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“We need to work on this together”

Collaboration between municipalities and other service providers
on the matter of homelessness in Iceland

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Abstract

With as complex phenomenon as homelessness, collaboration is needed to provide multiple services that are necessary. The aim of this study was to analyse how service providers experience collaboration between municipalities and other service providers on the matter of homelessness in Iceland. Qualitative semi-structured interviews were conducted with eight service providers that work with the homeless in Iceland. To help analyse the results of this study, Michael Lipsky's theoretical framework on street-level bureaucracy was used. The results show that informal collaboration is taking place amongst service providers in individual cases. The service providers show a high degree of discretion when deciding to collaborate. However, there is a need for more formal collaborations to provide easy access to pre-existing resources. Municipalities outside of Reykjavik need to take more responsibility when it comes to the homeless and collaborate in a form of payment. Hinders within collaboration can be caused by both individual and institutional problems. Like, a lack of interest from social workers or complicated systems. It was stated that through collaboration a better service is provided and in the long run it will reduce the cost for the society.

Key words: homelessness, collaboration, Iceland, service providers, Street-level bureaucracy

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Table of Contents

- 1 Introduction 1**
- 1.1 Aim and research questions 2**
- 1.2 Thesis structure 3**
- 2 Background 4**
- 2.1 Definitions 4**
- 2.1.1 Definition of Homelessness 4
- 2.1.2 ETHOS 5
- 2.1.3 Homeless definitions from Sweden, Denmark and Norway 6
- 2.1.1 Icelandic definition 7
- 2.1.1 Collaboration 7
- 2.2 Research on Homelessness 9**
- 2.2.1 Homelessness in Reykjavik 9
- 2.2.2 Homelessness in Denmark, Sweden and Norway 10
- 2.3 Policy on homelessness 12**
- 2.3.1 Policy in Iceland 12
- 2.3.2 Human rights for the homeless in Reykjavik 13
- 2.3.3 Policy on the issues of homelessness 2008-2012 13
- 2.3.3.1. Evaluation on the policy on the issues of homelessness 2008-2012 14
- 2.3.4 Policy on the issues of homelessness 2014-2018 14
- 2.4 Previous research 16**
- 2.4.1 Collaboration on the issue of homelessness 16
- 2.5 Theoretical framework 19**
- 2.5.1 Street-level bureaucrat 19
- 3 Methodology 22**
- 3.1 Choice of research method 22**
- 3.2 Research process and data collection 23**
- 3.2.1 Semi-structured interviews 23
- 3.3 Data analysis 24**
- 3.4 Reliability and validity 25**
- 3.5 Ethical consideration 25**
- 3.6 Limitations 26**
- 4 Results 27**

4.1	Informal collaboration	27
4.2	Formal collaboration	29
4.3	Service users	33
4.4	Problems when it comes to collaboration	34
4.4.1	Individual problems.....	34
4.4.2	Institutional problems	36
4.5	Need for collaboration	38
4.6	Important considerations within collaboration	40
5	Conclusion	42
6	References	45
	APPENDIX 1 - Interview Guides	50
	APPENDIX 2 - Informed consent	52

1 Introduction

Whether homelessness is a result of structural or individual factors has been debated. Are personal difficulties, such as poor decisions and substance abuse the main cause for homelessness or do larger systemic factors such as employment opportunities and insufficient affordable housing provide a more prominent role? Empirical evidence indicates that the cause for homelessness comes either from structural problems at a societal level or because of interaction between structural and individual factors. Structural factors such as lack of affordable housing is most likely to have great effect on individuals that are socially vulnerable, individuals that have a problem with substance abuse, mental illnesses or weak social ties (Benjaminsen & Knutagård, 2016, p. 46; Cronley, 2010, p. 320). With more research on homelessness a better understanding has been gained on the interplay between homelessness and the structural and individual factors. This understanding and the provided evidence have allowed policy makers to alter strategies and the practices regarding homelessness in important ways (Benjaminsen & Knutagård, 2016, p. 60; Culhane, Kane & Johnston, 2013, p 181). Research has shown that for the Nordic countries there is a shift occurring towards more evidence-based policies on the matter of homelessness. The Housing First model (where the idea is that housing is a fundamental human right and a prerequisite for homeless individuals to be able to deal with their everyday challenges) is growing and challenging the model of Treatment First (where requirements are of detoxification and sobriety before gaining access to independent housing). However, it should be noted that it is a complex interplay between policy developments, research and practice. There are various factors that effect new knowledge being transformed into policy and practice (Benjaminsen & Knutagård, 2016, p. 60-61).

Homelessness is a complex phenomenon. The concept homelessness refers to one dimension of social exclusion for individuals that face different but interrelated economic, physical, psychological and social problems (Ankar, 2008, p. 28), thus multiple types of organisational services are needed to meet the homeless individuals needs. There is no single organisation that can provide services to cater all these needs therefore the homeless individuals often fall through the service cracks. Thus, it is essential to have collaborations between different organisations to meet those needs (Fleury et. al., 2014, p. 1-2).

Before the financial crisis in Iceland it was rare for individuals to have no shelter in Reykjavik and to be forced to sleep on the streets. Lately, the emergency shelter for men has not been able to keep up with the demand for beds and has because of that resorted to turn away men in need of shelter (Welfare services of Reykjavík, 2012, p. 4). In Iceland the capital, Reykjavik, is the municipality that is most active when it comes to servicing homeless individuals. Thus, Reykjavik can decline to offer a place in a shelter if there is not enough space for an individual that does not have a legal domicile in Reykjavik. That means that individuals that are homeless move their legal domicile to Reykjavik so they can get the service that is offered there and this can cause a domino effect of homeless people moving to Reykjavik and more cost for the city (Hálfánardóttir, 2014). Heiða Kristín Helgadóttir, chairman of a workgroup for Reykjavik's policy on homelessness in the years 2014 to 2018, noted that state and other municipalities have to recognize their part of the problem and that even though most people with social problems live in Reykjavik, it is not to say that this is Reykjavik's private matter (Gunnarsdóttir, 2014).

1.1 Aim and research questions

The aim of the study is to analyse how service providers explain the role or potential function of collaboration between municipalities and other service providers on the matter of homelessness in Iceland. There is a lack of research on collaboration on the matter of homelessness in Iceland. In the policy on homelessness in Reykjavik it is stated that collaboration is important when it comes to the issue of homelessness. Homelessness has been growing in Iceland and most of the homeless people settle in the capital city, Reykjavik. It is remarked that other municipalities outside of Reykjavik have to take responsibility and that it should not be seen as Reykjavik's problem alone. Therefore to map the collaborations between service providers and municipalities seemed timely. The aim of this study is also to look into the importance of collaboration.

Following research questions have been put forward in order to fulfil the aims of the study:

How do the service providers explain the role or the function of collaboration on the matter of homelessness?

What factors do the service providers see as barriers to collaboration?

What factors do the service providers identify as important in order to create and sustain collaboration?

1.2 Thesis structure

The thesis is divided into five chapters. The first chapter is an introduction to the thesis. The second chapter gives background information suited for this thesis, different definitions will be provided and research on homelessness in both Iceland and from other countries is also provided. Both former and current policies in Iceland will be explained. Previous research on collaboration on the issue of homelessness and the theoretical framework, which is used to help interpret and analyse the empirical data, will be discussed. In chapter three I describe the method used and implementation of the study. The choice of research method, research process and data collection will be described. Data analysis will be presented, reliability and validity and also ethical consideration and limitations to the study will be discussed. In chapter four, the results of the study will be discussed and analysed with regards to theoretical discussions and research questions will be answered. In chapter five, final conclusions and a summary of the results are presented. Strengths of the study and possible future studies will also be discussed.

2 Background

The following sections provide background information related to the study and gives a better understand of the context.

2.1 Definitions

The following sections will cover definitions that are relevant to the subject of the thesis. I will show that definitions on homelessness vary between countries and will also present the definition of collaboration. With my study in mind the focus of this section will be on partnership as one form of collaboration.

2.1.1 Definition of Homelessness

Defining homelessness is a hard task, which is a basic problem when it comes to addressing homelessness (Minnery & Greenhalgh, 2007, p. 643). Definition of homelessness varies across the world (Amore, Baker & Howden-Chapman, 2011, p. 20). Minnery and Greenhalgh (2007, p. 650) did an overview of policies in the United States, Australia and the European Union. They stated that in Europe there had been a shift towards more punitive responses to homelessness. People are personally accountable for their failures and successes. Therefore, the homeless are to blame because of their own addictions, mental illnesses and their lack of initiative and purpose (Timmer, Eitzen & Talley, 1994 p.4). Since Minnery and Greenhalgh published their overview of policies there has been a change to a more evidence based approach to homelessness. A shift from Treatment First to Housing First has been adopted. The Housing First model has been incorporated into strategic responses to homelessness within both large scale-national homelessness strategy programs and large-scale experimental programs. Even though this shift is happening, the approach of Treatment First is still predominant (Benjaminsen & Knutagård, 2016, p. 47-48; Löfstrand, 2012 p. 261).

As previously noted, defining homelessness is a difficult task. Definitions that are too narrow can exclude individuals that truly are in need of help and a broader definition

maximizes the number of people that fall under the definition. Broader definitions often categorize together individuals that are at risk of becoming homeless and those that already are homeless. Both narrow and broad definitions are unlikely to provide accurate statistics of homelessness (Minnery & Greenhalgh, 2007, p. 652; Amore et al., 2011, p 20). When developing effective and workable policies that address homelessness it is important for the policy-makers to base their policies on a clear definition of homelessness (Minnery & Greenhalgh, 2007, p. 641).

2.1.2 ETHOS

European Typology of Homelessness and Housing Exclusion (ETHOS) is a conceptual definition of homelessness set up by FEANTSA (European Federation of National Organisations Working with the Homeless), the only European NGO that focuses solely on the fight against homelessness (FEANTSA, n.d.). The basis of the ETHOS is three domains that together constitute a home and exclusion from one or all of these domains defines homelessness, these domains are, *physical domain*, *social domain* and *legal domain* (Busch-Geertsema et. al., 2010, p. 21). ETHOS is a means of improving both tools to measure homelessness and the understanding of homelessness in Europe (FEANTSA, 2005) and allows specific operational definitions to be developed from it that can reflect on national situations and policy needs (Busch-Geertsema et al., 2010, p, 5).

ETHOS has four categories, *roofless* and *houseless*, those two define homelessness and then the second two, *insecure* and *inadequate* define housing exclusion. *Roofless* are people that live rough or stay at a night shelter, *houseless*, are those that stay at accommodation for the homeless or have other types of temporary accommodation. This category also contains immigrants that have temporary accommodation and people that have been released from some type of institutions, for example, medical institutions or prisons. The category *insecure* refers to people that are living in an insecure accommodation and live under the threat of eviction or violence. *Inadequate*, are people that live in non-conventional structures, like mobile homes or non-conventional buildings and people living in unfit housing or extreme overcrowding (Amore et al., 2011, p. 28).

2.1.3 Homeless definitions from Sweden, Denmark and Norway

Sweden's definition of homelessness is broad and involves *four situations* in which individuals can find themselves for a shorter or longer period. In *situation one* are individuals that lives in emergency accommodation, for example shelters and hostels, or live outdoors. *Situation two* are individuals that are in a correctional- or treatment institution and are set to be discharged within three months and do not have an independent accommodation arranged before being discharged. This situation also includes individuals that could have been discharged but still remain in the institution due to lack of accommodation. *Situation three* are individuals that live in accommodation arranged by the municipality due to the fact that these individuals are unable to access the ordinary housing market. The accommodation comes with supervision and/or certain conditions or rules. In *situation four* are individuals that live temporarily and without a contract with friends or family or have a second hand or live-in contract that has duration of less than three months with an individual (Socialstyrelsen, n.d.).

The Danish definition of homelessness builds on the ETHOS definition. However, the definition has been adjusted to the Danish context. The definition covers individuals that neither rent nor own houses or have rooms that they can use. However, there is a possibility that they are using temporary accommodation without lease agreements, with family, friends or acquaintances. Homeless are also those that do not have a fixed place overnight (Benjaminsen & Lauritzen, 2015, p. 17).

Norway defines homelessness similar to both Sweden and Denmark. Norway has *five situations* that identify homelessness. The *first situation* is an individual that is in a need of shelter overnight, individuals that sleep outdoors or in sheds or that find similar solutions that provides them with some type of shelter. The *second situation*, are those that have emergency accommodation, for example shelters or caravan. The *third situation* is individuals that are in a correctional institution begin discharged within two months and do not have their own independent accommodation arranged before the discharge. The *fourth situation* refers to individuals, in institutions that will be discharged within two months and do not have independent accommodation to go to. This includes individuals that have been under the care of child protection services. The *fifth situation* is an individual that lives temporarily with family, friends or acquaintances (Dyb & Johannessen, 2013, p.35).

Individuals, 18 years old or younger that do not live with their parents or legal guardian meet the definition of being homeless. However, individuals that live in a sublet housing or permanently with their families or close relatives are not considered homeless (ibid., p. 35).

2.1.1 Icelandic definition

It was not until 2005 that the Icelandic government made an official definition of homelessness. Before that the definition of the term was somewhat unclear (Sigurðardóttir, 2012a, p. 7). It was set out to have a definition that would give clear information about the group that is necessary to cater to and would be expected to require special resources. With this in mind, the definition of homelessness was relatively narrow as it would apply to those that are in the most need (Ministry of Welfare, 2005, p. 7). The definition that was set up by the ministry of Welfare (2005, p. 7) is:

Homeless is one that does not have access to conventional housing, has not a constant shelter in the same place and stays in the next available shelter per night, which includes night shelters, hostels or other people's homes. Those who come from temporary shelters, such as from a prison or drug rehabilitation, have a history of a multiple housing and social difficulties and are not guaranteed shelter one to two months before they go out of the temporary housing, fall under this definition. [My translation].

The definitions between Denmark, Sweden and Norway are quite similar and the Icelandic definition has some similarities to them. However, the Icelandic definition is narrower than the definitions of the other Nordic countries.

2.1.1 Collaboration

Collaboration is one way in which public policy is made, delivered and managed. It is a means of working with others on a mutual project where positive outcome is the shared interest (Sullivan & Skelcher, 2002, p. 1). For the collaboration to become successful it “requires comprehensive planning, a shared vision, and frequent and well-defined communication” (Reilly, 2001, p. 55). Collaborations for public purpose are about the formal structures that arise and micro-politics of individual actors where their roles cross sectorial, geographical and organisational boundaries. When discussing the motivations for collaboration it is said that if the state does not have the necessary resources and capacity to deliver public policy goals then gaps need to be filled. One solution to the lack of capacity could be to involve other sectors in providing services (Sullivan & Skelcher, 2002, p. 1-2).

All collaboration relationships stem from one of three governance forms: networks, contracts and partnerships (ibid., p. 2, 4). Partnership is the most common manifestation of collaboration; however, it is hard to define. A reason for why it is so hard to define partnership is that it relates to the fragmented and dynamic nature of the policy environment. Often differential policy fields begin with a customized representation of partnership that is not the same within other policy areas. Partnership can be described as collaboration where united decisions and production are made. In partnership there is a shared responsibility in evaluating the need for action, decide what type of action should be taken and agreeing on means of implementation (ibid., p.5). Partnership objective is to secure the delivery for benefits or added value, something that a single agenise cannot provide. Governments at all levels see partnership as a means of improving performance of service delivery, and they consider both the citizens and users perspectives to be vital for the collaborative process.

2.2 Research on Homelessness

This thesis focuses on how service providers explain the role or the function of collaboration regarding homelessness. No research has been done on collaborations on the matter of homelessness in Iceland. In this section I will show how homelessness is in Iceland. For perspective, the number of homeless people and reasons for homelessness will be compared to results of researches from Denmark, Sweden and Norway.

2.2.1 Homelessness in Reykjavik

In 2009 and 2012 homelessness in Reykjavik was mapped, with the aim to get detailed information about the number of those who are considered homeless. The number of people living in Reykjavik was around 119.000 (Gunnsteinsdóttir & Sigurðardóttir, 2009, p. 5; Statistics Iceland, 2016). The result from these mappings showed an increase of 58 (32.41%) homeless individuals between 2009 and 2012. In 2009 there were 121 individuals homeless and 179 individuals in 2012. Women were 24% of the total number of homeless in 2009 and had increased to 35.8% in 2012. Information on the gender of three participants in the 2012 mapping was missing. There was an increase between the years in the age group 18-30 years old, from 17% in 2009 to 26.8% in 2012. There was a decrease in the 30-50 year old age group 55% of homeless individuals were aged 30-50 in 2009, while in 2012 39.7% of homeless individuals belonged to this age group. In the 50 years and older age group the difference was not significant, in 2009 they composed 28% of the total number of homeless individuals and 31.8% in 2012. There has been a change between the years regarding individuals that are of foreign nationality. Of the total number of homeless, they were 4.9% in 2009 and 10.6% in 2012. In 2012 6.7% of them were from Poland and other nationalities were 1% or less each. In both 2009 and 2012 most of participants stayed in insecure conditions or in night shelters. Length of homelessness changed between the years. The number of those that had been homeless for 4-11 months or 1-2 years increased while the number of those that had been homeless for two years or longer decreased (Sigurðardóttir, 2012, p. 5). The result for both 2009 and 2012 showed that the main problem for both genders is alcohol abuse (72.7% in 2009 and 62.6% in 2012) or drug addiction (61.2% in 2009 or

61.5% in 2012) Third most common problem in the group of homeless in Reykjavik was mental illnesses (33.1% and 31.3% in 2009 and 2012, respectively) (Gunnsteinsdóttir & Sigurðardóttir, 2009, p. 39; Sigurðardóttir, 2012, p. 20).

2.2.2 Homelessness in Denmark, Sweden and Norway

Mapping of homelessness has also been done in Denmark, Sweden and Norway. Results from a national mapping in Denmark showed that 6,138 individuals were homeless in 2015, an increase of 318 (15%) from 2013 (Benjaminsen & Lauritzen, 2015, p. 9). Twenty-two percent of the homeless were women (ibid., p. 43). Homelessness had increased in the age group 18-24, as 1,172 people in the age group were homeless in 2015 and in 2013 they were 1,138. However, there was a significant increase in the age group 25-29 (799 and 617 in 2015 and 2013 respectively) (ibid., p. 10).

Virtually 4 out of 5 homeless have mental illnesses, drug addiction or both (ibid., p. 10). 81% of the homeless were Danish citizens, 7% were of Greenlandic origin. 2% came from other Nordic countries, 3% from other (non-Nordic) countries within the European Union and 2% from other European countries. Six percent came from the Middle East, 6% had African background and 1% came from other countries (ibid., p. 119).

Mapping of homelessness in Sweden was done in 2011 following a previous mapping from in 2005. In the 2011 mapping the definition used covers a wider group, thus making it harder to compare the results of the 2005 and 2011 mappings. In 2011 the individuals considered homeless were 34,000 of which 4,500 individuals were entirely homeless and within that group, 280 that slept outdoors (Socialstyrelsen, 2012, p.25). The majority (64%) of the homeless in Sweden in 2011 were men (ibid., p.32). Majority of the homeless were from Sweden but 34% were of foreign nationality. Of the foreign nationals 29% came from the Middle East, 23% from Africa, 18% from Europe (non-Nordic), 14% were from other Nordic countries, 8% from Asia, 6% from South-America and 1% from North-America (ibid., p.36). The age group 18-26 years comprised 21% of the total number of homeless and only 5% were older than 65 (ibid., p. 41-43). While 65% of the homeless struggled with alcohol abuse, 40% struggled with drug addiction. 36% of the total number of the homeless had mental illnesses. The majority of the individuals that had mental illnesses also suffered from drug problems (ibid., p. 46-48).

The results of a mapping of homelessness in Norway from 2012 showed that 6,259 individuals were homeless (1.26 per 1,000 inhabitants) (Dyb & Johannessen, 2013, p.14).

Men are the majority of the homeless, with only three out of ten being women. The biggest age group are the under 25 years old, (one out of four). Result showed that the educational level for the homeless is lower than in other groups in the society (ibid., p. 15-16). Majority of the homeless were Norwegian (77%). Of the foreign nationals 8% came from Africa, 5% from Asia, 2% were from other Nordic countries, 2% were non-Nordic countries within the European union and countries outside the European Union were also 2% (ibid., p. 17).

The results above show that there is an increase in younger people becoming homeless and that regarding gender, men are more likely to be homeless than women. It should be noted that, these mappings are only used as an indication to see how the problem is within these countries. It is difficult to compare the results since each country has their own definition of homelessness and the population in each country is different. Sweden, Denmark and Norway all did a mapping for the whole country but Icelandic only focused on one municipality (Reykjavik). This is due to the situation that the only service provided to homeless individuals in Iceland is in Reykjavik and therefore almost all homeless are there. However, these mappings have limitations, as they cannot give the whole picture of homelessness within these countries. In these mappings, data was gathered from service providers and therefore, the researchers only had information on individuals that sought the services.

2.3 Policy on homelessness

This section discusses Icelandic legislation, Human rights for the homeless in Reykjavik, former policy on homelessness, an assessment of that policy. The current policy in place for homelessness in Reykjavik will also be discussed.

2.3.1 Policy in Iceland

The state has instructed the municipalities to provide services for the homeless. There is only one municipality in Iceland that has a specific policy regarding the homeless and the state has no specific legislation that defines this particular matter. It can be said that all Icelandic laws apply to this group of individuals as for everyone else in the society (Welfare services of Reykjavik, 2012, p. 3). Iceland has a decentralized institutional structure, where the power is transferred from the state to the local authorities. The local authorities have the responsibility for establishing services for the homeless (Anker, 2008, p. 39). On the other hand, there has been a shift in how government in Iceland formulates their policy on homelessness. In 2016 the Minister of Health presented a report discussing changes to policy on substance abuse. The report stated that there should be a shift from a more punitive policy and towards harm reduction. That means that efforts are made to minimize the harmful consequences of substance abuse (Ministry of Welfare, 2016, p. 14). Reykjavik is also moving towards more harm reduction in their policy. In 2016 the welfare board agreed on a two-year experimental project with Housing First, which is in the spirit of harm reduction (Welfare board, 2016). However, it has been noted that for Reykjavik, the shift towards Housing First has not gone as smoothly as people had hoped for (Guðjónsson, 2017).

The Housing Affairs act no. 44/1998 states that the municipalities are responsible and have the initiative to solve the housing needs for those that are in need of assistance in obtaining housing. With that in mind the municipality has to monitor the housing need.

Social Services act no. 40/1991 objectives are for the municipalities to ensure social and financial security and to contribute to welfare of the citizens on the basis of symbioses. Social services in this act refer to services, advice and support for housing affairs, assistance to addicts and prevention of drug abuse, among other things. The municipality must ensure

supply of housing for families and individuals that are not able to acquire their own accommodation. Municipalities are obliged by the act to provide individuals with alcohol or drug addictions appropriate treatment and support. They should also provide counselling and assistance to families of the addict (Social Services act no. 40/1991).

2.3.2 Human rights for the homeless in Reykjavik

The Reykjavik's human rights policy states that there is a need to ensure "access to services, regardless of state of health and that all people have equal rights, regardless of origin, nationality, complexion [...] disability, health or other situations." [My translation] (Reykjavik, 2012, p. 2). With this in mind it is considered that the human rights of the homeless include for Reykjavik city to ensure them access to services equal to others that deal with health- and social problems and that the service is provided without discrimination (ibid., p. 1).

The homeless should be provided with services that take into account the diverse difficulties the homeless have. This should be based on resource diversity and an individualised approach. Reykjavik city should take the initiative to increase collaboration between all service providers. In the creation of the definition of the human rights for the homeless it was stated that it is important to establish interdisciplinary collaboration between the state, municipalities and non-governmental organisations (NGOs) (Reykjavik, 2012, p. 3).

However, can this human right be implemented through a policy? Scotland implemented a policy aimed at guaranty homeless people's right to settled accommodation. A critical review of the policy showed that even though the basis of the right to settled accommodation was achieved there were still challenges in providing housing for all homeless. Some municipalities failed to provide accommodation and there were no action plans in place for those municipalities (Anderson & Serpa, 2013, p. 13,34).

2.3.3 Policy on the issues of homelessness 2008-2012

The welfare services of Reykjavik put together their first policy on homelessness in 2008. The policy was designed to control how the city of Reykjavik would work with the issue of homelessness (Sigurðardóttir, 2012b, p. 4). The policy duration was 2008-2012. The policy saw the homeless as different individuals that have multiple social- and health difficulties. The basic needs of this group are primarily the need for social support, rehabilitation and

housing and these needs have to be addressed in order for the homeless to reintegrate into the society. Therefore it is essential that continuity of services are guaranteed. In this context collaboration and *prevention* between various systems such as police, social- and health authorities, and NGOs is important (Welfare services of Reykjavík, 2008, p. 4).

The main objectives of the policy were to have more collaboration, increase long-term measures and improve the overview (Welfare services of Reykjavik, 2008, p. 4). Four bases were introduced in the policy to obtain the policy objectives, *collaboration* and *prevention*, *periodical professional services*, *temporary resources* and *long-term resources* (ibid., p. 5).

2.3.3.1. Evaluation on the policy on the issues of homelessness 2008-2012

An evaluation was made on the execution of the policy on homelessness 2008-2012. The aim of the evaluation was to assess whether the elements of the policy were implemented. The evaluation investigated the status of each factor in the policy, i.e. *cooperation* and *prevention*, *periodical professional services*, *temporary-* and *long-term resources* (Sigurðardóttir, 2012b, p. 5).

The results from this evaluation showed that most aspects of the policy had been implemented. However, some issues could not be met. When it came to *collaboration* and *prevention*, it was lacking in terms of systematic collaboration and multidisciplinary services between organisations for the group of individuals that are in risk of becoming homeless. It specifically refers to housing affairs for people that have completed alcohol and drug rehab. *Periodical professional services* was lacking in the terms of access for the homeless to a general practitioners. In *long-term resources*, there is a lack of access to health service for the homeless. And that flow of information is lacking for both the homeless and their relatives (ibid., p. 12). The results of the evaluation were then used to prepare a new policy (ibid., p. 5).

2.3.4 Policy on the issues of homelessness 2014-2018

This policy was formed with the evaluation of the former policy in mind and also with information from the mappings that were made in Reykjavik in 2009 and 2012. The main aim of the policy is to increase preventive measures in order to prevent homelessness, by increasing housing solutions, coordinated effort between stakeholders and with individual service plans. The situation should be responded to as it is today, with co-operative ventures

between the state and other municipalities, by doing that it is possible to develop existing services and seek to respond to problems that may arise each time within the services. There is a need for mapping the opportunities for long-term improvements in housing provision, analysing the housing need and specific services so that people can keep their own homes. The difference between this policy and the former one is that Reykjavik's human rights council agreed that homelessness was a health problem that has serious societal consequences, before it was seen as both health- and social problem. The policy-makers saw a need for collaboration with the state, since homelessness is a health problem with social consequences, and with that in mind it is important that the homeless receive comprehensive services, like health care. Policy-makers also stated the importance for collaboration with other municipalities in an effort to prevent homelessness (Welfare services of Reykjavík, 2012,p.5).

2.4 Previous research

This section provides an overview of previous research on collaboration. Since this thesis focuses on collaboration when it comes to homelessness, research on that topic will be the main focus.

2.4.1 Collaboration on the issue of homelessness

Many communities have noticed that to be able to address a problem that is as complex as homelessness, it is important for organisations and groups to form partnerships so they can expand their ability to create efficient and effective systems of service provisions (Ivery, 2008, p. 54). In societies nowadays where there is a demand for increased efficiency and accountability in social service systems, organisations face the challenges of providing more with fewer resources. Organisations accommodate this by developing partnerships and collaborations with others in order to strengthen and develop the ability to solve problems (Ivery, 2008, p. 55). It is not only that collaborations are used to increase efficiency. It is also a platform for transferring knowledge. Knowledge is not only created inside an organisation, it can also happen outside of it. Collaboration between organisations can lead to greater accumulation of knowledge (Numprasertchai & Igel, 2005, p. 1174). Bryson, Crosby and Stone (2006, p. 44) note that people that are dealing with difficult social problems like homelessness have begun to realize that multiple sectors, such as NGOs and governments must collaborate when dealing effectively and humanely with these challenges. Collaborations between two or more sectors are both essential and preferable as a strategy when it comes to many of society's difficult public challenges. These collaborations occur for many reasons. It can simply be that many organisations or groups are affected by, involved in, or have some sort of responsibility to act on public challenges. However, collaborations between sectors are not always effective, they can create more problems where the intention was to solve them.

A research project was done in Montreal Canada, about "the characteristics and relationships (along with the variables predicting their degree of inter-organisational collaboration) of 68 organisations of such a network" (Fleury et al., 2014, p. 1). They used a

cross-sectional study on 152 NGOs, four public facilities, health and social service centres and one specialized addiction centre for homeless individuals or those at risk of becoming homeless (ibid., p. 3). The results showed that inter-organisational relationships with the public health sector was limited and rarely formalized. With that some homeless individuals with complex and chronic profiles could end up not having access to social- and health services (ibid., p. 14). It also showed that some organisations are less likely to collaborate, while others develop cliques within the homelessness network. To improve the services for homeless individuals with complex profiles, greater formalizations and better integration is needed. Especially between social- and health services. Inter-organisational training and centralized governing structure could be introduced to increase the capacity of various organisations to collaborate (ibid., p. 15). Fleury et al., (2014, p. 14) note that one of the limitations that the research had was that a qualitative data set could have been helpful. It would have given them a more detailed description of each type of inter-organisational collaboration.

In a review of Canadian homeless service programs, important factors for collaborations came up. One significant factor was trust, which can be formed through social bonds and commitments to a shared purpose. With trust in place, people within the collaboration are more comfortable to share their own resources (Lewis, Boulahanis & Matheny, 2009, p. 393). Lasker, Weiss and Miller (2001, p. 192) identified trust as one element that is able to influence high level of synergy. They claim that trust is often highlighted as a precondition for effective collaboration. It is important that individuals working closely together trust each other and are confident that others will follow through on obligations and responsibilities. Mattessich and Monsey (1992, p. 39) also talk about trust within collaboration. They say that if there is no trust among collaborators, “the collaborative effort has about as much chance of succeeding as a garden without any sunlight.” Trust allows social solidarity to be built, further participation is promoted and better connection takes place through personal bonds. People have to be willing to negotiate and compromise, believe that efforts that are being made are legitimate. Evaluate progress and to be ready to engage socially (Lewis et al., 2009, p. 394). Collaborating partners have to be able to compromise since not every collaborating members preferences can be fitted within the decisions making (Mattessich and Monsey, 1992, p.15).

For a collaboration to succeed it needs “funds, equipment, administrative support, meeting and work space, and formal agreements” (Lewis et al., 2009, p. 394). Mattessich and Monsey (1992, p. 33, 15) also note that funds are necessary for collaboration. For collaboration to be

successful the support from opinion-makers and political leaders is important. Meetings are likewise important and to have flexible meetings to allow all members of the collaboration the equal opportunity to participate.

National Homeless Initiative (NHI) in Hamilton, Ontario put together its own evaluation of the first three years of its program. There they found several major success factors when it came to the collaboration. Those factors that raised involvement for communities in planning had an increasing effect on their capacity. With funds being delivered at municipal level the communities had a better knowledge of homelessness issues. The Federal staff that was based locally was important in supplying necessary support for the collaboration. By having flexible provision the communities were able to shift local expenditures. Finally, the evaluation talked about that a valuable part of the collaboration was the pre-planning between regional and federal governments. There were also several recommendations. Some communities did not have high quality plans and that the federal government needed to work better with regional government staff and have a better clarification of the participant's responsibilities and roles within the collaboration. However, they stated that three years does not give the best picture of successfulness (Lewis et al., 2009, p.394).

Miller and Ahmad (2000, p. 33) illustrated with their research within United Kingdom, the dilemmas that can come up when implementing collaboration. They say that successful collaboration will increase understanding, further communication, create more effective sectors and improve policy planning. However, collaboration in a context of decreased resource level, high demand and expanded pressure on frontline professionals can lead to the collaboration to dump difficult clients. Unless resource questions are addressed, collaborative practice will not succeed.

Within collaboration there are key challenges in regards to responsibilities and roles, those challenges are that there is a need for multiple levels of involvement and those at higher levels need to be involved. It is important to motivate people to work outside their sectors. Anticipate conflict between agencies since they have to compete and partner up at the same time. Also different needs are within the collaboration. At last, the collaboration process needs to be managed (Lewis et al., 2009, p. 395). Mattessich and Monsey (1992, p. 28) also noted the importance for adjusting procedures to resolve any conflict that may come up within collaboration.

2.5 Theoretical framework

The theoretical framework that will be used for this study is Michael Lipsky's concept of street-level bureaucracy. This concept has been seen "as a perceptive and stimulating analysis of professional practice in public bureaucracies" (Evans & Harris, 2004, p. 872). Within his concept Lipsky (1980, p. 3) talks about street-level bureaucrats as public service workers who through their occupation interact directly with citizens and have considerable discretion in the execution of their work. This framework was considered suitable for this study since it looks at how collaborations are experienced in the eyes of service providers. How through their occupation have direct contact with the service users, some more than others and that corresponds with Lipsky's notion of street-level bureaucrats.

2.5.1 Street-level bureaucrat

Lipsky argues, "that the decisions of street-level bureaucrats, the routines they establish, and the devices they invent to cope with uncertainties and work pressures, effectively *become* the public policies they carry out" (Lipsky, 1980, p. xii). In the eyes of Lipsky, discretion is irreducible, since bureaucrats work with people that have dynamic and different needs. Discretion is an element in the bureaucrat's work that managers cannot eliminate (Evans & Harris, 2004, p. 878-9). Street-level bureaucrats deliver a policy that is in most cases both personal and immediate. Their decisions are solely based on the individual and are made on the spot and these decisions affect the individual's life (Lipsky, 1980, p. 8-9). Lipsky states that, "the reality of the work of street-level bureaucrat could hardly be farther from the bureaucratic ideal of impersonal detachment in decision making. On the contrary, in street-level bureaucracies the objects of critical decisions –*people*– actually change as a result of the decisions" (ibid., p. 9).

In street-level bureaucracies, people first come in as individuals with different life stories and circumstances. After their encounter with bureaucracies they are transformed into clients and treated within categories. In most cases bureaucrats deal with non-voluntary clients, it differs between agents how obvious this can be. Within social services clients are voluntary seeking the services but on the other hand, their options is either seek the service or maybe

not being able to eat. Street-level bureaucracies are offering service that is not available elsewhere (ibid., p. 42,54, 59).

Street-level bureaucrats policy-making roles are based on two related facts of their positions: “relatively high degrees of discretion and relative autonomy from organisational authority” (ibid., p. 13). Lipsky stresses that within the bureaucrat’s job, certain characteristics make it hard to minimize discretion. It can be that, within their work, situations can arise that are too complicated or requires sensitive observation and judgment, which cannot be simplified to fit into the alternatives. Discretion allows the bureaucrat the opportunity to intervene for their clients (ibid., p. 15, 23).

One fundamental dilemma that bureaucrats face is how to provide individual services on a mass basis. The bureaucrats “must find a way to resolve the incompatible orientations toward client-centered practice on the one hand and expedient and efficient practice on the other” (ibid., p. 45). The bureaucrats often experience resource constraints (ibid., p. 33).

One has to embrace a contradiction when delivering street-level policy, through bureaucracy. Lipsky (1980, p. 71) states in this regard, “[o]n the one hand, service is delivered by people to people, invoking a model of human interaction, caring, and responsibility. On the other hand, service is delivered through a bureaucracy, invoking a model of detachment and equal treatment under conditions of resource limitations and constraints, making care and responsibility conditional.”

Street-level bureaucrats are generally expected to be an advocate. That is to secure their clients with the best service by utilising their position, knowledge and skills. However, when it comes to advocacy, few factors can undermine it. It can be that the bureaucrats do not have enough time on their hands to dedicate to the client. The bureaucrat may need to compromise its advocacy because of large caseloads and mass process of clients. Secondly, it can also be that the organisation itself can hinder advocacy. The organisation hoards the resources, while advocate seeks to distribute them to clients. Organisations want to limit special treatments and treat clients equally, while the advocate seeks to provide special treatment and service on an individual basis. Organisations see the resources as having fixed limits, meanwhile the advocate see them as limitless. Thirdly, street-level bureaucrats have to be in most cases both the judge and a server, which is really difficult to do. They have to make judgments about the clients based on performance, eligibility and credibility for service that is available. Therefore advocacy is incompatible with controlling clients. Fourthly, advocacy can be undermined by the fact that bureaucrats later see their clients being processed or seen by other workers. Thus

makes advocacy incompatible with the responsibility of the bureaucrat to prepare clients for being presented by other workers or bureaucracies (ibid., p. 72-74).

3 Methodology

The main objective of this study is to analyse how service providers explain the role or potential function of collaboration between municipalities and other service providers on the matter of homelessness in Iceland. To my knowledge, such a study has not been conducted in Iceland before. Qualitative methods are used to gain answers to the research questions that have been put forward. Qualitative methods give a better understanding of the interpretations and meanings that participants give to the investigated situation (Hennink, Hutter & Bailey, 2010, p. 8-9).

The following section will provide a description of the choice of research method, research process and data collection, data analysis, reliability and validity. Later, ethical consideration and limitations will be discussed.

3.1 Choice of research method

Qualitative methods were chosen. The reason behind that choice was the aim of this study, which is to gain service providers own opinion on collaboration on the issue of homelessness in Iceland. It is important that researchers using qualitative methods try to suspend, or put a side their own perspectives of the world. Thus, researchers should not take anything for granted (Taylor, Bogdan & DeVault, 2015, p. 8). In the beginning of the study, I had no knowledge about what kind of collaboration was taking place regarding the matter of homelessness. The only knowledge that I had about it was through my reading on the pre-existing policy on homelessness in Reykjavik, where the need for collaboration is discussed. With that in mind I had formed the idea that collaboration regarding the homeless was taking place in Iceland. However, when collecting my interviews, I tried to my best knowledge to not let my preconception on collaboration show and allowed my interviewees to inform me on this matter.

When it came to choosing participants in the study, a purposive sampling was used. It is strategic and used when the researcher selects key-actors to interview that are relevant to the aim of the study (Bryman, 2008, p. 458). The sample consisted of professionals that

provide service for the homeless individuals in Iceland. They all have different experiences when it comes to working with the homeless. Some are in more direct contact with the homeless individuals than others. However, in one occurrence an interviewee suggested that I should speak with another person, which was later interviewed. This is a form of snowball sampling where researchers make the initial contact with a person and through that contact establishes contacts with others (Bryman, 2008, p. 698).

3.2 Research process and data collection

The preparation and implementation of the study took place from January until May 2017. In early March the study was reported to the Icelandic Data Protection Authority. The Icelandic Data Protection act no. 77/2000 regulates that before data collection starts the study must be reported. In late February an email was sent out to a manager of a service centre in Reykjavik that focuses on homelessness. E-mails were also sent to the welfare services in Reykjavik, NGOs servicing the homeless and four of the biggest municipalities outside of Reykjavik. The emails contained information about the study. The recipients were asked if they or anyone else within their organisations was interested in participating. Those organisations that had not answered the emails got a call a few days after the emails were sent out to remind them of the study and to inquire if they knew of someone that would be interested in participating.

Altogether eight professionals participated; three social workers working with the homeless in Reykjavik, directors of social welfare from two municipalities outside of Reykjavik, a social worker and researcher from welfare services in Reykjavik, a staff member from an NGO and a social worker from Landspítali University Hospital (LSH). Of those professionals, five of them can be considered street-level bureaucrats within their current occupations.

3.2.1 Semi-structured interviews

I have chosen to use semi-structured interviews as a method in this study. It is a form of qualitative method where the researcher has a list of questions about specific topics that should be covered, often referred to as an interview guide. Two interview guides were used (see Appendix 1) with the main focus being the same in both guides. The main difference between the two versions was that one was made for an interviewee that worked with the

homeless but also participated in policymaking. Throughout the course of the interviews, follow-up questions were asked that were not in the guide. This was done to get a better understanding of the interviewee's experiences. The guide was also adjusted and not followed eagerly for the interviews to be more flexible (Bryman, 2008, p. 438). Before the interviews were conducted all participants signed an informed consent (see Appendix 2) for participation in the study. The informed consent form contained information about the study, including their right to opt out of participation at any time without consequence and that confidentiality and anonymity would be kept through the whole study process.

The interviews were all conducted at the interviewee's workplace and in Icelandic, which is the native language for all interviewees. The decision to conduct the interviews in Icelandic was made to ensure that the interviewees felt comfortable communicating and expressing their views without the fear of misunderstanding that could happen if another language than Icelandic would be used. In case of any technical difficulty two record devices were used, a Dictaphone and voice memos on iPhone.

3.3 Data analysis

After the interviews were conducted, they were transcribed word for word in Icelandic, as it is important to have complete account of the conversation that took place during the interviews (Bryman, 2008, p. 451). After being transcribed the interviews were coded. Coding is an essential part of the data analysis (Neuman, 2011, p. 510). Different types of colours were used to analyse the text and then codes were categorised into themes. Six themes were found, which will be discussed later. While categorising into themes, my main focus was the aim of the study. When it comes to qualitative data collection it is up to me, the researcher, on what themes to concentrate on (Bryman, 2008, p.391).

I used inductive direction as I did not have a preconceived theory and therefore used the coding of the data as a guideline for my theory. After looking into the empirical data, I decided to use Lipsky's theory on street-level bureaucrats, which is then used to help analyse the empirical data (Neuman, 2011, p. 70).

3.4 Reliability and validity

Reliability and validity are important criteria when it comes to assessing and establishing the quality of a research design and the results. Reliability refers to replication of the research by using the same methods more than once (Bryman, 2008, p. 376). It should be noted that it is difficult to replicate qualitative research. Since the study is looking at how service providers explain the role or potential function of collaboration on the matter of homelessness in Iceland, their perception can change with time and experience between interviews. Validity refers to if the researcher is measuring what he or she says he or she is measuring. Validity is also to a degree, that findings can be generalized “across social settings.” When it comes to qualitative studies, measurements are not the main focus (Bryman, 2008, p. 376). In this study, validity is more complicated to ensure, since the aim is to understand certain social phenomena in an in-depth way and not to generalize the conclusions.

3.5 Ethical consideration

The study was reported to the Icelandic Data Protection Authority according to the Icelandic Data Protection act no. 77/2000. The topic of the study is not considered sensitive as it looks at the professional’s explanations of the role or potential function of collaboration on the matter of homelessness. No specific permission was needed from the Icelandic Data Protection Authority. However, since Iceland is not a big country, with a population of around 330.000, the field of homelessness is not sizable. It is possible that interviewees might recognize and know the source of specific examples that are talked about in this study when the thesis will be published. In an attempt to prevent that from happening, no personally identifiable information is provided and interviewees are given names that are not linked to their occupation. Also to protect interviewees personal information, all data was stored in a password saved file and deleted after being analysed. All interviewees signed an informed consent form that informed them about their rights as participants in the study.

3.6 Limitations

Since this is a qualitative study and it only establishes the experiences from eight professionals that provide services for the homeless, the results can be difficult to generalize. However, the results could give an understanding regarding collaboration on the issue of homelessness. Since the aim of the study is to look at collaboration between municipalities and other service providers in Iceland, it would have been better to have more than two municipalities outside of Reykjavik to participate. It could have given a better understanding on collaboration between municipalities regarding the homeless and it could also be that the results would have been different.

4 Results

This section presents the research results. The themes were found when analysing the data. The themes will be presented in terms of the thesis aim and research questions. The main themes that were found are *informal* and *formal collaboration*, *service users* and *problems within collaborations*, which had two sub-themes identified: *individual problems* and *institutional problems*. The final two themes are: the *need for collaboration* and the *important considerations within collaboration*.

In order to shed a better light on the results, direct quotes from the interviews, which have been translated to English, will be used. As a way to maintain confidentiality, participants were given substitute names, Anna, Aron, Emma, Robert, Hanna, Sara, Victoria and Eva.

4.1 Informal collaboration

It was noticeable that the interviewees interpreted the collaboration that is taking place when collaborating on the matter of homelessness as more of an informal collaboration. The informal collaborations have in some cases reached to other countries. These collaborations are more on individual or employee basis. Respondents stressed that in almost all collaborations that are taking place, they are made between employees that work directly with the service users. This shows that the interviewees, being street-level bureaucrats have discretion when it comes to collaboration. To start collaboration is a decision made by the bureaucrat. As Lipsky (1980, p. 8-9) noted within his theoretical framework, that bureaucrats decisions are made with the service user in mind and these decisions affect the service users life. Collaborations are more sought after when there is an individual in a need for a service. Respondents talk about that they have good collaborations with those that they need to collaborate with when it comes to individual cases. As Emma (March 2017) states: *on an employee level, I think that the collaboration is generally good*. She goes on and describes her experience with the informal collaboration:

I think that I try to start a collaboration whenever there is a need for it [...] I think that I have had a collaboration with every organisations that I have had need for in each individual case (Interview with Emma, Social Worker, March 2017).

Anna (March, 2017) discusses this issue in a similar way: *there is a lot of collaboration, on individual basis.*

The service providers can be seen as bureaucrats, not only in terms of their interaction with their clients but also amongst each other. They work with one another through collaborations. Collaboration is sought after between different bureaucrats that all serve the client and these collaborations are made with the clients needs in mind. According to Lipsky (1980, p. xii), street-level bureaucrats respond to the characteristics and needs of each individual that they serve. It was also noted that when working with homeless individuals the respondents have gained a lot from the informal, employee-level collaborations. There have been less hurdles and this has made some cases easier to work with. Eva talks about her experience of a good informal collaboration:

There was a guy, he is very sick and [...] has gone through many resources and [...] there were no resources left and we somehow did just make a custom resource for him and [...] that was a really good collaboration with that social worker [...] she dared to push the bosses and her system to accomplish something (Interview with Eva, Social Worker, April 2017).

This particular social worker was willing to stand up to her bosses and the system to provide her client with a service that she thought would be beneficial for him. This example shows that, when it comes down to it, bureaucrats increase their discretion within their job in order to provide their clients with service that they define as relevant (Lipsky, 1980, p. 150).

When talking about collaborations with other municipalities outside of Reykjavik, it was noted that these are also more informal: that collaborations that takes place is more between the social workers for each homeless individual. However, it was also noted that not every collaboration that is sought after with social workers from other municipalities work out. In most cases it is the service provider located in Reykjavik that seeks the collaboration. Anna, who works in Reykjavik expressed that in some cases there is a conversation and collaboration with other municipalities, she said this:

And I know that there is a conversation, informal conversation, between the municipalities when an individual comes to, to the night shelter or these resources that we have, that then the municipality is contacted and tried to get a solution for the individual in the municipality that he has domicile [...] on an individual basis [...] that is done but then it depends on which social worker has the case and how he works really (Interview with Anna, Social Worker, March 2017).

Based on this, when it comes to collaboration between service providers, informal collaboration is taking place. When it comes to entering collaborations, it is the service provider's discretion for each client. Collaborations are started, depending on each individual case and the service users needs are the reasons behind it. As Lipsky (1980, p. 15,23) stresses, within bureaucrat's occupations it can be hard to minimize discretions. Within their work they face situations that are complicated and require observations. The situations are hard to simplify to fit into the alternatives that the organisation provides. The bureaucrat discretion allows them to intervene for their clients.

4.2 Formal collaboration

Like stated before, interviewees talked about that there is a good informal collaborations with appropriate organisation and in some individual cases between municipalities. However, all interviewees talked about a need for more formal collaboration. Sullivan and Skelcher (2002, p. 1) noted that collaborations for a public purpose are about the formal structures. Interviewees discussed that in some cases, there is a formal collaboration. There is a formal consultation group where organisations and NGO that in one way or another serve this field come together. This group does not focus on individual cases but more on how to deal with the situation at hand and in which direction to head. When it comes to more client based collaboration it is in a form of collaboration agreements between organisations. These agreements include, for example, an operations contract between Reykjavik and the Red Cross, regarding management of the women's shelter. Respondents talked about formal collaboration between Reykjavik and Barka, a Polish organisation that helps the homeless of Polish nationality in Iceland to go back to Poland and seek long-term treatment. These Polish nationals have no treatment options in Iceland because they do not speak English or Icelandic

and no treatment centre in Iceland offers any program in Polish. There was a need for collaboration and Reykjavik municipality decided to seek collaboration with Barka. With this collaboration contract there has been a positive change for these men. Aron said in this case:

Despite the fact that Iceland is a very forceful country in, for example addressing addictions, that then we could not cope with these men because, they did not speak English, they did not speak Icelandic [...] so we searched last year after collaboration with a Polish organisation working in Europe, they are called Barka and they came here and are now working with us (Interview with Aron, Service Provider, March 2017).

In this case, the available resources were not suited for this group of men. Thus, a way to prevent them from falling between the service gaps was through collaboration. As Sullivan and Skelcher (2002, p. 1-2) noted that a motivation for collaboration is that if there is not resources, which is necessary, then involvement of others are needed to provide the service and to fill in the gaps. Aron (March 2017) talked about that he would like to see a more formal collaboration with Landspítali University Hospital (LSH) in a form of an institution that the city would manage and LSH would bring in a specialist services. Aron (March 2017) said in this regard: *we would be working a little bit together, that is something that I think is really important.*

Interviewees experienced that formal collaborations are missing and within a more formal collaboration, there would be easier access to available resources. Emma said in this regard:

The lack of resources may be sometimes so that we find that the collaboration has to be formal in order for matters to work faster and better (Interview with Emma, Social Worker, March 2017).

In their research, Fleury et al. (2014, p. 15) found that to provide a better service for the homeless individuals with complex difficulties, better formalization within the collaboration was needed. Lewis et al. (2009, p. 394) also talked about the importance of formal agreements for collaboration to become successful. Anna explained that formal collaboration is needed between service providers and that she would see it in a form of service chain that would be beneficial for the service users and that the collaboration would be an action plan for everyone involved. Anna further states: *the collaboration could be formal in terms of action, how are we going to solve these people's problems* (March 2017). Sullivan and Skelcher (2002, p. 5-6) say that partnership is about joint decision-making and delivery of this joint decision-making and service delivery will depend on the formal articulation of a

plan. That decision regarding the action plan and how to implement it is a shared responsibility.

It is clear from the interviewees that Reykjavik is shifting some responsibility over to the municipalities. The respondents talked about the importance of collaboration between Reykjavik and other municipalities regarding this matter and that it should be in a formal form. In this regard Anna, from the municipality of Reykjavik said that:

I do not know why it has not gone further that the municipalities join in this matter, what is really hindering, whether that debate has just been taking place in a formal basis uh I just do not think so (Interview with Anna, Social Worker, March 2017).

In this regard, there is some movement towards a formal collaboration between Reykjavik and one municipality. The municipalities outside of Reykjavik stated that within their municipality, they did not have homeless individuals living on the streets. However, in this case the municipalities talked about taking responsibility and formal collaboration through payments. Victoria talked about that there is a talk with Reykjavik about collaboration when it comes to the resources that the city has in a form of a contract. However, she also said that this form of collaboration with Reykjavik has not taken place yet and is still on the drawing board. Victoria said that:

We talked to the city last year about making a deal with them about the involvement of those resources. So that our people could use these resources and we would just pay for it. So we take our responsibility in this (Interview with Victoria, Director of Social Welfare, March 2017).

Interviewees talked about a way for other municipalities to collaborate with Reykjavik and that it would be in a formal way. Few interviewees said that it would not make sense for the municipalities outside of Reykjavik to have resources like the night shelter, since most of the homeless individuals come to Reykjavik. That it would increase the pre-existing resources capacity if other municipalities would participate in a formal way through payments. That invoices would be sent out for those individuals, those coming from municipalities outside of Reykjavik. Victoria agreed with this and said that it would be beneficial for parties involved if there would be a collaboration:

Reykjavik is so big and has all kinds of services that smaller municipalities just do not have the ability to have [...] we see that it is beneficial for us and

also for them, the city to get payments for these individuals, this should be beneficial for both parties (Interview with Victoria, Director of Social Welfare, March 2017).

Sara said in regards to this:

I think collaboration is just very important and here if we are in position that we can buy ourselves into services in collaboration with some other municipalities, not a question (Interview with Sara, Director of Social Welfare, March 2017).

This shows that interviewees all agree that the collaborations should be in a formal way through payments. Since most homeless individuals come to Reykjavik and the smaller municipalities do not have the resources available, the best way to increase the pre-existing resources capacity is through collaboration in a form of payment. Davey and Ivery (2009, p. 156) stated that when addressing issues like homelessness, organisational collaboration is a way to facilitate partnerships that strengthens community capacity. Collaborative alliances reflect a strategy to mobilize organisations and enlarge their service delivery.

The majority of interviewees believed that the payments should come either directly from the municipalities themselves or the Local Authorities Equalization Fund should on behalf of all the municipalities pay. Hanna agreed and said:

It would be normal that there would be sent out a bill to the municipalities, either that or just that municipalities pay X amount each month or in a year, but I feel like it is just normal to send out invoices (Interview with Hanna, Service Provider, March 2017).

Anna is bringing up the same issue during the interview:

I would think it would be normal that the municipalities would put forward funds based on the number of homeless individuals from that municipality, say that a municipality has one every month who is seeking the service from the night shelter, then perhaps the average cost over the year would be charged for that individual. That it would be on that basis (Interview with Anna, Social Worker, March 2017).

It is clear that the service providers have good collaborations among organisations that they need to collaborate with in each individual case. However, they express that the collaboration should be more of a formal collaboration for the case to work better and faster. In the case of other municipalities outside of Reykjavik these formal collaborations should come in a form of payment for the resources to increase the capacity.

4.3 Service users

The majority of the interviewees see the service users as a big part of the collaboration. They try to have them participate as much as possible and that there is no collaborations regarding their matters without them knowing about it. The collaborations are set up to provide better service for them. Emma (March, 2017) stresses that: *we are always working with their interest in mind*. Victoria agreed and added that:

Yes it is obviously the foundation in everything, to have the individual involved, this is their life and their decisions, they are taking their decisions, this is self-determination of the individual (Interview with Victoria, Director of Social Welfare, March 2017).

This quote shows that the service users are being empowered to make their own decisions and to participate in collaborations. It is also important to establish trust between service users and service providers. Respondents expressed that the service users voice their opinion about what they want. Eva (April, 2017) stressed in this regard that: *they want something and they are very trustworthy, which is amazing, because many of them are burned by the system*. However, they are often so desperate that they just take whatever service is available to them. Aron said in this regard, that they have a difficult time focusing on what they want:

[...] But when people have been maybe, homeless for 10 years or 15 years or even more you know, they are so far away from being able to focus on what they want (Interview with Aron, Service Provider, March 2017).

One respondent said that they are participants in the conversation but that they have a little effect on the end results. Lipsky (1980, p. 48) noted that in the eyes of many bureaucrats, providing services in a helpful manner does not imply that the client should have anything to say in regards to the street-level practice.

Interviewers expressed that in some cases, it can be that every resource available has been tested and nothing seemed to work and in that case the service users is provided with an option, either you take it or you leave it. Service providers work in an environment with insufficient resources, which is problematic since the demand for services will always increase. Thus constraints are always going to limit them. However, they practice extensive discretion within the constraints regarding resource utilisation (Lipsky, 1980, p. 81).

Robert stressed when it came to this: *then you have to do this and that, if they are not ready to do that, then it does not work maybe.* He discussed further:

We always try to include them and, and we always start listening to them and see what they want and what ideas they have and work a little bit from that (Interview with Robert, Social Worker, March 2017).

The service users are considered important part of the collaboration. Thus in reference to Lipsky's theoretical argument, it is important when it comes to determinations of services, that bureaucrats gain compliance of the clients. However, service available for the client is limited. It can be said that these compliances are a result from superior positions between the bureaucrat and the client. The bureaucrat has the power to deny services or benefits (1980, p. 57). Bureaucrats are also expected to be an advocate for their clients. Ensure their clients with the best service by utilising their position. On the other hand, it can be difficult for the bureaucrats to be advocates. Bureaucrats are expected to be both the judge and a server, which is something that can undermine the trust. Judgement needs to be taken about the client on matters that are unrelated to appropriate service, which is based on credibility and eligibility for an available service. Thus, the bureaucrat's advocacy is incompatible with controlling clients (Lipsky, 1980, p. 74).

4.4 Problems when it comes to collaboration

When asked about difficulties when it comes to collaboration, two themes came up: individual problems and institutional problems. Respondents saw these problems as being hindering for collaboration.

4.4.1 Individual problems

When it came to individual problems, there was talk about that individuals can hinder or stop collaboration from happening. There are individuals that do not acknowledge other professional knowledge within the field. Also that it can be that people are pushing the problem away from them, that it is not their problem to deal with but someone else's problem. Aron (March 2017) noted: *Only one crosspatch is needed to stop collaboration and crosspatches are everywhere you know.*

Two respondents talked about that it is not only that crosspatches can hinder collaboration but also that individuals have a different visions of what really is the cause for homelessness. Individuals argue about what the main cause of homelessness, is it mental problems or addiction problems? And that this can really hinder people from forming collaborations. Anna expresses her experience regarding this:

People have a different view of what really is the cause of this problem and that can cause people for not agreeing about it, how they are going work [on it] (Interview with Anna, Social Worker, March 2017).

Hanna talked about that lack of interest from social workers could cause a problem and make it more difficult to collaborate in individual cases:

I find it perhaps the hardest thing in this that to experience a lack of interest, sometimes when your are consulting advisors outside of Reykjavik, that then this lack of interest comes up, yes she is in consumption [...] and we know that most people who are homeless in Iceland are there because of difficult drug problems, some of them also with mental health problems, but the vast majority of people have a drug problem [...] that is the homeless group (Interview with Hanna, Service Provider, March 2017).

Two interviewees talked about that one agent could not work on this alone and if there are individuals working alone within this matter then there is a lack of new ideas coming up. Anna said in this regard:

You cannot possibly as a single actor work on some sort of chain, a service that will change much (Interview with Anna, Social Worker, March 2017).

Respondents expressed that there could be some type of prejudices from individuals when it comes to homeless people and that these prejudices can also come from professionals that within their profession have to serve the homeless. Robert says in this regard:

There are some who do not understand this completely, do not understand how this matter [homelessness] is worked with (Interview with Robert, Social Worker, March 2017).

It is clear that interviewees see that in some collaboration, individuals can be one of the causes in hindering the collaboration to become successful.

4.4.2 Institutional problems

It can be seen from the interviews that there can be institutional problems when it comes to collaboration. These problems can cause individuals to end up between services because the systems do not work together. Institutional problems refer to both problems within the organisations that provide service but also how the system is set up in Iceland. Respondents talked about the problem with payment. Hanna (March 2017) said in this regard: *who foots the bill. That can be a challenge*. Especially when it comes to the municipalities, everyone is pointing fingers when it comes to payment. It was also discussed that the interviewee's experience that institutions also argue about what is the main cause for homelessness. Aron (March 2017) noted that: *they [the homeless] have on the one hand mental health problems and then addiction problems. We sometime argue on what is the main problem*. He explains further:

It is rarely possible to say it is just psychological, you know or is it just addiction, it is just homelessness because it is a mix. [...] For example we have a health system that says diagnosis on a individual is ruled out unless he has been sober for six months, therefore it cannot be detected whether it is a mental problem or whether it is just addiction and those grounds the health service rejects to service that individual or see him as their client [...] He is manic depressed because of addiction but there is nothing, even though that is the case, there is no place to stop the person for these six months. Provide him with service and see what is, is this just addiction or is it underlying and that is why so many people end up between systems, do not get service because it cannot be said before hand, he is primarily dealing with mental health problems (Interview with Aron, Service Provider, March 2017).

Respondents agreed that to prevent this problem, there is a need for the organisations that provide services to provide it with not only soberness in mind. Hanna (March 2017) stressed in this case: *we just need to be solution based and look at this and quit this hell's mumbo jumbo about six months of soberness*. Emma agreed with this and said that the service should be more based on symptoms but not diagnosis:

We are so often dealing with these seriously ill individuals based on the diagnosis, they need formal diagnosis, psychiatric diagnosis or such to receive service in certain places or residence in certain places instead of providing service based on symptoms (Interview with Emma, Social Worker, March 2017).

Respondents talked about that the system is too complicated and that there are hinders within the system. In some cases the collaboration does not happen because there is such a long way to go when it comes to decision-making. Victoria says in this regard:

Generally when working with people that are in a difficult position then maybe there will be some bottlenecks that get between systems and that is maybe something that we need [...] that is a challenge that we have to deal with. Try to break down the walls between systems (Interview with Victoria, Director of Social Welfare, March 2017).

Emma also notes in this regard that there is a need for communications between systems:

[...] Then people often feel the systems do not talk enough together and, and it is somehow, it is often pointed at each other, who is responsible, when they have extremely ill individual [...] it becomes somehow often so complicated, much more complicated than you would think it would be like to just work around this person (Interview with Emma, Social Worker, March 2017).

Respondents experienced that it can also be problematic within the collaboration that institutions have different ideas and opinion on how to deal with the problem. Robert (March 2017) said in this regard: *[it] can be different ideologies for example, different views on this, which could cause damage to collaboration*. Sometimes institutions are stuck in a certain box. Anna talked about her experience in this regard and she said that different cultures

within institutions and different approaches regarding the matter of the homeless could hinder collaborations between actors:

There are all kinds of barriers, different cultures between institutions. There are different attitudes within this field (Interview with Anna, Social Worker, March 2017).

Within the work of bureaucrats there is often an experience of resource constraints and that can cause a problem when it comes to collaboration (Lipsky, 1980, p. 33). Hanna talked about that she sometimes feels like there is a lack of interest but that sometimes when the interest is in place then they face a lack of resources for the service users:

And if there is an interest with the advisors that they usually just say, we do not have any resources for people who are using, people just do not know what to do. There is no one willing to take this fight somehow (Interview with Hanna, Service Provider, March 2017).

It is expected from bureaucrats to be an advocate for the service users. They are to provide the best service by using their knowledge and position. However, for organisations to see their resources as having fixed limits can undermine the advocacy (Lipsky, 1980, p. 73).

It is clear from the interviews that the service providers experience obstacles when it comes to collaborations regarding the matter of homelessness. That complex systems and different views can have an impact on how well the collaboration works and also that there is a need for the organisations to stop looking at sobriety only but just service the homeless in the state that they are in each time. It is evident that service providers experience the need to move from Treatment First towards Housing First when servicing the homeless. For collaborations to work out there is a need for everyone involved to move towards Housing First.

4.5 Need for collaboration

Interviewees expressed that there is a need for collaboration. When it comes to the municipalities, Iceland is unique in a way that there are many small municipalities, small administrative units that do not have the strength to service these individuals with complex

needs. Aron talked about that there is a need for collaboration because this group of individuals have such mixed difficulties. It is such complex problems and that this can only be solved through the involvement of many institutions:

But in general, I think that collaboration in such a small country between institutions, between the state and the municipality is a prerequisite for our success (Interview with Aron, Service Provider, March 2017).

Fleury et. al. (2014, p. 1-2) noted that homeless individuals have different needs and that it cannot be put on one organisations to service all of those needs. For the homeless not to fall in between service gaps, it is important that different organisations collaborate in providing resources. Sara talked about this in a way that there is a need for collaboration because of the smallness of municipalities outside of Reykjavik. That the possibility of building up resources is limited and that collaboration is a better option:

I would say that in a smaller municipality that it would barely be possible to build something systematically (Interview with Sara, Director of Social Welfare, March 2017).

Ivery (2008, p. 54) noted that, it is important for organisations and groups to form partnerships so they can expand their ability to create efficient and effective systems of service provisions. Interviewees talked about that collaboration would increase quality and efficiency of the service rather than only being about coordinating services. Hanna (March 2017) stressed: *[...] it is also very costly to have people on the streets.* Anna said in this regard:

[...] And then in the long run, it would be cheaper for the community, it costs money and a lot of money to take care of these resources, for example and this is a lot of money that goes into this (Interview with Anna, Social Worker, March 2017).

Respondents also talked about that the service users receive a better service and that institutions are working on this issues together. Miller and Ahmad (2000, p. 33) illustrated in their research that successful collaboration would create more productive sectors. Using their expertise in a more collaborative way in finding solutions for an individual's problems because in the end it is all about the service user. That they will somehow benefit from the collaboration. Numprasertchai and Igel (2005, p. 1174) stated that collaborations between

organisations are not only about increasing efficiency in service provision. It is also a place for different knowledge to transfer between professionals. In this regard Emma talked about her own view on this matter when it comes to a more formal collaboration with the LSH psychiatric ward:

We would be doing this together, we would gain their expertise into our team or something like that [...] and we could call and, perhaps more easily access when needed (Interview with Emma, Social Worker, March 2017).

It becomes apparent that the respondents express a need for collaboration since the homelessness group has such complex problems that cannot be tackled except with the participation of many actors. It is also apparent that smaller municipalities than Reykjavik do not have the ability to run some type of services. That is why the collaboration is important. Also according to the respondents that in the long run it would be beneficial for society in terms of costs.

4.6 Important considerations within collaboration

When talking about what is important to keep in mind when it comes to collaboration interviewers said that in collaboration it is extremely important that all actors involved in the collaboration have the same policy. Further it is important that they share the same overview and that everyone is aiming in the same direction, since they service the same clients. Since they are servicing the same clients. Anna (March, 2017) stressed when talking about importance: *[...] that they agree on what, what to emphasise on and how we are going to look at this problem.* This goes in hand with what Mattessich and Monsey (1992, p. 31) noted that within collaboration there should be clearly formulated goals. Hanna added that interest in the person is important:

If there is an interest, then this usually works just fine, I would say, because it is primarily, there must be interest in the person (Interview with Hanna, Service Provider, March 2017).

It is evident that when collaborating on issue like homelessness, where the main focus is on the service users, it is important to maintain trust. The more trust has been established

between service providers and service users, the easier it gets for the service users to seek help (Knutagård and Kristiansen, 2013, p. 107).

Respondents stated that within collaboration it is important that there is mutual respect among actors. Robert (March 2017) talked about different opinions: *respect all people's opinions [...] although you do not agree with that then you do not need to have attitude, I think that is important*. It was also said that when suspicion between collaborating actors is erased, the collaboration goes towards a more open canal. Lasker et al. (2001, p. 192) highlighted that trust is a precondition for effective collaboration. Mattessich and Monsey (1992, p. 39) also put emphasis on trust within collaboration, they stated that without trust “the collaborative effort has about as much chance of succeeding as a garden without any sunlight.”

One respondent said that if more actors participate in collaboration in a positive way then it is more likely that positive ideas come up. Regular meetings are also important when it comes to collaboration on an issue. That is also what Mattessich and Monsey (1992, p. 15) talked about, that within collaborations it is important to have regular meetings. Respondents also discussed the importance of knowing where they stand within the collaboration. That the actors have to agree on how the collaboration is going to be. That goes hand in hand with Mattessich and Monsey (1992, p. 27) findings, that it is essential that individuals within the collaboration have a clear agreement on rights, roles and responsibilities within the collaboration. Sara (March, 2017) stressed: *naturally there have to be very clear rules*. Anna believed that it is important to think about collaborations as a long-term process, especially when it comes to addressing individual's problems:

It is important to keep in mind that this is a long-term issue, if it is going to solve the individual problem (Interview with Anna, Social Worker, March 2017).

It becomes apparent that respondents feel like clear ground rules are important to keep in mind within collaborations. That it is important that people agree on the direction that they are taking regarding the homeless and that they work with the same values.

5 Conclusion

The following section provides a summary of the analysis and a discussion of the results. The main aim of this study was to analyse how service providers explain the role or potential function of collaboration between municipalities and other service providers on the issue of homelessness in Iceland. In the beginning of this thesis the following research questions were put forward:

How do the service providers explain the role or the function of collaboration on the matter of homelessness?

What factors do the service providers see as barriers to collaboration?

What factors do the service providers identify as important in order to create and sustain collaboration?

This study looked into how service providers experience collaborations on the matter of homelessness in Iceland, in regards to municipalities as well as other service providers. With Lipsky's theoretical framework of street-level bureaucracy and previous studies the results from the interviews were analysed. Lipsky (1980, p. 3) stresses that within the work of street-level bureaucrats there is a high level of discretion. The respondents discussed that when it comes to collaboration on the matter of homelessness there is a good informal collaborations with those that are in need in individual cases. These collaborations are based on the bureaucrat's discretion and the decision to collaborate is made with the service users needs in mind. However, it was clear from the interviewees that collaboration between municipalities was lacking. It was dependent on the individual's social worker, whether or not there was willingness to collaborate.

Even though the interviewees talked about participating in good informal collaborations, they noted that there was still a lack of more formal collaborations. Formal collaboration would provide them with easier access to available resources. In regards to the municipalities, it was stressed that they needed to take responsibility for *their* homeless individuals. This is particularly so because there are many small municipalities in Iceland and when it comes to the homeless most of them seek service in Reykjavik. The municipalities should collaborate

through payment, as it would not be beneficial to add resources in the smaller municipalities but rather add capacity to the pre-existing ones.

In regards to the service users, the respondents discussed that there is no collaboration without them. The collaborations take place based on their specific needs. The service users have a voice when it comes to the service that they want. However, they have little effect on the end results. In the end it is the service provider's decision on what they think is right in regards to the service users needs. The street-level bureaucrat has the power to deny services or benefits (Lipsky, 1980, p. 57).

Respondents discussed problems within collaboration that could hinder it. These problems could either be individual or institutional problems. Institutional problems refer to specific organisations, how they view the homelessness problem and what they emphasise as the main cause for homelessness. It can also be that the complicated system in Iceland hinders collaboration. Respondents stressed that how individuals argue about what is the main problem for homelessness can cause problems when it comes to collaborations. It was also noted that the lack of interest from social workers in each individual case could hinder collaborations. When it comes to institutional problems, the main problem is how organisations emphasise on treatment first. Respondents stressed that there needs to be a shift from looking at the homeless individual as sober towards looking more into treating them in the state that they are in.

Respondents expressed that since Iceland has such a unique administration, where there are many small municipalities, the need for collaboration is high. This is because these small municipalities do not have the capability to service the homeless that have complex needs. Respondents state that the complex problems that the homeless have can only be solved through involvement of many institutions. Through collaboration, better and more efficient service is provided. It was also noted that it would cost the society less money if service providers collaborate. When it comes to collaboration, respondents stressed that it is important for every one involved to aim in the same direction. It is also important that there is trust within the collaboration, both between collaborating partners but also in regards to the service users, and clear knowledge among collaborating partners regarding responsibilities.

The main strength of this study is that the results give an accurate description of the collaboration between service providers on the matter of homelessness in Iceland. These results can contribute to improve the development of future collaborations.

While this study focuses on the service providers it would be interesting to get the perspective of the homeless in regards to collaborations. This might provide a starting point for future studies.

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APPENDIX 1 – Interview Guides

Interview guide number 1

- 1) What is your profession within the homelessness field?
- 2) What policy do you work after?
 1. What are the advantages/disadvantages about the policy?
 2. Would you like the policy to fall under state or municipalities?
 - a) What would be the advantages/ disadvantages for it to fall under state?
 - b) What would be the advantages/ disadvantages for it to fall under municipalities?
- 3) What do you do when you collaborate?
- 4) What is important to have within collaborations?
- 5) How do you see your role in the collaboration?
- 6) What is the goal of collaboration?
- 7) What are the advantages/disadvantages of collaboration?
- 8) Are there other organisations that you would like to have collaboration with?
- 9) What types of challenges are within collaboration?
- 10) What could be a reason for why collaboration does not work?
- 11) Can you give me an example of successful collaboration?
- 12) Can you give me an example of unsuccessful collaboration?
- 13) Is there anything within collaborations that can be done better?
- 14) What is it that makes good collaboration good?
- 15) Are service users involved in the collaboration?

Interview guide number 2

- 1) What is your profession within the homelessness field?
- 2) What is your role in policy making?
- 3) Is the pre-existing policy built on another policy?
- 4) Does the concept collaboration come from other policies?
 - a) What is the reason behind the importance of collaboration within the policy?

- 5) The policy from 2008 talked about collaboration but does not say anything about collaboration within other municipalities. What was the reason for adding collaboration with other municipalities in the new policy?
- 6) What is important to have within collaborations?
- 7) What is the goal of collaboration?
- 8) What are the advantages/disadvantages of collaboration?
- 9) What types of challenges are within collaboration?
- 10)What could be a reason for why collaboration does not work?
- 11)Can you give me an example of successful collaboration?
- 12)Can you give me an example of unsuccessful collaboration?
- 13)Is there anything within collaborations that can be done better?
- 14)What is it that makes good collaboration good?
- 15)Are service users involved in the collaboration?

APPENDIX 2 – Informed consent

Informed consent

For participation in a study for MS degree in Welfare: policies and management at the University of Lund:

*Collaboration between municipalities and other service providers on the matter of
homelessness*

Dear participant

This study is part of a master's thesis, authored by Unnur Kristín Sigurgeirsdóttir at the University of Lund, Sweden. Supervisor is Marcus Knutagård senior lecturer at the University of Lund. You can contact him by email, marcus.knutagard@soch.lu.se.

The aim of the study is to examine the collaboration between municipalities and other service providers on the matter of homelessness. Reykjavik's policy from 2014 until 2018 on the issue of homelessness talks about the importance of collaboration to reduce homelessness.

Participants will be interviewed for approximately 40-60 minutes and interview guide will be used. Full confidentiality will be taken care of during the investigation. Participants are free to quit participation at any stage of the study without explanation and also have the full right to refuse to answer certain questions. The interviews will be recorded, later transcribed word for word and analysed. At the end of the processing, the data will be deleted. The study has been reported to the Data Protection Authority as regulated by law. Informed consent is in duplicate and each participant will retain a copy.

With my signature, I confirm my participation and what my participation consist in. I am aware that I can quit participation without a reason at any time during the research process.

Date

Signature of participant

Signature of researcher

