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Research Article

How Structural Variations in Collaborative Governance Networks Influence Advocacy Involvement and Outcomes

Abstract: *Collaborative governance is intended to solve complex problems and promote democratic outcomes by connecting ground-level stakeholders with government. In order for these goals to be met, however, participants must have meaningful influence and opportunities for voice. Using national survey data from Continuums of Care (CoCs) mandated by the U.S. Department of Housing and Urban Development, this article investigates what structural characteristics of collaborative governance networks are related to promoting stakeholder inclusion and voice through policy advocacy involvement. Specifically, it investigates which network characteristics are associated with (1) the frequency of advocacy involvement by the network, (2) providers' engagement in and influence over that advocacy, and (3) the CoC having stronger relationships with policy makers. Findings show significant relationships between greater network capacity and network advocacy, and between network governance structure and provider engagement and influence in that advocacy. Networks have stronger relationships with policy makers when providers are more engaged, providers have more influence, network capacity is higher, and direct advocacy tactics are used.*

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Evidence for Practice

- To meet the accountability and democratic goals of collaborative governance, networks should promote stakeholder inclusion and voice; advocacy is one way to do that.
- Participant engagement and influence in advocacy may be depressed in networks that are governed by a network administrative organization; these groups may need to take steps to ensure that providers stay involved.
- Increasing provider engagement and influence in advocacy is associated with the network having stronger relationships with key decision makers, which, in turn, may help collaborative governance networks more effectively fulfill their purpose and improve service delivery systems.
- To promote strong relationships with policy makers, collaborative governance networks should focus on increasing direct advocacy tactics.
- Smaller collaborative governance networks and those that are located in rural regions often have less strong relationships with decision makers, so their advocacy efforts may benefit from these changes the most.

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Across social services, participating in collaborative governance networks has become an important way for nonprofit service providers to access resources, policy makers, and information (Emerson and Nabatchi 2015; Hill and Lynn 2003). Defined as a “mode of governance [that] brings multiple stakeholders together in common forums with public agencies to engage in consensus-oriented decision making” (Ansell and Gash 2008, 543), collaborative governance networks are formal associations that give participating ground-level providers a proverbial seat at the table. Although not often explicitly framed as such, by providing such a seat, the growth of collaborative governance in social service fields has also provided opportunities for nonprofit service providers to expand their advocacy influence. By facilitating two-way communication,

collaborative governance processes create a ready-made entry point to policy makers (Booher 2004). This can happen when providers advocate to the network (perhaps hoping to influence its internal practices) or, as investigated in this article, when a network is involved in advocacy in order to amplify the voices of participants.¹

The idea that collaborative governance networks may play an important advocacy role is comparatively new in the literature on collaboration. Collaborative governance networks are generally formed for some other task—such as regional planning and oversight—but advocacy needs easily emerge from that work. As a result, advocacy, when done as an outgrowth of a collaborative governance process, is likely different from advocacy carried out by an advocacy coalition

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formed for the express purpose of doing advocacy. This article conceptualizes how policy advocacy carried out by a collaborative governance network (hereafter called “network-led advocacy”) fits in with the larger goals of collaborative governance networks and addresses the overarching research question of how structural variations in those networks—such as network capacity, leadership, and governance—are associated with the frequency of network-led advocacy, provider engagement in that advocacy, and the strength of the networks’ relationships with policy makers.

We argue that knowing more about network-led policy advocacy—and what factors are associated with it—is important to monitor for several reasons. First, advocacy is an important way for providers to be able to share knowledge gained from their ground-level work and express concerns about policy proposals (Berry and Arons 2003; Fyall 2016; Mosley 2012; Sandfort 2014). Part of the mission of collaborative governance processes is to include the perspective of outside stakeholders in policy making in order to make policy more responsive—advocacy is a natural outgrowth and extension of that work. In other words, collaborative governance networks that are involved in policy advocacy in order to represent the concerns of their participants may be seen as taking steps to more fully meet their purpose.

Second, research has shown that many providers perceive communications that they make in a collaborative governance context to be advocacy in and of itself (Mosley 2012). If the collaborative body is not then working to translate those concerns to higher levels of government, the advocacy efforts of providers may be misguided or wasted. Finally, network-led advocacy is a key strategy for collaborative governance networks working to resolve wicked problems because political conditions often shape their ability to do so (Head 2008). Advocacy may be necessary to help address those political conditions by influencing policy processes and outcomes. Examples of network-led advocacy include when an oversight group on early childhood education collectively works to expand state funding for prekindergarten or when a network that collaboratively manages a watershed fights a proposal for a chemical plant to release certain chemicals into a river. While these are things that other advocates, including advocacy coalitions, might also be pushing for, collaborative governance networks can play an important role in moving those issues forward given that they have typically have a formalized policy oversight or implementation role and contain a diverse group of stakeholders (as opposed to advocacy

coalitions, which are typically made up of actors who share the same core policy beliefs).

As reflected in table 1, beyond how involved a network is in advocacy, in this article, we consider two other aspects of advocacy that are also important in a collaborative governance context. First, we argue that the theory behind collaborative governance—that it can help resolve wicked problems precisely because collaborative governance networks integrate the perspectives of diverse stakeholders (Ansell and Gash 2008)—means that their advocacy should be informed by engaged and involved participants. If it is not, then the promise of solutions generated by bringing together multiple stakeholders may be false. Second, it is also important to understand what leads to collaborative governance networks having stronger relationships with policy makers—a key outcome for successful advocacy (Johansen and LeRoux 2013) and important for helping create a political environment in which the issues targeted by a network can be effectively addressed.

Although there may be many reasons why some collaborative governance networks are more engaged in advocacy than others, we argue that the way in which these networks or systems are structured is likely to have a substantial impact on the degree to which their potential for advocacy engagement is met. For example, collaborative governance networks vary on issues such as existing resources (Provan and Milward 1995), type of network governance adopted (Provan and Kenis 2008), and leadership characteristics, which include the time available for advocacy engagement (Thomson and Perry 2006). Having sufficient resource capacity is likely important for a network to take on additional task, like advocacy, but leadership and governance structure likely influence the degree to which advocacy carried out by the network is inclusive of the voices of providers and the degree to which policy makers are receptive to that advocacy.

This article advances our conceptual understanding of advocacy in collaborative governance practice by answering three empirical research questions, each answered by leveraging national survey data on a specific type of collaborative governance model—the Continuums of Care (CoCs) mandated by the U.S. Department of Housing and Urban Development (HUD) in the field of homeless services. Our first two research questions investigate how structural characteristics of collaborative governance networks, including different aspects of network capacity (e.g., size, rural

Table 1 Conceptualizing the Role of Network-Led Advocacy in Collaborative Governance

Advocacy practices and outcomes	Network engages in advocacy as a collective body (Model 1)	Participants are engaged and have influence in that network-led advocacy (Model 2)	Stronger relationships with policy makers (Model 3)
Why it matters	Reflects a willingness to amplify participants’ voice	Reflects opportunities for inclusion	Outcome that may help the network achieve goals
Connection to goals of collaborative governance	Advocacy is a way to make policy more responsive to preferences of nongovernmental stakeholders Advocacy may be necessary to address the political conditions that shape the wicked problems collaborative governance is tasked with addressing	Ensures diverse perspectives and ground-level concerns are present in advocacy communications Increases informational capacity	Important for helping create a political environment in which the issues targeted by a collaborative governance network can be effectively addressed Makes future advocacy more efficient and effective
Associated structural characteristics (included as independent variables)	Network capacity	Governance and leadership practices	Provider engagement and influence, network capacity, use of direct advocacy tactics

location) and network leadership and governance (e.g., existence of a full-time leader, having a network administrative organization), are associated with different advocacy practices. These questions are, “What aspects of structure (e.g., network capacity, leadership, and governance) are associated with the frequency of advocacy involvement by the network?” and “What aspects of structure are associated with increased engagement and influence of network participants in that advocacy?”

We then follow up to ask whether networks that are better at including participants in network-led advocacy are also more effective at desired concrete advocacy outcomes—in this case, the network having stronger relationships with policy makers. Research shows that inclusive practices are associated with higher performance in collaborative governance networks generally (Chrislip and Larson 1994). Does the same “inclusivity advantage” hold for advocacy? Thus, our third research question is, “Is greater provider engagement and influence in advocacy associated with the network having stronger relationships with policy makers?” To answer that question, we look at whether increased provider engagement in network-led advocacy and use of direct advocacy tactics are associated with improved relationship strength, in addition to the structural variables mentioned earlier.

The Advocacy Potential of Collaborative Governance Networks

Notions of collaborative governance are often adopted with the idea that these processes will promote democracy and make government more accountable by bringing ground-level voices into government. For example, Nabatchi (2010) argues that improved deliberative processes within collaborative governance can help public administrators address democratic deficits, while Schneider and Ingram (1997) argue that listening to and involving stakeholder citizens can restore confidence in government generally. In order for this process to work, however, nongovernmental participants must be taken seriously in the decision-making process and given opportunities for leadership. As Sørensen and Torfing (2009) warn, collaborative governance is not automatically democratic. Collaborative governance networks can operate within a “shadow of hierarchy” and must put in place rules and norms that allow for the inclusion of all affected participants. We argue that engagement in network-led advocacy is one way for collaborative governance networks to meet the goal of reducing democratic deficits, by promoting the voices of those traditionally outside of the policy process. But in order for that advocacy to be meaningful, participants must be engaged. In this way, through the collaborative governance process, nonprofit providers can increase their knowledge of, and have a larger advocacy influence in, the policy processes that affect both their clients and their own organization.

Very little work has been done that explores the connections between participant or constituent engagement and involvement in advocacy. An exception is Guo and Saxton (2010), who find that in individual nonprofit organizations, greater constituent engagement is positively associated with increased advocacy involvement by the organization. Other research suggests that advocacy informed by affected constituencies is also more legitimate from a democratic theory perspective (Guo and Musso 2007; Montanaro 2012; Mosley and Grogan 2013). Unfortunately, we know that engagement

tends to be low in associations generally (Knoke 1990), despite the fact that those with stronger, more involved memberships (and investment in building those memberships) are more effective at meeting programmatic outcomes overall (Han 2014). Is the same true for collaborative governance networks?

Collaborative governance scholarship has tended to focus on network effectiveness in terms of measurable outcomes, rather than the meaningfulness of networks’ contributions to democratic governance (Page et al. 2015). Existing frameworks focus on factors such as structure, governance, context, leadership, and history, but more as drivers of performance than mechanisms to promote stakeholder inclusion (e.g., Ansell and Gash 2008; Bryson, Crosby, and Stone 2006; Emerson, Nabatchi, and Balogh 2012). Indeed, although stakeholder inclusion is generally talked about as a laudable goal, it is treated primarily as an input variable, rather than a goal in itself (although not always; see Johnston et al. 2011). Collaborative governance is not just a tool for more effective policy outcomes, however; it is also a tool for a more legitimate policy system. Deliberative processes are important for advancing democratic outcomes, but if implemented poorly, they have the potential to undercut the legitimacy of collaborative action rather than enriching it with the knowledge base of diverse participants (Gusmano 2013). Decades of research on participatory processes informs us that inclusive processes are difficult to achieve and unlikely to succeed without particular attention being paid to the process *itself* (Fung 2015). Involving participants in network-led advocacy is only one way of advancing meaningful stakeholder inclusion, but it may be an important one for human-service-oriented collaborative governance networks in order to support appropriate levels of policy feedback in a contracting regime.

Institutionalized Collaborative Governance in the Field of Homeless Services

The field of homeless services provides a rich example in which to study the advocacy role of collaborative governance networks. The Stewart B. McKinney Homeless Assistance Act, later renamed the McKinney-Vento Homeless Assistance Act, passed in 1987 and was the first federal law to specifically address and fund assistance to the homeless. With this law, federal spending for homeless services through HUD went from virtually zero in 1986 to \$2 billion through the CoC program alone in fiscal year 2017 (HUD 2018). Initially, individual providers applied directly to HUD for these funds. Beginning in 1994, however, in order to encourage community-wide planning and coordination, HUD began to require providers in local communities to come together to submit a single application, known as the Continuum of Care application.

CoCs are classic examples of collaborative governance in the sense that they bring together multiple parties—nonprofit service providers, public agencies such as county departments of human services or housing authorities, as well as law enforcement, school districts, faith-based communities, consumers, and business partners—to coordinate a regional response to the complex problem of homelessness (Ivery 2008; O’Connell 2003). The collaborative governance mission of the CoC program is made clear through its two main tasks: (1) facilitating regional planning through the development of a single application and (2) conducting long-range strategic planning and year-round oversight.

In order to accomplish these ongoing tasks, CoCs have become not just a process but also a mandate for a new formal organizational structure. Local communities must identify a lead agency, decide how regions will be divided, and determine a network governance structure. Because of the wide latitude that HUD gives in this process, over time, CoCs have come to differ markedly in a number of important ways: the kinds of geographic communities they represent (urban versus rural, multicounty versus single city), network governance (nonprofit versus government-led), size of membership, annual budget, and scope of mission, just to name a few (Hambrick and Rog 2000).

The variation found among CoCs likely influences the types of activities they pursue, including the degree to which they focus narrowly on the required tasks for funding versus aggressively pursuing service improvement or advocacy goals. Of particular interest for this project is the leadership role that some, but not all, CoCs have taken in regard to homeless advocacy. Although they are not advocacy networks—their primary purpose is deliberation and planning—advocacy can be a natural outgrowth of their work. The kinds of things CoCs may advocate for often grow out of planning meetings and include changes to zoning laws that affect where shelters can be built, ending policing practices that negatively affect people who are homeless, or changing the way youth who are homeless are counted by HUD. This work can be carried out by a volunteer advocacy committee, dedicated advocacy staff, or network leadership.

The CoCs' unique position in the field—bringing together individual human service providers and policy makers—makes them a vital information conduit and an ideal case for studying the conditions under which collaborative governance networks are effective in promoting advocacy engagement, necessary for multidirectional information flow, and ultimately improved quality of services (Kelleher and Yackee 2009). Although more than 500 CoCs have been created in the United States in the last 15 years, they have received very little scholarly attention, and no known research exists on their advocacy role. Anecdotal evidence suggests that they vary widely on the degree to which they are successful in pursuing an active and successful advocacy program; this research aims to uncover why.

The Relationship between Network Capacity, Network Governance, and Advocacy Practices

Although there is not a large body of literature looking at advocacy in the context of collaborative governance, there has been substantial work done looking at the advocacy involvement of nonprofit human service providers generally (Donaldson 2007; Fyall 2016; Mosley 2010; Nicholson-Crotty 2007; Sandfort 2014; Schmid, Bar, and Nirel 2008). Although the context is somewhat different, collaborative governance networks are a type of organization, and many of the same dynamics likely hold true. Some CoCs (those with network administrative organizations) even have 501(c)(3) status, and all have a board governance structure that mirrors that of more typical nonprofits. There is also a robust literature on advocacy coalitions or networks (Chin 2018; Fyall and McGuire 2015). Again, the context is not the same, particularly the purpose of the network and the type of participants. Advocacy coalitions include partners that have come together specifically because they share policy beliefs and agree on the need to advocate around them. This is different from in collaborative governance

networks, in which participants may have diverse beliefs and may have been brought together for other reasons. That said, similar network dynamics might be at play when collaborative governance networks engage in advocacy.

We draw on these literatures in determining which structural factors may be associated with three outcomes in the collaborative governance context, which we treat as dependent variables in this analysis: (1) the frequency of network-led advocacy, (2) provider engagement and involvement in that advocacy, and (3) the strength of the relationship between the CoC and policy makers. We conceptualize the first two as important advocacy practices that reflect different aspects of stakeholder voice and inclusion—the first reflecting willingness to amplify participants' voice, the second reflecting opportunities for inclusion. The last is a key advocacy outcome, as research has shown that such political networking increases advocacy effectiveness (Johansen and LeRoux 2013). A summary of these relationships is depicted in table 1.

The eight structural factors we use to predict those outcomes fall into three conceptual areas. First, we have three measures of network capacity: amount of financial resources, engaging in multiyear planning, and urban versus rural location. We also look at three measures of network leadership and governance: having a full-time director, structured as a network administrative organization, and having a nonprofit-affiliated lead contact. Finally, we also control for CoCs that have an existing infrastructure that supports advocacy: having a staff member for whom advocacy is part of their job description and having an advocacy committee. We expect the network capacity variables to be particularly important for determining the *frequency* of a network's involvement in advocacy, while network leadership and governance variables may be particularly important for determining *how* network-led advocacy is carried out and whether providers are engaged and involved in it. We expect both types to influence the degree to which strong relationships with policy makers are built.

First, measures of network capacity are important because research has shown that most nonprofits, even if they are involved in advocacy, are involved at only a marginal level (Berry and Arons 2003; Child and Grønberg 2007; Salamon, Geller, and Lorentz 2008). In studies of individual organizations, having additional financial resources is an important predictor of both advocacy involvement and greater degree of engagement once involved (Chaves, Stephens, and Galaskiewicz 2004; Child and Grønberg 2007; Mosley 2011). This finding likely also holds true for CoCs in that those with greater financial resources, holding constant other factors, likely have more “play” in their budget and increased incentive to protect those resources through advocacy involvement. Holding constant advocacy infrastructure, additional financial resources may also facilitate stronger relationships and more provider engagement because having more resources often simply allows organizations to manage more tasks.

Another measure of network capacity is the level of planning that the CoC engages in. Advocacy is an organizational strategy that can be connected to either short- or long-term goals, but thinking about long-term plans and desires may make the need for advocacy more transparent (Alexander 2000; Moore 2000). It may also

signal a CoC that is focusing on reaching shared goals in addition to oversight tasks. Thus, CoCs that have structured themselves to engage in multiyear strategic planning, as opposed to coordinating primarily for funding purposes or focusing just on immediate term planning, may be more likely to engage in advocacy. Engaging in long-term planning also likely involves more provider engagement in the CoC, which could translate into more provider engagement in advocacy as well.

A third factor that may influence advocacy is the geographic location of the CoC. This can also be seen as a measure of capacity because CoCs located in rural areas may have unique difficulties in engaging providers and accessing policy makers. For example, having a longer average travel time to CoC meetings may heighten communication obstacles, potentially making it more difficult to involve providers in advocacy in meaningful ways (Snively and Tracy 2000). It may make building relationships with decision makers difficult as well, if they are far away and hard to access. All of this may depress advocacy involvement overall.

In regard to network leadership and governance, we expect that having a full-time director may also facilitate advocacy engagement, provider engagement, and relationship strength. Past research has shown that executive directors are important in promoting advocacy involvement, and they have considerable responsibility for directing the work (Mosley 2013; Salamon, Geller, and Lorentz 2008; Suárez 2011). Some CoCs have no formal director, or only have a part-time director, both of which may compromise the advocacy involvement of the CoC overall, including their ability to mobilize providers and build relationships.

Of course, the network governance structure of the CoC itself may be important for advocacy. Collaborative governance networks that are more independent from government and/or have their own autonomous formal structure may find advocacy to be a more natural and expected fit. This is due to both institutional barriers to advocacy for government agencies and cultural norms supporting advocacy in the nonprofit sector (Pawlak and Flynn 1990; Pekkanen and Smith 2014). In this analysis, we compare CoCs that are governed by network administrative organizations (NAOs) versus other arrangements and Provan and Kenis's (2008) definition of an NAO: that they are independent organizations whose primary purpose is to facilitate the network. Other CoCs operate through a lead organization (either a core provider agency or a government agency) or participate in shared governance, meaning that their network structure is relatively informal and all members participate equally. We expect that CoCs that are run by NAOs will have an advantage in building relationships with policy makers, because of their professional capacity, but that same professional capacity may be a disadvantage when it comes to engaging participants. Nonprofit providers may perceive that the work is "taken care of" and leadership may work at a distance from participants since participant involvement is less crucial for day-to-day tasks.

Next, because CoCs involve collaboration between sectors, we look at the organizational affiliation of the lead contact person for the CoC: nonprofit based versus government based. The affiliation of the director may be an indicator of where the real power in the organization lies. Nonprofit leadership can be thought of as

analogous to increased descriptive representation of constituents (providers); LeRoux (2009) finds a positive relationship between descriptive representation and increased advocacy involvement. Thus, CoCs that have a nonprofit-affiliated lead contact may be more likely to have high provider engagement and influence in advocacy.

In our analysis predicting the strength of the relationship between the CoC and policy makers, we include two additional independent variables: participant engagement and influence and the types of tactics (direct and indirect) that the network uses. Unlike most other nonprofit advocacy coalitions, collaborative governance networks intentionally have a diverse group of participants. This is both an advantage and a disadvantage when it comes to advocacy: on one hand, it may be harder to come to consensus, but on the other hand, advocacy may be more effective. Research has shown that having diverse partners in an advocacy campaign increases informational lobbying capabilities and reduces uncertainty among lawmakers (Phinney 2017). In regard to tactical choice, previous research has shown that use of direct (or insider) tactics is a strategic way to build strong relationships with policy makers as it requires building trust, personal rapport, and reciprocity over time (Fyall 2016; Mosley 2012).

Finally, throughout, we hold constant the degree to which the CoC has invested in an infrastructure to support advocacy. Clearly, those CoCs that have made this kind of investment may have different advocacy outcomes than those that have not. We measure this in two ways, both of which we expect will be associated with increased advocacy involvement overall. First, we control for CoCs that have a staff member other than the executive director who has advocacy work as part of their job description. We expect having such a staff member may be strongly associated with building strong relationships with decision makers. Second, we hold constant whether the CoC has an advocacy committee. This indicator may be particularly important in providing opportunities for providers to be engaged in advocacy.

Methods

To examine these relationships, two data sources were used. First, we compiled administrative data directly from HUD for the population of CoCs in 2014 (representing all 50 states and three U.S. territories). This primarily included funding award amounts and contact information. Second, we fielded a national survey of the population in 2014 to learn more about CoC structure, priorities, membership, decision-making, and advocacy activities. Prior to fielding the survey, pre-testing was done to ensure that respondents understood what we were asking and that the questions were reliably interpreted. This pre-testing was carried out with previous leaders of CoCs who were no longer involved (and thus not in the sampling pool).

Administrative Data

HUD makes publicly available key information about CoCs, including basic information about contacts and awards. Awards data were downloaded from HUD's OneCPD.info website for all CoCs that received any funding from 2005 to 2012. Awards data used in these analyses are derived from the amount of the most recent HUD CoC award prior to the fielding of the survey (in 98 percent of cases this is their 2012 award amount). In cases in which, during survey data collection, we learned that two or more CoCs had merged, the award amounts were summed to reflect the funding level for the current CoC jurisdiction.

We also collected information relating to the lead contact listed for each CoC, including name, mailing address, and email contact information, and used this in two ways. First, we used it to determine the population of CoCs and to make initial contact with survey participants. Second, we examined the organizational mailing address and email address associated with the contact. Those organizations and domain names were then found on the internet, and the organization with which the individual was affiliated was categorized by organizational type (e.g., state and local governments, nonprofit service providers, coalitions, housing authorities, consultants and others).

Survey Census and Protocol

Lead contacts of every CoC listed by HUD were informed of the study by mail and email and invited to participate by completing an online survey. In the event the individual contacted no longer served as the relevant representative for the CoC, they were asked to forward the survey information to the appropriate contact. When lead contacts were unreachable, because of bounced email addresses or nonresponse, additional individuals listed for the CoC on HUD's website were contacted when information was available. Of the 432 CoCs contacted, 15 were identified as no longer active and were removed from the census, and one additional CoC was added to the list, creating a final census of 418 active CoCs.²

Of the 418 active CoCs, 312 responded to the survey, for a response rate of 75 percent. Response rates did not vary by region. Responses were obtained from CoCs in all 50 states and four U.S. territories or districts. Additional follow-up was done to target nonrespondents in states that had initially lower response rates and to respondents who began but did not complete the survey. After follow-up, only one state had a response rate below 50 percent. We used administrative data available for all CoCs to look for significant differences between survey respondents and nonrespondents in most recent award size, contact organization, or region and found no significant differences, indicating that the likelihood of response bias is low.

Dependent Variables

Respondents were asked about their participation in advocacy in several ways. First, they were asked how frequently they engage in nine specific advocacy activities, on a five-point scale ranging from "never" to "very frequently." The activities included (1) participating in coalitions for the purpose of influencing public policy, (2) meeting with legislators or government administrators to discuss concerns, (3) participating in development or revision of regulations related to public policy, (4) participating in government-led commissions, committees, or advisory groups, (5) educating the general public on public policy issues, (6) providing testimony on public policy issues, (7) writing editorials or letters to the editor of newspapers or magazines, (8) issuing policy reports, and (9) conducting demonstrations or boycotts. The totals for these nine items were summed to create an advocacy frequency scale variable that is used as the dependent variable in the first analysis.

For the final analysis on relationship strength, these nine activities were broken down into two subscales reflecting the types of tactics used and treated as independent variables:

- Indirect: participating in coalitions, writing op-eds, conducting demonstrations, educating the public, and issuing policy reports.

- Direct: providing public testimony, developing/revising policy, direct meetings with legislators and government administrators, and participating in government-led commissions or committees.

Previous research has shown substantial differences between nonprofit organizations that focus one type or the other and has also suggested that direct tactics may be preferred by organizations with close ties to government, such as CoCs (Hoefler 2005; Mosley 2011; Rees 1999).

To assess the degree to which providers participate in CoC-led advocacy and have a voice in decision-making, we used two questions, both answered on a five-point scale: (1) how active providers are in advocacy conducted by the CoC (provider *engagement*) and (2) how much influence they have in advocacy decision-making (provider *influence*).³ CoCs were then categorized into four subgroups: low engagement/low influence ($n = 99$), low engagement/high influence ($n = 33$), high engagement/low influence ($n = 43$), and high engagement/high influence ($n = 88$). For both measures, "high" was defined as a score of 3–5 on the five-point scale and "low" was defined as a score of 1 or 2. This approach allows us to retain the conceptual distinction between "engagement" and "influence" while including both in the same model in order to determine which is more important or if they work synergistically (the two variables are correlated at $r = 0.61$).

Advocacy relationship strength was measured by combining scores on two items asking respondents about how strong their relationships were with decision makers at the state and local levels. These were both four-point scales (for a total of eight points), ranging from few low-level relationships to multiple strong relationships.

Independent Variables

Table 2 presents a list of each of the independent variables included in the analysis and how each was measured.⁴

Analytical Strategy

These data were analyzed using ordinary least squares (OLS) regression (analysis 1 and 3) and multinomial logistic regression (analysis 2) to assess the relationship between independent variables and (1) advocacy frequency, (2) provider advocacy engagement/influence, and (3) relationship strength. We chose OLS over Poisson regression for analysis 1 and 3 as the dependent variables are not counts in terms of repeated binary trials, the distributions do not have equal mean and variance and are approximately normal, and model fit appeared better using an OLS model. In the second analysis, by categorizing CoCs into four subgroups (low engagement/low influence, low engagement/high influence, high engagement/low influence, and high engagement/high influence), we can preserve and respect the distinction between "engagement" and "influence" while also comparing them in the same model. We used multinomial logistic regression to test for differences between each outcome category, compared with the low engagement/low influence group, which was used as the base category.

In the third analysis, the model assessing relationship strength was run two ways. Model 1 is fit with the same structural characteristic

Table 2 Operationalization of Independent Variables

Independent Variable	Operationalization
Award size	Award amount was obtained from HUD data available on the OneCPD.info website. The raw values for award size reflect the most recent data available on the funding award for each CoC, in almost all cases the HUD-listed award for 2012. The raw values were transformed with a log function to account for a positive skew based on a few very high awards (e.g., New York City).
Small award size	In bivariate categorical analysis based on award size, the smallest award category of CoCs (funding awards under \$500,000) broke with general award size trends. This indicator tests for differences between this group and others when controlling for size.
Multiyear planning	Respondents were asked whether they engage in planning only to prepare the CoC funding application, year-round planning that includes coordination and services integration, or multiyear strategic planning. In order to see whether a multiyear vision is associated with advocacy, it is included as a single indicator variable.
Rural	Respondents were asked which best describes the region CoC represents, urban, rural, suburban, or mixed. This indicator is for respondents who answered "rural."
Full-time director	Respondents were asked whether an individual directs the CoC and whether this person does so on a full- or part-time basis. This indicator is for those who answered "yes" and "full time" to these questions.
Nonprofit contact	This category represents lead contacts who worked for nonprofit service organizations, as opposed to consultants or those who worked for government, housing authorities, or something else.
Network administrative organization (NAO)	Respondents were asked whether their CoC was an independent nonprofit organization (NAO), mostly run by government, or whether they engaged in shared governance. This indicator distinguishes CoCs governed by a network administrative organization from all others.
Advocacy staff	Respondents were asked whether there was a staff member in charge of the CoC's advocacy and policy work. Those who responded "yes" were asked the job title of this individual, and those who reported any title other than the top executive (executive director, CEO, or president) were assigned "yes" for this indicator.
Advocacy committee	Respondents were asked whether the CoC has an advocacy committee. This indicator identifies those who responded "yes."

predictors as the other models. Model 2 is fit with those variables, plus dummy variables for the four provider engagement/influence categories and the two tactical subscales in order to assess whether inclusive practices contribute to relationship strength over and above the structural variables and whether specific kinds of tactics (e.g., more direct tactics) are associated with stronger relationships with policy makers.

Results

Descriptive statistics on the independent and dependent variables of interest can be found in table 3. In regard to independent variables, award size ranged from \$20,000 to \$113 million. The mean was \$4.35 million, and the median was \$1.75 million. This reflects a positive skew, which was adjusted for using a log transformation in the regression analyses. We also included a dummy variable for CoCs with a very small award size (less than \$500,000) in our analyses, as they followed an unexpected path in initial analyses; 16 percent of the sample fell into this category.⁵ About 25 percent responded that they were located in a primarily rural region (as opposed to urban, suburban, or mixed), and 22 percent of the total engaged in multiyear planning (as opposed to a less comprehensive approach). In regard to leadership and governance, we found that a full-time director was reported by 35 percent of the CoCs, 49 percent of the sample had a lead contact representing a nonprofit, and 25 percent of CoCs reported that they were governed by a network administrative organization. Finally, looking at advocacy infrastructure, 29 percent of CoCs had a staff member responsible for conducting advocacy, and 26 percent had an advocacy committee.

In regard to the dependent variables, first, for advocacy frequency, out of a possible total of 45 points, the actual range was 0–30, with a mean of 13.72 and a median of 13, indicating that most CoCs advocated at a low level. The range for the direct tactics subscale was 0 to 16 (out of 16 possible), with a mean and median of 7. The range for the indirect tactics subscale was 0–14 (out of 20 possible) and a mean and median of 6. As predicted, CoCs seem to be more invested in direct tactics than indirect advocacy tactics.

Table 3 Descriptive Statistics

Advocacy and engagement variables				
Advocacy frequency scale	Range	Mean	Median	SD
	1–30	13.72	13	5.74
"Direct" tactics subscale	0–16	7.38	7	3.12
"Indirect" tactics subscale	0–14	6.34	6	3.11
Provider engagement in advocacy	0–4	2.33	2	1.10
Provider influence in advocacy	0–4	2.35	2	1.10
Relationship strength scale	0–7	4.37	4	1.72
Structural variables				
Award size (\$ millions)	Range	Mean	Median	SD
	0.02–113	4.35	1.75	9.56
Small award size (under \$0.5 million)	Yes: 16%			
Multiyear planning	Yes: 22%			
Rural	Yes: 25%			
Full-time director	Yes: 35%			
Nonprofit organizational contact	Yes: 49%			
Network administrative organization	Yes: 25%			
Advocacy staff	Yes: 29%			
Advocacy committee	Yes: 26%			

In regard to both provider advocacy engagement and influence, the range was 0–4, the mean was 2.3, and median was 2. Thus, we see a moderate level of both provider engagement and influence in CoC-led advocacy. The number of advocating CoCs reporting that they did not engage providers in that advocacy at all was 13, and 10 CoCs reported that providers had no influence over network-led advocacy. Finally, out of a potential range of 0–8, the actual range for the scale measuring relationship strength was 0–7, with a mean of 4.3 and a median of 4.

Table 4 provides more detailed findings on what specific tactics CoCs typically chose when engaging in advocacy. Most CoCs did participate in some kind of advocacy (95 percent), with the most common tactics being direct advocacy tactics, such as participating in government-led commissions, committees, and advisory groups (91 percent of CoCs participating) and meeting with legislators or government administrators to discuss concerns (90 percent of CoCs participating). The least common tactics were indirect, such as issuing policy reports (58 percent of CoCs participating) and conducting demonstrations, boycotts, or protests (only 8 percent of CoCs participating).

Table 4 Advocacy Involvement Rates of HUD-Sponsored Continuums of Care

	Percentage of CoCs Reporting Involvement	Mean Degree of Involvement (0–4)
All advocacy	95%	1.5
Direct tactics	91%	1.8
Participating in government-led commissions, committees, or advisory groups	91%	2.3
Meeting with legislators or government administrators to discuss concerns	90%	2
Participating in development or revision of regulations related to public policy	86%	1.7
Providing testimony on public policy issues	72%	1.4
Indirect tactics	88%	1.3
Participating in coalitions for the purpose of influencing public policy	88%	2.1
Educating the general public on public policy issues	88%	2.1
Writing editorials or letters to the editor of newspapers or magazines	66%	1.1
Issuing policy reports	58%	0.9
Conducting demonstrations, boycotts, or protests	8%	0.1

Notes: 0=never, 1=rarely, 2=occasionally, 3=frequently, 4=very frequently. Thus, 1.5 indicates a degree of frequency somewhere between rarely and occasionally. The only tactics CoCs were involved in more than occasionally were participating in government-led commissions, committees, or advisory groups; participating in coalitions; and educating the general public.

Regression results for the first analysis are displayed in table 5. When examining this model, which predicts the frequency of CoC engagement in network-led advocacy, a number of relationships were confirmed. All three network capacity variables proved to be significantly related to advocacy frequency, as was having an advocacy infrastructure. First, CoC award size was positively associated with advocacy frequency, although the effect size is hard to interpret because of the log transformation. Second, rural CoCs engaged in advocacy significantly less frequently by a difference of 1.5 advocacy frequency scalar points. Third, CoCs that engaged in multiyear planning also engaged in advocacy significantly more frequently than those that did not by a difference of 1.8 advocacy frequency scalar points. Infrastructural investment in advocacy, including having an advocacy committee and a staff member other than the executive director responsible for advocacy, were also both significant predictors of the frequency of CoC advocacy activity, each accounting for differences by about 3 advocacy frequency scalar points.

In the second analysis, we look at what factors are associated with increased provider engagement and influence. By looking separately at four groups (low engagement/low influence, low engagement/high influence, high engagement/low influence, and high engagement/high influence), we are able maintain a conceptual distinction between engagement and influence while also testing for a combined effect. For example, CoCs that are in the category of high engagement but low influence may have many providers participating in advocacy activities, but decisions about what activities to engage in may be made primarily by directors or staff members. CoCs in the category of low engagement and high influence may have only a few providers involved in advocacy, but those few have great responsibility for determining the CoCs advocacy trajectory. CoCs that have low provider involvement and engagement may indeed participate in some advocacy, but it is led primarily by directors or staff. Those with high engagement and influence have advocacy that is motivated by and participated in by providers. We use the low engagement/low influence group as the reference group.

Table 6 shows that network leadership and governance is indeed related to provider engagement and influence in advocacy. CoCs with higher levels of provider engagement are more likely to have

Table 5 OLS Regression Assessing Factors Associated with Greater Frequency of CoC Advocacy Activities (N=263)

Independent Variable	Advocacy Frequency	
	b	SE
Award size	.73*	.34
Small award size	1.15	1.15
Multiyear planning	1.77*	.80
Rural	-1.51*	.80
Full-time director	.47	.71
Nonprofit contact	.51	.68
Network administrative organization	-.26	.78
Advocacy staff	3.07*	.75
Advocacy committee	2.91*	.75

Notes: Model is significant at $p < .0001$; variables at $* p \leq .05$; adjusted $R^2 = .23$.

a nonprofit contact, as opposed to having a lead contact who is a government employee, a consultant or something else. CoCs in which providers have a lot of influence on advocacy decision-making are much less likely to be governed by an NAO (as opposed to having a lead organization or engaging in shared governance). Specifically, in comparison with the low engagement/low influence group, the high engagement/low influence group was more likely to have a nonprofit organization as lead contact, while the low engagement/high influence group was much less likely to be a CoC governed by an NAO. The high engagement/high influence group retained both of those features in comparison with the low engagement/low influence group and, unsurprisingly, was also more likely to have an advocacy committee. Note, however, that the overall model fit for this analysis was not strong, only explaining about 7 percent of the variance. This indicates that there are likely other factors not included in the model that are more strongly related to provider engagement in advocacy.

Results from the last analysis, examining predictors of the strength of relationships between CoCs and state and local decision makers, are shown in Table 7. Choice of advocacy tactics and provider engagement and influence were indeed significantly and positively associated with greater relationship strength when holding structural characteristics, such as size, constant (see table 7). The adjusted R^2 increased by .10 between model 1 (including only structural variables) and model 2 (which added variables for provider engagement/influence and use of direct and indirect tactics). Looking only at model 2, then, we see that the

Table 6 Multinomial Logistic Regression Assessing Factors Associated with Provider Engagement and Influence ($N=263$) (Base outcome=Low engagement/low influence)

Independent Variable	b	SE
High engagement/ low influence		
Award size	.06	.21
Small award size	.62	.69
Multiyear planning	.25	.51
Rural	-.86*	.51
Full-time director	-.60	.45
Nonprofit contact	.81**	.42
Network administrative organization	-.52	.46
Advocacy staff	.78	.45
Advocacy committee	.56	.50
Low engagement/ high influence		
Award size	.21	.22
Small award size	.68	.78
Multiyear planning	.75	.51
Rural	-.81	.60
Full-time director	-.26	.47
Nonprofit contact	.78*	.46
Network administrative organization	-1.12**	.56
Advocacy staff	.91*	.49
Advocacy committee	.47	.54
High engagement/ high influence		
Award size	.12	.18
Small award size	.17	.58
Multiyear planning	.73*	.42
Rural	-.07	.40
Full-time director	-.03	.36
Nonprofit contact	.80**	.35
Network administrative organization	-1.10**	.41
Advocacy staff	.02	.40
Advocacy committee	1.54**	.39

Notes: Model is significant at $p < .005$; * $p \leq .05$; ** $p \leq .10$; adjusted $R^2 = .07$.

Table 7 OLS Regressions Assessing Factors Associated with Stronger Relationships with Policy Decision Makers ($N=263$)

Independent Variable	Model 1 (Adjusted $R^2 = .09$)		Model 2 (Adjusted $R^2 = .19$)	
	b	SE	b	SE
Award size	.32**	.11	.24**	.11
Small award size	.72	.38	.65*	.36
Multiyear planning	-.15	.26	-.31	.25
Rural	-.51**	.26	-.43*	.25
Full-time director	.46**	.23	.36	.22
Nonprofit contact	-.09	.22	-.15	.21
Network administrative organization	-.03	.25	.24	.25
Advocacy staff	.27	.25	.10	.24
Advocacy committee	.23	.24	-.08	.24
High engagement/low influence			.40	.29
Low engagement/high influence			.42	.33
High engagement/high influence			.57**	.25
Advocacy frequency—Direct tactics			.20**	.05
Advocacy frequency—Indirect tactics			-.05	.05

Notes: Models and difference in R^2 significant at $p < .0001$; * $p \leq .05$; ** $p \leq .10$.

group of CoCs with the highest levels of provider engagement and provider influence had significantly higher relationship strength ($b = .57$) than the reference group with low provider engagement and low provider influence. In addition, using direct tactics was

significantly associated with relationship strength ($b = .20$). After controlling for engagement/influence and use of direct tactics, the only structural variable that was still associated significantly with increased relationship strength was greater size ($b = .24$).⁶ Three other structural variables approached significance ($p \leq .10$): rural CoCs had weaker relationships by $-.43$ relationship strength scalar points compared with other region types, relationships between the smallest CoCs and decision makers may be stronger than what would be predicted when controlling for size (by $.65$ relationship strength scalar points), and the presence of a full-time director increased the strength of relationships by $.36$ scalar points over those with a part-time or no director, controlling for other factors.

Discussion

This article contributes to the literature on collaborative governance networks by conceptualizing network-led advocacy as one way of advancing their democratic potential—but only if it is done in a way that promotes stakeholder inclusion and voice. We examine three aspects of advocacy activity: the frequency with which collaborative governance networks engage in advocacy as a collective body, the extent to which participants are engaged in and have influence over that advocacy, and the strength of the networks' relationships with state and local policy makers. All of these activities are essential to meeting the overall goals of collaborative governance around facilitating open communication between government and third-party service delivery partners in order to reduce fragmentation and address wicked problems. In this article, we study the field of homeless services and HUD-sponsored Continuums of Care.

We find that variables reflecting network capacity—specifically, having a larger budget and engaging in multiyear strategic planning efforts—are strongly associated with increased frequency of network-led advocacy. Having a larger budget likely offers CoCs more degrees of freedom in regard to being able to engage in activities like advocacy, which is likely to help their work but is not as essential to basic functioning as procuring funding or meeting HUD accountability mandates. Those CoCs that are engaged in multiyear strategic planning (as opposed to more narrow single-year planning or focusing exclusively on funding) may be more likely to see the value of advocacy, the payoff of which is generally long term.

On the other hand, characteristics of network leadership and governance prove to be positively associated with provider engagement and influence in network-led advocacy. First, we find that having the network's lead contact be a representative of a nonprofit organization is associated with having more engaged providers when it comes to advocacy. It may be that CoCs with leaders similar to provider participants encourages more broad participation, or perhaps those CoCs are simply more open to provider influence and leadership generally. Second, we see that having an NAO governance structure for the CoC serves as a barrier when it comes to the engagement and influence of network participants. This is likely because in an NAO structure network participants are, by design, less involved in the day-to-day operations of the network—including in advocacy. This can increase the capacity of the network by allowing professionals to execute on behalf of the network, but reduced participant involvement generally goes along with that. The fact that advocacy frequency

seems to be tied to network capacity, while provider engagement and influence seem to be tied to network leadership and governance implies that there really are two different mechanisms happening when it concerns advocacy carried out by collaborative governance networks. While capacity is important for getting networks to the table, governance structure is essential for making sure that that advocacy is carried out in an inclusive and democratic way.

This is important, because we also find that collaborative governance networks have stronger relationships with policy makers—potentially quite important for solving the wicked problems they are charged with addressing—when participants are engaged and involved in network-led advocacy. Indeed, when assessing what is associated with stronger relationships with policy makers, network characteristics—such as capacity and governance structure—prove to be less important than increased provider engagement and influence in advocacy. The fact that increased provider engagement in network-led advocacy—a process goal—is associated with stronger external relationships—an outcome goal—indicates that process and outcome goals can be complementary in collaborative governance networks.

These findings suggest that a focus on meeting process-oriented goals around inclusion can help, not hinder, achievement of commonly desired outcomes such as stronger relationships with policy makers. It may be that policy makers respond to hearing from participants directly or that the advocacy engaged in by more inclusive networks is seen as more legitimate or valuable than advocacy that is carried out without their input or engagement. Given this positive relationship between provider engagement and influence and stronger relationships with policy makers, CoCs with NAOs (which are associated with lower rates of participant engagement and influence in advocacy) should be particularly careful to attend to stakeholder inclusion goals.

We also find that the use of direct advocacy tactics, such as providing public testimony and meeting with legislators and government administrators, is positively associated with strong relationships with policy makers, as is having a full-time director. Since many direct tactics are carried out by individuals, not groups, these findings seem complementary: direct advocacy tactics, carried out by network leaders with the time resources to engage, are important for advocacy success—particularly when that network leader is informed by and speaking on behalf of an engaged pool of participants. Smaller collaborative governance networks and those that are located in rural regions often have less strong relationships with decision makers, so their advocacy efforts may benefit from provider involvement and participation in direct tactics most.

As expected, having an advocacy infrastructure in the form of a staff member for whom advocacy is in their job description and/or an advocacy committee is positively associated with both increasing network-led advocacy frequency and provider engagement and influence. These variables were included as controls, but it is still important to see that doing these things was positively associated with desirable advocacy action and outcomes.

Finally, it should be noted that the causal direction of all of these associations cannot be established given the cross-sectional nature of

this data, which is a limitation of this study. A further limitation of the study is our inability to control for state-level policy context—the population of CoCs is too small to provide the power to detect findings at that level. Although CoCs are associated with federal-level policy making, they may choose to advocate on state-level issues. Qualitative analyses would be helpful in understanding the degree to which state-level context may influence CoC decision making.

Conclusion

Beyond the field of homeless services, the use of collaborative governance networks like CoCs is growing. Similar systems are found in other social service and health care fields (e.g., mental health, substance abuse, early childhood education) in which collaboration between multiple public and private stakeholders is necessary to reduce fragmentation and solve intractable problems (Kettl 2006). This article presents a conceptualization of what collaborative governance networks may gain from being involved in advocacy and why participant engagement in network-led advocacy is crucial to meeting the democratic accountability goals of such networks. It then reveals what network characteristics are associated with those advocacy practices. This conceptual framework is directly transferable to those other contexts, which share many stakeholder characteristics (e.g., high levels of contracting out to nonprofit service providers, vulnerable consumers, differences in need by region) and similar findings are likely.

Overall, findings from this research can help inform scholars and policy makers about the conditions under which collaborative governance networks, like CoCs, can engage in effective advocacy as part of two-way communication and learning between nonprofit providers and government agencies. Participation in such networks may provide additional advocacy opportunities for nonprofit providers, but the way networks are structured and led will likely have a large impact on the degree to which providers are able to make their voices heard.

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Notes

1. In the context of social services, these participants are typically nonprofit service providers and sometimes the consumers of services.
2. CoCs were identified as potentially inactive when all mail was returned undeliverable and all emails bounced or were never opened. CoC inactivity was confirmed through communication with contacts for 10 inactive CoCs. The additional two CoCs were unreachable, had not received any HUD awards since 2010, and were confirmed to have merged with another CoC using the HUD GIS mapping tool, CPD maps.
3. We put a variety of safeguards in place to ensure that the questions were well understood by respondents. Most importantly, the entire survey was pre-tested in person numerous times with previous CoC directors. We also did some interviews by phone, which allowed us to probe for comprehension. Finally, these particular items were carefully phrased. The first question asked, "Overall,

how active are the following CoC participants in advocacy conducted by the CoC?” Respondents were given a matrix with two lines, one to respond about service providers and one to respond about consumers, and the choices of “not at all involved,” “a little involved,” “somewhat involved,” “considerably involved,” and “extremely involved.” Similarly, respondents were asked, “Overall, how much influence do the following CoC participants have in advocacy decision-making?” with the response options for providers and consumers of “no influence,” “some influence,” “a moderate amount of influence,” “a lot of influence,” or “involved in all advocacy decisions.” Thus, respondents were asked to independently consider the engagement and influence of providers as well as consumers, as opposed to being asked to compare engagement and influence relative to one another directly. In addition, putting the words involved and influence directly into the response set may have helped respondents consider these two concepts independently.

4. Other potential independent variables were considered and rejected. Political climate (extremely progressive, somewhat progressive, centrist or mixed, somewhat conservative, or extremely conservative) was not significant in any of our models, and it changed nothing in the overall models when added or taken out. We left it out for the sake of parsimony. Travel time to meetings and number of staff were both too highly correlated with existing independent variables to include. Most importantly, we do not control for state because we do not have enough observations (e.g., there are not enough CoCs) to provide the power to detect findings at that level. There is also great variation in the number of CoCs by state—some have only one, some have more than 50. Finally, although state policy is important, given that CoCs are associated with HUD and carrying out primarily HUD policy, the context for our study is primarily national.
5. Specifically, the indicator for “small award size” was included in the model to address a nonlinear relationship between award size and other covariates. When award size alone was included, residuals were higher for CoCs with smaller award sizes. Adding an indicator for these CoCs helped address this systematic error.
6. Award size is determined at the federal level (HUD), while the relationships we asked about are state and local; thus, the relationship between size and relationship strength is unlikely to reflect a patronage relationship.

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