

Peer Review on Social Community Teams against Poverty (The Netherlands, 19-20 January 2016)

Host Country Paper – The Netherlands¹

Ministry of Social Affairs and Employment

1. Short description of the related policy context in the Netherlands

There is not a single agreed upon definition of poverty. Professionally, academically, socio-economically and most important personally poverty is perceived and experienced in various ways. Poverty is complex, related to many different spheres of life and dependent on both external and internal factors, such as chance, choice culture or cognition. Poverty is not only about the difference between income and expenditures – though such data is necessary for research. What people experiencing poverty emphasise, and experts confirm, is that poverty is not a generalisable scientific phenomenon (which can be universally explained and uniformly solved) but rather a unique and relative phenomenon anyone could – albeit temporary – encounter. Personal debts can for instance place high-income families at risk of poverty; a sudden life change like divorce or loss of job can result in mortgages turning unaffordable; elderly may own a house but struggle to afford the desired health care; parents may need to cut on social and cultural activities for their children to pay unexpected bills; entrepreneurs may endure (longer) periods of insufficient work to sustain their families; young people may not be able to find a (paid) job after graduation; people suffering from a mental illness may become isolated due to stigmatisation and become short of support or employees with a disability may experience difficulties keeping up with the increased competition that employers face. These are a few examples of situations all too familiar across the EU, which dominate the caseload of the professionals and policy makers in the field of poverty reduction. In summary: the need to revive our ambition to find sustainable solutions to poverty and stimulate social inclusion is obvious.

In 2010 the EU set itself the target to reduce the number of people in or at risk of poverty and social exclusion with 20 million by 2020. Unfortunately, halfway along this EU-2020 strategy, the economic crisis has shown an overall rise in the number of people in or at risk of poverty and social exclusion. Although the Netherlands remains in a relatively good position in comparison with other Member States, poverty and social exclusion has also increased in the Netherlands with more than a third.¹ Out of the approximate 7 million households, over 10 % are at risk of poverty. Apart from the rise in poverty in absolute numbers, poverty has also spread among broader segments of the population. Poverty used to be a familiar phenomenon among certain groups, such as beneficiaries of social security or the long-term unemployed. Due to the effects of the economic crisis – most crucial on the (security of the) labour market – a much more diverse part of the population currently faces (temporary) financial setbacks and exclusion.

The Netherlands knows an adequate social security systemⁱⁱ providing a broad package of benefits and services. It is thanks to this comprehensive 'safety-net'

¹ Prepared for the Peer Review in Social Protection and Social Inclusion programme coordinated by ÖSB Consulting, the Institute for Employment Studies (IES) and Applica, and funded by the European Commission.

© ÖSB Consulting, 2015



that poverty in the Netherlands is relatively low. Though unintended, social security systems can at times also be experienced as complex, rigid or even ambivalent, both by service providers (be it public or private) and client users . This can result in undesired consequences like delays in delivery or payment of services, non-take up of benefits, unfamiliarity with (regulations regarding) certain services, exclusion of certain groups and may even increase user dependency.

The ambition of the Dutch government is to obtain a participatory, inclusive and self-sufficient society and it aims to ensure this by stimulating people's individual and communal responsibility, strength and self-reliance to find and create solutions. In line with this ambition, fighting poverty, social exclusion and debt is a priority for the Dutch government.ⁱⁱⁱ Since 2013 extra funding has been made available for this purpose to intensify its policies. As of 2015, this structural funding consists of 100 million EUR annually. The central government also decided to decentralise large parts of the social security system to municipalities – known as “The Decentralisations” – since they, being in direct contact with the people, are more capable of understanding and analysing someone's situation, their needs and capacities and as such stimulate and facilitate someone's ownership, responsibility and potential to find a sustainable solution. In line with the decentralisation, 90 % of the extra funding the government made available to combat poverty and indebtedness is granted to municipalities.

Besides this ambition to empower people and enhance self-reliance, the goal of the decentralisations is also to prevent that people fall through the cracks or get out of sight. Tasks that were previously fragmented over different agencies have now become the (legal) responsibility of municipalities such as youth-care, community shelter, labour participation, poverty, social inclusion and debt relief and additional groups have been placed among the ‘social jurisdiction’ of municipalities, such as youth, chronically ill, and the elderly. Municipalities are now predominantly in charge of the assessment procedure and have been granted – to a great extent – discretion over the type, level and duration of services to be provided in a given circumstance and are legally required that specialised services are tailored to the individual or family in question. With the decentralisations it is expected that municipalities will create a bridge between the ‘world of systems’ and the ‘experience of the target group’ and find more adequate, timely, effective, efficient and sustainable solutions – thereby contributing to the empowerment, participation and self-reliance of the individual.

In order to effectively and efficiently achieve this, it is crucial to apply an integrated approach. With regards to poverty this means that:

One needs to look at a given situation of an individual or family experiencing poverty from a broad perspective – from financial shortcoming to social exclusion – as well as look at the role of and consequences for other life domains such as employment, (mental) health, housing and education. This requires:

- First and foremost working in “co-creation” with the person or family involved rather than top-down. This is essential to place the responsibility in the hands of the individual and stimulate people's individual and communal power to find and create solutions.
- Including multiple perspectives – of professional experts, academia as well as the target group – recognising that no partial-perspective is conclusive or exclusive.
- Cooperating with other players such as private parties and NGOs.



Although the official decentralisation process was finalised as of 2015, municipalities are still going through a transformation phase, focused on implementation and reorganisation. The large package of responsibilities on the one hand and freedom to give shape to social services on the other hand, encourages (and also challenges) municipalities to find new ways to structure their organisation and workforce. This quest, however, is not merely a result of the decentralisations but also a response to the social-economic changes (in for instance target groups, as explained earlier) resulting from the economic crisis. Municipalities are expected to apply an integrated approach and offer tailor-made solutions while dealing with a large package of reforms in jurisdiction and budget – directly or indirectly affecting their own work: an honourable but not to be underestimated task.

In response to this, many municipalities have set up ‘Social Community Teams’ – teams consisting of a broad range of people from various disciplines such as social workers, family coaches, people with expertise in healthcare, education or debt-relief who jointly operate on a community level to provide and coordinate services to people who, albeit temporarily, need help. Parties involved – either in a team or as a network of cooperative partners – are from both the public and private sector (such as civil society organisations). There is no single blueprint for a Social Community Team (SCT). Depending on the local demographics, social dynamics, political priorities and available expertise, a SCT can be structured in various ways – and even evolve over time. Some municipalities even work with multiple SCTs with different focal points responding to local circumstances.

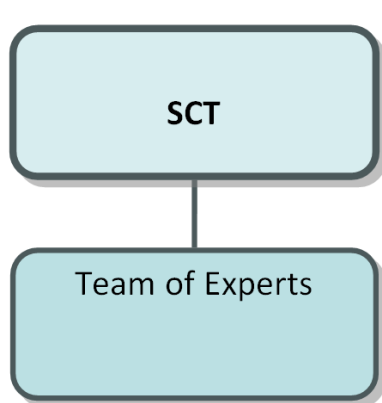
A SCT functions as a single, central and easily approachable access point for the community regarding all sorts of questions – be it youth-care, income, employment or health. A SCT could be located in a specific building – like a community house – where anyone can enter with a question or request for help. Sometimes the SCT has no fixed location, but its members are dispersed over various locations – like schools, shelters, hospitals, sporting clubs or parks – where they can easily mingle with various groups within the community, proactively approach people and simultaneously be easily approachable. It could also be that the first contact between a person and the SCT is not established directly but by referral. For instance, a civil society organisation, school principal or local policy officer may refer or advice someone to contact the SCT – or vice versa – advice (a member of) the SCT to visit someone. In any way, the SCT is intended to function as a single first ‘entry’ point for people. As such someone does not have to approach various institutions, repeat his or her (often vulnerable) story, deal with multiple contact persons and bureaucratic processes or remain isolated. There is one single entry point.



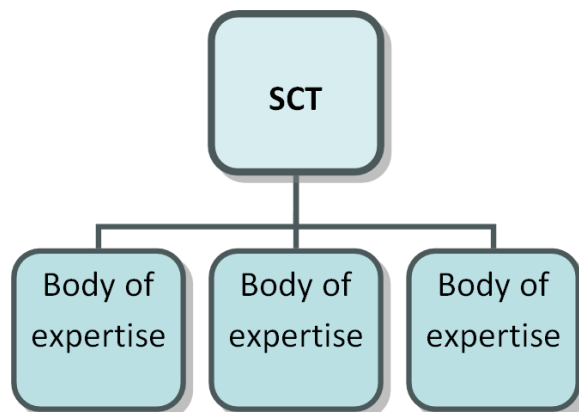
The figure below illustrates through which institutions contact with an SCT can be established.



Once this contact has been made, the first goal is to enable and assist the 'client' to find his or her own solution – with the help of the person(s) own social network, volunteers or a civil society organisation. This first contact often revolves around the need for clarification about rules and regulations, information about government services and assistance in the application thereof or may entail helping someone regain oversight of a difficult situation and set up a plan. The SCT initially aims to help someone regain faith, take responsibility and by means of self-reliance make specialised (government) support or services redundant. When this is feasible, the first contact could remain the only contact. When this seems infeasible, the SCT enters a next phase: assessment of the case – from an integrated approach – whereby both generalists and specialists are involved. Usually this process is structured based on one of these two models:



Model 1



Model 2



In these two most common models, the SCT consists of a group of professionals from municipalities, social workers and/or volunteers who are considered so called 'generalists': rather than being specialised in a specific field (like health or finance) they aim to look at situations from a more general and holistic perspective. As described above, during the first contact between the SCT and a person the main role of the generalist is usually to listen to someone's needs, get an overview of the situation, provide information or assist in 'simple requests'. Some SCTs do not yet speak of a client when further or frequent contact does not seem necessary. When the generalists consider further need for support, they consult the specialists (often referred to as the experts).

In model 1, unlike the generalist in the SCT, the Team of Experts consists of a fixed group of specialists from various fields such as medical experts, debt counsellors, youth workers, etc. On a periodic basis the generalists from the SCT and specialists from the Team of Experts come together to discuss the various cases. Depending on the severity of the problem and the possibilities of the generalist to find a solution, a case can be assigned to one or more of the experts to offer specialised support. The SCT and the Team of Experts are as such two cooperative teams who co-decide jointly on the cases.

Model 2 differs in two main ways. The first difference is that instead of a Team of Experts there is a Network of Experts. Rather than a fixed group of specialists who periodically discuss the cases with the generalists, the SCT has access to a network of organisations specialised in a specific field which they consult – either for advice or to transfer a case to. Depending on the organisation, a different specialist may be involved each time. The second difference is that in model 2 the generalists decide when and to what extent to consult or involve a specialist.

Social Community Teams are not exclusively established to address poverty. Many SCTs were initially set up to meet the increasing demand for community support and care – predominantly related to health. With the decentralisations the integrated approach has become the main focus which, in essence, means that one looks beyond a single need – like poverty – and vice versa – aims to signal poverty when dealing with issues in other domains. A majority of professionals indicate that poverty-related needs play a predominant role in their interaction with clients. By means of illustration, according to a recent survey conducted among social workers,^{iv} it was reported that in at least 50 % of interactions with clients, poverty plays a role. 43 % further indicated that poverty may not be the primary reason for the application of a social service or indication of need, but indirectly affects the situation. Further consultation with policy makers from municipalities indicated that these numbers can be even higher in the so called 'multi-problem' families or situation: when there is more than one problem, poverty or indebtedness is nearly always one of them. Vice versa this also means that poverty and debt never come alone. In some municipalities the experience of the SCTs is that 80 % of their clients have financial and/or poverty related problems. Considering the rise in both percentage and complexity of poverty this emphasises the significance of applying an integrated approach and at the same time stresses the importance of incorporating sufficient expertise in the field of poverty within the SCT.

The central question of this Peer Review is hence:

How can Social Community Teams be better equipped to empower people out of poverty and stimulate social inclusion?



2. Description of the current state of play in the Netherlands in relation to the Social Community Teams against poverty

Many municipalities in the Netherlands already work with social community teams. Some have been doing so for a relatively long time, others have just started. Some municipalities have multiple teams,^v others have none. Movisie – a knowledge institute in the social domain – conducted a survey among 224 municipalities (56 % of total municipalities) in 2014 to capture the ‘State of Play’ in the Netherlands before the final implementation of the Decentralisations. The report^{vi}, published end of 2014, summarises the situation in the Netherlands as follows:

- Progress: 69 % of the municipalities work with SCTs and 17 % will start doing so in the near future. 14 % has no plans to do so yet. The municipalities who do not intend to set up a SCT plan to organise care and support differently or will continue with their current policies.
- Use: The larger municipalities have clearly made more progress in working with SCTs: such teams are active in 93 % of the G32 (The network representing 37 middle- to large municipalities in the Netherlands: >20.000 inhabitants)
- Coverage: most municipalities have one SCT, sometimes even still in the form of a pilot. Working with such teams does not yet cover entire municipalities.
- Preparations: 55 % of the municipalities prepared a quantitative neighborhood analysis before starting to work with a SCT. There is a clear distinction between large and smaller municipalities: 92 % of the G32 performed a neighborhood analysis prior to starting, compared to only 48 % of the smaller municipalities.
- Focus: The SCTs are designed to focus on various forms of ‘needs’. The most frequently mentioned model is a broad comprehensive team in which all requests for support are handled. Another frequently occurring model is a broad comprehensive team that focuses exclusively on complex or multiple problems. A large majority of municipalities applies one model for all SCTs, only 6 % uses more than one. 39 % of SCTs focus largely on simple questions.
- Composition of life-domains: in the composition of the SCTs the life-domain of (mental) health is overrepresented. For instance, MEE (a Dutch organisation for the support of disabled or chronically ill persons) is represented in 86 % of the municipalities. More than 50 % of the teams include a district nurse and in another 31 % of the cases the teams cooperate with district nurses. Justice and Housing, for instance, are only represented in approximately 10 % of the SCTs. Public Social Services are said to be involved in 54 % of the SCTs. (The overrepresentation of health-related workers can be explained by the fact that the earlier formations of SCTs occurred in this sector. It was only later that municipalities decided to broaden the scope and workings of SCTs to other life-domains).
- Access: in 86 % of the municipalities clients are referred to the team by their doctor (general practitioner), the district nurse or other service providers. In 76 % of the municipalities citizens can present themselves directly to the team. 67 % of the municipalities indicated that the SCT also proactively reaches out to citizens.
- Agreements about input, output and outcome: 70 % of the municipalities made an agreement with the SCT about their effort, for instance the number of full time equivalents (input). More than half of the municipalities agreed on target definitions in terms of social change (outcome). Increasing (labour) participation of citizens does not rate very high as an objective. In 20 % of the



municipalities output agreements have been made with the teams. (It has to be noted that in the year 2015 SCTs seem to pay more attention to this and have incorporated 'client participation' as one of their main objectives. It is still an ongoing development though).

- Evaluation and monitoring: Municipalities indicated to believe evaluation is important. In at least 98 % of the cases they plan to conduct evaluations the SCT. However, most of the time they do not yet know how to organise this. 39 % of the municipalities that indicated a wish to monitor the SCT, did not yet know how this should happen or was still developing a method for monitoring.

According to another survey^{vii} conducted among social workers in the field poverty – both inside and outside SCTs – as well as further consultation with public and private organisations, the following was indicated:

- Over 60 % of the social workers is of the opinion that a SCT can in fact contribute to tackling poverty on a local level.
- But less than half of the SCTs have officially incorporated 'work and income' in their range of duties. Tasks falling within this domain which receive most attention include income support, stimulating social inclusion (e.g. cultural activities or sport) and debt-relief/budget support.
 - Noteworthy is that the main focus is on 'income' whereas 'work' remains neglected. Generally SCTs seem not (yet) to have made or found the connection with employment services and other relevant parties in that regard, for instance re-integration companies and employers.
 - Another point of concern is related to expertise. According to the NVVK – a leading branch association of debt-relief service providers – social workers of the SCTs are inadequately specialised and lack experience in debt relief which could at times lead to undesired outcomes for people experiencing financial problems.

3. Results and outcomes of the policy

At the point of writing, the decentralisations have only recently been finalised. Social Community Teams are also a fairly new phenomenon. Large evidence-based evaluations on the effectiveness of SCTs in the Netherlands have not yet been produced.^{viii} Research institutes further indicate that quantitative results may never be fully generalisable nor scientifically sound, since many variables as well as the specific local demographics and circumstances influence possible outcomes. However, qualitative and case-based evaluations of local experiences are increasingly being published, compiled and compared. The most recent being a publication of the "Transition Committee Social Domain" analysing 17 practical cases.^{ix} Based on the documented cases as well as various consultations with relevant stakeholders – such as municipalities, civil society organisations, and research institutes – the following can be regarded as the main and broadly recognised results and outcomes:

- Poverty and debt-related problems are being signalled earlier as questions arising from different life-domains are discussed by a diverse team of professionals. Financial problems hence come to the surface even when another 'problem' caused the initial contact.



- Because SCTs are rapidly deployable and flexible, problems or the escalation thereof are more often prevented and waiting times can be reduced.
- A higher take-up of social benefits due to greater reach of the target-group.
- Cooperation with civil society organisations enables broader and faster outreach to previously 'invisible poor' as these organisations operate close to the people, conduct house visits and/or work at places visited by the target group (like food banks which hand out food packages to deprived people/families).
- The target group finds SCTs more approachable than 'official governmental institutions' and hence experience less barriers – like shame or the feeling of being misunderstood – to (timely) ask for help.
- The engagement of 'experts by experience' enables SCTs to better emphasise with the target group, signal and find sustainable solutions to poverty and reflect upon their strategies.
- Cooperation with diverse local partners enables a broader and less bureaucratic supply of services and solutions. Retailers for instance are often eager to provide services in kind, sporting facilities may offer free participation for poor children or financial institutions may encourage their employees to assist families with debts.
- Clients do not have to repeat their situation multiple times to various professionals. One central access point can lead to one plan for one person or family, which is coordinated by one case manager. This diminishes 'poverty fatigue' where being poor feels like a full-time job having to deal with multiple institutions, experts and forms.
- SCTs are able to stimulate the individual's power to take charge over finding sustainable solutions. Because of their direct, personal and face to face contact with people, a stimulating relationship can be established to help someone take back control and become less dependent on institutional support. Clients themselves confirm this feeling of power and ownership.

4. Challenges encountered

As mentioned above, some municipalities have been working with SCTs for quite a while, others have recently started and municipalities therefore face different challenges. The following aims to summarise the main findings– both in general and specifically in relation to addressing poverty and reaching social inclusion.

General challenges

- Lack of knowledge (of professionals in the SCTs) about rules, regulations, services and partners. The decentralisations aim to tackle a fragmented social domain and have delegated more and new responsibilities to the municipalities. Municipalities are not always aware (yet) of what is expected from them as a result of the reforms, what the legal framework prescribes as well as how to fulfill their tasks in an effective and efficient way within that framework.
- Applying an integrated approach requires looking beyond one specific need. SCTs are still struggling between being broad enough to apply such an approach and simultaneously being specialised enough to address and detect specific needs.
- Political mandate: The effectiveness of SCTs depends highly on the goal and trust local politics assign to the teams. Some experience a lack of (long-term)



local political motivation, commitment or patience to reorganise or to structurally invest (financially) in them. As with many transformations, finding the right balance and implementing a vision takes time. In some municipalities experimenting with a new structure or taking the risk of 'making mistakes' can lead to a reluctance to form a SCT, delegate decision-making or transfer autonomy over budgets. Sometimes the lack of faith in non-conventional partners, fear for extralegal effectuation or ideological belief regarding the responsibility of the government can hamper the SCT from fulfilling its aspirations.

- Uncertainty about accountability and responsibility – in relation to both the political and policy mandate as well as in relation to the target group.
- The challenge to apply a different form of thinking and approach: from direct output (e.g. income-support) to a sustainable outcome (e.g. increasing income through more employment or overcoming indebtedness).
- Workload: SCT focus on ad hoc needs whereas they would rather spend more time on outreach, prevention and long-term sustainable solutions.
- Privacy: SCTs are uncertain about their authorisation and responsibility to share information of a client. It could further be unclear to what extent information needs to be (equally) disclosed to all involved parties?

Challenges in relation to poverty and social exclusion:

- Many SCTs indicate that they lack specialisation in the field of financial problems/poverty although they experience that a majority of the target group has financial problems.
- Related to the above a predominant challenge is how to determine the qualifications that are needed to signal and understand/analyse the situation of (people experiencing) poverty and how to develop the necessary competences in the teams to do so.
- Once poverty has been detected and understood one needs to have the competences, tools and room to empower people to pull themselves out of poverty and stimulate social inclusion. How to do so, remains a great challenge: What does a SCT need to know or possess to co-create solutions with the concerned person(s)?
- SCTs experience legislation and communications about the application and eligibility of financial and fiscal services (such as income support, tax-benefits and remission) to be complicated and not easily understandable for the target group – or are not fully acquainted themselves. According to some SCTs a large part of their time is spent on assisting people in their (digital) application for financial or fiscal benefits, seeking information about or explaining regulations and legislation applicable to their clients.
- Another experience of the SCTs is that the current legal framework of government services, such as debt-relief, inadequately relates to the needs of support. Due to increasing waiting times or strict entry requirements (often not prescribed by law but by local policies) people are caught between a rock and a hard place and come to the SCT for help.
- Ideal interventions would prevent poverty or at least prevent escalation of financial problems. SCTs experience a challenge in working more preventively as most cases come to the surface when poverty already plays a large or long-term role.



- How to reach the 'invisible poor' – who do not come out and speak about their financial problems or are not signalled (timely) by professional or institutions of care?
- Unemployment, low work intensity and low income are strong factors when it comes to poverty. SCTs experience a lack of mandate, relevant partners and/or expertise to invest in more or higher employment. For instance, some SCTs are entitled to provide income support themselves where others are merely allowed to assist in the application thereof. Or some have direct contact with employment agencies where others are instructed to direct their clients to the regular social service.
- Lack of macro-level influence: SCTs point out they would like to have more influence on a higher level in aspects affecting the social problems of their target group, like social housing. SCTs are expected to provide services whereas in some areas they believe that if on a higher level things were planned differently there would be no need for these services.

5. Issues to be discussed with the Peer countries

The central question of this Peer Review is *"how to better equip social community teams to empower people out of poverty and stimulate social inclusion"*?

Since poverty can take different forms and since Member States have different social security structures, vulnerable groups and poverty-target(s), it is not expected that this Peer Review will lead to a single golden answer applicable to all. The main goal is to reflect with each other on existing or potential integrated approaches against poverty in order to return to our own field with ideas, good practices, helpful experiences, tools and suggestions on how to invest in structures which empower people out of poverty and stimulate social inclusion. More specifically for the Netherlands we hope that this Peer Review will help us improve the workings of our Social Community Teams for the sake of helping people out of poverty and social exclusion.

The following issues are regarded valuable to reflect upon:

1. What is the experience of the Member States with social community teams or similar local instruments to tackle poverty from an integrated approach? What could be the advice regarding different aspects of the SCT instrument, namely:
 - a. governance issues: models and structure of SCTs, legal framework, relationship with local politics, community, partners and networks;
 - b. required expertise and knowledge of SCTs, its development and training;
 - c. types of possible interventions to reach, empower and support the target group as well as prevent falling (further) into poverty and exclusion.
2. What examples of other creative sustainable solutions/approaches to combat poverty and social exclusion from an integrated approach can Member States provide?
 - a. similarities and differences between the Dutch and other countries' approaches;
 - b. advantages and disadvantages;
 - c. assessment of the effectiveness and further improvement.



3. Recommendations for further improvement and follow-up:

- a. How can the outcomes of this Peer Review contribute to the improvement of integrated poverty-policies on a local, national and European level?
- b. How can further knowledge-sharing and implementation be facilitated?



End notes

ⁱ The most recent data on poverty in the Netherlands stems from the Poverty Survey 2014 (the yearly joint report of two independent bureaus, Statistics Netherlands (CBS) and the Netherlands institute for Social Research (SCP). The data used in the report contains figures over 2013 and forecasts for the years 2014 and 2015. The two bodies use different thresholds to measure poverty. CBS uses the low-income threshold while SCP employs a budget approach. Despite their different thresholds, the situation of poverty and the affected groups show similar trends and developments. For details and tables see the English Summary and press release here:

http://www.scp.nl/english/Publications/Summaries_by_year/Summaries_2014/Poverty_Survey_2014

ⁱⁱ A national framework of social security is an essential requirement to “provide[s] individuals with a degree of income security when faced with the contingencies of old age, survivorship, incapacity, disability, unemployment or rearing children” and hence prevent the risk of poverty or social exclusion. There is no ideal blueprint for such a social security framework or system. As the International Social Security Association explains, such a system can include “social insurance programs, social assistance programs, universal programs, mutual benefit schemes, national provident funds, and other arrangements including market-oriented approaches”. In accordance with national law or practice, various systems exist around the world.

<https://www.issa.int/topics/understanding/introduction>

ⁱⁱⁱ For a further overview of how the Dutch government is investing in an inclusive, participating society, one can take a look at the latest three reports submitted to the European Commission: The National Social Report of 2014 describes the most important policy measures and reforms with regard to social inclusion, pensions, health care and long-term care. The National Reform Program of 2015 also singles out the policy measures aimed at increasing labour participation and the realization of an inclusive labour market. The Strategic Social Report of 2015 describes the commitment of the Dutch government and its cooperation with the local public and private stakeholders. The documents are publically available through the site of the European Commission:

<http://ec.europa.eu/social/main.jsp?catId=758>

^{iv} Movisie (2015) Omgaan met armoede. Frontliniewerkers aan het woord.

^v For instance, Utrecht, a large city, has SCTs in various neighbourhoods and in some even a ‘subteam’ focused specifically on ‘youth and families’. (Source: Verwey-Jonker instituut (2013). Het is de integrale aanpak die werkt).

^{vi} Movisie (2014), Sociale (wijk)teams in vogelvucht. State of the art najaar 2014.

^{vii} See endnote iv

^{viii} Quite some studies and evaluations have been conducted on the (cost) effectiveness of ‘integrated service provision’ in various sectors and industries. These results show a positive correlation between an integrated approach and the efficiency and effectiveness of service delivery. With regard to multiple factors the outcomes and results can be applied to the social domain as well. See for instance the following study conducted on behalf of the Ministry of Social Affairs and Employment: Berenschot(2009). Literatuurstudie integrale diensverlening: <http://onderzoekwerkeninkomen.nl/rapporten/z0487ngr/literatuurstudie-integrale-dienstverlening.pdf>

^{ix}

<http://www.transitiecommissiesociaaldomein.nl/actueel/nieuws/2015/september/11/casusboekje-sociale-wijkteams>

