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Auteur: Danny Lescrauwaet
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Flemish region : quality of homeless services of the ngo-sector



1. The context : organisation and funding

1.1. Legislation

This report goes about the quality of the NGO-homeless services of the Flemish region. They cover around 50 % of the amount of services. The other 50 % is delivered by local authorities.

The ngo services are part of a broader sector : the general welfare work. General welfare work has services for families, youngsters, victims of crime, offenders, homeless people and poor people. Its regulated by the Flemish government (Ministry of Welfare) by the legislation on general welfare work (decreet algemeen welzijnswerk).

In Flanders there are 25 regional Centres of General Welfare Work. Nearly all of them have services for homeless like hostels, accompanied housing, day-centres,...

1.2. Typology and organisation

Within Algemeen Welzijnswerk we use a typology for data collection and for policy reasons. We call this types 'modules' and they describe : a definition of a certain type of aid, conditions, specific actions. See also handbook type modules 2011 in annexe.

For the homeless the typology is as follows :

- Residential care : integral residential care, integral residential care for young homeless, integral residential care for victims of domestic violence, care for children who accompany their parents when homeless.
- Ambulatory care : accompanied housing, day care, care to prevent home eviction, streetcornerwork.

On the following website there is a register of the services in the different regions : www.caw.be

1.3. Funding

The ngo services for homeless are funded by the Flemish government. Each Centre of Algemeen Welzijnswerk receives a budget which it can use in his region in relation to the needs. Our centres need to make a 5 year policy plan which describes the mission, strategic and operational targets and services they will offer.

Centres of Algemeen Welzijnswerk can also receive funding from local governments in case when they deliver services to those governments.

In case of building or renovation of centres there is a specific funding system of the Flemish government which supports 60 % of the building and renovation costs (see further).



2. Policy and framework regarding quality

2.1. Quality provisions

There is a legislation who is compulsory and contents minimum quality standards for the centres of general welfare work¹. The minimum standards should be reached, but a centre may offer more quality. This legislation (kwaliteitsdecreet zie www.juriwel.be) is not specific for homeless services but also for services of the Flemish government such as : health services, services for disabled people and elderly, services for young people etc. But certain matters can be specific for one type of services.

Homeless services funded by local authorities don't have an overall quality system. The local authority itself is responsible for the quality.

2.2. Dimensions of quality

The regional legislation on quality doesn't have a definition of quality. It speaks about quality management and quality care. The general conditions are :

- The care must be client-orientated , effective, efficacious and continuously. Those general conditions are specified in minimum quality standards (see further).
- Centres must realise their quality policy by means of quality care and quality planning. They are obliged to have a quality handbook (with a quality system). The content of such a quality handbook is also specified.

The minimum quality standards are the following :

- Centres need to have a deontological code and must treat personal information about clients strictly secret.
- Centres must respect the human dignity. They have to take attention to the vulnerability of the clients. The clients own responsibility must be the starting point of the helping process.
- The aid must be tailor made applied with participation of the client. The self responsibility of the client must be stimulated.
- The aid must be described in an understandable way and must be communicated in an adapted way to clients.
- The centres must be open for different types of questions. If it can not respond to a certain question the client must be referred to a centre that can do it.
- The centre has to describe how it is directly accessible for clients (without appointments).
- The centre have to take attention that it is also accessible out of office hours.
- The centre needs to take attention about its accessibility on the physical, cultural and psychological level for its target groups.

¹ Decreet van 17 oktober 2003 betreffende de kwaliteit van gezondheids- en welzijnsvoorzieningen.



- The centre is not allowed to refuse aid because of financial problems of the client.
- The centre needs to have a complaint procedure : registrations and handling of complaints. This procedure has to inform clients how they can make a complaint, how the complaint will be handled and how the client will be informed about the result.
- The centre has to research the possibility to engage volunteers in its services.
- The centre needs to have a procedure how to act in case if the integrity of the client is in danger.
- The centre needs to inform the gouvernements and other relevant organisations about shortcomings and needs in relation to its target groups.
- The centre needs to have a mission statement and makes this public.
- The centre needs to describe his different target groups and how it makes priorities in target groups in relation to their needs.
- The centre needs to make its targets actual and relevant on a regulary basis.
- The centre needs to take measures to reach its target groups in an active way (for example with outreaching work).
- Targets and target groups need to be evaluated sytematically and regulary. Also the performance of its employees. This evelauation must be used in changing the policy concering its services to clients.
- The centre needs to engage enough competent staff to realise its targets.
- The centre must develop a policy concerning training and education for all the staff.
- Staff should be enough competent for their duties and shloud be supported in their functioning.
- Volunteers who are working in the organisation should be supported.
- The organisation and infrastructure (see further) must be adapted at the needs of the target groups and allow an effective and discrete service who respects the privacy.
- The centre needs to take measures concerning the physical safety and the hygiene of clients, staff and volunteers.
- The centre needs to have a director and a job description for its staff.
- The centre needs to discribe in what cases a client file needs to be kept.
- The centre needs to collaborate with other organisations to reach its targets.
- The centre needs to collaborate to realise participation to a broader welfare policy.
- To reach continiously aid the centre needs to organise information and collaboration between its staff members.

Further there are some criteria of quality in case of renovation or building infrastructure. I



mention here only those who are relevant for (homeless) clients² :

- Common sleeping rooms of maximum 2 beds with a surface of at least 8 m² per bed and a surface of at least 12 m².
- A multi-functional space for living during the day of at least 4,5 m² per client.
- One toilet per 5 beds.
- One washing room per 5 beds.
- One washing table in each sleeping room.
- Washing tables nearby living room making it possible for clients to wash their hands.

There are also general rules for fire safety, kitchens etc. which we don't mention here.

2.3. Conditionality of funding.

After installation of the quality rules the centres received a period of 3 years to reach the criteria. The criteria are inspected by the Flemish civil (Department of Inspection of the Ministry of Welfare). A centre needs to give the administration all relevant information. Public servants are allowed to control the criteria in the centres. Such a control can happen concerning the whole centre, for certain services or as a result of a complaint.

Centres have also to register certain items about quality to make control possible.

3. Quality in the context of the specificities of homeless services.

The quality system is not specific for homeless services. Concerning participation of users, it is one of the quality standards. But the way or method to organise it, can be chosen by the service. So we see that transitional or emergency centres are using other methods than centres where homeless people are staying for a longer time. Emergency services can work with client satisfaction questionnaires, interviews or meetings once per year with the users who are in the service.

² Besluit van de Vlaamse regering van 10 september 2010 tot vaststelling van de investeringsubsidie en bouwtechnische normen voor het algemeen welzijnswerk.



About diversity it is one of the main quality standards (see taylor made service). Another way is to diversify the type of services which can be done flexible because or centres receive a flexible budget and they can decide (within certain limits) what kind of services they offer (shelter, day-care, accompanied housing etc.)

We offer our centres information about participation methods. There are also courses and training for staff available (organised by another training institute).

4. Implemenation

4.1.Governance

The inspection department makes a report of each quality controll. The centre is informed about this report and has a right of appeal.

The Flemish gouvernment has also to inform the Flemish parliament about the quality of the centres.

Sanctions :

- When centres don't furfill quality standards the centre can lose its recognition and funding.
- Centre scan get a certain period to reach standards. Then there is a new quality controll.
- When a centre does'nt reach the standards it can get a fine of 100€ up to 100.000 € (after a first warning and when this warning is not respected). When the fine is not payed the case can become before court.

4.2. Methods and staff training

Its the core business of 'Steunpunt Algemeen Welzijnswerk' to support our centres in reaching and developping quality. The centres themselves have budgets for training.

Training and support is or organised by Steunpunt Algemeen Welzijnswerk, or we engage specialists if we don't have the expertise.

For new staff members in homeless services we have developped a training traject (over 2 or 3 years) consisting in different courses. The basic courses on homelessness , the one about accompanied housing, homelesnes and drugs, homelessness and psychiatric problems are organised by Steunpunt. Other courses like first aid, dealing with agression are organised by other training centres.

Besides training Steunpunt organises learning groups where staff of our centres can exchange experiences.



For innovative methods we organise projects or working groups.

5. Evaluation of the existing quality provisions

5.1. Organisation of homeless services

When the quality system was introduced in our region there was before a participation process organised for service providers and for civil servants. The participation of users was less or not organised. So the quality system reflects more the perspective of the government and the service providers.

Later research³ demonstrated other needs of homeless people, not covered entirely by the quality system. Steunpunt organised then, with the support of the Flemish government a 2 year project, to bring our services closer to client needs⁴.

An evaluation of the quality system is planned to make it more effective and also to actualise it. But it's necessary for each service and thus also for homeless services to take continuous attention to meet client needs. This can also be evaluated (monitored) by independent research and the government.

5.2. Specificities of homeless services

Is there a need for specific quality standards for homeless services? This depends on your vision regarding homelessness and homeless people. In Europe we see 3 basic models of dealing with homelessness: the staircase model, the tiered model and the normalisation model⁵. In the Flemish region there is an evolution from the tiered model to the normalisation model. In the normalisation model the vision is that homeless people have the same needs as other people, but some need support to obtain a 'life quality'. Regarding this vision there is less need for specific quality standards for homeless services (which we never had in my region). One must also take into consideration that homeless people not only use homeless services, but also other services (like for example health and employment services). Those need also to offer quality.

But minimum quality standards for social services are a good thing when there is no over standardisation because this can lead to bureaucracy and to much procedures.

³ Van Regenmortel e.a., Zonder (t)huis, Sociale biografieën van thuislozen, Lannoo Campus 2006

⁴ Lescauwat D., Verandering brengt verandering voor, Eindrapport project herankering thuislozen, Steunpunt Algemeen Welzijnswerk, 2008.

⁵ Benjaminsen L., Dyb, E., The effectiveness of homeless policies, variations among Scandinavian countries, European Journal of homelessness, vol 2, december 2008



Participation (with effective methods) can lead to more quality and more client orientated services. But this not only the case for homeless services but also for other services (for disabled people, elderly people, etc.)

Implementation of quality needs a continuously review, transparency, participation, innovation, staff training, a not bureaucratic organisation, a learning culture in organisations, attention for effective service (cost/effectiveness), support from the broader society (is she open for integration of homeless people ?). Without being complete the following items can be important to obtain quality⁶ :

- Use the available knowledge in the organisation.
- Use (international) evidence and research.
- Review regularly the way of working.
- Make a long term policy.
- Take in consideration that working with homeless people is always a difficult job.
- Internal dialogue in the organisation is important.
- Staff training.
- Participation of users.
- A government that demands and evaluate effectiveness of the care system
- Inspiring leadership.

6. The role of the European Union

We experience only a negative effect till now concerning EU-migrants coming to Belgium (see problem homelessness and integration).

It should be good iff Feantsa can give space and attention for exchanging good practices about how to deal with quality, quality systems in homeless services.

It should be positive iff, with the support of Feantsa we can come to some minimum quality standards for homeless services especial for those countries where there is a serious problem concerning minimum quality.

⁶ Hermans, K. Effectieve hulpverlening, Lucas-Kuleuven, presentatie.

