higher theoretical abstraction from the empirical data: in a first round of coding (open coding), relevant segments of data are labelled; in a second one (axial coding), the codes are placed in relationship with one another; in the last round (selective coding), code categories are identified on the basis of clustered codes (Braun & Clarke, 2013, pp. 211, 214). Desk research of primary and secondary sources complements the interviews.

Generally, the aim was to reconstruct the mechanisms leading to a Matthew effect through a 'backward mapping' approach: first identifying where a Matthew effect occurs, then reconstructing the rationale underlying the Matthew-effect-inducing strategies. Questions varied between group and stage of the research. Interviews investigated, for instance, the policy design definition and rationale (politico–administrative actors), working strategies and challenges (frontline workers) and the difficulties of finding an apprenticeship post (youth). To identify a Matthew effect, criteria determining restricted programme access, as derived from interviews and document analysis, were compared to the notion of disadvantage. If the information was corresponding, a Matthew effect was identified. Since the focus of the study is to

identify the underlying mechanisms to, and not whether there is a Matthew effect, a precise measure of the effect, barely possible, is not crucial. The concept of disadvantage employed in this research is relative to dual-VET access, since this is determinant to access both programmes. This draws on both relevant literature (see Section 3) and interviewee accounts, in order to address local peculiarities.

The first case, implemented in a large French-speaking canton, targets young adults (18–25-year-olds) benefiting from social assistance, who have not completed upper-secondary education (for a more in-depth analysis of this case see Pisoni, in press). This is a unique programme resulting from local discretion, as social assistance is a cantonal competence in Switzerland. To enhance labour market (re-)integration, the programme offers individualised support throughout apprenticeship, and a scholarship covering training and living expenses. To be eligible, youth from the target group need to have found a training opportunity. Several Social Insertion Measures (SIMs) have been contracted to support them in this search. SIMs are mainly non-profit organisations mandated to help these youth to find a mid- to long-term solution, with preference for an apprenticeship.

The second case is a federally initiated programme intended to enhance the number of youth completing upper-secondary education. The central government issued broad guidelines, and financed the initial phase, followed by a regressive financing model with cantons eventually assuming the financial burden. Since implementation was cantonal and voluntary, cantonal programmes developed in different directions. The selected measure, implemented in a small, affluent Swiss-German canton, aims to support youth (15–24-year-olds) at risk of failing the post-compulsory-school transition due to multiple difficulties. It offers an individualised support throughout this transition and throughout VET. To avoid a revolving-door effect—that is, a fragmented treatment according to agencies' tasks instead of appropriate holistic support—a reference person refers youth to existing support options in order to treat the multiple problematics as a combination of measures, rather than treating problems separately. Eligibility is based on youth's intention, and capability of pursuing VET. Youth need to get announced through an institution (e.g., schools, unemployment office, social assistance). Implementation is delegated to a private association, framed as a public-private-partnership.

Selection of the first case was based on the assumption of a Matthew effect through comparison of low access rates (ca. 20%) to the high success rate (65%[1]). It was presumed that the less-disadvantaged youth among the target group primarily access the programme. This made it an excellent case to explore the dynamics which lead to a Matthew effect. The second case was selected due to its similar objective, yet different cantonal context: different management arrangements, and a more dynamic apprenticeship market,[2] potentially lowering the access threshold for the most-disadvantaged youth. With access rates around 78% (2009–2017), and success rates around 47%[3] (2010–2017), tendency towards a Matthew effect is less apparent.

3. Accompanying Disadvantaged Youth to Integrate a Selective Market

The organisational field and Street-Level Bureaucracy emerged as a useful theoretical framework, as empirical insights quickly highlighted the importance of actors' behaviours, substantially shaped by pressures originating from the organisational and broader contextual framework. Combining strategic analysis of organisations (Crozier & Friedberg, 1977/2014), and Street-Level Bureaucracy theory (Lipsky, 1980/2010) offers a particularly relevant analytic lens for the present study, as both theories aim at exploring and highlighting the role and diversity of informal norms and practices in public organisations (Buffat, 2016, p. 159), approaching the issue from different angles. While strategic analysis of organisations focuses on the interaction between the relevant groups of key actors as well as between actors and the system(s) steering their actions, Street-Level Bureaucracy zooms in on frontline workers, emphasising structural constraints and challenges stemming from their working conditions (Brodkin, 2012, pp. 941–942).

According to strategic analysis of organisations, in a collective action context, actors' strategies are mainly constrained by two factors: first, the behaviour of other actors participating in the collective action, and second, the systems delimiting actors' behavioural options. Rationality, indeed, might not be evident nor necessarily conscious or intentional, but always makes sense in context and in function of other actors' 'moves' (Amblard, Bernoux, Herreros, & Livian, 1996/2005, p. 23). Relative to the studied cases, interviewee groups denote groups of key actors. In terms of systems, actors' behaviour in both cases seem shaped by dual-VET and by the politico-administrative framework. Relative to the former, the apprenticeship offer in Switzerland relies on the economy (Häfeli & Schellenberg, 2009): employers are free to choose *whether* and *whom* to train. Since employers must comply with market principles, they generally try to contain training costs by selecting most trainable youth (Di Stasio, 2014). The allocation of apprenticeships, therefore, relies substantially on market principles comprehending inherent competition and selection logics. Consequently, integration into dual-VET markets is challenging for many youth,

[1] Youth succeeding throughout apprenticeship. Success rate at the final exam is similar to the overall cantonal rate (80%).
[2] Dual-VET is more entrenched in German-speaking than Latin Switzerland. Moreover, it strongly depends on labour markets, thus, in economically strong contexts, dual-VET is also more dynamic.
[3] 42% accomplished VET; 5% of cases were ended prematurely because support was no longer needed.

more so for disadvantaged ones. The literature highlights several factors influencing apprenticeship market opportunities. On the individual level, crucial features include cognitive and soft-skills; compulsory-school class-track;[4] socio-economic and migration background; nationality; informal networks; working virtues and gender (Camilleri-Cassar, 2013; Di Stasio, 2014; Häfeli & Schellenberg, 2009; Hupka & Stalder, 2004; Liebig, Kohls, & Krause, 2012; Meyer, 2009; Perriard, 2005; Protsch & Solga, 2015; Solga, 2015). Meeting apprenticeship market requirements when struggling with compound problematics might be particularly challenging. Indeed, people in 'complex needs' situations face multiple interlocking problematics, spanning from health to social issues. This term addresses both breadth and depth of needs, i.e., variety and severity of needs (Rankin & Regan, 2004, pp. 7–8). The way the studied programmes address youth's complex needs in order to help them integrate into the dual-VET market is a determinant of a Matthew effect incidence.

The politico–administrative framework is generally shaped by a context of 'permanent austerity' (Bonoli, 2013, p. 3), inducing cost-containment attempts. It comprehends two components: activation policies and public management. From an administrative perspective, the first case adheres to New Public Management (NPM) principles, while the second, post-NPM. NPM generally aims to improve public sector effectiveness and efficiency, reducing public expenditures and improving managerial accountability (Christensen & Laegreid, 2011/2013, p. 1). Performance management and output are key elements (Jun, 2009, p. 162). It also promotes contractualism, emphasizing well-defined, short, fixed-term contracts, with monetary incentives (Boston, 2011/2013, pp. 20–21). The first case contains several NPM features: governance is highly verticalised, with substantial distance between the principal—politico-administrative powers defining the policy design—and agents—lower administrative levels in charge of implementing (aspects of) the policy. Moreover, public authorities contracted several SIMs for the delivery of well-specified outputs. Accountability and assessment are result-based: contracts are annually renegotiated on the basis of a predetermined success rate.

Post-NPM pursues a more holistic strategy, relying on insights also from other social sciences, instead of a pure economic vision. It pursues better usage of scarce resources by creating synergies "bringing together different stakeholders in a particular policy area and to offer citizens seamless rather than fragmented access to services" (Christensen & Laegreid, 2007/2009, p. 10). Instead of quasi-market forces, it emphasises network-based self-regulation (Dent, 2005, p. 632), coordination, cooperation, clearly-defined role relationships and public-private-partnerships (Jun, 2009, p. 163). The second case follows post-NPM principles: implementation is delegated to a single organisation, already active in supporting disadvantaged youth during apprenticeship, in the form of a public-private-partnership. A support group composed of key actors from municipal schools and cantonal offices involved with youth was appositely created to buttress the organisation. Accountability and assessment are process-based, relying on the number of enrolled youth. The annually negotiated partnership determines how many youth will be financed by the cantonal department in the following year.

From a political perspective, both programmes are activation policies with a social investment approach: to activate youth on the labour market by investing in their education and training. Indeed, modern welfare states increasingly focus on activating beneficiaries, along with the more traditional task of securing income, aiming to (re-)insert benefit claimants into the labour market through various strategies. To meet increasing skill requirements of knowledge economies, social investment strategy aims to invest in people's human capital. A more individualised service resulting from activation policies sounds promising for responding to the challenge of supporting persons with complex needs. However, the focus on activating beneficiaries comes with an emphasis on their responsibility. In exchange for benefits, beneficiaries must satisfy certain activation principles. This can have an empowering effect, but it also "makes access to welfare benefits more constraining and selective" (Dif-Pradalier, Rosenstein, & Bonvin, 2012, p. 1). The increased selectivity and emphasis on self-responsibility may make it particularly hard for persons struggling with complex needs to comply with activation expectations.

As social policy is increasingly service orientated, the quality of the accompaniment beneficiaries receive highly depends on frontline practices. In Lipsky's terms, the way public policy reaches the population, affecting people's lives, is strongly influenced by how frontline workers transform policies into practice. Thus, Lipsky's analytic framework leads to a more precise understanding of the implications of a particularly crucial group of actors on a Matthew effect. In constant contact with citizens, and working in situations requiring responses to human dimensions, Street-Level Bureaucrats (SLBs) enjoy a certain discretion in executing their jobs (Lipsky, 1980/2010, pp. 3, 15). Accompanying youth with complex needs to (re-)integrate into a selective apprenticeship market is an intricate task. The target group is highly heterogeneous, each individual carrying a unique set of challenges linked to personal situation and context. It is therefore crucial that frontline workers are capable of adapting their working strategies to each individual situation. Yet, a major dilemma in public services is perpetual resource scarcity (Lipsky, 1980/2010, pp. 33–39). Consequently, the work structure does not allow frontline workers to perform the job in its ideal conception (Lipsky, 1980/2010, pp. xi–xii, xvii, 3). To deal with this incapa-

[4] In differentiated education systems, pupils are divided into different tracks during lower-secondary education, affecting upper-secondary education options.

bility of best treating each individual case, SLBs, relying on their discretionary power, may develop coping strategies and working regularities. A strategy for attaining a manageable workload is to re-categorise and differentiate 'clients' in function of the likelihood of their administrative success, i.e., cream-skimming (Lipsky, 1980/2010, p. 107). To address the complexity of each individual situation in a context of scarce resources becomes particularly challenging. The degree to which SLBs can extend the quality and individualisation of their support greatly depends on their working conditions. These conditions are largely determined by politico–administrative actors through the general design of the policy. Particularly important are the access conditions to a measure, and frontline worker assessment criteria. The former determines the difficulty for the target group to access a programme, and the latter shapes the incentive structure addressed to frontline workers and contributes to determining the degree of frontline worker discretion.

4. Further Marginalising the Most-Disadvantaged?

In the following sections, the two mechanisms leading to a Matthew effect are presented: in both cases, a Matthew effect stems from the political mandate (Section 4.1); only in the first case do the politico-administrative rationale and the resulting policy design again trigger this effect (Section 4.2).

4.1. The Political Mandate

A first Matthew effect is driven by the very mandates of the two programmes: integrating highly disadvantaged youth into a selective apprenticeship market. Access to this market is central in both policies' eligibility criteria: having found a training opportunity (first case) or being motivated and capable of following VET (second case). Yet, while targeting disadvantaged youth, neither policy addresses the market's selective nature. Empirical findings highlight how the youth under consideration are generally rather distant from that market. According to several interviewees' accounts (across different groups), many youth cumulate several features highlighted by the literature as hampering VET integration, e.g., migration background, low class-track, and weak cognitive- and soft-skills. Additionally, their complex needs may absorb them to the point of (temporarily) blank out longer-term plans such as education, as their compound struggles often result in unstable life situations. Housing problematics are emblematic to illustrate this: when housing problematics are present, they become central, making it particularly difficult to focus on education or training. Interviewees often cited housing issues in conjunction with family problematics, which are crucial in both cases. Even when housing is guaranteed, lack of familial backing generally leaves youth without support throughout the delicate transition phase. Another major and increasing problematic in both cases are health issues: drug use and, particularly, psychological issues. The lack of a supportive home increases the struggle of addressing such problematics. This succinctly illustrates the interconnection between different problematics and that, in situations of complex needs, "the total represents more than the sum of the component parts" (Rankin & Regan, 2004, p. 7).

Relative to the first case, the following citations illustrate how youth's complex needs hamper their apprenticeship market integration, the precondition for programme access:

> There are youth who start from so low, who face so many difficulties, that if possible it will be way later, maybe two, three years later it will be possible to imagine [their integration]. Because that youth will be in hell. (POLADMIN-MUN1-II)

> *We have rather few youth who are sufficiently ready to enter an apprenticeship*….There are substance abuse, psychological problems too, which makes some really take a long time to enter VET. (SLB-SW1-IV; emphasis added by the author)

The literature further highlighted that people with complex needs "may be 'defined out' of the remit of services because they are assessed as being 'too complex' or 'too challenging' for the service" (Rosengard, Laing, Ridley, & Hunter, 2007, p. 44; see also Nicaise, 2000). Indeed, in the second case, eligibility criteria based on will and capacity of following VET excludes the most-disadvantaged youth from the target group. The following citations illustrate this well:

> *There are some who are not accepted* [to the programme] *because the chances of success are practically zero*…because you cannot suppose that with a good support they will manage to accomplish an apprenticeship. (POLADMIN2-V; emphasis added by the author)

> They take on the cases where they see that it's fine, they can do something, whereas *the very difficult ones, which are highly complex from the beginning, those they maybe have to leave aside for the moment*, because they actually have the mandate—the measure is relative to VET, not to the general social context…so it's necessary to delimit it a bit, and that's also in the arrangement [with the cantonal department], that it has to be clearly VET oriented, and that this delimitation needs to take place. (POLADMIN2-I; emphasis added by the author)

Consequently, the structural difficulty of integration into the apprenticeship market for the most-disadvantaged youth leads to better access for less-disadvantaged youth not only to the apprenticeship market, but also to the programmes. In both cases, the combination of the mandate and politically unaddressed structural chal-

lenges (selectivity of the VET market) induces, therefore, a Matthew effect.

4.2. Between Credit-Claiming and Problem-Solving

To understand the way frontline workers address individual's complex needs, frontline practices must be analysed in the light of working conditions. It is particularly necessary to comprehend the incentive structure steering their actions. These are largely shaped by the politico-administrative framework and by the political salience of the respective policies, defining the rationale underlying policy design choices. High political salience and a governance close to political powers in the first case, led to an incentive structure predominantly driven by politico–administrative framework, emphasising activation and NPM. The underlying rationale in this scenario tends towards a credit-claiming approach (Section 4.2.1). With low political salience and governance oriented towards the operative level in the second case, individual challenges of integrating within the VET system were also highlighted. The underlying rationale in this scenario tends towards problem-solving (Section 4.2.2). Credit-claiming rationale resulted in a more restrictive incentive structure focused on clear-cut results, triggering a Matthew effect. A problem-solving approach allowed for more levy to SLBs to address individual difficulties, avoiding a Matthew effect. The following sections illustrate the case-specific mechanisms for understanding whether a Matthew-effect-inducing incentive structure is present.

4.2.1. Case 1: Credit-Claiming Orientation

The first programme in this article, a flagship policy, was highly politicised from inception. Broad political support was crucial to ensure parliament continued to allocate the necessary, substantial resources. This led to a cream-skimming-inducing policy design for frontline workers tasked with helping youth find an apprenticeship (SIM workers).[5] Cream-skimming candidates at the entrance of the measure increases probability of successful results, ensuring political support.

Annual SIM contracts with the cantonal department are renewed based on the achievement of a requested success rate. Such conditions make it difficult to properly address youth's complex needs, as the tendency towards measuring public service outputs "may have detrimental impact on service willingness to work with clients with multiple and/or complex needs" (Rosengard et al., 2007, p. 23). Since for most SIMs the contract with the cantonal authority is financially vital, they need to comply with the assessment criteria, even at the expense of their organisational goal, i.e., to support struggling youth. Thus, to ensure organisational survival by preserving the contract, SIM workers cream-skim candidates, i.e., invest more resources in the youth already closer to the market. Consequently, a Matthew effect is induced.

In a context driven by an activation focused social investment approach and NPM principles, clear-cut successful results portraying the allocated budget as an investment into participants' activation is key to achieving the necessary political support. In the following citation, a high-ranking civil servant explains how political support was initially garnered via a successful pilot project:

> The political context was favourable thanks to the results obtained [from the pilot project], because at the beginning it wasn't so favourable, it was like a bet at the beginning….Then, *thanks to these successes, the right as well as the left has applauded the results of this programme* and since then there is a big uniformity concerning the way of interpreting its results and success, it then didn't pose problems anymore at the political level. *It really appeared as an investment*. (POLADMIN-CANT1-I; emphasis added by the author)

To ensure the image of efficient resource use in terms of activation (measured by the number of enrolled youth succeeding throughout VET) and thus to secure political support, one strategy is to select the good risks at the entrance of the measure, as the following citations underline:

> I think that the force of this programme is that we don't enrol someone who we know will fail. (POLADMIN-MUN1-II)

> I think that [the criteria to access the programme] is really all those who are capable to follow and have the potential. This is why we often say that *it is a bit the cream of our clients who we send to the programme*. Well, it is for all those for whom the problems are not an obstacle to enter it or to follow it. (POLADMIN-MUN1-I; emphasis added by the author)

To satisfy the necessity of filtering for low risk candidates, the policy design embedded an incentive structure inducing frontline workers to cream-skim candidates. The following citation of a high-ranking civil servant shows the calculation behind this incentive structure:

> The preparatory measures are evaluated according to results. Not according to how they do the job, but according to the results they achieve, and this for me is very important. Because I want them to filter: I prefer that the youth are reoriented towards more adequate measures, instead of staying here and have one failure after another. (POLADMIN-CANT1-I)

Several elements of the incentive structure drive cream-skimming practices. First, the contract is renewed on the

[5] Contracted to perform activities on behalf of government agencies, SIM workers can be considered SLBs despite working for private organisations (see Smith & Lipsky, 1993, p. 13).

basis of the satisfaction of a success rate of 50%. Given the general distance of the youth from the VET market, it is much easier to achieve this success rate by focusing on the youth already closer to the market. Tellingly, an increase of the requested success rate from 20% to 50% also increased cream-skimming practices as a SIM worker states in the following citation:

> However, there is also a creaming which is done. We…hm…it is difficult to say…we try to avoid it on a day-to-day basis, but it is clear that for instance today we will faster say, 'currently it is not yet possible [to insert this youth], this leads nowhere'. Whereas actually before, when we were still at 20% [of success rate] we could take more time to accompany the youth to see if there still is a change which can be done and so on. But now, we are anyhow *constraint*, yes it is clear, actually we say more quickly, 'well, there, pfff, it…it won't happen'. (SLB-SIM1-XI; emphasis stressed by the speaker)

Particularly relevant in this respect is the following citation from one of the few SIMs financially independent from the welfare department and, therefore, not subject to its assessment criteria:

> What might also be interesting is that in our measure, we will not be…how to say, measured on results with a percentage of success, so, eeehm, *we have quite low-threshold youth: we do not select the good risks*. (SLB-SIM1-XIV; emphasis added by the author)

Second, the contract is renewed annually. However, the complexity of the situations for most of these youth are often not resolved quickly. For a youth to become 'trainable', more urgent problems may need to be initially addressed. Thus, this time-frame can be restrictive for readying the most-disadvantaged to (re-)integrate into the apprenticeship market:

> It takes time. Whereas in the programme it should go fast so that they quit social assistance. But I have rarely seen that it goes fast actually…because if it would go fast, they wouldn't be at social assistance. (SLB-SW1-V)

Third, some SIMs have direct relationships with employers. This allows them to better support the youth in obtaining an internship or, ideally, an apprenticeship. For these youth, selection on the basis of their dossier is difficult. Internships represent a valuable tool for proving suitability and trainability to employers. Through these direct relationships, SIMs also play the role of the youth's guarantors, encouraging employers to give them a chance despite less-than-ideal dossiers. However, these relationships are extremely resource-intensive for SIMs to build and maintain. Consequently, for preservation of these essential contacts, SIMs carefully select candidates to send to these firms. The most-disadvantaged youth represent a potential threat to the relationship, and subsequently benefit less from this resource:

> This is what is difficult for us, that sometimes the youth didn't show-up or there were issues, so we lost the link [to the employer]. Recently it happened to us and it is quite difficult already to get this link and then all the sudden, hopp! So sometimes we have to choose according to the type of firm whom we place, well, choose…is a big word, but to pay attention in order to preserve our contact. (SLB-SIM1-X)

Therefore, the necessity of ensuring political consensus, in an activation driven social investment and NPM framework, seems to induce goal displacement: emphasis on supporting youth in overcoming their obstacles to activation, shifts towards credit-claiming based on youth activation results. This results in a Matthew effect-inducing incentive structure.

4.2.2. Case 2: Problem-Solving Orientation

The second programme was practically non-politicised because the appeal for the measure and its initial financing came through the federal government. When the canton assumed control of its financing, the programme had already proven itself and was fully running; substantial initial investments were not necessary. Indeed, despite coinciding with a difficult moment in terms of cantonal finances, the programme was not debated in parliament, but simply taken over, (though with a restricted budget due to generalised financial cuts). The minor political salience allowed actors to ignore credit-claiming ploys, and to retain focus on the core addressed problem: supporting youth with complex problematics throughout their transition. The cantonal administration, the support group, and the contracted organisation conjointly defined the policy design. This allowed to keep the contracted organisation's goal (to support disadvantaged youth throughout transition) central during this key phase and to integrate frontline challenges into the policy design. Therefore, while activation remains a central goal, work structures allow the core issue to be better addressed.

The relationship between the organisation and the cantonal department is based on an annually negotiated agreement between the two parties, determining the number of youth financed by the canton. The contract is determined by process-based assessment: instead of clear-cut activation-based results, the number of enrolled youth is most relevant. If these numbers are less than agreed upon, the cantonal financial contribution would be revised accordingly, but the partnership is not interrupted. Given the process assessment, though the contract is renewed annually, the support offered to youth is not bound to this time-frame. These working conditions leave frontline workers much more leeway in addressing the individual compound difficulties.

In the following citation a high-ranking civil servant illustrates the measure's low political salience, and how this enables focus on the core problematic rather than providing clear-cut outputs which are difficult to measure:

> I'm convinced that we don't have an inexpensive but a good measure….I simply consider the context and evaluate the general cantonal situation and I have to say that it works, and the measure contributes to this—although I cannot prove *how much* the measure contributes to the general good situation, but it certainly is an important contribution….Of course it would be difficult if a political questioning would come: we have to tell the exact output, how would the situation be if we hadn't the measure, what would we lack….Those are difficult questions, but they don't come! (POLADMIN2-I; emphasis stressed by the speaker)

The following two citations illustrate, respectively, frontline workers' operational discretion (without performance pressures) and their focus on the individual situation instead of results:

> [The cantonal department] does not prescribe us what we have to do. We are really free. The department finances us, but we are really free.
>
> Int.: And you don't have success expectations or such prescriptions? Nor pressure in this sense?
>
> No, not at all. (SLB2-II)

> I am currently following a young woman…who has been with us for about 7 years. And...a lot has already happened there: beginnings, interruptions, beginnings....Now she is in her third apprenticeship year but it doesn't really look 100% good. Simply because of her....She has a child, she has very bad educational records, and then also her personality, and…simply all factors…I think she wouldn't have come that far if she hadn't had a reference person supporting her.
>
> Int.: So, this shows that it is really the case, the individual result that is targeted?
>
> Yes, you mean that we are client-oriented? We are only client-oriented. (SLB2-III)

Consequently, in this programme no Matthew-effect-inducing incentive-structure was identified.

5. Discussion and Conclusion

Based on two in-depth embedded case studies of VET programmes for disadvantaged youth in Switzerland, the aim of this article was to offer deep insight into mechanisms in this policy field which lead to a Matthew effect, and to contribute to the general understanding of this phenomenon in social policies. Discerning key actors' strategies against the backdrop of systems framing their possibilities for behaviour, two Matthew-effect-inducing mechanisms were identified. First, in both cases, a Matthew effect is induced through the mandate of activating highly disadvantaged youth in selective markets, with eligibility criteria focusing on activation. While both policies are intended to support youth with complex needs throughout VET, none addresses the selective nature of the market. The centrality of activation on a selective market does not allow for the very disadvantaged to be reached: the most-disadvantaged are either excluded from the target group (Case 2) or strict eligibility criteria filters them out at the entrance to the programme because of their low chances to succeed (Case 1). Second, a cream-skimming-inducing incentive structure leading to a Matthew effect was identified in the first case. Even though it seems crucial for politico-administrative actors to contain a Matthew effect in in this policy field, the incentive structure driving frontline workers to cream-skim was deliberately embedded in the policy design by politico-administrative actors. This enabled attainment of politically satisfying results, safeguarding political and thus financial support for the measure. As both programmes represent last resort measures for disadvantaged youth, such Matthew effects lead to particularly detrimental consequences, hampering educational access and outcomes for the individuals in greatest need.

In both cases, a Matthew effect generally seems the result of a political compromise: to invest in highly disadvantaged youth despite a cost-containment context yet sacrificing the most-disadvantaged among them as apparently too cost-intensive. As noted by Bonoli (2017, p. 70), in times where political debates on the role of the state are dominated by budgetary restrictions induced by demographic aging, the credibility of the social investment strategy depends on its ability to demonstrate that the invested money produces returns. Indeed, as highlighted by Nadai, from an economic perspective, investment means the allocation of financial resources to realise monetary gain. Investments are therefore always *selective*, with disposable resources being directed to where biggest returns are foreseen (Nadai, 2017, pp. 80–81). To understand how the resources are channelled, it is crucial to know how returns are assessed, which is largely affected by the rationale underlying the social investment approach. Indeed, this concept is contended between different ideologies and interests. In terms of human capital investments, central to the social investment approach and to the present study, the underlying rationale can be of more economistic or of more social nature, inspired by the works of two highly different economists. First, a more economistic rationale, emphasizes the need of human capital investments for economic growth by increasing people's production possibilities. Highly influenced

by economist James Heckman, who highlights the economic returns on investments in education (e.g., Heckman, 2006), this approach to social investment promotes human capital investments with the aim of increasing individuals' 'employability'. This notion emphasizes the individual's responsibility to become 'employable', while it neglects the importance of the socio-economic context into which individuals should integrate. Second, emphasising social returns from social investments, economist Amartya Sen takes a broader approach to human capital. Highlighting the multifaceted contribution of education to a person's life, he moves beyond economic growth as an end in itself, and emphasises the increased freedom to shape one's life which results from more education. This approach to social investment goes beyond the individual-centred notion of 'employability', highlights the importance of the socio-economic contextual framing, and seeks a stronger role of the state to shape the macroeconomic context to best accommodate the workforce (Morel & Palme, 2017, pp. 150–153).

Both studied cases lean towards the first, economistic social investment approach: the focus is on converting the youth into more attractive apprenticeship-seekers, without interfering with the contextual framework of a selective market. This focus on employability implies that returns on investments are expected in activation terms. Consequently, the most-disadvantaged youth, far removed from the market, will not be considered as individuals worth investing in, due to low chances of returns on investment. If the emphasising were on social returns from human capital investments, returns would be assessed in terms of employability skills as a competence, in order to integrate on the long-term the demanding labour market of the knowledge society (Nadai, 2017, p. 80). The focus of the intervention would then be re-centred on the youth in difficulty and, thus, allow complex needs to be addressed. This would allow for value not only direct activation results, but also the necessary intermediary steps, potentially leading to the final activation objective, while improving the individuals' capacity to shape their own life. If returns on investment were assessed more generally, on the problems solved through the given service, while improving the inclusivity of the contextual framework, incidences of a Matthew effect would likely decrease. However, although it has been shown that net efficacy of education and training investments are higher for the most-disadvantaged individuals (Card, 1999, as cited in Esping-Andersen, 2017; Nicaise, 2000), in mature welfare states it seems that, to deal with permanent austerity, key actors move from the idealism of reaching out to the most-disadvantaged individuals, to the pragmatic, more cost-effective solution of focusing on those who are easier to reinsert into the market. Consequently, the most vulnerable individuals are subject to a vicious, further-marginalising cycle. Instead of correcting for previous inequalities these youth may have suffered (e.g., in school; Coradi Vellacott & Wolter, 2005), such policies risk increasing them.

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Conflict of Interests

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Article

The UK Government's Troubled Families Programme: Delivering Social Justice?

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Abstract
This article examines and reviews the evidence surrounding the UK Government's Troubled Families Programme (TFP), a flagship social policy launched in 2011, following riots in towns and cities across England. The programme aims to work with over 500,000 'troubled families' by 2020, using a 'whole family' intervention. It has been beset by controversy and criticism since its inception, but it has been described by the government as 'promoting social justice'. Drawing on Nancy Fraser's work around recognition and redistribution, this article assesses the subjective aims and achievements of the TFP and locates this analysis in the wider objective conditions experienced by disadvantaged families in the UK at the current time.

Keywords
austerity; disadvantaged families; family intervention; government aid; poverty; social justice; troubled families

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1. Introduction

The UK Government's Troubled Families Programme (TFP) is a UK government programme that seeks to work with some of the most putatively 'troubled' families in England.[1] Established in the aftermath of riots in towns and cities across England in 2011, the programme, now in its second phase, advocates an intensive 'family intervention' model to help 'turn around' the lives of 'troubled families' in the first phase, and help them to make 'significant and sustained progress', in the second phase. The 'persistent, assertive and challenging' family intervention approach is intended to replace multiple, uncoordinated interventions by specialist services, which work with individual family members but allegedly fail to see the family 'as a whole'. The TFP remains one of only two family programmes that receive funding from the UK government (Department for Communities and Local Government [DCLG], 2017, p. 1).

The programme, officially launched in December 2011, was one of the most high-profile social policies of the coalition government formed between the Conservative and Liberal Democrat parties following the 2010 General Election in the UK. Work to support 'individuals and families living profoundly troubled lives marked by multiple disadvantages' was placed at the centre of the coalitions' Social Justice Strategy (SJS). The strategy argues that 'the family is the first and most important building block in a child's life and any government serious about delivering Social Justice must seek to strengthen families' (HM Government, 2012, p. 15). The SJS also states that 'troubled families':

> Are families whose lives are blighted by crime, worklessness, drug and alcohol dependency, low aspirations and educational failure. The chaotic lifestyles these families lead, without routines or boundaries, often destroy the life chances of the children who grow up in them.

[1] The programme does not operate in the devolved administrations of Scotland, Wales or Northern Ireland.

According to the SJS, the government would attempt to 'halt the cycle of inter-generational disadvantage that can be seen in some families…where no-one is working or where there is a history of inter-generational worklessness' (HM Government, 2012, p. 43). Social justice, according to the government strategy, is variously 'about making society function better—providing the support and tools to help turn lives around' and 'about ensuring everybody can put a foot on the [social mobility] ladder' (HM Government, 2012, p. 4).

The most recent annual report on the TFP states that the programme is 'promoting social justice' (Ministry of Housing, Communities and Local Government [MHCLG], 2018, pp. 29–39) and notes that:

> The Troubled Families Programme supports the government's wider efforts to promote social justice and has committed to increase the contribution the programme makes to tackling worklessness, whilst reducing parental conflict and problem debt.

The section on 'promoting social justice' once again fails to provide an adequate definition of what the government means by 'social justice', and focuses primarily on 'worklessness', 'parental conflict and problem debt' and 'health'. It includes examples and case studies of how local services are supporting families in these areas. In one paragraph (MHCLG, 2018, p. 34), workers helping families to apply for bankruptcy and to access food banks are examples of the programme's role in promoting of social justice:

> Forty-six percent of keyworkers provide support to families at least weekly around debts and money. Keyworkers are also able to help by supporting families in prioritising bills and clearing debts, applying for bankruptcy, applying for welfare benefits and attending relevant meetings, or accessing food banks.

There have been a number of publications critiquing different aspects of the TFP since it was established (see, for example, Bond-Taylor, 2015; Crossley, 2016, 2018; Hayden & Jenkins, 2014; Lambert & Crossley, 2017; Wenham, 2017). The coalition government's problematic lack of engagement with 'traditional' theories of social justice has also been noted elsewhere (Crossley, 2017), but, to date, there has been no critical examination of the specific governmental claim that the TFP is 'promoting social justice'.

Wolff (2008, p. 18) has suggested that John Rawls' *Theory of Justice* indicates that the justness of any given society should be judged by its treatment of its worst-off and most marginalised members. Rawls' work on distributive justice is perhaps the most well-known example of the redistribution paradigm of social justice, which focuses primarily on the distribution of resources, assets and economic inequalities. Rawls (1999, p. 6) argues that 'the primary subject of justice is the basic structure of society, or more exactly, the way in which the major social institutions distribute fundamental rights and duties and determine the division of advantages from social cooperation'. He also argues that the positions that people are born into have undeniable and far-reaching implications for the rest of their lives.

His work has been critiqued for a lack of engagement with issues around recognition and, more latterly, representation (Fraser & Honneth, 2003). Fraser's work on the injustice that occurs when individuals and groups, are denied equal social and political standing, aside from issues of distributive justice, is particularly useful when considering the government 'labelling' of a group of families who, have been held 'responsible for a large proportion of the problems in society' (Cameron, 2011a) by a Prime Minister, and who have been portrayed as 'the worst families' (Hellen, 2014) by Louise Casey, a former senior civil servant. The label of 'troubled families' emerged at a time when austerity measures and welfare reforms were portrayed as supporting 'hardworking families' and other 'taxpayers', thus creating 'a class of devalued persons…impeded from participating on a par with others in social life' (Fraser & Honneth, 2003, p. 30). Fraser argues that when:

> Institutionalized patterns of cultural value constitute some actors as inferior, excluded, wholly other, or simply indivisible, hence as less than full partners in social interaction, then we should speak of *misrecognition* and *status subordination*. (Fraser & Honneth, 2003, p. 29, original emphasis)

In Fraser's terms, 'justice requires social arrangements that permit all (adult) members of society to interact with one another as peers' (Fraser & Honneth, 2003, p. 36). For this level of participatory parity to be achieved, Fraser states that the distribution of material resources should ensure that individuals are not prevented from participation by economic or material hardship, deprivation or exploitation. It is also necessary for institutions and institutionalized practices to treat all potential participants as equals and not subordinate parties or 'Others' (Lister, 2004, pp. 100–103). Fraser referred to these two requirements as the *objective* and *intersubjective conditions* required for participatory parity.

Constraints of space prevent a fuller discussion of social justice theories (and critiques of them), but this article, then, uses Fraser's theory of social justice to examine the TFP and the extent to which it can be said to delivering or promoting social justice. At a time of widespread structural reform in the UK, it is appropriate to interrogate to what, if any, extent, a key government policy that is central to this restructuring (Crossley, 2016) addresses issues of misrecognition and distributive injustice. The next section provides a fuller introduction to the TFP, before the attention turns to the empirical evidence surrounding the potential of intensive work with disadvantaged families in the UK to improve the intersubjective

conditions of social justice. A discussion of the effects of austerity policies, welfare reforms and cuts to local services on disadvantaged families examines the role of the UK government in providing the objective conditions for social justice. A concluding discussion suggests that substantial work is required on both fronts if the intersubjective and objective conditions for marginalised and disadvantaged families are to improve, let alone for participatory parity to be achieved.

2. The Troubled Families Programme

In August 2011, riots took place in towns and cities across England, sparked by the police killing of Mark Duggan in Tottenham, London on 4 August. By 15 August, more than 3000 people had been arrested, with more than 1000 criminal charges issued in relation to the riots. Politicians and journalists were quick to blame an alleged criminal and amoral 'underclass' for the riots, even whilst the disturbances were ongoing and before any independent inquiry had been established. David Cameron, the then Prime Minister, stated that the riots were not sparked by concerns about racist and discriminatory policing and nor were they related to the programme of austerity measures undertaken by the coalition or the increasing levels of inequality in the UK. Instead, Cameron (2011b) argued that the riots were about behaviour, people showing indifference to right and wrong, people with a twisted moral code, people with a complete absence of self-restraint. They were about people with a twisted moral code.

Eschewing possible social, structural and economic explanations for the involvement of thousands of people in the riots, Cameron (2011b) instead focused on the role of parenting, arguing that it was necessary only to 'join the dots' to get 'a clear idea about why…young people were behaving so terribly':

> Either there was no one at home, they didn't much care or they'd lost control. Families matter. I don't doubt that many of the rioters out last week have no father at home. Perhaps they come from one of the neighbourhoods where it's standard for children to have a mum and not a dad, where it's normal for young men to grow up without a male role model, looking to the streets for their father figures, filled up with rage and anger. So, if we want to have any hope of mending our broken society, family and parenting is where we've got to start.

Cameron promised to put 'rocket boosters' under attempts to work with the 'problem' or 'troubled families' 'that everyone in their neighbourhood knows and often avoids'. Four months later, a new government programme was announced which aimed to 'change completely the way government interacts with ['troubled families']; the way the state intervenes in their lives' (Cameron, 2011a). At the launch of the programme, Cameron (2011a) stated that he wanted to be clear what he meant by 'troubled families':

> Officialdom might call them 'families with multiple disadvantages'. Some in the press might call them 'neighbours from hell'. Whatever you call them, we've known for years that a relatively small number of families are the source of a large proportion of the problems in society. Drug addiction. Alcohol abuse. Crime. A culture of disruption and irresponsibility that cascades through generations.

'Troubled families' thus became the latest iteration of the 'underclass' thesis that has been a recurrent feature of British society since at least Victorian times (Welshman, 2013). At various times, for example, there have been concerns about a 'social residuum' (Himmelfarb, 1984), 'problem families' (Starkey, 2000), 'transmitted deprivation' (Welshman, 2012), 'the underclass' (Macnicol, 1987, 1999) and the 'socially excluded' (Levitas, 1998). The TFP became merely the most recent UK government attempt to control and change the behaviour of the 'undeserving poor'. It set out to work with and 'turn around' the lives of 120,000 'troubled families' by the end of the coalition government's term of office in May 2015. 'Troubled families' were initially defined as: those that were involved in crime and/or anti-social behaviour (ASB); with children excluded from school or with low attendance, with an adult on out-of-work benefits or; who cause 'high costs to the taxpayer' (DCLG, 2012, p. 9).

The TFP was to be based on a model of 'family intervention' that involves a single key worker who can resolve longstanding issues through a 'persistent, assertive and challenging' (DLCG, 2012, p. 6) approach and through greater co-ordination of existing services:

> Family intervention workers are dedicated to the families and provide an antidote to the fragmented activity from many different agencies that usually surrounds a troubled family. They 'grip' the family, their problems and the surrounding agencies and are seen to be standing alongside the families, their difficulties and the process being put in place, which can lead to new approaches to dealing with long standing problems. (DCLG, 2012, p. 18)

The programme was established on a Payment-by-Results (PbR) basis which would see local authorities receiving some initial funding when they started working with 'troubled families' in their area and further funding when certain behaviour criteria had been met. A reduction in crime and/or ASB and improvements in school attendance, or an adult moving into 'continuous employment and off out-of-work benefits' could trigger a PbR claim (but not both). The government claimed that such families had had their lives 'turned around' by the TFP. Other issues which might have been affecting the family, such as poverty, poor housing, ill health, substance

misuse, domestic violence etc., were not recognised by the PbR system and were not taken into account in the government's presumption of a family's life having been 'turned around'.

A year into the programme, the 'massive expansion' of the TFP was announced. 400,000 more 'troubled families' were identified, using different criteria which now included domestic violence, ill health and 'children in need'. These new families would be worked with under a second phase of the programme, running from 2015–2020. The language of 'turning around' the lives of 'troubled families' was dropped and local authorities were now expected to be able to demonstrate families making 'significant and sustained progress' in order to trigger a PbR claim.

In June 2015, the government claimed that it had successfully 'turned around' the lives of 99% of the 'troubled families' that local authorities had worked with under the programme. The claims of near perfect success were immediately called into question (Crossley, 2015) and reports emerged that the independent evaluation of the TFP had been 'suppressed' (Cook, 2016) because it was unable to find any discernible impact attributable to the programme. Since these early controversies, the programme has operated with a much lower public profile in its second phase.

3. The Misrecognition of 'Troubled Families'

The TFP has been subjected to numerous critiques since its inception. At the launch of the programme, the government misused research which showed the number of families experiencing multiple disadvantages in the mid-2000s as 'evidence' of 120,000 'troubled families' who were the 'source of a large proportion of the problems in society' (Cameron, 2011a). Levitas (2012, p. 5) noted that because the 120,000 figure was taken from a survey carried out with a very small number of families 'anyone with any statistical sophistication will recognise it as spuriously accurate'. Levitas then turned to the label 'troubled families' which, she argued, 'discursively collapses "families with troubles" and "troublesome families", while simultaneously implying that they are dysfunctional as families'—a 'discursive strategy [that] is successful in feeding vindictive attitudes to the poor' (Levitas, 2012, p. 8). She suggested that the original research was not the problem, but the representation of it by the government was problematic and misleading:

> If we interrogate the research behind the imputed existence of 120,000 troubled families, this turns out to be a factoid—something that takes the form of a fact, but is not. It is used to support policies that in no way follow from the research on which the figure is based. The problem is not the research itself, but its misuse.

The misuse or misrepresentation of research has continued throughout the development of the TFP. A survey which enabled Louise Casey to make the case for radical reform of public services turned out to have been invented (Crossley, 2018, pp. 150–151). 'Dipstick information gathering', undertaken without any ethical procedures being followed, was published in an official government document and was promoted by Casey giving numerous interviews to national newspapers (Ramesh, 2012). Data which highlighted that the majority of the 'troubled families' worked with in the early stages of the first phase of the programme were not involved with significant amounts of crime or antisocial behaviour was reported as proving that they were 'the worst families' (Hellen, 2014) with greater problems than originally anticipated. A Parliamentary Enquiry concluded that the DCLG had been 'evasive' in addressing their queries about the delayed publication of the evaluation, and that 'these delays and obfuscation have given a bad impression about the Department's willingness to be open' (House of Commons Committee of Public Accounts, 2016, p. 5).

The government eventually published the evaluation of the first phase of the programme in October 2016. There were a number of different streams to the evaluation, including a family survey, 'family monitoring data', families' experiences and outcomes, and an impact study. Much of the press coverage that followed the publication of the evaluation focused on the findings from the national impact study, and one paragraph in particular:

> The key finding is that across a wide range of outcomes, covering the key headline objectives of the programme—employment, benefit receipt, school attendance, safeguarding and child welfare—we were unable to find consistent evidence that the TFP had any significant or systematic impact. That is to say, our analysis found no impact on these outcomes attributable to the programme. The vast majority of impact estimates were statistically insignificant, with a very small number of positive or negative results. These results are consistent with those found by the separate and independent impact analysis using survey data, which also found no significant or systemic impact on outcomes related to employment, job seeking, school attendance, or ASB. This gives us further confidence in the reliability of our results (Bewley, George, Rienzo, & Portes, 2016, p. 20).

This focus on one aspect of the evaluation meant that other aspects of it did not receive as much scrutiny as they arguably deserved. The Family Monitoring Data report showed that the clear majority of 'troubled families' that local authorities worked with weren't actually that troublesome or anti-social (see also Crossley, 2015). The Family Survey Data report (Purdon & Bryson, 2016) collected data from the families themselves, and provided support to the national impact study findings that no impact could be attributable to the programme. The report, based on responses from 495 families who had been on the programme for nine months and a comparison group of 314 families who had just started on the programme,

was unable to find any impact attributable from the programme, based on responses from families:

> We found very little evidence that the Troubled Families Programme significantly affected the outcomes of families around nine months after starting the programme. The statistically significant improvements we did identify relate to the perceptions of main carer respondents in the Troubled Families group about how they were coping financially, and more generally about how they felt they were faring, and their expectations for the future. There were no positive (or negative) impacts identified for housing, employment and jobseeking, anti-social behaviour and crime, school behaviour and attendance, health, drug or alcohol use, family dynamics or well-being. (Purdon & Bryson, 2016, p. 24)

The government reported that the programme had 'turned around' 99% of the 'troubled families' it set out to work with. The evaluation did not report if any families interviewed or surveyed thought that their lives had been 'turned around' by their involvement in the TFP. At the same time, families' household income levels and/or the extent of any material deprivation were not formerly assessed or reported on during the first phase of the programme.

The TFP was not the only government policy targeting disadvantaged families. When David Cameron was Prime Minister he made several speeches about the importance of families, claiming that they are 'the building blocks of a strong, cohesive society' (Cameron, 2010) and that 'whatever the social issue we want to grasp—the answer should always begin with family' (Cameron, 2014). In a speech on improving children's life chances, Cameron (2016) claimed that 'families are the best anti-poverty measure ever invented…[t]hey are a welfare, education and counselling system all wrapped up into one'.

In the coalition government's first child poverty strategy (HM Government, 2011), Sure Start children's centres were re-positioned as being services that 'targeted' the 'most disadvantaged families'. The same document linked the recruitment of an extra 4,200 health visitors to other work focusing on the 'most disadvantaged families', or those with 'multiple problems' (HM Government, 2011, p. 4). The introduction of the Family Nurse Partnership (FNP) in 2007 was designed to support young mothers and pregnant women in their parenting through a programme of intensive home visits. Building on a model imported from the United States, it offered a 'psycho-educational approach and a focus on positive behaviour change' (Family Nurse Partnership [FNP], n.d.). The FNP website alludes to the 'underclass' thesis (Welshman, 2013) stating that it is a 'preventive programme [that] has the potential to transform the life chances of the most disadvantaged children and families in our society, helping to improve social mobility and break the *cycle of intergenerational disadvantage*' (FNP, n.d., emphasis added).

There are parallels between the FNP and the TFP, most notably the emphasis on intensive work carried out during frequent visits to the family home, and a focus on mothers over other family members. The official evaluation of the FNP found that the programme was 'no more effective than routinely available healthcare' in improving any of the primary outcomes of the programme, which included reducing smoking in pregnancy, increasing birth weight and reducing rates of emergency attendance or hospital admission for any reason (Robling, 2015, p. 10). The researchers concluded that there was 'little advantage' to be gained from adding the FNP to existing service provision for young mothers.

According to the first TFP annual report, the TFP and the FNP are the 'only two family programmes with major funding from central government' (DCLG, 2017, p. 1). Unfortunately, there is no substantial independent evidence that either programme is meeting its stated aims. This should not, however, be particularly surprising. Policies and programmes which locate the source of families' problems within the home, or 'the family' whilst ignoring the wider social, political and cultural determinants of family life are unlikely to be able to affect significant change across families experiencing a wide range of disadvantages. Different approaches, or foci, of such programmes fail to adequately interrogate the sources of many of the problems faced by disadvantaged families. The TFP, the family intervention model it is based on, and other forms of recent state intervention in the lives of families experiencing 'troubles' or 'multiple disadvantages' are not, however, designed to address structural issues or distributive injustices such as poverty and inequality. The 'orgy of family-blaming' (Gillies & Edwards, 2012, p. 432) that followed the riots in 2011 and the primary focus on 'interventions' in family life to address a range of 'social problems' leaves no room for the empowerment of marginalised families, or even the treatment of them as equals. The programme, and others like it, is based on the misrecognition of the origins of poor families' problems and challenges, and does not afford them participatory parity of any kind.

4. Redistribution Policies for Disadvantaged Families

At the same time that the UK government was claiming it had 'turned around' the lives of 120,000 of the most 'troubled families' in England, and thus addressing the intersubjective conditions required for participatory parity, it was also embarking on one of the biggest programmes of 'welfare reform' ever seen in the UK. Both of the parties that formed the coalition government agreed on the need for austerity measures to help the UK economy to recover following the banking crises of 2007–2008. The defining feature of their political programme was the insistence on the need to reduce public spending. The result was a plan which would see the UK 'have the lowest share of public spending among major capitalist economies, including the USA' with 'the welfare

state…under the most severe and sustained attack it has faced' (Taylor-Gooby, 2013).

The 'ideological re-working' of austerity (Clarke & Newman, 2012, p. 300), from a temporary but necessary economic response to a financial crisis to a long-term political response to an allegedly bloated and over-generous welfare state, saw intense public scrutiny fall upon people claiming out-of-work benefits. Labels such as 'shirkers', 'skivers' and 'troubled families' were used to justify cuts in public spending and other structural adjustments to the welfare state, and also served to deflect attention away from malpractice and mismanagement in the financial sector.

The early stages of the coalition government saw a number of changes and 'reforms' to the financial support offered by the state to disadvantaged groups. Some benefits, such as Child Benefit, and some elements of tax credits, were frozen for three years while others were limited to increases of just 1% for certain periods of time. A 'benefit cap' was introduced in 2013, and then reduced in 2016, limiting the total amount of benefits that any single household could claim. A spare room subsidy, popularly known as the 'bedroom tax' was also introduced for social housing tenants who were deemed to be 'under-occupying' their property. Some benefits, such as the Employment Maintenance Allowance and the Health in Pregnancy Grant, were cut completely. The campaigning charity Child Poverty Action Group estimated that a baby born in April 2011 would have been around £1500 worse off than one born in April 2010 as a result of the early Coalition government welfare reforms (CPAG, 2011). The eligibility criteria for disability and incapacity benefits have been made more restrictive and some elements made time-limited and means tested (De Agostini, Hills, & Sutherland, 2014, p. 11). In October 2016, an inquiry conducted by the United Nations Committee on the Rights of Persons with Disabilities (UNCRPD) into the impact of welfare reforms on disabled people concluded that there was reliable evidence that 'the threshold of grave or systematic violations of the rights of persons with disabilities' had been met (United Nations Committee on the Rights of Persons with Disabilities [UNCRPD], 2016, p. 20).

Welfare reforms have thus disproportionately impacted on poor families with children, with disabled families also being adversely affected in comparison with other groups. The most recent set of official child poverty figures released by the UK government showed that more than 100,000 extra children were living in poverty in the UK compared to the previous year. It is the third consecutive year-on-year increase and the percentage of children living in poverty is predicted to increase from 29.7% to 36.6% in 2021–2022, according to analysis undertaken by the Institute for Fiscal Studies (Hood & Waters, 2017, p. 15). Foodbank usage in the UK has increased dramatically in the years since the coalition government took office, and many people that use foodbanks do so because of benefit changes and delays (Garthwaite, 2016; Loopstra & Lalor, 2017). The rolling out of Universal Credit, the government's flagship social policy reform, is estimated to strip away £5.5 billion of benefit entitlements from poorer households (Hood & Waters, 2017, p. 23). Analysts have argued that transitioning to Universal Credit will involve 'significant income losses' (Hood & Waters, 2017, p. 15) for poor households with three or more children as a result of the limiting of the child element of universal credit to two children.

In addition to these 'reforms' which have seen some benefits withdrawn entirely, the levels of others reduced, and new assessment procedures and changes to eligibility criteria, there has been a significant increase in the numbers of people penalised and sanctioned for not meeting certain conditions attached to unemployment and 'job-seeking' related benefits. Potential sanctions have traditionally played a limited role in the administration of social security benefits but, in recent years, the rate and severity of sanctions has increased substantially. In a series of publications and briefings drawing on historical documents and DWP statistics David Webster has highlighted these changes. Webster (2015) has referred to the sanctions as 'an amateurish, secret penal system which is more severe than the mainstream judicial system, but lacks its safeguards'. He documented that more people were sanctioned through the benefits system than received fines through the criminal justice and court system (Webster, 2015). He also highlighted that 'sanctioned benefit claimants are treated much worse than those fined in the courts' (Webster, 2015) and points out that sanctions are generally applied to poor people and they tend to result in almost total loss of benefit income for a period of at least two weeks, despite a system of 'hardship payments'. Webster suggests that sanctions push people off benefits, but not necessarily into employment of any kind, least of all good quality, and secure work. He goes on to expound some of the other consequences of sanctions:

> Sanctions undermine physical and mental health, cause hardship for family and friends, damage relationships, create homelessness and drive people to Food Banks and payday lenders, and to crime. They also often make it harder to look for work. Taking these negatives into account, they cannot be justified.

At the same time that sanctions have been preventing people from claiming the benefits they are legitimately entitled to, the increasing stigmatisation surrounding benefits claimants and the continuing complexity of the system means that many people do not claim the benefits that they are entitled to receive. Research around the increased stigmatisation associated with claiming benefits reported that 'quantitative and qualitative evidence suggests that stigma is playing a role in explaining non-take-up of benefits and tax credits' with around 25% of respondents to a survey highlighting stigma as a reason for delaying or not claiming benefits (Baumberg, Bell, &

Gaffney, 2012, p. 3). Official government statistics (which the 'troubled families' turned around figures are not) suggest that around 40% of people entitled to JSA do not claim the benefit (DWP, 2017, p. 1). In total, the government estimated that over £12 billion of benefits remained unclaimed in 2015–2016. Thus, the stigmatisation and misrecognition of people in receipt of benefits as 'scroungers' and 'skivers' adds to and strengthens the distributive injustices they experience.

A number of reports by academics and independent researchers have highlighted the regressive nature of many of the welfare reforms undertaken since 2010 (Beatty & Fothergill, 2013, 2016; De Agostini et al., 2014; Portes & Reed, 2018) and the impact of cuts to local government and the reduction is services that they offer (Hastings, Bailey, Bramley, Gannon, & Watkins, 2015). Economic geographers noted that '83 per cent of the loss from the post-2015 reforms—£10.7bn a year by 2020–21—can be expected to fall on families with dependent children' (Beatty & Fothergill, 2016, p. 3). More recently, a report for the Equality and Human Rights Commission has demonstrated that 'the largest impacts are felt by those with lower incomes' (Portes & Reed, 2018, p. 15). The analysis also noted that 'the changes have a disproportionately negative impact on several protected groups, including disabled people, certain ethnic groups, and women' and that 'lone parents in the bottom quintile (bottom fifth) of the household income distribution lose around 25 per cent of their net income, or one pound in every four, on average' (Portes & Reed, 2018, p. 15).

Given the analysis and statistics outlined above, it is difficult to construct an argument that the government is improving the objective conditions for 'troubled families' to be treated as equals and for issues of social injustice to be addressed. The government's welfare reforms have disproportionately affected disadvantaged groups, leading to larger numbers of children living in poverty and more people needing to rely on emergency food packages provided by foodbanks. It is poor families with children, the supposed 'beneficiaries' of the TFP, that have been hit hardest by these reforms.

5. Conclusion

Fraser was clear that social justice could not be achieved through redistribution or recognition alone. Instead, she proposed 'a "perspectival dualist" analysis that casts the two categories as co-fundamental and mutually irreducible dimensions of justice' (Fraser & Honneth, 2003, p. 3). Examination of the effects of the TFP and similar policies being pursued in the UK at the current time highlight how the conditions of redistribution and recognition are linked. Poor and disadvantaged families experiencing material deprivation and economic hardship have been portrayed as criminal, anti-social and a burden on the 'taxpayer'. They have frequently been contrasted to more respectable 'hard-working families'. When families' resources become so low or precarious that they have to access food banks, they experience the stigma and shame that is attached to relying on donations of food from strangers at a time when people who are eligible for out-of-work or disabled benefits are portrayed as 'scroungers' and 'benefits cheats' by sections of the media and some politicians (Garthwaite, 2016).

Many families experience challenges or troubles that they require support with. Some disadvantaged families experience more problems than others, often at the same time, and for varying periods of time. In such cases, it is absolutely right that the state provides support to such families. These families do not need to be given an official label like 'troubled families', and nor do they need to be linked to a wide range of disparate social problems. The support available to such families does not need to be couched as a targeted 'persistent, assertive and challenging' intervention, and nor does it need to portray families as the architects of their own circumstances. As Lister (1996, p. 11) noted when discussing Charles Murray's writing on the 'underclass', 'the use of stigmatising labels is likely to lead to stigmatising policies', and the same is certainly true of the TFP. Support available to families experiencing multiple 'troubles' should come through universal programmes and in the form of an adequate income. It is perfectly possible to provide supportive services (as opposed to 'intensive interventions') to families as and when they need them and in a non-stigmatising way, at the same time as ensuring they have an adequate income which prevents them from being excluded from services, customs and patterns of activities that others take for granted. Delivering socially just support to marginalised families cannot be a case of either/or, as Fraser points out. It was not that long ago in the UK that Sure Start centres were being opened at the same time that tax credits and benefits for families with children were being extended (although problematic targeted policies co-existed alongside more universal provision even then). All that is required for a similar situation to (re)emerge is the political imagination and will to implement such services and policies.

The TFP, then, despite grand claims about having 'turned around' the lives of 'troubled families', helping many more make 'significant and sustained progress', and of 'promoting social justice', is found wanting when it is examined using Fraser's two-dimensional conception of social justice. In the UK at the current time, the government appears to be extending injustice, through the misrecognition of the source of 'troubled families', and the inequitable distribution of the effects of its austerity policies.

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Conflict of Interests

The author declares no conflict of interests.

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Article

Individual or Structural Inequality? Access and Barriers in Welfare Services for Women Who Sell Sex

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Abstract
It is often taken for granted that women who sell sex are vulnerable, that welfare services can and should alleviate this vulnerability, and as such, being defined as 'vulnerable' can be beneficial and associated with special rights that would otherwise be inaccessible. At the same time, ongoing debates have demonstrated that establishing individuals and groups as vulnerable tends to mask structural factors in inequality and has negative consequences, among them an idea that the path to 'non-vulnerability' lies in changing the 'afflicted' individuals or groups, not in structures or in addressing unequal access to resources. In this article, we take this as a starting point and discuss challenges for the welfare state in meeting the varied and often complex needs of sex sellers. Based on qualitative research with service providers in specialised social and health services in Norway, we examine access and barriers to services among female sex sellers as well as how vulnerability is understood and shapes what services are available. An important feature of modern prostitution in Norway, as in the rest of Western Europe, is that sex sellers are predominantly migrants with varying migration status and corresponding rights to services. This has influenced the options available to address prostitution as a phenomenon within the welfare state and measures that have previously been helpful for domestic women in prostitution are not easily replicated for the current target population. A starting point in a theoretical understanding that considers vulnerability to be a human predicament (rather than the exception to the rule or a deficit in individuals or groups) allows for a discussion that highlights the centrality of structural conditions rather than a need for change in the individual. In order to understand the limitations of the welfare state in addressing modern prostitution as such, it is highly relevant to look at the structural origin of vulnerabilities that may look individual.

Keywords
human trafficking; migration; prostitution; service access; vulnerability; welfare

Issue
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1. Introduction

Women who sell sexual services are generally considered to be an especially vulnerable group (Brown & Sanders, 2017), and are, in many countries, the target of specialised welfare services. In many contexts, prostitution is considered to be a social or criminal problem to be limited, if not eradicated. In several European countries this has entailed an increasing reliance on criminal justice approaches to combat prostitution, and Norway, and even more so its neighbouring Sweden, is known for its abolitionist approach to prostitution and unilateral criminalisation of the purchase of sex (Skilbrei & Holmström, 2013). The background for this approach is an understanding of prostitution as inherently harmful, both because it is populated with vulnerable persons and be-

cause it exacerbates or creates vulnerabilities. In the last couple of decades, the emphasis on vulnerability in prostitution has also been reinforced under the influence of the international human trafficking policy framework, which is currently an often-applied lens when discussing and responding to prostitution. What is often less explicitly discussed is in what sense(s) female sex sellers are vulnerable and how vulnerability is understood and expressed in the shaping of services that particularly target this group.

In this article, we examine access and barriers to services among female sex sellers, as well as how the accessibility of certain services, but not others, reflects a particular understanding of vulnerability in services targeting sex sellers. We also discuss whether, and to what extent, current services address needs as observed by social workers and expressed by sex sellers. Current challenges for welfare provision in this group are closely intertwined with developments starting before the turn of the millennium when prostitution markets in most of Western Europe became decidedly transnational and now involve a very diverse population (Wagenaar, 2017). The fact that the population has become more diverse is particularly important as there now are considerable differences in the legal rights of the individuals involved, meaning that they have very different access to resources, both in welfare service terms and in access to resources, more broadly. This means that the forms that vulnerability among sex sellers may take are neither obvious nor uniform. Nonetheless, policies and services are often universal and sometimes rest on implicit, and at other times explicit, understandings of vulnerability among sex sellers. As we will argue in this article, an underlying premise in prostitution policy is that vulnerability is understood as an individual quality, whereas structural factors that predicate the distribution of resources and rights are not addressed.

The issue of terminology is central in scholarship on prostitution. The terms applied have different connotations and histories, and while some are interpreted to be demeaning, others are interpreted to be political (for debates on terminology see, Koken, 2010; Skilbrei, 2017). In this article, we refer to 'prostitution' as the field where money is transacted for sexual acts and services. The reason for not calling the activity 'sex work' is that that term encompasses a broad range of acts, including striptease and webcam, while the service provision we study here is offered only to people who engage in a direct exchange of sex for money. We refer to the people who operate in prostitution as sex-sellers, women who sell sex and similar services.

Our discussion begins by assessing the challenges the welfare state faces in meeting the needs of women who sell sex in Norway. We present and discuss some examples of practices and identified challenges in offering welfare to migrant women who sell sex that, while not exhaustive, we nonetheless find illustrative of broader concerns and developments. The population of sex sellers is diverse and its composition can change quite rapidly. This means that it is challenging to offer services that fit with the needs of the group. A characteristic in the roll-out of welfare services to this group is that municipal and NGO services operate in tandem, and sometimes overlap each other. This produces a particular dynamic between ideology, official policies, and practice, something which is a backdrop to the analysis.

1.1. Method

We have, in the past two decades, conducted a series of research projects where we have interviewed service providers and women who sell sex in Norway about social and health needs (Brunovskis, 2012, 2013; Brunovskis & Skilbrei, 2016; Brunovskis, Tveit, & Skilbrei, 2010; Brunovskis & Tyldum, 2004; Jahnsen & Skilbrei, 2018; Tveit & Skilbrei, 2008). Findings from these studies form an important part of the basis for our discussion in this article, and we revisit the material in the perspective of how 'vulnerability' plays out and is understood in service provision. Our analysis is further supplemented with interviews conducted as part of the Health Services and Health Needs in Prostitution project, in which we explicitly examined whether services offered match services needed, and what ideologies and concerns underpin the formulation and balancing of services. In this project, we conducted qualitative interviews with social workers (n = 35), sex sellers (n = 22), and representatives of police and prosecution (n = 10). In this article, we draw on the interviews with service providers working in the prostitution field. In these, we were interested in looking at existing conceptions of vulnerability and in how these play out in the practice of those who are tasked with front-line service provision in the welfare state. The methodological approach and respondent recruitment were similar in all projects (see each study for a more detailed description of data, methodology and ethical considerations). Respondents who were included in the research in their professional capacity were approached directly for interviews by email and provided with written project information. Interviews were semi-structured and unstructured in form and included questions on understandings of needs in the prostitution field, specific and daily practice, as well as institutional frameworks and regulations of welfare provision. Our material includes respondents from four of the biggest cities in Norway (Oslo, Bergen, Stavanger and Trondheim) and was conducted in accordance with ethical procedures as developed and implemented by the Norwegian National Research Ethics Committees and the Norwegian Centre for Research Data.

2. Defining Vulnerability

Vulnerability has become a central concern for policymakers, and an 'ethos of vulnerability'—the overarching idea that some groups are particularly vulnerable and

that this demands service provision and policy-making—is often institutionalised in the form of special provisions and increased control (Brown, 2015; Brunila & Rossi, 2017). While this is a response to the realisation that not all people are equally positioned vis à vis material and social resources, the centrality of vulnerability as a steering principle in social policy and how vulnerability has been operationalised and affects people's lives, has been critiqued. While being defined as vulnerable and retaining special rights and protections in that capacity may seem beneficial, this can also have negative consequences both on individual and group levels. This point can be exemplified with examples from our own previous research. When female migrants, per definition, are deemed vulnerable and particular migration barriers are set up to protect them, this causes a need for women to use migration brokers instead of traveling independently, something which makes them vulnerable for exploitation (Andrijasevic, 2010; Demleiter, 2001). Martha Fineman draws attention to how we, by establishing groups and situations as 'vulnerable', treat vulnerability as an exception to the rule. She suggests that we instead think of vulnerability as a human predicament and investigate its expressions intersectionally. She has developed her vulnerability theory to counteract prevailing conceptions about the autonomous individual in liberal thought (Fineman, 2017).

Further, Fineman and others show how special protections for individuals may also produce more control of the same individuals, among other things, because of how vulnerability comes to be attached to femininity (Fineman, 2008; Singh, 2017). Treating vulnerability as a given dismantles the dichotomy between the vulnerable and the invulnerable, but also unsettles the relationship between vulnerability and other dichotomies (Singh, 2017), especially women/men, child/adult and Western/non-Western. This critique does not offer as a solution to do away with linking vulnerability and power but instead encourages scholars to investigate what this link actually is. Problematising how vulnerability is often defined and operationalised is also necessary out of concerns over what policies this encourages. If 'vulnerability' comes to look like a deficit in the individual or in particular groups, policies directed at 'fixing people' appear most relevant. If vulnerability is instead seen as universal and structural, different solutions come into view (Fineman, 2017, p. 3; see also FitzGerald, 2010). In this article, we will add to ongoing debates on vulnerability by exploring what the designation of someone as 'vulnerable' *does* in the particular context of service provision to women who sell sex. The study of intentions behind content and consequences of prostitution policies have, in the last ten years, become a much more important part of prostitution scholarship (see, e.g., Jahnsen & Wagenaar, 2017; Showden & Majic, 2014; Ward & Wylie, 2017). Several scholars have pointed to how considering women involved in prostitution as vulnerable is something that has caused increased surveillance and other repressive interventions by police that affect them negatively (Blanchette & da Silva, 2014; de Pérez, 2016; Jahnsen & Skilbrei, 2018). Very few of these contributions explicitly deal with social and health policies. Whether and how sex sellers are defined to be vulnerable also stems from political and ideological positions vis à vis prostitution, linking it to either an understanding of prostitution as inherently harmful or seeing harm in prostitution as situational or as a result of harmful repressive policies (for a presentation of these debates see, Weitzer, 2012). This means that welfare services, their contents, and foundations must be understood as expressions of particular positions and understandings of vulnerability that have significance beyond 'just' welfare provision.

3. Principled Welfare Provisions and Pragmatic Deliverance

The Norwegian welfare state is universal in its approach, but its main provisions are only entitlements for citizens and others that legally reside in the country, and some are also only provided to people based on membership in the National Insurance Scheme (*Folketrygden*) or labour market participation above a certain level (Hatland, 2013). While the public sector in Norway is large and its provision of services is extensive, civil society has an important role to play in delivering, developing, and pushing for welfare services (Loga, 2018). Specialised social work directed toward women who sell sex is a typical representative of this characteristic. It is both offered by municipality-run services and civil society actors, especially the Church City Mission, which has a long history in offering low threshold services to marginalised populations.

There are specialised services directed toward women who sell sex in four Norwegian cities. In three of these, there are both municipal-run and civil society-run services. On the one hand, they often offer similar services, on the other, they aim to complement each other somewhat and they periodically organise meetings to ensure complementarity. Services are diverse in the sense that it depends on whether they do outreach, whether they have integrated health services, and how low the threshold is for accessing services. We will not describe and discuss the full scope of services here but rather look at how service providers describe services and how clients receive them. Here, it is sufficient to briefly convey their main functions.

Today, an important aspect of service provision is that prostitution-specific services, to some extent, function as intermediaries between female sex sellers and universal welfare services (when applicable). This entails assistance in filling out applications or in communication with relevant welfare state services, explaining procedures, and translating and/or explaining information. Social workers typically approach the opportunities available in the system quite pragmatically, and this goes for

both public and private service providers. An important tool for the role as an intermediary is to ensure that initial meetings between social workers and sex sellers serve to map needs, rights, and opportunities. In addition, social work institutions/organisations also offer their own services which vary regarding ideological orientation and resources. While all social and health-promoting work towards women who sell sex is stated to be harm reductive, the various services strike a different balance between harm reduction and focusing on exiting from prostitution (Skilbrei & Holmström, 2013). Similar to what is discussed in services to drug users as harm reduction versus recovery, these two ethos and methodologies are not necessarily combinable (Paylor, 2018).

4. Provision of Welfare to Vulnerable Subjects

As noted in the introduction, our goal is to investigate how services reflect certain understandings of vulnerabilities and needs and discuss challenges for the welfare state in meeting the varied and complex needs of female sex sellers. In this section, we first provide examples of, and discuss, different services, access, and barriers before we move on to what dominant understandings of vulnerability are currently reflected in service development and provision. We close this section with a discussion of whether, and to what extent, current services address needs as observed by social workers and expressed by sex sellers.

As described above, welfare services targeted at this particular group are explicitly aimed at harm reduction at an individual (and societal) level. Entry-level services tend to focus on (sexual) health and management of possible negative consequences of prostitution as such (which are understood to be harm-reductive measures). Diagnosing and treating sexually transmitted diseases (STDs) is prioritised and services readily offer help with this. In one city, NGO services had a standing agreement with an STD clinic in which a doctor would see the women the NGO services worked with, regardless of their health rights as determined by migration status. These check-ups were strictly limited to STDs, and other health needs would have to be covered through other health services. Sex sellers may have considerable health issues they need help with, however, if the health problem is not related to an STD, their legal status is often a considerable barrier. One social worker said:

> Norway is a very rights-based society, so if you need to go further than just getting birth control pills or a chlamydia check-up, it's not easy. If you have psychological problems or other….HIV is fine, because then you have a right to treatment while you're here, but anything that is beyond the minimum....And strictly speaking, in terms of [the STD clinic], I can't really claim that that is something they have a right to either.

STD health services are thus more quickly accessed, but also provided to women who, under other circumstances, would not access such services due to status as irregular migrants. This makes such health issues and services an exception to the rule—barriers to this particular form of health care have been addressed and, to a large extent, removed in practice, while at the same time, from an individual perspective, other health needs may be more pressing, more important to address and yet far less accessible. Sexual health and particularly STDs are thus seen as an important individual vulnerability. It should also be noted that its prioritisation also has a public health rationale beyond care for the individual patient, in limiting STDs in the general population, which is an approach to prostitution that has long historical traditions. The view that sex sellers constitute a public health danger is also evident from how STD checks are the main welfare service to men who buy sex in Norway (Sex og Samfunn, n.d.).

Access to other health services may be limited by legal rights, but also by the general legal approach to prostitution in Norway: while it is not illegal to sell sex in Norway, the criminalisation of clients and third parties—not least landlords who provide residence to persons who sell sex—also influences the situation of sex sellers and their relationships with services, as they are reportedly reluctant to give their addresses for fear of being evicted. Providing an address is normally required when seeking health services. One social worker exemplified this with a story of a woman who had been abused by a client and urgently needed medical attention but did not want to see a doctor because she did not want to give her address. The social worker then spoke with the emergency room in advance, explained the situation, and was told it was fine to come anyway. She took the woman to the doctor and waited outside. However, after a short time, the woman came back out, visibly upset and wanting to leave, and said she had been asked about her address. When she said she did not have one, she had reportedly been told she needed to go to the police and was also asked *why* she had not been to the police. This had scared her. In practice, then, while the social worker had to some extent been successful in lowering the barrier to accessing necessary health care for her client by personally intervening, the intersection with the legal regulation of prostitution in Norway (and the feared implication of divulging an address) had effectively put that barrier back up again. This example also reflects the fragility in access and barriers in services in terms of understanding the particular structural conditioning of vulnerability for sex sellers. While the act of a doctor encouraging a patient subjected to violence to seek out the police for recourse and protection might in most cases be logical, caring, and an attempt to reduce her vulnerability, the legal regulation of prostitution creates a particular brand of structural vulnerability that gives this a very different significance and meant that it was perceived as threatening.

The intersection of rights as directly governed by migration legislation with consequences of prostitution policies, more broadly, is central in mediating vulnerability and the access or non-access to services. Lack of legal migration status will, under normal circumstances, also mean a lack of rights to services, but an important exception came into force at the turn of the millennium, with the introduction of the human trafficking policy framework. This signified an important change in how vulnerability in prostitution was dealt with and understood both in Norway and internationally and helping those perceived as forced by others to sell sex became an important political prioritisation. Part of this policy was also to reduce barriers to welfare access for this particular group, through special measures: being defined as a possible trafficking victim provides an inroad to Norwegian welfare services independently of other legal migration statuses, as identification as a victim of trafficking gives a low threshold right to a residence and work permit for six months. This is renewable for one year if the person cooperates with the police and their presence is necessary for an investigation of traffickers. It should be noted that while this status gives formal access to comprehensive services, this access is, in reality, complicated by a number of formal and informal factors (Brunovskis, 2016). Nevertheless, it is an important indicator of how vulnerability in transnational prostitution is currently understood and addressed.

While this represented a rather drastic change in the legal rights for persons who had been exploited in different ways, the human trafficking policy framework has been criticised for failing to recognise and precisely address the structural conditions and class, race, and gender inequalities that make exploitation possible, focussing instead on individual vulnerabilities and individual perpetrators of crime (see, e.g., Brunovskis & Skilbrei, 2016; Kempadoo, 2005; Lee, 2007). This can be seen as mirrored in services to trafficking victims in Norway in that they focus on health needs and physical protection from retribution from traffickers, but only to a very limited extent address socio-economic vulnerability, which is, for many, their greatest need (Brunovskis et al., 2010). The introduction of the human trafficking framework meant that looking for specific vulnerability factors associated with human trafficking became part of services directed at women in prostitution. Social workers might try to elicit information about social relationships, debts, travel routes, living arrangements, etc, with the aim of identifying human trafficking, since this could open some avenues of welfare provision that are otherwise unavailable. However, social workers often found that these issues were seen as less relevant and not reflective of real needs by the women they worked with and that available measures were insufficient to make any substantial change in the women's lives:

> Their financial situation has not been solved even if they've been given a six-month residence permit. Their [pimp] may still be pressuring them [for money]. And the family at home will wonder why, after living in Europe for a year and a half, you haven't sent any money home.

This quote from a social worker also underlines an additional, important perspective on vulnerability that is generally missing in the welfare provision to migrant sex sellers, be they defined as trafficking victims or not; their social context and the often relational nature of their vulnerabilities. One of the main issues for many women has been the expectancy from family at home that they remit money. Failure to do so has been a considerable problem for trafficking victims returning to their home countries in their relationships with their families. There are also indications that some level of economic success mitigates the potential stigmatisation of women who have been involved in prostitution (Brunovskis & Surtees, 2013; Plambech, 2014). However, at present, only one measure addresses education and employment opportunities for women who have been categorised as trafficking victims. Through a series of vocational courses, a few women are offered education in various aspects of the beauty industry and are also provided with a starter kit of equipment that provides the potential for them to start a small business. While long-term outcomes have not been evaluated, this education is invariably lauded by a wide range of actors involved in welfare provision in prostitution and held as an example of an actually useful approach.

Comparing this gap between needs and services with what appear to be previously successful approaches to addressing vulnerability in prostitution is illustrative of some of the main obstacles for the welfare state to address regarding prostitution today: for Norwegian women, a central vulnerability has historically been addiction. Initial welfare services were set up to meet their needs, and this group was, for a long time, the default target when services were developed and implemented. This group is very small today and, with the strengthening of drug rehabilitation and harm-reductive schemes, their needs are no longer generally unfulfilled or considered to be prostitution-related and therefore not on the agenda for the specialised prostitution services. This group is, thus, most often provided services through the universal welfare system and the main focus tends to be on treating the addiction itself and, as such, addressing the deeper vulnerability. This does seem to have been successful to a large extent. Following changes in the medication-assisted treatment (MAT) programme, Norwegian women with addictions more or less disappeared from street prostitution, an arena they had previously dominated. As noted by a social worker in a prostitution outreach programme:

> [Norwegian women with addictions] are not really our target group. Many of them have a large team around them, and social services and many others who can

> contribute to health. I had contact with a Norwegian woman once and offered to take her to the [STD] clinic, but I think she found help elsewhere.

The considerable drop in the numbers of Norwegian women with addiction in prostitution also points to the success of welfare interventions that address actual needs. At the same time, it should be considered that developing services that catered to new groups with new vulnerabilities also served to marginalise Norwegian women from targeted welfare services (Tveit & Skilbrei, 2008). Since the mid-2000s, migrants who sell sex, whether they are feared to be victims of trafficking or not, have been main targets in both debates and service development. Concerns over enhanced vulnerabilities among migrants meant that both policing and welfare resources were directed towards them, a development that, for Norwegian women who sell sex, has had both benefits and costs. Nonetheless, providing effective addiction treatment removed the need for money that was a driving factor in prostitution. Within the current approach to prostitution in Norway, there are no equivalent efforts to address actual needs among migrant sex sellers that might reduce their vulnerabilities or, in some cases, make prostitution redundant. A goal for Norwegian prostitution policy is to reduce the market, but the lack of services that could facilitate leaving prostitution means that this also becomes an individual responsibility—the economic rationale and necessity for many women selling sex in Norway today is not addressed.

5. Discussion

Norway and the other Scandinavian countries are considered the exception to the rule of increasingly approaching societal problems with punitive means (Smith & Ugelvik, 2017). Instead of turning to criminal law, these countries typically develop welfare oriented measures that deal with the root causes of acts considered to be problematic. While this analysis of Scandinavian policy is debatable and has its exceptions, it is clear that these countries have a more comprehensive web of measures to deal with social problems than most other countries. Nevertheless, there are profound challenges for the welfare state in addressing prostitution in its modern-day forms.

While prostitution is an issue considered to have national political and symbolic significance for society more broadly, its subjects, to a large extent, lead transnational lives. This is only, to a very limited extent, incorporated in prostitution policy pertaining to tools and options within the welfare state. When the overwhelming majority of female sex sellers are migrants, this influences the services available to sex sellers (depending on their formal migration status), the nature and time span of their contact with welfare providers, as well as the time span available for welfare provision. Given the premise that many who sell sexual services have complex needs, and given that prostitution as a phenomenon is unwanted in the Norwegian society, it must also be recognised that the tools and services available today are more limited than before. A perspective that examines vulnerabilities and welfare provision in a broader perspective brings this to light and also highlights the current limitations of the welfare state in addressing prostitution, both as a social phenomenon and for its individual actors.

The challenges for the welfare state in addressing prostitution are concurrent with an increased importance of criminal justice approaches and the policing of prostitution. Given the prominence on political agendas of how to best deal with prostitution and given that research consistently points to welfare and migration-related needs among sex sellers as key both to harm reduction and to the potential reduction of prostitution as such, the continued focus on criminal justice approaches is paradoxical. It is, however, consistent with developments in migration control that increasingly comes to merge with, and serves to support, criminal justice aims and institutions (Stumpf, 2006).

The limitations of the welfare state's ability to address prostitution have left the field open to criminal justice regulation and an ambiguous (if not contradictory) approach to sex sellers: they are considered to be vulnerable and worthy of help, but if they remain involved in prostitution the policing of prostitution will make their lives even worse, as it will it make it harder for them to earn money and find a place to live (Jahnsen & Skilbrei, 2018). This is even more evident in the case of neighbouring Sweden, where social service providers report that they cannot offer harm-reductive measures, as aiding women who continue to sell sex is in breach of an abolitionist approach (Florin, 2012). In most cases, this approach particularly fails to recognise the importance of economic need as a driving force in prostitution. While not all prostitution is based in destitution or survival, the motivation of the women themselves to improve their lives, as well as their families' expectancies of, and reliance on, remittances can be a considerable upholding factor that could potentially be alleviated with access to alternative income. This is a solution that is both obvious, yet glaringly absent from political discussions on how to address modern-day prostitution.

While the dramatic change of prostitution that came with migration is an important factor in understanding vulnerability and the challenges for the welfare state, it is important not to assume that migration *automatically* leads to a heightened vulnerability among sex sellers. Migration and living transnational lives may both decrease and increase vulnerability in prostitution. The migration aspect of prostitution has very different implications in different groups: one pattern is to live 'two lives' (one of 'normalcy' and little/no marginalisation in their home country (Skilbrei, 2007). In these cases, it is precisely the transnational aspect of prostitution that protects against, e.g., stigma and social fallout. It may also allow a strategy for social mobility that would otherwise

be inaccessible. On the other hand, another pattern is one of 'transnational marginalisation', including being marginalised also in their home country. The most prominent example of such circumstances in Norway is probably Roma women from Bulgaria and Romania (Kock, 2017). This is an under-studied group for a multitude of reasons (see, e.g., Siegel, 2015), but one might speculate that moving from place to place can, for some, contribute to heightened vulnerability—for instance, if they become less visible to social surroundings or services in their home country, services in destination country/countries may have limited responsibility and/or options for interventions, they may be less likely to seek (or get) help in a country where they lack citizenship (described in Shubin, 2010, in the case of Roma migrants in Scotland). What is important is to understand how migration and migration status intersect with vulnerability.

As we have demonstrated in this article, the relationship between access and barriers to services for female sex sellers is also not entirely straightforward. Generally, the provision of welfare and rights is allocated to members of a bounded community allowing access to others only under very specific circumstances (Barker, 2018; Boccagni, 2017; Mingot & Mazzucato, 2018). While this creates a situation where migrant women who sell sex lack formal rights vis á vis universal welfare and health schemes, the fact that they sell sex also facilitates other routes to formal access and informal arrangements established on an understanding of them as particularly vulnerable. Nonetheless, while their 'vulnerability status' does facilitate some access that is not afforded other groups, it is far from comprehensive and, in many cases, not responsive to individual needs, but rather to needs that providers perhaps particularly associate with prostitution, namely STDs. Also, by not including them in universal health services and welfare schemes, the vulnerability of people who sell sexual services seems to look *special*, not in continuation of the needs other people have.

The broad array of problems for which women who sell sex seek assistance show the challenges involved in targeting services. And the current organisation of welfare for women who sell sex means that they, as migrants, are not offered single service provision at this point. When specialised services were established, one had in mind very particular groups of sex sellers, and this is no longer, and was perhaps never, the only group with a need for services. The fact that women who sell sex are targeted as a special group means that they find open doors that would otherwise be shut. But at the same time, not all women can have doors open for them, and there are costs involved in being targeted as special, as it builds on the historical and current definition of *them* being dangerous for *us*. It is thus not clear whose vulnerability is most protected by the current system, particularly as access to services does not necessarily depend on who has the greatest need.

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Conflict of Interests

The authors declare no conflict of interests.

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Article

Users' Choice in Providing Services to the Most Vulnerable Homeless People

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Abstract
Several municipalities in Norway have tried the Housing First model to facilitate permanent housing for homeless people with substance abuse problems and/or mental illness. This article discusses users' experiences from receiving social support as part of the Housing First programme. In particular, the article discusses the users' experiences with the model's emphasis on users' choice and self-determination. The analysis shows that what the programs practise is not entirely freedom of choice for the participants but a greater respect of the users' knowledge, perspectives, and opinions as a starting point for interventions. The analysis shows that participants and staff engage in joint reflection work to help the participants take more reflected decisions in their life. The article discusses how this method can contribute to overcome a diagnostic approach to marginalised and often stigmatised users and provide more personalised and effective services. The discussions draw on data from an evaluation of two trial projects of the Housing First model. The article is mainly based on an analysis of 16 qualitative interviews with users that participated in the projects.

Keywords
drug problems; homelessness; Housing First; mental illness; Nordic model; user experience; user participation; welfare state

Issue
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1. Introduction

The Nordic welfare states are conventionally known as generous and service-intensive welfare states. Comparatively, these welfare states are characterised by high levels of welfare and wellbeing. However, there are "blind spots" in terms of securing the welfare of all individuals. Persons with substance abuse problems and mental illness are often in risk of ending in these blind spots and not receiving the services and support they need, with a higher risk of experiencing homelessness and living at the margins of society (Dyb & Lid, 2017; Hansen & Øverås, 2007).

The American model Housing First (Tsemberis, 2010) is today one of the most profiled models for addressing homelessness in Europe (Busch-Geertsema, 2013; Pleace, 2016). The model was developed in New York for homeless people with mental illness and addiction and as an alternative to a more common continuum of care model, or "treatment first" model. This is often described as the "staircase model" (Sahlin, 2005). The user has to "qualify" for independent housing while proving step by step that they will be able to cope with living in ordinary housing. The Housing First model approaches housing as a fundamental right and a prerequisite for further recovery. Users are moved quickly into permanent housing in ordinary neighbourhoods and provided floating follow-up support from a multidisciplinary team. The model strongly emphasises users' choice to support the users' own recovery process. The original Pathways to Housing (PTH) model (Tsemberis, 2010) had eight core principles: 1) housing as a basic human right; 2) respect, warmth, and compassion for all clients; 3) a commitment to work with clients as long as they need it; 4) scattered-site housing and independent apartments; 5) the separation of housing and services; 6) consumer choice and self-determination; 7) a recovery orientation; and 8) harm

reduction. The Housing First model is presented as an evidence-based model (Pleace, 2016; Tsemberis, 2010). While several studies have shown effectiveness related to rehousing homeless people with high support needs and achieving greater housing retention, the effects in relation to recovery, drug use, and social integration are questioned (Groton, 2013; Kirst, Zerger, Misir, Hwanga, & Stergiopoulos, 2015; Pleace, 2011; Quilgars & Pleace, 2016).

Since 2012, there have been several local Housing First projects in Norway (Andvig, Bergseth, Karlsson, & Kim, 2016; Andvig & Hummelvoll, 2015; Hansen, 2017; Snertingdal & Bakkeli, 2015). Mappings of Housing First projects in Europe, as in Norway, have revealed that there are variations between projects labelled as Housing First, both related to target groups, housing solutions, and follow-up models (Busch-Geertsema, 2013; Pleace, Culhane, Granfelt, & Knutagård, 2015; Snertingdal & Bakkeli, 2015). In Norway, the Housing First projects have mainly been targeted at homeless people with substance abuse problems and/or mental illness (Snertingdal & Bakkeli, 2015)—this in contrast to, for example, the Housing First program in Finland that has had a broader target group (Pleace et al., 2015), or in Lisbon where the target group has been persons with mental illness (Busch-Geertsema, 2013).

In this article, I discuss users' experiences from participating in Housing First programs in Norway.

2. Background

The article is based on data from an evaluation of two Housing First trial projects that took place in the municipality of Bergen and the municipality of Sandnes, in Norway, from 2014 to 2016 (Hansen, 2017). Both used the PTH, the original American Housing First model (Tsemberis, 2010), as their starting point.

In Norway, a housing-led strategy has been the main policy in combating homelessness for many years (Benjaminsen, Dyb, & O'Sullivan, 2009; Hansen, 2006). The shift from treatment first to greater emphasis on harm reduction, housing, and follow up services for homeless people with drug problems started at the turn of the millennium. Still, municipalities experience challenges in providing housing and services for the most vulnerable homeless people. The last mapping of homelessness showed a significant reduction in the number of homeless persons (Dyb & Lid, 2017) but revealed that almost six in ten of those who are homeless are drug addicts, and one in four have a dual diagnosis of mental illness as well as substance abuse (Dyb & Lid, 2017, p. 69). This situation is one of the reasons why this group of homeless people has been the target group for Housing First interventions in Norway.

The evaluation of the two local Housing First projects in Norway found a housing retention rate of approximately 70% (Hansen, 2017). This is lower than in many other Housing First projects in Europe and a possible explanation is that this is due to the inclusion of a target group with severe challenges related to substance abuse and mental illness. The evaluation states that the participants express great satisfaction with their housing situation, but it is not able to identify any concrete results in terms of the participants' recovery when it comes to mental health issues, substance abuse problems, and social integration. Many of the participants claim to have a better life than before, albeit realising that they still face major challenges in their life (Hansen, 2017).

The way the Housing First model has been operationalised in the two projects closely resembles the American model described by Tsemberis (2010). In one key respect, however, both Housing First teams differ from the model: neither includes a doctor or a psychiatrist, as did the Assertive Community Treatment (ACT) teams that were involved in the original programme in New York. The Norwegian teams are more similar to case-management teams including nurses, social workers, and counsellors. Both teams had sufficient resources to provide closer follow up than ordinary support services. The evaluation revealed that the Housing First teams provide a broad range of services, including various forms of practical assistance, help with personal finances, counselling on various issues, help to establish and maintain contact with other social and health services, and coordination of service provision on an individual basis. Those who are recruited to the Housing First project and choose to participate must meet fundamental demands: they have to accept to receive follow-up services and a home visit by the team once a week and the participant must not be assessed a danger to him/herself or others (Hansen, 2017).

As pointed out, the evaluation of the two programs is not able to identify that the Housing First model has led to positive effects when it comes to the recovery and social integration of the participants. In this article, I consider as a starting point that the projects have succeeded in recruiting and rehousing a group of homeless people with severe substance abuse problems and/or mental illness. Their housing situation is more stable than before and they receive follow-up services. I am occupied with the users' perspective on what they perceive as different from earlier housing and follow-up services they have received and how the core element of freedom of choice and self-determination are perceived from their perspective.

2.1. Analytical Approach

In this article, I explore the relationship between service providers, the front line of the welfare state (Lipsky, 1980), and service users with drug problems and mental illness. My main attention is how the service users perceive the services they receive and their relationship with the service providers. I pay special attention to how the participants experience the model's emphasis on users' choice. Emphasis on housing as a prerequisite for further recovery and users' choice as a method

to support the users' own recovery could be argued to have the same diagnostic view of users as the "treatment first" approaches. Hansen Löfstrand and Juhila (2012) have discussed the discourse of consumer choice in the Housing First Manual (Tsemberis, 2010). They point out that choice making is not an end goal, but a means to achieve recovery (Hansen Löfstrand & Juhila. p. 62). The Housing First manual has the professionals' view of "correcting" the user and helping them make "right" choices, not "bad" ones. There is an acceptance of failures, but there are limits to how many times a person can fail and not learn from their failures (Hansen Löfstrand & Juhila. p. 62). In the analysis, I explore how the participants experience their interactions with the service providers and their practise of the core element user's choice.

Having drug problems and mental health issues could represent a stigma (Goffman, 1975). A stigma indicates that something is labelled deviant from what is normal in society, discredited, and something that needs to be corrected or treated. When meeting with service providers, mental health problems or drug problems might be stigmas that overshadow all other qualities of the person and, from the perspective of the service providers, something that should be "cured". As an example, Grut (2003) has pointed out that professionals may tend to interpret what people with mental health issues or drug problems tell in light of their condition or diagnosis. In a study of a trial project on user participation in mental health services, she found that establishing a systematic way of collecting the opinions and experiences of the users awakened the professionals' tendency of a diagnostic approach to the users' opinions and influencing the attitudes of the professionals regarding the users' ability to contribute in service development (Grut, 2003). In the analysis, I use the concept of stigma to explore the effect of drug problems and mental health issues in the interaction between service providers and users.

In the relationship between professionals and clients, power is not equally distributed. Professionals have, through their professional knowledge and exercise of discretion in relation to different interventions and measures, more power in the relationship than clients (Lipsky, 1980). The emphasis on consumer choice in Housing First could be analysed in view of recent developments in welfare policy towards increased user involvement, transfer of power, and co-production of services (Needham & Carr, 2009; Torfing, Sorensen, & Roiseland, 2016).

In the following, I use the term "participants" instead of "service users" for the people that receive follow up from the Housing First teams. The term is used in the Housing First projects, stressing that "participants" are participating out of free will and in a form of partnership with the team.

3. Methods and Data

The analysis is based on data from an evaluation of two local trial projects of the Housing First model (Hansen, 2017). In this article, I mainly draw on qualitative interviews with 16 participants in the two projects: 13 men and three women. Most of the participants in the two Housing First projects are men, and men are also overrepresented among those who are homeless in Norway (Dyb & Lid, 2017). The youngest informant was under 30 years old, nine were between 30 and 49 years old, and the six remaining informants were over 50 years old. The interviews followed an interview guide and the main topics were how they had been recruited to the Housing First project, why they wanted to participate, their housing situation at the time and before they entered the projects, the services they receive and experiences with them, their relation to the Housing First staff, their assessment of the services they receive compared to earlier experiences with welfare services, and finally, general questions about how they feel (quality of life). All the interviews except for one were taped and later transcribed before further thematic analysis was generated from the research questions of the evaluation (Patton, 1990). For the purpose of this article, I organised the empirical data from the interviews with the participants in thematic matrices for further analysis. The topics of the matrices are related to the participants' motivation for joining the program, their relationship with the service providers, experiences with the philosophy of users' choice and self-determination.

The informants were recruited through the staff in the Housing First projects. The staff distributed written information about the evaluation and the participants later reported to staff or the research team if they wanted to be interviewed. Two researchers were involved in carrying out the interviews and both were careful to underline that participating in the evaluation was voluntary and that what the participants told or did not tell the researchers would be treated as confidential and have no consequences for the services they receive. The informants were guaranteed full anonymity.

Three of the interviews with the participants were done at the informants' houses, one interview was done at an inpatient detox centre, and one was conducted by telephone. The eleven remaining interviews were carried out in an office at the location of the Housing First team. As part of the evaluation, the two researchers spent two days together with the Housing First projects. This provided an opportunity to observe the service providers at work, observe the staff relate to participants when they met them, and observe the participants in interactions with the staff when they came by the office. The field trips and interviews were carried out in November and December of 2016. The study is approved by the Norwegian Centre for Research Data.

People with drug problems and mental health issues are a vulnerable group. Ethical reflections have been important in reporting on the evaluation and in writing this article. I have been careful about how information from the interviews has been used and presented in order to not contribute to the further stigmatisation of a group

already experiencing marginalisation in society. This is a vulnerable group facing marginalisation in many areas, so it is important that their voices, perspectives, and experiences are heard and studied. To secure anonymity, I do not identify which of the two projects the informants participated in or state their age and sex. When quoting from the material, the number of the informants is stated.

4. Findings

4.1. Access to Housing

The main motivation for joining the Housing First project for all of the informants was the chance to get their own dwelling. One of the informants tells that when he first met the Housing First team he thought that his chance of getting a place to stay on his own was very limited. He did not have any references; he was afraid of going to public viewings and was, in general, anxious about the whole situation. Others tell about similar experiences. Some have lived periods in tents in different camping cabins or other occasional places, or with friends and family. Gaining access to ordinary housing based on their preferences is particularly important. This must be seen in the perspective that many of the participants have had earlier experiences of not being in a position to choose a dwelling on their own premises due to substance abuse problems or other social and health problems. One of the participants tells that he was provided municipal housing in a housing complex with several persons with active drug use and a lot of noise and trouble going on. He was anxious and afraid of staying in this place. He tells us: "I knew that this would not work. I told them. Nevertheless, I was placed there. They have to listen to me! I was going to stay there, achieve well-being, and thrive" (Informant 16).

Throughout the analysis, we observed that most of the informants had experienced that in meeting with the municipal social housing system, there was not allowed much room for their personal preferences. A program that offers access to ordinary housing according to your own preferences then becomes attractive. A common reference by the participants is that this is very different from what they had experienced before. In the first phase after the participants are taken into the Housing First program, there are several talks between staff members and the participants about how they want to live and what is important to the person when it comes to housing and follow-up from the team. This quote illustrates a common experience: "They asked me how I wanted to live. How my situation was, what I wanted, how my dream house would look" (12).

What the participants want, and what they perceive as important for his or her housing situation varies. Some of the participants emphasise that the flat is not placed on the first floor, others that the building they stay in has a gate or an entrance that make it possible for them to protect themselves from unwanted visitors. Some want to live in the centre of town, others find it crucial to have a flat just outside the city centre or away from areas with drug consumption. A common reference is the importance of being listened to and having their opinions taken seriously when it comes to where they want to live.

4.2. Respect and Acceptance

The analysis reveals that most of the informants have gained a new kind of relationship with the welfare services compared to what they had experienced before. What the participants often stress as different from experiences with ordinary services is the way they are approached by the staff. When asked what is good about the Housing First project, one of the participants immediately answers: "The way they are". Another informant stresses that "the staff met [them] in a humane way, in a friendly way, not as part of a system or as in an institution" (12).

The process of recruiting participants involves one or more meetings between the Housing First team and potential candidates to consider whether they shall receive an offer to join the program. The staff meet with potential participants and talk about what the Housing First project is, what it would involve for the person participating, and ask the candidate why he or she eventually wants to participate. This creates a foundation of further collaboration between staff and participant. The team has been floating in their approach from the beginning. The staff have arranged to go for a walk in a park, go for a drive or talk together in places the candidate chose. Many of the informants talk about the way they were met in these first meetings; that the team made it easy to meet, that the staff were easy to talk to, and how this contributed to them wanting to join the project. A common reference from the participants about staff members is that "they are kinder. They try to understand things" (10).

Another participant expresses the pattern when describing how the relationship with the staff is different from other relationships with professionals he has experienced:

> You get closer to them [staff members]. It is not an office, it is more inclusive. When you meet them, you can tell that they are glad to see you. They see behind your behaviours, see the person in this….You feel worthy when you meet them, that you are of importance. (11)

The analysis shows that several of the participants in meeting with the welfare services have experienced that their way of living is stigmatised, and they have felt that they are considered unworthy of the time and respect of service providers. One of the informants tells us that he had experienced that if you do not do as the service providers recommend, you will get punished in the system. All the participants have a long history of contact

with different welfare services. Many of them have experiences of not being able to live up to expectations, rules, or criteria in different programs or activities they have been enrolled in. When they "failed", they would end up being excluded from the programs. Some participants express distrust in the general welfare services due to these experiences. A common issue is the appreciation of the tolerance and a supportive attitude from the staff. Several participants address that in the Housing First project they are allowed to say no without ending up with nothing at all. For example, they can turn down an apartment if they do not think it is the right place to live without the risk of ending up at the end of a waiting list. One participant describes what is different in the approach in this way: "They are not someone that comes to punish, but to support" (13).

Another informant expresses some of the same appreciations:

> I have always had big problems with authority. These folks do not behave as authorities even though they have a lot of authority. They have a lot to say, they can just clap their hands and say, 'we do not want him in that flat', and I have to leave. (5)

The analysis shows that a factor brought up by several of the participants is the way they are met by the staff if they have had a situation when they were on drugs, or something went out of hand and was unpleasant. The experience of not risking punishment or expulsion from the program has contributed to establishing greater trust in the relationship with the service provider. Several describe that they have experienced that the staff do not withdraw from a challenging situation but meet them with respect and tolerance. One of the participants states:

> They do not judge, I feel that I can speak to them about everything, which is very important. They are very liberal people. I have gained great trust in them. They could learn a bit from that in other parts of the support system. (13)

Several state that the staff are respectful while at the same time use a lot of humour and are generally in a good mood. One of the participants says: "One becomes fond of these folks; do not get away from that. They are smiley, happy, and you are met with respect" (2).

The analysis shows that elements like the acceptance of the participant, respect for their situation and perspectives in the follow-up are important for the participants. The analysis in many ways reveals that the Housing First team have succeeded in establishing a position to provide support to a group that has previously had problems in their relationship with welfare services. A harm-reduction approach without practicing sanctions of "unwanted" behaviours contributes to gaining this position.

4.3. Floating and Flexible

The Housing First teams have had resources to provide closer and more active support of the participants than ordinary housing support services. The analysis reveals that the participants appreciate the floating and flexible services. A common reference is about how the staff members are present in different situations, accompany them in meeting with other services, and help them with things that they ask for. One participant states that just knowing that he can contact the staff is important: "It makes me feel safe just to know I have them as backup. I can call them, and they will show up" (9).

Another participant says the following:

> They know how I am. They have learned to know me. If I say, 'do not come this week', they can turn up anyway and tell me that they are here for me, and when they leave it is good to get a hug. (12)

The fact that the staff come by, whether contacted or not, represents security for many of the informants. As described in the first section, the participants are not allowed to choose not to have contact with the Housing First team. It is a condition for participating in the program to accept a weekly home visit. This constitutes a framework for the relationship. Some of the informants share that in some periods they have received follow-up several times a week. Others express that they do not need as much support at this time and have less contact.

4.4. Joint Reflection Work

Freedom of choice is a core element of the Housing First model. The analysis reveals these choices are not made in a vacuum but most often a result from what could be described as joint reflection work. The staff members and participants engage in reflection on different situations and choices to be made. This is an illustrative quote from this kind of collaboration between the actors: "I tell them what I feel and think, they say what they think, and we always agree in a way. There are no discussions, arguing, or grumpiness" (7).

One tool in engaging in this joint reflection work is the collaboration on establishing a safety plan on how the participant wants to collaborate with the Housing First team; what kind of services the participants want to receive and how they want to be treated if different situations should occur. How they want to be treated if they get into a period when they are very ill if they have relapses or periods with heavy drug use. Where the staff should look if they are worried and do not find them at home, whom they should contact etc. Making these plans is an important joint task of the participant and staff in the first phase of participation in Housing First. The analysis indicates that this process is based on joint reflection more than what could be described as

freedom of choice. The analysis shows that the staff contribute with advice, guidance, questions, and opinions.

The analysis shows that the freedom of choice is not necessarily easy to handle for the participants. Making choices demands a more active engagement in several areas. Some of the informants express a kind of ambivalence to this freedom of choice. Some do not always feel that it is easy to make decisions. The statement from one participant when asked about how he experiences the core element of freedom of choice illustrates this ambivalence:

> I think they can decide a little too, I am not very good at deciding. Sometimes I do not know what I need. But I have come up with some specific things that have been organised and we have agreed on something they are to take care of that has to do with my economy and paying the rent. (12)

The Housing First projects have more resources than other services to engage in reflection with the participants. For example, when a participant has challenges regarding neighbours and keeping a stable housing situation, the staff can engage in a process with the participant reflecting on what the problem is, what can be done, and what they can learn from these experiences. One informant tells that he has had some experiences since he got his first apartment regarding what he needs to keep the apartment. The joint reflections with the team have been useful in order to understand what is needed to deal with several of the challenges he faces. Still, he is very confident that he keeps control and makes the decisions regarding his life. Another informant addresses that there have to be some limits to users' freedom of choice:

> I have appreciated the possibility to make my own choices. I have. But there is something about making an active substance abuser the administrator of his own life. That will not work. So, I understand the need for a team to back you, but they cannot back you on things that are totally horrible. It has to be things related to recovery, for substance abusers to get away from substance abuse. To help you get into town to buy drugs would be wrong. (8)

This informant describes that he thinks of the staff members as counsellors that give guidance when it comes to making choices. The analysis shows a common pattern of staff members engaging as active partners in what I have labelled joint reflection work. One precondition of the participants' appreciation of this involvement is the staff members' attitude towards their perspectives and opinions. The previously described tolerance, respect, and acceptance form a platform for this joint reflection work.

5. Closing Discussion

Housing is a fundamental basic need. Getting access to ordinary housing has motivated homeless people with severe substance abuse problems and mental illness to join the Housing First programs. In joining the program, the participants have agreed to regularly receive support from the Housing First team. The analysis presented shows the importance of a housing-led strategy that is able to provide services to this vulnerable group with complex needs. The analysis reveals that participants experience that the practice of tolerance by the staff members, being treated with respect and acceptance, and having their perspectives and opinions acknowledged is of vital import regarding their engagement in the program.

Having a harm-reduction approach without sanctioning unwanted behaviours as a starting point is important for gaining the trust of the participants. This trust is important for further cooperation and joint reflection work. The analysis has illustrated that drug problems and mental illness can be a stigma in meeting with the welfare services. The stigma becomes a barrier for being listened to or taken seriously when in need of services. The emphasis on respect and acknowledging users' opinions in the approach towards participants, in the same way, could contribute to professionals overcoming a diagnostic approach and, by listening to the participants, provide more personalised and user-oriented services.

The joint reflection work could be seen as in line with the general trend in welfare services changing from delivery to the co-production of services. The users are given a more prominent role in defining their own services and this might lead to more effective service provision. The method implies that the professionals have to engage in listening to and, if necessary, help the participant express his or her needs and opinions. The professionals have to put aside some of their professional knowledge and power to make the participant take control. Having to reflect on your own needs, wants, and wishes could contribute to the greater empowerment of participants and in so promote better recovery. The analysis reveals that the participants' opinions and preferences are heard and that their personal knowledge is acknowledged. Engaging in making choices is not always easy and most of the participants appreciate the staff members as partners or co-producers of decisions. The analysis shows that freedom of choice is accompanied by guidance from the staff in this joint reflection work. The approach challenges the hegemony of the professional knowledge but does not represent that the principle of freedom of choice is fully realised. The analysis in this article shows that participants acknowledge that their relationship with the service providers is not based on equal distribution of power and, to a large degree, appreciate the involvement of the staff in their decision-making. As such, this method may resemble systemised user involvement more than a liberal consumer choice.

The Housing First projects in Norway have succeeded in rehousing a vulnerable group of homeless people with complex needs. The evaluation of the projects does not identify evidence for better results when it comes to re-

covery so far (Hansen, 2017). The Norwegian programs have mainly had an ICM model in their follow-up; but having a target group with severe substance abuse problems and mental illness might indicate a need for providing more specialised health services in the teams (as an ACT model). The policy implications from this analysis contribute to discussions on the possibility of gaining a larger degree of empowerment and co-production of services in housing and services for the most vulnerable homeless people, resulting in more personalised and effective services.

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Conflict of Interests

The author declares no conflict of interests.

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Article

Housing First in Denmark: An Analysis of the Coverage Rate among Homeless People and Types of Shelter Users

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Abstract
A paradigm shift has taken place regarding the understanding of homelessness interventions in recent years as Housing First—early access to permanent housing in combination with intensive social support—has been shown to improve the chances of rehousing for homeless people. One of the largest Housing First programs in Europe was established with the Danish homelessness strategy from 2009 to 2013 and a follow-up program from 2014 to 2016. Results from the Danish program showed similar positive outcomes of Housing First as documented in other countries. However, evaluation research also uncovered barriers to scaling up and mainstreaming Housing First into the general welfare system. This article analyses the coverage rate of Housing First in the overall population of homeless people in Denmark. Results show that in the municipalities that were part of the program only one in twenty homeless people were enrolled in the program. Moreover, following Kuhn and Culhane's (1998) typology of shelter users, the study examines the proportion amongst the transitional, episodic, and chronic shelter users that were enrolled in the Housing First program during the program period. Even in the primary target group for Housing First, the chronic shelter users, only 11% were included in the Housing First program.

Keywords
cluster analysis; Denmark; homelessness; Housing First; housing shortage; national homelessness strategy; shelter users

Issue
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1. Introduction

Homelessness is one of the most severe manifestations of social marginalisation in western society. Even in Scandinavian countries with some of the world's most extensive welfare systems, homelessness is a persistent problem (Benjaminsen, 2017; Dyb & Lid, 2017; Socialstyrelsen, 2017). In Denmark, national homelessness counts have shown a steady increase in homelessness over the last decade of 33% from 2009 to 2017. Current figures show that, at a given time, about 0.12% of the Danish population is in an acute homelessness situation either as rough sleepers, shelter users, sofa surfers or in other homelessness situations (Benjaminsen, 2017).

Homelessness arises out of complex interactions between societal, systemic, and individual factors. Individuals with personal vulnerabilities such as mental illness and substance abuse problems are more likely to be exposed to adverse structural factors such as the lack of affordable housing, poverty, and unemployment, and are at much higher risk of homelessness than the general population (Fitzpatrick, 2005; Neale, 1997). Deficiencies in welfare systems such as the lack of adequate support for people with social problems or ill-health may further increase the risk of homelessness for vulnerable people (Busch-Geertsema, Edgar, O'Sullivan, & Pleace, 2010). Moreover, the impact and interaction of various risk factors on both the macro and micro level may vary across time and between societies, e.g., with the extent of poverty and the effectiveness of welfare systems (Shinn, 2007; Stephens & Fitzpatrick, 2007; Toro, 2007). In particular, scholars have emphasised how neoliberal welfare reforms and austerity measures are contributing to increasing the risk of homelessness in several coun-

tries due to cuts in welfare benefits, reduced housing subsidies, and weakened social support systems (Padgett, Henwood, & Tsemberis, 2015).

Despite the persistence of homelessness and the weakening of welfare systems in many countries, progress has been achieved in the understanding of interventions aimed at bringing people out of homelessness. An understanding of the importance of an early stabilisation of the housing situation has marked a paradigm shift away from the Treatment First approach towards the Housing First approach. The Treatment First approach assumes that homeless people with complex support needs due to mental illness or substance abuse problems first need to be stabilised and show compliance to treatment or even abstinence before they are assessed (by professionals) to be housing ready. However, according to the Housing First approach, being in an acute homelessness situation severely disrupts the ability to follow treatment and achieve psychosocial recovery (Padgett et al., 2015; Pleace, 2011). In contrast, the Housing First approach emphasises that immediate access to permanent housing in combination with the provision of intensive, flexible support, increases the chances of rehousing, recovery, and community integration for homeless people with complex support needs (Tsemberis, 2010). Thus, the Housing First approach represents a change in the underlying values and principles of the intervention and is widely based on consumer-oriented clinical approaches such as psychiatric rehabilitation, harm reduction and trauma-informed care (Padgett et al., 2015). Moreover, a crucial element of Housing First is the provision of intensive, flexible social support tailor-made to individual needs through systematic, evidence-based methods such as Assertive Community Treatment (ACT) and Intensive Case Management (ICM) (Tsemberis, 2010).

The effectiveness of the Housing First approach has been documented in a growing number of randomised controlled trials and other studies showing that Housing First increases the chances of rehousing amongst homeless people with complex support needs. The first studies from the USA were attached to the original model developed by the Pathways Housing First organisation (Tsemberis, Gulcur, & Nakae, 2004). Since then the Housing First model has been tested not only in the USA but also in many other countries. In Canada and France, large randomised trials have corroborated that Housing First is an effective approach to rehousing homeless people (Goering et al., 2014; Latimer et al., 2017; Rhenter et al., 2018; Stergiopoulos et al., 2015; Tinland et al., 2013). As the Housing First model gradually spread from North America to Europe, Housing First projects have been developed in various European countries such as Denmark, Finland, France, Netherlands, Norway, Portugal, Sweden, Spain and the UK. However, in Europe, besides the experimental project in France, only Denmark and Finland have had relatively large Housing First programs, whereas, in most European countries, Housing First has been introduced only in smaller pilot projects. A comparative European study on Housing First concluded that a high housing retention rate was found in Housing First projects in Denmark, Netherlands, Portugal, and Scotland. However, the study also pointed to differences in the implementation of the model compared to the original model in the USA (Busch-Geertsema, 2013, 2014). According to Busch-Geertsema (2014), differences in welfare and housing systems must be taken into consideration when implementing Housing First in Europe compared to the USA. In particular, in a number of European countries, including Denmark, housing for vulnerable people is often provided through public or social housing and the private rental sector plays a smaller role in rehousing homeless people in these countries.

Moreover, in Northern European countries, the profile of homelessness is different than in the USA. In countries with lower levels of poverty and more extensive welfare systems, such as the Nordic countries, a higher proportion of homeless people has complex support needs, as fewer people become homeless primarily due to poverty and housing affordability problems when compared to the USA (Benjaminsen & Andrade, 2015; Shinn, 2007; Stephens & Fitzpatrick, 2007; Stephens, Fitzpatrick, Elsinga, van Steen, & Chzen, 2010; Toro, 2007). It is necessary to reflect on the implications of these differences in the profile of homeless people when importing an intervention model developed in a different economic and social context. However, as homelessness in Denmark and other Northern European countries is more concentrated in a group of people with complex support needs, we may assume that a higher share of homeless people in these countries belong to the target group for Housing First than in the USA, as Housing First with its combination of housing and intensive social support is aimed at homeless people with complex support needs, whereas homeless people with low support needs and who are mainly homeless due to poverty, are in need of housing but would not need the intensive social support provided through ACT or ICM.

Along with Finland, which pioneered Housing First in Europe in 2007, Denmark was amongst the first European countries to introduce the Housing First approach, as Housing First became the overall principle of a national homelessness strategy from 2009 to 2013. A key component of the Danish homelessness strategy was a Housing First program which remains among the largest in Europe as about one thousand people went through the first program from 2009 to 2013 (Rambøll & SFI, 2013). The first program was succeeded by a follow-up program from 2014 to 2016 with nearly 400 participants (Benjaminsen et al., 2017).

Despite this relatively large program, homelessness in Denmark has generally increased throughout this period by 33% from 2009 to 2017, measured through nationwide homelessness counts (Benjaminsen, 2017). At first glance, it may seem paradoxical that homelessness in Denmark has increased at the same time as a large homelessness program has been rolled out. A likely ex-

planation is that although the homeless individuals who participated in the Danish Housing First program were widely rehoused, these positive outcomes could not offset more general structural changes in the Danish welfare system over the same period that contributed to an overall increase in homelessness. In Denmark, similar to other countries, welfare reforms have introduced reductions in social benefits for broader groups of welfare recipients and, at the same time, an increasing shortage of affordable housing has emerged in larger Danish cities and towns as a consequence of re-urbanisation and a strong increase in housing demand in urban centres. Such adverse structural factors are likely to have contributed to the general increase in homelessness over the period. At the same time, the lack of affordable housing posed barriers to scaling up and mainstreaming Housing First on local level (Benjaminsen et al., 2017; Rambøll & SFI, 2013).

This article explores the challenges of scaling up Housing First by analysing the coverage rates of the Danish Housing First program in the potential target population of all homeless people in Denmark and in specific subgroups amongst the homeless. The analysis is based on combining individual data on homelessness from the national homelessness counts and from the homeless shelter system with data on the participants of the Housing First program and calculating the proportion among homeless people who were enrolled in the program. Moreover, the analysis draws on the typology of shelter users developed by Kuhn and Culhane (1998), who identified three distinct groups of shelter users: the transitional, the episodic, and the chronic shelter users. Based on a similar analysis on Danish shelter data, the article investigates what types of shelter users were predominantly included into the Danish Housing First program by analysing the proportions amongst the transitional, episodic, and chronic shelter users that received a Housing First intervention through the program. Thus, the article contributes to an under-researched area in the literature, namely the coverage rate of Housing First programs within the overall population affected by homeless and within particular subgroups among homeless people drawing on existing typologies.

Section two provides an overview of patterns and profiles of homelessness in Denmark and section three gives a more detailed account of the Danish homelessness strategy and the Housing First program. Section four describes data and methods, and section five presents the empirical results. Section six discusses the results and gives concluding remarks.

2. Homelessness in Denmark

Homelessness in Denmark is generally monitored through national homelessness counts that have been conducted every second year since 2007. The count is a point-in-time count during one week and the definition of homelessness is widely based on the modified version ("ETHOS-light") of the European Typology of Homelessness and Housing Exclusion (Edgar, Harrison, Watson, & Busch-Geertsema, 2007). The count includes not only rough sleepers and shelter users but also broader categories of homelessness situations such as people staying temporarily with friends or family ("sofa surfers") or in short-term transitional housing without a permanent contract.

The latest national homeless count in 2017 showed that 6,635 people were in a homelessness situation during the count week. About one in ten (648 individuals) were recorded as rough sleepers. The majority of homeless people were staying in homeless shelters (2,217 individuals) or temporarily with family or friends (2,177 individuals), and the rest were in other homelessness situations such as short-term transitional housing, staying in hotels due to homelessness, or awaiting discharge from hospitals or other treatment facilities without a housing solution (Benjaminsen, 2017).

The national homeless counts have documented a considerable increase in homelessness in Denmark during recent years. An adjustment of the definition was made following the first count in 2007 and figures from 2009 are therefore generally used as a base for comparisons over time. During the period from 2009 to 2017, homelessness increased by 33% from 4,998 homeless people recorded in week six, 2009 to 6,635 homeless people in week six, 2017. Whilst an increase in homelessness occurred in many different cities and towns, the increase was particularly high in the belt of suburban municipalities around Copenhagen and in Denmark's second largest city, Aarhus. As previously mentioned, the increasing shortage of affordable housing, especially in larger cities, is likely a main driver of the general increase in homelessness, as the lack of access to affordable housing increases the risk of homelessness amongst vulnerable individuals and marginalised youth (Benjaminsen, 2017).

The homelessness counts also provide information on the profile of homeless people and their support needs. About half of the homeless people recorded in the most recent count had a mental illness and about three out of five had substance abuse problems. In total, four out of five homeless people had a mental illness, substance abuse problems, or both. In general, point-in-time counts run the risk of overestimating the share amongst homeless people with complex support needs as point-in-time counts will capture a higher share of people in long-term homelessness and a lower share of short-term homeless people compared to longitudinal data. However, research on longitudinal shelter data has corroborated that a high proportion of homeless people in Denmark has complex support needs (Benjaminsen & Andrade, 2015; Benjaminsen, 2016; Nielsen, Hjorthøj, Erlangsen, & Nordentoft, 2011). These findings generally imply that a high share among homeless people will need relatively intensive support when being rehoused.

3. The Homelessness Strategy Program and Its Follow-Up Program

Following the first national homelessness count in 2007 a homelessness strategy program was launched by the Danish Government with an initial program period from 2009 to 2012 and later extended to 2013. Due to the emerging evidence on the merits of the Housing First approach, it was decided that Housing First would be the overall principle of the strategy. Following the Housing First approach, key components of the Danish homelessness strategy were to provide access to permanent housing for homeless people in combination with offering individual, flexible, and intensive social support. An important part of the program was to test the evidence-based support methods that had been used in Housing First programs in the USA by developing similar interventions in a Danish setting.

Three different support methods were included in the Danish program: ACT, ICM, and Critical Time Intervention (CTI). The ACT-method is based on multidisciplinary floating support where a team of social support workers, a psychiatrist, an addiction treatment specialist, a nurse, a social office worker, and an employment consultant provide tailor-made support aimed at individuals with complex support needs. Through this integrated and holistic approach, ACT is particularly suitable for people with a dual-diagnosis of mental illness and substance abuse problems (Tsemberis, 2010). The ICM-method is a case management-based form of support where a social support worker gives social and practical support in everyday life and assists in bridge-building to existing welfare services by coordinating the use of other treatment and support services for the individual. ICM-support is aimed at individuals with considerable support needs due to mental illness or substance abuse problems (Stergiopoulos et al., 2015; Tsemberis, 2010).

Besides ACT and ICM, CTI was also included in the Danish program. The CTI-method offers support for a limited time period of nine months in the critical transition period when the individual moves from a homeless shelter into own housing. The intervention is highly systematic and structured into three three-month-long phases. During this period the CTI-worker not only gives social and practical support, but also supports the individual in building a support network and connecting to mainstream services in the local community (Herman et al., 2011; Susser et al., 1997). As a time-limited form of support, the CTI-method diverges from a key principle of Housing First, which is providing support for as long as the individual requires. However, a rationale for bringing CTI into the Danish program next to ICM and ACT was to further differentiate the provision of support according to support needs, as CTI was intended to be given to homeless people with less intensive support needs than those in need of ACT- or ICM-support.

Out of 98 Danish municipalities, 17 were included in the strategy program from 2009 to 2013. Although not all Danish municipalities were part of the program, the 17 municipalities included many larger cities and towns and represented 71% of total homelessness in Denmark according to the homelessness count in 2009. Housing for the program was widely provided through access to public housing. Public housing comprises about 21% of the total Danish housing stock and is open to everybody through general waiting lists regardless of income level. Besides the general waiting lists, municipalities have a right to refer up to one-quarter of all vacancies in public housing to priority groups in acute housing need such as families with children, people with handicaps, people with psychosocial vulnerabilities, and homeless people. However, before the onset of the program, referral to public housing through this targeted allocation system was often conditioned upon housing readiness and requirements of treatment or even abstinence. An important element in the shift towards Housing First was to facilitate a change in local practices, including housing allocation systems, to let homeless people gain access to housing without demonstrating prior housing readiness.

3.1. Results from the Strategy Program and Its Follow-Up Program

The strategy program was followed by evaluation research which monitored the outcomes of the interventions for the participants (Rambøll & SFI, 2013). In total, about one thousand individuals received housing and support through the Housing First program from 2009 to 2013. The ICM-program was the largest subprogram with about 700 people receiving ICM-support, whereas about 300 individuals received CTI-support. Although about a third of homeless people in Denmark have a dual diagnosis, the ACT-subprogram was the smallest string of the Danish program as only one ACT-team was established in the city of Copenhagen and about 90 individuals received support from the ACT-team (Rambøll & SFI, 2013).

Outcome measurement was performed on the intervention group and did not include any control groups. The outcome monitoring showed that Housing First had successful outcomes for the majority of those participating in the program as about nine of out ten people who were rehoused and received floating support through the program were able to retain their housing throughout the observation period (Benjaminsen, 2013; Rambøll & SFI, 2013). However, the Danish program was not subjected to the same rigorous measurement as in the randomised controlled trials in the USA, Canada, and France. Instead, the measurement was based on outcome measurement in the intervention group with no application of control groups. A reason for measuring outcomes only in the intervention groups was that the program was rolled out relatively broadly in many municipalities from the beginning and there was concern that a more rigorous measurement design would complicate the implementation of the program and might reduce the willingness of municipalities to take part in the program.

Following the positive results of the strategy program, a follow-up program—The Implementation Project—was initiated from 2014 to 2016 which aimed at anchoring Housing First in the municipalities from the first program and extending the program into new municipalities. Whilst three of the 17 municipalities from the initial program were not part of the follow-up program, 24 municipalities took part in the follow-up program. While the follow-up program generally showed very similar outcomes on an individual level with high housing retention rates (Benjaminsen et al., 2017), it was also evident that the overall level of homelessness in Denmark had increased during the period as 4,998 homeless people were recorded in the homelessness count in 2009, rising to 5,820 homeless people in 2013 after the end of the first strategy period, and to 6,635 homeless people in 2017 after the end of the follow-up program (Benjaminsen, 2017). In the concluding section, this development will be discussed in light of the empirical analysis in section 5 on the coverage rates of the Housing First program within the homeless population in Denmark.

4. Data and Methods

While the previous sections have presented the context of homelessness in Denmark, the Danish homelessness strategy and the Housing First program, the remaining part of the article investigates the coverage rates of Housing First in the potential target population of all homeless people in Denmark and among homeless people with complex support needs.

Data for the study is based on administrative data on shelter users obtained from Statistics Denmark, data from the national homelessness counts and data on participants in the Housing First program under the Danish Homelessness Strategy and the follow-up program. Data on shelter users covers the period from 2009 to 2015 and was collected during this period by The Social Appeals Board from all homelessness shelters in Denmark operating under § 110 in the Law on Social Service (Ankestyrelsen, 2016). The data on shelter users contain information on the episodes and length of shelter stays. Data from homeless shelters has been combined with individual data from four national homelessness counts during the same period on people in other types of homeless situations such as rough sleepers and sofa surfers that were in contact with the general welfare system and recorded in the homelessness counts. The combination of data from both the shelter system and the homelessness counts gives the most comprehensive measure of the overall number of people affected by homelessness in Denmark during the seven-year measurement period. To control for double counting, unique identifiers were used across data sets. The analysis excludes a small proportion of individuals that were recorded in the homelessness count without unique identifiers. Data on participants of the Housing First program was collected as part of the evaluation of the program and was made available for the study by The National Board of Social Services. The data gives information on the type of social support received. Individual data from the shelter system, the homelessness counts, and on the participants of the Housing First program was linked by Statistics Denmark through unique identifiers that were anonymous to the researcher. Permission for the study was granted by the Danish Data Protection Agency.

The statistical analysis calculates the share of homeless people (shelter users and people in other homelessness situations) that were enrolled in the Housing First program during the homelessness strategy period from 2009 to 2013, and during the entire period from 2009 to 2015. Following Kuhn & Culhane (1998) a cluster analysis is applied to construct a typology of subgroups amongst the homeless. This analysis is restricted to homeless shelter users as continuous data recorded all year around is needed for this analysis. The measurement of distances between cases is based on the differences in how many days and episodes that have been registered at a homeless shelter. Both the episode and days variables are standardised to have a mean equal to zero and a variance equal to one. Finally, the share of shelter users that were enrolled in the Housing First program within each cluster is calculated.

5. Results

To examine the coverage rate of the Danish Housing First program within the potential target population of homeless people, Table 1 shows the proportion that participated in the Housing First program amongst all homeless people in Denmark and amongst homeless people in the municipalities that participated in the program. As previously mentioned, there were 17 municipalities participating in the homelessness strategy program, whereas 27 municipalities participated either in the strategy program, the follow-up program, or both. Due to an overlap of individuals who were recorded as homeless in both the homelessness strategy period and in the period of the follow-up program, the figures in the two left-hand columns cover the strategy period (2009–2013) and the two right-hand columns give the figures for the homelessness strategy and the follow-up program combined for the entire period from 2009 to 2015. When data were drawn for the analysis, shelter data were only available until 2015 and thus 2016 is not covered by the table. Furthermore, the analysis is restricted to individuals who were 18 years or older in 2009. For each period, the proportion of homeless people that participated in the Housing First program is shown in total (one of the three interventions) and for each of the three subprograms (CTI, ICM or ACT).

In total there were 21,519 individuals recorded as homeless in Denmark from 2009 to 2013 in either data from homeless shelters or in the national homelessness counts and 14,055 of these individuals were recorded in

Table 1. Proportion of homeless people in Denmark receiving CTI-, ICM- or ACT-support from the Housing First program under the homelessness strategy or the follow-up program. Source: Benjaminsen and Enemark (2017, p. 110).

	Homelessness strategy Analysis period 2009–2013		Homelessness strategy and follow-up program Analysis period 2009–2015	
Intervention	**Homeless people recorded in all of Denmark**	**Homeless people recorded in 17 program municipalities**	**Homeless people recorded in all of Denmark**	**Homeless people recorded in 27 program municipalities**
None of the three	96	94	96	95
One of the three	4	6	4	5
CTI	1	2	1	2
ICM	3	4	2	3
ACT	<1	<1	<1	<1
Total	100	100	100	100
N	21,519	14,055	27,214	20,876

Note: Percentage values.

the 17 municipalities that were part of the strategy program. Out of the homeless people recorded nationwide in the first period only 4% participated in the Housing First program. When the analysis is restricted to homeless people in the 17 municipalities that took part in the program, 6% of homeless people in these municipalities participated in the Housing First program. Throughout the entire period from 2009 to 2015, there were 27,214 individuals recorded as homeless nationwide and 20,876 of these individuals were recorded in the 27 municipalities that were part of the programs. Out of all homeless people in Denmark recorded throughout the entire period from 2009 to 2015, 4% participated in one of the two programs and 5% when the analysis is restricted to the 27 municipalities participating in the programs.

The results generally show that relatively few homeless people participated in the Housing First program, even in the municipalities that were part of the program. However, it should be considered that homeless people may have received interventions from various other services than the Housing First program. Municipalities may refer homeless people to housing without being attached to these programs. Moreover, homeless people may have received other forms of support from either psychiatric services or from other municipal floating support teams, as municipalities in Denmark operate general floating support teams that provide support for broader groups of vulnerable people, such as people with mental illness or substance abuse problems. Yet, other forms of floating support would seldom be as intensive and flexible as the high-intensive forms of support that were provided through the Housing First program.

To examine what type of homeless people participated in the Housing First program, the profile was analysed following Kuhn and Culhane's (1998) typology of homelessness that distinguishes between transitional, episodic and chronic homelessness. Based on shelter data from New York City and Philadelphia, Kuhn and Culhane (1998) identified three different subgroups amongst shelter users. The transitional shelter users were characterised by relatively few and short experiences of shelter use, and they seldom returned to the shelter system. In contrast, the episodic shelter users had frequent and repeated shelter stays of relatively short length whereas the third group, the chronic shelter users, had few but very long stays. According to Kuhn and Culhane (1998), the transitional shelter users had less complex support needs than the two other groups as fewer among the transitional shelter users had either mental illness or substance abuse problems compared to a high share with mental illness or substance abuse problems amongst both the episodic and chronic shelter users.

Previous research on Danish shelter data covering a time period from 1999 to 2009 showed that the same three groups, the transitional, episodic, and chronic shelter users could be found among Danish shelter users (Benjaminsen & Andrade, 2015). However, a difference compared to the USA was that in Denmark a high share of the transitional shelter users has a mental illness or substance abuse problems, whereas fewer among the transitional shelter users in the USA have complex support needs. This difference reflects that in Denmark, with an extensive welfare system and a lower level of poverty, even short-term homelessness is more concentrated to people with complex support needs compared to the USA where homelessness, to a higher extent, affects wider groups of poor people without complex support needs. Yet, despite a relatively high proportion with mental illness or substance abuse problems amongst the transitionally homeless in Denmark, we may assume that people staying in homelessness shelters only once and for a short period, on average, have less complex support needs compared to long-term shelter users. Thus, a distinction between the transitional, episodic, and chronic shelter users provides a good starting point for assessing to what extent different subgroups of homeless people were targeted by the Danish Housing First program.

As continuous data recorded throughout the year is needed for this analysis, the analysis was restricted to

homeless shelter users and did not include the individuals in other homelessness situations that were measured through the homelessness counts and who were included in Table 1. An analysis of the types of shelter users was applied to a population of individuals that used Danish homeless shelters from 2009 to 2015, the period covered by the strategy program and the follow-up program, and participation rates in the Housing First program were calculated for each group (Table 2). The cluster analysis was based on the number of shelter stays and the length of shelter stays similar to the cluster analysis performed by Kuhn and Culhane (1998). The classification was based on the cluster analysis grouping shelter users into clusters with a similar pattern on two indicators: the number of shelter stays and the length of shelter stays. Then, the percentage of shelter users in each group that had participated in the Housing First program and each of the three subprograms (CTI, ICM or ACT) was examined. The general cluster analysis dividing shelter users into the three groups was performed for all municipalities including both program and non-program municipalities. Due to the methodological issue of left- and right-censoring, the analysis was restricted to shelter users who were not enrolled in a shelter at the onset of the measurement period in 2009 or at the end of the period in 2015, as the full length of the shelter stay is not known in either case. Thus, the cluster analysis was based on 15,107 individuals out of a total of 21,555 individuals who used shelters during the period.

Of the shelter users in the 27 municipalities that were part of the program, 26% were classified as chronic (long-term) shelter users, 11% as episodic shelter users, and 63% as transitional (short-term) shelter users. Thus, there was a slightly higher share of chronic shelter users in the program municipalities compared to an average of 23% for all municipalities. Participation rates in the program were calculated for each type of shelter users for the 27 municipalities in the program. The analysis shows that the highest participation rate in the Housing First program is found among the chronical shelter users, as 11% in this group were part of the program and received either CTI-, ICM- or ACT-support as part of a Housing First intervention. A similar level is found amongst the episodic shelter users, as 10% in this group were part of the program. The lowest participation rate in the Housing First program is found amongst the transitional shelter users, where only 4% were enrolled in the program throughout the period. This finding shows that Housing First, to a wide extent, has targeted the groups with high support needs—the chronic and episodic shelter users—rather than the group of transitional shelter users, who are likely to have the lowest level of support needs. Although the program as a whole reached only a modest share of all shelter users, the results show no apparent indications of cream-skimming as the Housing First interventions appear to have primarily targeted the shelter users they were supposed to, namely long-term shelter users.

6. Conclusion

While the evaluation research on the Danish homelessness strategy and its follow-up program showed that Housing First was successful for most of the homeless people who participated in the program, the analysis in

Table 2. Proportion of transitional, episodic, and chronic shelter users receiving CTI-, ICM- or ACT-support from the Housing First program under the homelessness strategy program or the follow-up program. Source: Benjaminsen and Enemark (2017, pp. 75, 111).

	Type of shelter user			
Intervention	**Transitional**	**Episodic**	**Chronic**	**All shelter users**
None of the three methods	96	90	89	93
One of the three methods	4	10	11	7
CTI	1	3	5	2
ICM	2	6	6	4
ACT	<1	<1	<1	<1
Total	100	100	100	100
N	7,623	1,362	3,211	12,196
Percentage of shelter users in each cluster (program municipalities)	63	11	26	100
General cluster information (all municipalities)				
N	10,130	1,542	3,435	15,107
Percentage in each cluster	67	10	23	100.0
No. of shelter stays	1.6	13.3	2.5	3.0
Length of each shelter stay (days)	38.3	26.2	241.2	71.1
Total length of shelter stays (days)	61.7	349.3	602.0	213.9

Note: Percentage values.

this article shows that the program included only a relatively small portion of people who were recorded as homeless in Denmark during the program period. In the municipalities that were part of the program, only about one in twenty homeless people received a Housing First intervention through either the homeless strategy or its follow-up program from 2009 to 2015.

As not all homeless people are necessarily in need of the relatively intensive Housing First intervention, the study also investigated what groups of homeless people were predominately targeted by the Housing First program. This analysis made use of the typology of homelessness developed by Kuhn and Culhane (1998) distinguishing between transitional, episodic, and chronic homelessness. This analysis was carried out only among individuals who had used a homeless shelter during the measurement period due to the need for continuous data on the frequency and length of shelter stays in order to perform the cluster analysis. The highest proportion who participated in the Danish Housing First program was found among the chronical (long-term) shelters users whereas the lowest proportion was found among the transitional shelter users. Thus, the findings show that the Housing First program widely targeted those homeless people it was intended for. Yet, even amongst the chronically homeless in the 27 municipalities that participated in the program, only 11% were included in the Housing First program and received either ACT-, ICM- or CTI-support.

The findings show that even in Denmark where Housing First has been embedded in a national homelessness strategy with Housing First as its overall principle, these interventions only cover a minor part of their primary target group. The evaluation research attached to the programs examined barriers to implementing the interventions on a local level. A major challenge highlighted by the evaluation research were barriers for providing affordable housing for the program, as an increasing shortage of affordable housing was reported not only in larger cities, but also in many medium-sized towns (Benjaminsen et al., 2017). Even though allocation mechanisms to public housing were widely used to provide access to public housing, the supply of vacancies was often too scarce, and even in public housing rent levels were often too high for people on social assistance benefits. In the Danish program, a deviation from the original Pathways Housing First model was that the rent needed to be paid through ordinary social benefits, which do not have a separate component for housing costs. Although social benefits in Denmark are relatively generous compared to many other countries, not all public housing units have a low enough rent to be paid through social assistance benefits. Moreover, cuts in welfare benefits—in particular for young people—have been introduced in recent years as part of general welfare reforms, further widening the gap between income and rent levels.

Another important barrier identified in the evaluation research concerns the capacity in municipalities to provide floating support through the systematic and intensive support methods (ACT, ICM, and CTI). This challenge is illustrated most clearly in the case of the ACT-subprogram. Despite homelessness in Denmark being widely concentrated to people with complex support needs, only one ACT-team was established as part of the program. However, given the general profile of homeless people in Denmark, where one-third of homeless people have a dual diagnosis, there is a strong potential for extending ACT-support to a much larger proportion of homeless people and to long-term shelter users, in particular. These barriers to the general capacity of providing intensive support must also be seen in relation to the resources available for the programs. During the first program period from 2009 to 2013, funding was mainly provided by the central government, but in the follow-up program, municipalities widely needed to fund support services out of their general local budgets. Although funding for the interventions in the follow-up program was widely provided by the municipalities, it may be difficult for municipalities to find funding for further upscaling the intensive support services, as municipal budgets are generally constrained by an overall spending cap from the central government with strong competition for resources across different domains of local welfare services.

Moreover, the evaluation research also pointed to the general challenge of implementing a mind-shift from Treatment First to Housing First. This involves changing processes on many levels as organisational structures and practices need to be adapted. These processes also involve many different local actors such as municipal social offices, homeless shelters, housing allocation offices etc. In some municipalities, these changes were more successful than in others.

The results of the study show that while new and innovative interventions enhance the chances of successful rehousing for homeless people, the development of such new approaches is only a first step. The process of scaling up these interventions to broader parts of potential target groups presents a greater challenge. While the Housing First program in the Danish homelessness strategy has been one of the largest Housing First programs in Europe, comparable in size to programs in Finland and France, even this relatively ambitious program anchored in a national homelessness strategy only achieved to provide about one in ten long-term homeless shelter users with a Housing First intervention. Policy implications of the study are that more focus should be given to extending and anchoring new and promising interventions such as Housing First into mainstream welfare services so that they do not remain innovative projects for the few. This also implies a need to overcome the detachment between homelessness policies and general housing and welfare policies as these deficiencies generally undermine the possibilities of providing housing and support interventions for all the homeless people who need them.

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Conflict of Interests

The author declares no conflict of interests.

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Article

Foreign Immigrants in Depopulated Rural Areas: Local Social Services and the Construction of Welcoming Communities

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Abstract
Many rural areas in Spain suffer an acute problem of depopulation. In recent years the arrival of foreign immigrant workers has contributed to alleviating the situation. The social services in rural areas play a fundamental role in the reception of these new residents, and in attending to their needs. These immigrants find themselves in a very vulnerable situation. Added to the needs of any family group with very limited resources are the terms of being a foreigner in an environment in which the coethnic support networks are very scarce. The capacity of both rural councils and local social services to promote the social integration of the immigrants is very limited due to the lack of resources, and to the difficulties associated with the provision of social services in depopulated rural areas. Through in-depth interviews, carried out in a mountainous depopulated region in northern Spain, we analyse the discourses of mayors, social workers and members of civil organizations. The conclusions suggest that the construction of welcoming communities requires reinforcing the community dimension of social work in rural areas, and from an ecological perspective that enhances social participation and coordination among the social actors. Specifically directed initiatives are needed by means of cooperation among the different levels of government and between public and private actors.

Keywords
depopulation; foreigner; immigrant; migration; rural area; social integration; social services; support; Spain

Issue
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1. Introduction

A great number of rural areas in southern Europe have experienced a continual process of ageing and depopulation. In the case of Spain and the Iberian Peninsula this process has especially affected the hinterland and mountainous areas. Nevertheless, in recent decades there has been a change in the migratory balance in the rural hinterland with a growing tendency towards the arrival of new residents. The vast majority of these new residents are foreign immigrants who come to work in agriculture, construction, agribusiness, the care of dependent people, and in other services.

The arrival of these foreign immigrants to rural areas is common to many northern countries (de Lima & Wright, 2009; Findlay & McCollum, 2013; Hedberg & Haandrikman, 2014; Rye, 2014; Trevena, McGhee, & Heath, 2013) and to southern Europe (Camarero, Sampedro, & Oliva, 2011; Fonseca, 2008; Kasimis, 2008; Kasimis, Papadoulos, & Pappas, 2010). A large number of articles published on Mediterranean Europe focus on the role of immigrants in the agrarian job markets, and on the conditions of frequently exploited seasonal workers, especially in intensive agriculture for exportation (Corrado, de Castro & Perrota, 2017; Gertel & Sippel, 2014; Hoggart & Mendoza, 1999). Others, however, have placed empha-

sis on the effect that these new residents might have on the survival of those rural areas undergoing a strong demographic decline (Bayona & Gil, 2013; Kasimis, 2008; Pinilla, Ayuda, & Sáez, 2008).

With regard to the depopulated rural areas there are also articles that concentrate on the experience of life that new residents have in the rural environment, and on their expectations for medium- and long-term permanency (de Lima, Parra, & Pfeffer, 2012; Flynn & Kay, 2017; Jentsch, 2009; Morén-Alegret, 2008; Rye, 2014). These studies highlight the multidimensional character of integration. Morén-Alegret (2008) distinguishes three aspects: social integration, systemic integration and habitat integration. Social integration is related to the quality of social relationships and participation in community life, whereas systemic integration refers to access to the job market, to public and private services and to the relationship with institutions; finally habitat integration refers to access to housing, and the appraisal of the environmental surroundings. In the same vein Flynn and Kay (2017) highlight the importance of the emotional and material dimension in integration, and how the sense of material and emotional security plays a key role in the decisions of long-term establishment in rural areas.

Another fundamental aspect is the role of social services in the integration of immigrants (de Lima & Wright, 2009; Depner & Teixeira, 2012; Jentsch, de Lima, & MacDonald, 2007; Sethi, 2013). Together with the education system and the health service, the social services in Spain constitute the third pillar of state social welfare. The aim of the social services is to attend to families and individuals who find themselves in need or at risk of social exclusion, by offering them information, orientation and social resources. They must also work in treating and eliminating the root causes of these situations. The social services serve in a wide variety of social problems: poverty, child protection, mental health, disabilities, domestic violence, racism, drug abuse, assisting the elderly, etc. This is done in conjunction with other services and departments in the local administration. Although the main beneficiaries are the needy and vulnerable, another important dimension is the community work aimed at preventing such situations of marginalisation and social exclusion. This means that the state social service system consists both of personal social services geared towards the particular needs and problems of individuals and families, and social programmes and community development aimed at larger groups and populations. Social work with communities has not received the same attention as other units (individuals, families and groups), with regard to its theoretical construction and/or the systematization of its practice in line with a professional exercise; it is usually linked with direct and individualised attention (Pastor, 2015). As a consequence, social policies have basically been focused on the resolution of the difficult social situations at an individual and family level.

In their analysis of the theory and practice of community social work, Taylor and Roberts (1985a) showed the difficulty of building a single model given the innumerable differences amongst various training schools and practices. Pastor (2013) points out two main theoretical perspectives in relation to social work with communities. The former is based on social systems' theory, and focuses on functional interactions among bureaucracies, organizations and communities, with special attention on different functions of the systems; these are adaptation, goal attainment and integration. The latter is the ecological approach that emphasizes the creation of communication channels, participation and interaction among groups and organizations. Empowerment of individuals, groups and communities becomes a key concept, as the main goal of community social work is to make appropriate use of natural networks and energize communities for a variety of endeavours. In other words, the most important thing is helping recipients to overcome difficulties and make them capable of solving problems on their own (Germain, 1985; Germain & Gitterman, 1996). Linked to this latter theoretical framework is the necessity to highlight a short-range operating conceptual theoretical framework that facilitates the formation of and endows meaning to specific community intervention. Such frameworks are non-directive theory, i.e., the theory of the motivation, necessities and capacities; sustainable human development or dynamic of groups and conflict as key element of the change (Pastor, 2015).

The ecological approach to community social work is also connected to critical and radical social work that emphasises collective action versus personal attention, and promotes a model of intervention attached to the commitment of the professionals towards the active social movements. In this sense, participation becomes a key dimension in postmodern social work (Howe, 1994), and a variety of models that take into account the role of institutions and recipients/communities in the design and management of social policies are considered (Taylor & Roberts, 1985b; Rothman, 1995). From a perspective that enhances human development, recipients should be considered as citizens (Clark, 2000). The main objective of institutions and public policies should not be direct intervention, but to stimulate civil organizations and support the participative management of integral projects by means of innovative and creative partnership formulae (Pastor, 2015).

The central aims of this ecological and participatory approach to community social work is the empowerment of groups and territories that are usually excluded from decision-making processes and the promotion of intercultural dialogue and coexistence of groups from different backgrounds, nationalities, ethnic origins or capabilities (Jones & Truell, 2012; Solomon, 1985). The social work with rural communities involves collective action focused on the participation and the mobilization of the people´s local resources. The social fabric, the interactions among people who know each other is something that gives the small community a structure of latent power that can be used as a tool for change and local development (Pastor, 2015).

Some studies directed at analysing the specificities of social work in the rural sphere indicate how, more than anywhere else, should be made no rigid distinction in practices between personal social services and more community focused intervention (Pugh & Cheers, 2010, p. xvii). In rural areas, people used to rely only on natural or voluntary networks to cope with the sort of needs that social services deal with, or on the village mayor who was also a neighbour and someone to whom people went to with their problems (Martínez-Brawley, 1991, p. 274). After the consolidation of the public system of social services, local social services became the main institutional gateway to information, orientation and resources. It is the place where immigrants, as vulnerable people, go to solve their personal and social needs.

The integration of immigrants has to do with the attitudes and expectations of both the immigrants and the native population, and the ways in which settlement is conducted. The growing ethnic and cultural diversity that characterises the rural environment represents a challenge to the stereotypical homogeneous and conflict-free vision of the rural communities. Further to this, Pugh (2003) indicated that this growing diversity entails a challenge with regard to the provision of social services in the rural environment, since these communities are not free from the emergence of racism and xenophobia. Social integration goes much further than attending to people with serious social needs. Since both newcomers and the local community must be involved, the dimension of the community work of social services is particularly important. It requires a significant effort in the awareness and training of social workers (Pugh, 2003). We should take into account that immigrants are not only needy people; they frequently suffer the social inequalities linked to the so called 'immigrant condition', a social status that is not necessarily related with legal or administrative status but with the lack of social recognition as full members of the community. As Balibar points out the word 'immigrant' is a catch-all category, combining ethnic and class criteria, into which foreigners are dumped indiscriminately, though not all foreigners and not only foreigners (Balibar, 1991, p. 221).

Some articles jointly analyse the visions of the immigrants and the main local participants involved in creating the conditions for good social integration, mainly local politicians and social workers. With reference to immigrants settling in rural Canada, Sethi (2013, p. 88) and Depner and Teixeira (2012, p. 86) indicate that on occasions the very social workers and local politicians are prejudiced against certain ethnic minorities, which are considered to have a lesser ability to integrate. The pressure for integration may end up resolving itself through an assimilation into the dominant culture, in which the immigrants find it very difficult to maintain their own cultural identity (de Lima, 2011, p. 212). Many times they lack compatriots with whom they can maintain their home-making activities. De Lima (2011, p. 215) also indicates the importance of organising activities that can serve as a bridge between the cultures of the immigrants and the native population.

The aim of this study is to explore the role that local social services and rural councils are playing in the welcoming and settlement of foreign-born immigrants in depopulated rural areas. The article is structured with three key questions: What role are local social services playing in the welcoming and settlement of foreign-born immigrants in depopulated rural areas? What sort of barriers do social services and rural councils find to satisfy the material and emotional needs of immigrants? What lessons can be learnt in relation to the construction of welcoming communities?

Here we present the first results of our qualitative research carried out in Tierras Altas (High Lands), a depopulated mountainous area in northern Spain. In-depth interviews with mayors, social service workers and civil organisations members are analysed in terms of the settling and integration of immigrants in the region. From these statements, we set out the necessity of intensifying the community work carried out by the social services in the rural environment and the coordination of public and private actions in order to advance the development of welcoming communities.

2. Models and Scenarios for Welfare in Rural Areas

In Spain the arrival of foreign immigrants has been viewed as a great opportunity to stop the depopulation and relentless decline of many rural areas. Many small municipalities have enacted initiatives to attract new residents, especially young couples with children; the aim is to bring to an end the depopulation, maintain local services and revitalise the social life and economy of their villages. Some non-governmental organisations have also developed programmes for settling foreign immigrants in depopulated rural areas. However, the most direct initiatives for repopulation have undoubtedly been by the councils and local networks (Sáez, Ayuda, & Pinilla, 2016). These initiatives basically consist of offering temporary employment and access to housing to new residents; the jobs and housing generally depend on the councils themselves. Local social service agencies also facilitate the information about and access to the services and benefits to those entitled. Some agrarian trade unions, rural development groups and networks, as well as non-governmental organisations that work with immigrants have acted as intermediaries between municipalities that seek new residents and those immigrants who are prepared to establish themselves in a rural environment.

However, the scarce human and material resources available for small municipalities to develop social welfare policies and tackle the comprehensive treatment of immigration means that such initiatives are far from a complete success. This difficulty is very much related to the nature of the state system of social welfare in Spain. The system in its general features corresponds to a con-

servative welfare regime, which is characterised by its segmentation of status and familism, following the typology developed by Esping-Andersen (1999, pp. 81–83). With these welfare systems, commonplace in continental Europe, access to social resources largely depend on professional status and on the steady employment of the male bread-winner. They are systems where the family has a central role in the distribution of care, and in the last instance the responsibility for the welfare of family members. This familism is especially acute in southern European Mediterranean countries. Immigrants are in a vulnerable situation because they are often very precariously incorporated into the job market, and have much weaker family support and coethnic networks than the local population does.

In Spain, the responsibility for social welfare, including education, health and social services, falls on the autonomous regions; these are regions that have wide ranging political and administrative autonomy and constitute the second tier of state administration. The seventeen autonomous regions that make up the state are in turn divided into fifty-two provinces and nearly eight thousand municipalities. These constitute the local administration, be they councils –municipal governments—or provincial governments—called in Spanish 'diputaciones'.

The territorial organisation and planning of the social services is the responsibility of the autonomous regions, as is the provision of specialized social services. The municipalities are responsible for providing primary care services. As a general rule, the provincial governments manage the social services for municipalities with less than 20,000 inhabitants, although, in order to make use of their legal competences, some autonomous regions have established in this type of municipalities different forms of organising social services (Martínez-Brawley, 1991).

Districts for provision of social services are established especially in rural areas, and include a large number of municipalities sharing the same team of professionals. These are generally located in the municipality with the highest population, although schedules of attention are provided in the rest of them. The provision of social services in rural areas is very problematic, and scarce human and economic resources are available to the small municipalities. Consequently, they are always dependent on financing from the provincial and autonomous governments. One important element in the provision of social services in Spain is the growing role of diverse private foundations and non-governmental organizations (Red Cross, Cáritas, Intermon Oxfam, Amnesty International, and so on) in the development of programmes directed at populations at risk of social exclusion. The NGOs organise and manage these programmes in collaboration with the town councils.

The 2008 economic recession, and especially the policy of austerity imposed by the rightwing national government since 2011, have meant severe cuts in social costs; this has directly affected social services. For example, between 2010 and 2012 cuts in local social services were around 19%. Most affected were the payment transfers to families and civil organizations, with a reduction of 32.4% between 2010 and 2013, followed by personnel with a reduction of 11.6% for the same period (Ramírez et al., 2014). The consequences were a loss of some 10,000 jobs in the local state sector during those three years. The technical and human resources of the NGOs, which to a large extent depend on state and regional financing, have also suffered huge cuts due to the economic recession and the imposition of austere policies.

A recent report on good practice for social and work integration of immigrants in rural Spain demonstrates the leading role of the social services in the municipal activity in this area (OIM, 2018). It highlights that the initiatives are highly focused on attending to families and people with severe social needs (with activities like child-care support, vocational training for unemployed, and remedial classes for children at school), and are carried out in cooperation with NGOs. The most common activities organized to promote the integration and social participation in a wider perspective are intercultural coexistence workshops, where the immigrant and local populations have the opportunity to know about and share diverse cultural activities, such as music, gastronomy, handicrafts, etc. There are also language courses for immigrants whose mother tongue is not Spanish, although this is subject to the presence of financing from other levels of local and regional administration. It is very significant to realise that the only programmes and services specifically dedicated to integration of the immigrant population from a comprehensive perspective are reported in the past; this as they have disappeared due social expenditure cuts brought about by the 2008 recession (OIM, 2018, pp. 12, 17). These programmes and services were generally promoted by voluntary federations of municipalities (called 'mancomunidades'), and provided a team of professionals specialised in intercultural mediation and worked in close coordination with the local social services and other local agencies. These services developed a project that went far beyond attending to the most pressing needs of the immigrant population. As examples we could mention research on the characteristics and needs of immigrants, promotion of immigrant associations, diversity training for local employers and civil servants, local radio broadcasts that detail experiences of immigrants to the area, and so on. They worked on their participation and integration in the community on an equal footing, and the creation of a continuous intercultural dialogue between the immigrant and local populations. These programmes and services have been eliminated by the cuts.

If the economic recession has affected the capacity of small municipalities to attend to the needs of the immigrant population, then it has also affected the profile of these populations. The profile of the immigrant population is more family-based than in the early years of immigrant arrival in rural areas, when this population was mainly composed of single men or women (Sampedro &

Camarero, 2016). The immigrants who had achieved a more established work situation stood up to the worst years of the recession, and they brought over their families from abroad. Immigrant population is now mainly composed of young couples with children. As such, we may assume that their needs are no longer limited to obtaining a remunerated job, the acquisition of basic linguistic skills, or obtaining permanent residency; they rather have to do with the availability of adequate housing, access to good health and education services, finding a balance between work and family life, and the possibility of bringing over dependent family members from their countries of origin. Their expectations also change in the way that the educational and employment future of their children becomes fundamental. As a wide range of studies indicate, the major challenge for small municipalities that do not wish to be mere stopovers on the way to cities is to take account of these needs and expectations and turn immigrants in all senses into a part of the community.

3. Fieldwork Context and Methods

Our research has been carried out in the autonomous region of Castile and León, located in the northern Spanish hinterland. Its settlements are very rural, as 94% of its towns have fewer than 2,000 residents. Almost 26% of the rural population lives in these small municipalities, and for decades the region has suffered from a process of depopulation. The population density of the rural municipalities is extremely low, the level of ageing in the rural population is high, and there is an acute demographic gender imbalance, with a significant absence of women.

Three different areas within the autonomous region were selected, and thirty in-depth interviews were carried out, ten in each area. Those asked were immigrants, mayors, social service workers, members of civil organizations, and other key informants.

A qualitative design was selected since it allowed participants to describe their views and experiences in their own words and to raise issues that were important to them. Key interviewees were recruited through contacts developed by the researchers. Immigrants were contacted with the assistance of social services workers, trade unions, rural development agencies, and other civic organizations. All interviews were tape-recorded, transcribed and analysed by topic. Researchers asked the immigrants a series of open-ended questions about settlement experiences, access to service providers, challenges they face in accessing employment, housing and local services, strategies used to cope with barriers they encountered in setting in the area, quality of life, and plans for future moves. Key interviewees were invited to express their views about the needs and expectations of immigrants, how they contribute to the repopulation and survival of the rural areas, and the capacity of local institutions to promote the integration of immigrants in the long-term. The interview method enabled participants to express their views in the location and at the time that suited them.

Along these lines we essentially refer to Tierras Altas, the least populated area of the three chosen. It is situated in a mountainous area in the autonomous region's extreme northeast. The area is made up of nineteen municipalities, and has a total population of 1,600 inhabitants. The head village has 600 inhabitants, a quarter of whom are foreigners, in particular from Bulgaria, Morocco and Ecuador. The village is 42 km away from the capital of the province, the city of Soria, which has 39,000 inhabitants. The mayors of the two biggest villages in Tierras Altas have been exceptionally active in their attempts to attract new residents to their municipalities. They have been able to count on the cooperation of CEPAIM, a national NGO that works to help migrants and refugees. Since 2002, CEPAIM has developed a project entitled "Nuevos Senderos" (New Paths) with a specific methodology to put rural municipalities seeking new residents in contact with immigrant families who are prepared to start a new life in a rural environment; it accompanies and follows up the sociolaboural integration of the programme's beneficiaries (Fundación CEPAIM, 2009). The project receives state and European Union funding and support.

In Tierras Altas the mayors of the two main villages and a social worker were interviewed, as were six immigrants (three men and three women) from Eastern Europe, Latin America and Morocco. In the provincial capital we interviewed staff members from CEPAIM, as well as staff members of an information centre for immigrant workers run by one of the major national trade unions. The fieldwork was carried out in June 2017.

4. The Perspective of the Social and Institutional Agents: Local Voluntary Work versus the Challenge of Integration

In this section we analyse the statements from key interviewees (the mayors of the two main villages in the area, a social worker, member of the local social services department, and a staff member of CEPAIM), in order to describe what their perceptions of the needs of the immigrants are, the role of the councils and local social services, and what problems and challenges are discernible in this area.

The councils and local social services play a fundamental role in the reception of the immigrant population in depopulated rural areas. Cooperation and a strong relationship can be found between mayors and social workers. Local social services depend on the provincial government ('diputación'); as in many other rural regions, the area of coverage includes a large number of municipalities. The social worker that was interviewed describes the social services, whose headquarters are in the head village, as the gateway for immigrants to the community. The social workers give basic guidance and infor-

mation regarding administrative procedures and social resources; they provide support when dealing with the higher echelons of administration, and even go beyond by offering support in difficult personal situations:

> They already know I am here, and that I am a resource for them; they know it. For example, upon arrival at the welcoming, sometimes they come without anything and with debts; it's because they have debts due to cost of the journey. We support them economically, if it is possible. Sometimes in recessions, when they lose their jobs, we support them with emergency social benefits or we apply for the Guaranteed Minimum Income for them. Other times they ask for help to fill out some documents. They tell us, "Please, can you help me fill in this document? I don't know what it is. I don't know what it says". Other times we help them when they want to bring over their families. We help them to write the letter of invitation, so that a mother, father, sibling, aunt or uncle can come for three months. Even sometimes if they have a family problem in their own country, they come to get some advice. They tell us, "Well, this is happening to me". Their requests are of every kind. (Social Worker)

The social workers feel very limited by the lack of support from the higher levels of administration when carrying out activities they consider to be essential for integration; for example, Spanish courses for foreigners. In this context they try to fill a void and find themselves inventing activities that will not satisfy the administrative criteria of the backing financial administrative bodies:

> We haven't got a school for adults; a school where they can learn Spanish. We were aware that we weren't teachers, and that we didn't know how to teach. Then, what we did was above all conversation. We spoke about things. We talked to them a lot about the rights and obligations of immigrants. This way we got them to speak Spanish. This last year, after a lot of work and after going many times to the Education Council to explain that we really needed a teacher of Spanish, we got a teacher. Yes, we've got a teacher of Spanish. (Social Worker)

> If we have done things, it is because we invented them; this is because we invented everything. We have not received many resources or much help from other departments. (Social Worker)

The acquisition of linguistic skills is more difficult for female immigrants, due to their reduced insertion in the job market, or their lack of continuity within it. As such the absence of these courses especially affects them:

> The men have fewer problems to speak the language compared to the women, because they get around more. Sometimes the women, with childcare and the house, don't have so many opportunities to learn it. (CEPAIM staff member)

On the other hand, a good knowledge of Spanish is also a fundamental requisite for acquiring something essential for life in rural areas—a driving licence. The quality of life in the small municipalities is directly related to mobility and a driving licence is something expensive and difficult to obtain for the immigrant population:

> You can live easily in a city without a driving licence, but in a village it is extremely difficult to move if you cannot drive. For immigrants the biggest problem to get a driving licence is money, but language is also a problem. If they don´t speak Spanish, it is very difficult to pass the exam to get a driving licence. (CEPAIM staff member)

The mayors are strategically important since they have a key role in the provision of two basic elements for the settling and subsequent establishment of the immigrant population: employment and housing. The jobs offered by the councils themselves may be of two types. In the first case, they can offer temporary work in the construction and the maintenance of local infrastructures or with the provision of certain local services. Secondly, they can grant permission to run certain premises; e.g., canteens and hostels that are owned by the municipality. The mayors mediate between other administrative bodies or private businesses to find employment for the new residents:

> Mayors provide employment for immigrants in different local services; they offer them to work some hours cleaning or doing other tasks. If at a given moment the immigrant families find themselves at a very low point of activity or have more needs, then the mayors are going to try to find additional jobs for them; they are going to try to get in touch with other local employers and get something for them. (CEPAIM staff member)

With respect to housing, they have a dual role. Firstly, they operate as developers for the municipal housing, which is rented out at discounted prices. Secondly, and from the perspective of the resident population, they act as mediators, as in general locals are very reluctant to rent their empty properties to either nationals or foreigners:

> We have many mayors who have said, "We have various unoccupied houses, and I am battling with the population, or rather with the owners, so that they are rented out". (CEPAIM staff member)

> I wish five hundred immigrants would come. I would confront the village. I would ask everyone who has an unoccupied house to rent it out. (Mayor A)

Like the social workers, the mayors show a sense of being abandoned by the higher echelons of administration.

Some employment initiatives are cut short due to the lack of economic support from other administrative bodies of because of legal and bureaucratic obstacles imposed from above. Certain basic services that would establish the population, especially families with school age children, are shut:

> I need to double the surface of the nursery and to carry out new construction work. And do you know what help they offered to me? Nothing! (Mayor A)

> Immigrants' toddlers aged one, two or three constitute way over 50% of the nursery. The nursery is very important, if you want to offer a good quality of life for these families. If you don't offer a woman the possibility of a good service or school where she can leave her children, this woman leaves. (Mayor A)

Something that is particularly hard for the families is not having secondary education in the locality. This obliges the children from age twelve to commute daily to the provincial capital or to stay there all week, only being able to return home at weekends:

> The mothers…are already saying to their husbands, "Well, there are cheap flats in Soria", and they leave. Do you understand me? (Mayor A)

It also hurts that the neighbours do not provide support. One mayor interviewed referred his attempts to keep the sole baker's shop open by bringing a family of Romanians who were prepared to run the business. The former owners had already retired and were unable to understand the importance of this agreement for the village:

> Finally, the owners withdrew, and do you know why? It was because deep down it annoyed them that they were Romanians; furthermore, it annoyed them that probably they were able to run the business better than them. (Mayor A)

The role of mayors as providers of employment and housing places the immigrant population in a situation of great dependence, and conversely, puts the mayors in a complicated situation. Since resources are scarce, they must face demands that may set the local residents against the immigrant population; and the same is also true for different national groups of immigrants:

> If the mayors make an offer of employment, they always make the same comment: "If I bring a family of immigrants, and I see someone who is unemployed or whatever, there is going to be a conflict, isn't there?" (CEPAIM staff member)

The relationships between the local population and immigrants are perceived as good, although there are conflicting statements. As studies carried out in other contexts indicate (Pugh, 2003), in small villages the immigrants are "people" rather than members of a group. "My experience is that in a small village the person is more important than the group, isn't it?" (Social Worker), although the statements also give a sign that reticence exists with regard to the access to social resources by immigrants:

> It's not really a conflict, but there are some problems. For example, there are some problems with grants, benefits and with the housing. There are problems with the benefits; for example, with the subject of food banks. The local population say, "Why are immigrants given help, when they aren't going to work?" Well then, sometimes, we have to explain it to them. (Social Worker)

Immigrants are still perceived as "foreigners" and, as such, as people with fewer rights than the locals, which is a potential source for racism and xenophobia. Thus, one key area for mayors is to manage potential sources of conflict (if they arise) so that they do not go any further.

It is necessary to draw attention, as indicated in earlier studies (Depner & Teixeira, 2012; Sethi, 2013), to the traces of racism that appear in the very discourse of the mayors and social worker despite the recognition that the villages need the immigrants. On the one hand, on occasions the statements hint that the foreign immigrants are perceived as the lesser evil. This compared to the ideal that new settlers would be nationals able to invest and create employment for themselves in the villages:

> You can be sure that if it weren't for immigrants, this village would disappear. It would be necessary to go to Soria to look for workers. They are the drivers of development here. (Mayor A)

> The village is dying, it is dying. What can you do? Look for people! Then, out of one hundred, four or five good ones came, but they came because they didn't have anything else. The worst from each house came. Now it's a bit better. (Mayor B)

There is a lack of understanding of the fears and prejudices that the immigrants feel at being self-employed and a negative view of the use of social benefits:

> Sometimes the offers of employment that appear within the rural environment are for self-employment. If you speak to the families about self-employment they automatically think that there is a lot of risk, and that a lot of paperwork is needed. They daren't take that step towards self-employment, even if they don't have to make an investment. (CEPAIM staff member)

> On one occasion I said to them that we had work and they refused. They wouldn't become self-employed because then they might have lost the benefits. (Mayor B)

The Muslim immigrants are perceived as more closed. Their religious customs are seen as a source of problems and as a sign of fanaticism.

> We had a local party, and we roasted chicken for Muslim people. After roasting all the chicken, then they said that it wasn't killed facing Mecca, or it didn't have its throat slit facing Mecca. Bah, go to hell! (Mayor B)

Certainly, there is a sense of frustration that comes from bad experiences. After receiving the help and support of the councils, some people don't feel happy in the villages and leave. One mayor dreams of the possibility of obliging the new residents to stay at least five years.

> Sometimes, especially with the Moroccans and Ecuadorians, I have thought of making a contract with them, but I have never accomplished this. I don't know if it's legal or not. Also, it could be that these people promise that they will stay at least for five years in the village. Now, you know, one day they are coming, another day they are leaving. Damn it! There is no formality whatsoever. There is no sense of establishing roots. (Mayor B)

Integration is on occasions also unconsciously associated with assimilation. An integrated immigrant is one who doesn't appear to be an immigrant:

> He comes from Morocco. He has always worked here, and he is absolutely and totally integrated. He uses a Spanish translation of his name, and he is the area's champion "guiñote" player [a local card game]. I would like to say that, for example, at burials he goes to the funeral mass. Among his group of friends there are no Moroccans. (Social Worker)

5. Conclusions: The Community Dimension of the Social Services and the Construction of Welcoming Communities in Rural Areas

The local councils and social services play a key role in attending to the material and emotional needs of the immigrants who are settled in the depopulated rural areas. Although local social services depend on provincial government, a strong relationship can be found between mayors and social workers. Further to the information, orientation and attention to the most urgent needs, the social services provide the attention and support that in the urban settings can be afforded by the coethnic networks and immigrant associations.

Both the mayors and the social service workers function as mediators between the immigrants and the local population, with the aim of providing work or housing and to avoid racist or discriminatory attitudes. This is important since, although the local community is aware of the importance that immigrants have in the survival of the villages, on occasions they are still perceived as competitors in terms of social or employment benefits, and in general they are not inclined to provide employment or residential opportunities.

There is the impression that the attention paid to the immigrant population is carried out spontaneously and voluntarily. It is a reactive problem-centred approach to immigration issues more than a proactive integration approach. There are no services or resources specifically aimed at accompanying and facilitating the process of establishment, nor are there clearly defined strategies directed at achieving full social integration. The lack of resources and insufficient support by the other higher up administrative bodies is an important factor, as is the complete lack of an adequate protocol surrounding the process of establishment. However, some NGOs have already developed such sets of rules. The experience of these NGOs should be taken into account, and a more permanent collaboration between them and the local institutions should be established. There also appears to be insufficient awareness with regard to intercultural issues, and, for that matter, to skills for intercultural mediation. In fact, certain racist attitudes can be perceived from the very mayors and social workers. This may, for example, be by maintaining negative stereotypes towards certain groups of immigrants or subconsciously identifying integration with cultural assimilation. These factors may be considered important obstacles for attaining integration and long-term settlement of immigrants.

From the statements made by those interviewed, the need to reinforce the community work aimed at increasing social participation and networking between social actors is detached from the social services. Working on the intercultural coexistence and dialogue is needed to improve the opportunities within the grasp of the immigrant population. Strong support from the higher up administrative bodies is needed to sustain the economic and social initiatives that facilitate long-term settling down, both for the immigrant population and for the local residents. Increasingly, the immigrant population presents a stable and family profile, and as such has clear needs and demands with regard to educational services and the balance of work versus family life.

Giving an answer to the needs of a group with such different characteristics definitely represents a challenge for social services in the rural environment. Using the cases of Depner and Teixeira (2012) and Sethi (2013) from Canada as a reference, one adequate policy measure would be the creation of specialized services for comprehensively attending to the immigrant population, with workers adequately trained in intercultural mediation and operating at the local level; this would be in close coordination with the social services and other local agencies operating in the welfare system (education, health, housing and employment) and in close cooperation with civic organizations. They would become an efficient instrument in the construction of truly welcoming communities capable of retaining the immigrant community both on a mid- and long-term.

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Conflict of Interests

The authors declare no conflict of interests.

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