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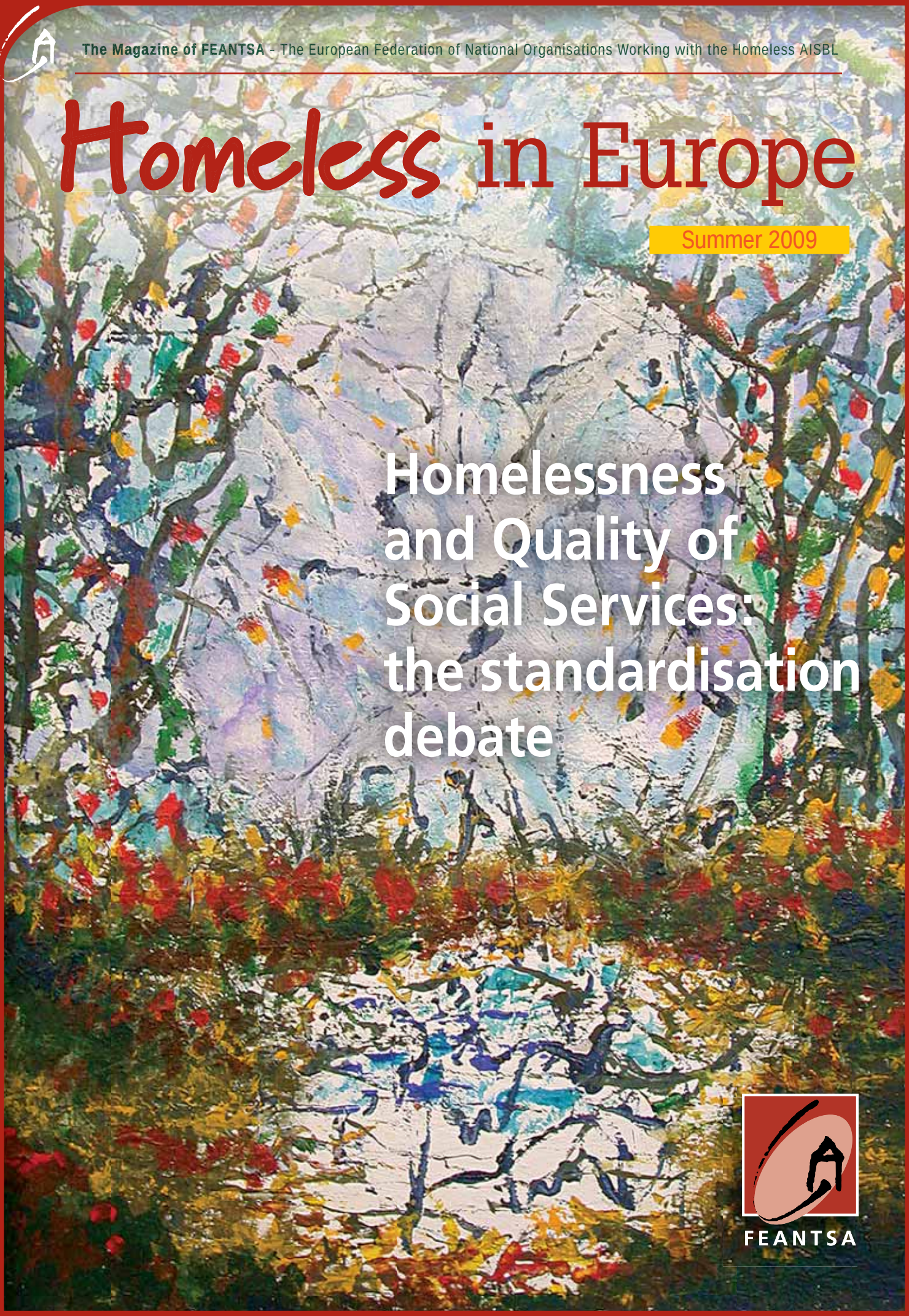

Homelessness and Quality of Social Services: the standardisation debate

FEANTSA

In this issue

LETTERS TO THE EDITOR

We would like to give you the chance to comment on any of the articles which appear this issue. If you would like to share your ideas, thoughts and feedback, please send an email to the Editor, Charlotta Odlind (charlotta.odlind@feantsa.org).

Homelessness and Quality of Social Services: the standardisation debate

Debate around quality of social services has intensified in recent years. Increasingly, questions are being asked as to how the quality of social services can best be guaranteed, how vulnerable users can make informed choices on the type of service they need, how training of social workers can best be ensured, and how social service providers can adapt to increasingly competitive markets. Much of the debate relates to how and whether standardisation can be reconciled with the special role of social services in the protection of fundamental rights, ensuring social cohesion and social protection.

This debate is gaining an increasingly European dimension. Although cross-border provision of social services is still limited, it will increasingly call for a greater level of service comparability. To this end, a better definition at European level, of the services at stake is required. In November 2007, the European Commission published a Communication on 'services of general interest, including social services of general interest: a new European commitment,' announcing a strategy for supporting the quality of social services of general interest (SSGI) across the European Union. It outlined financing for the development of mechanisms to define, measure, assess and improve SSGI quality. The communication announced funding for public authority training programmes, to guarantee the delivery of quality services when applying public procurement rules and state aid rules for the selection and financing of SSGI providers. It also declared the Commission's support for the development of a quality framework for SSGI.

This edition of Homeless in Europe presents a variety of experiences and standpoints on the standardisation debate, both at local and European level. Julien Damon, Associate Professor of Political Science in Paris, calls for an EU agency to create standards for homeless services. As homelessness is now a social reality in and of the EU, he argues that the problem needs a European solution, with European standards. Peter Gyori, Deputy Director at the Budapest Methodological Centre of Social Policy and its Institutions, however, argues that there are a number of negative consequences of over-standardising social services for homeless people, which must not be overlooked. Drawing on his experience in Hungary, he posits that standardisation can detrimentally affect smaller service providers that have few resources, decrease the diversity of services and increase the cost of bureaucracy.

The importance of staff training to quality of social services is often raised. Dr Angela Jones, Primary care physician working with homeless people, explains why health professionals are often ill-equipped to deal with homeless people and summarises how their training could be improved. Carolina Aguado, Director of Puerta Abierta - a residential centre for homeless people in Madrid - and José Antonio Hernandez Mondragon, Director of Emergency Social Services at Grupo 5, explain how they improved staff development as well as service user satisfaction by implementing a quality assurance system in Puerta Abierta. They detail the steps they went through voluntarily, to gain the EFQM (European Foundation for Quality Management) certification, and how the shelter and its service users have benefitted from this.

The development of quality indexes is central to the discussion on quality standards. Marielle Beijersbergen, postdoctoral researcher at the Department of Public Health in Nijmegen and Professor Judith Wolf, explain their methodology for developing a Consumer Quality Index for clients of services for homeless people and battered women. In their study, which is currently taking place, they aim to include 720 clients, to gain insight into the quality of care provided to their target groups.

Two case-studies of the implementation of quality standards in social services are presented from Poland and the Czech Republic. Piotr Olech of the Pomeranian Forum in Aid of Getting Out of Homelessness explains how a number of NGO's, public sector institutions and experts worked together to develop standards for the Pomeranian Province. He argues for a flexible, local, heterogeneous, bottom-up approach to the standardisation of norms. Jiri Ruzicka, a member of the executive board of the association of shelters in the Czech Republic, gives an overview of the advantages and disadvantages of quality standards in homeless shelters, arguing that the requirement for personnel and employee development is a valuable one, but is rarely accompanied by corresponding funding. Furthermore, the inspection process inherent in the monitoring of standards can be frustrating when inspectors do not understand the specificity of homeless service provision.

Michel Mercadié, Secretary General of FNARS, takes a critical look at how competitive tendering will affect SSGI's in France, warning that following the Anglo-Saxon market-driven model will be disastrous for voluntary welfare agencies. Pam Orchard, Assistant Director at Edinburgh Cyrenians, gives an account of her organisation's experience of the tendering process in the city of Edinburgh, outlining pertinent aspects of the process, and capturing three main areas of difficulty.

The client perspective is elaborated upon in Danny Lescrauwaet's article which gives the results of the client survey conducted by Steunpunt Algemeen Welzijnswerk in Flanders last year. The survey revealed what service users felt was important to have in a shelter, and what they considered a service of 'reasonable' quality to be.

Finally, a somewhat radical, thought-provoking approach to the idea of standardisation of homeless provision is given in Juha Kaakinen's article on the Finnish model. He presents the view that no quality standard would ever make shelters a suitable solution for tackling homelessness, and gives an account of the Finnish policy of eliminating shelters. The Finnish national programme to reduce long-term homelessness aims to abolish all shelters, in favour of long-term housing solutions that facilitate independent, supported and supervised living.

As always, FEANTSA would like to extend its sincere thanks and gratitude to the contributors to this issue of the magazine.

Wanted - an EU agency and standards for homeless services

By **Julien Damon**, *Associate Professor of Political Science, Paris*[1], *France*

The European social model has been widely considered in research literature. To summarise, social Europe is searching for its identity. This involves, amongst other things, finding out whether the European Union is simply about completing the internal market, with social policy as a secondary consideration; or whether there other ways to give a more solid footing to social investments than just via the organization of labour and the market. Regardless of the debates on headline issues, the EU and its members face new, concrete social realities that countries must respond to: new forms of inequalities, increasingly diverse populations, changes in family structure, ageing, dependency, increased mobility and social exclusion. The majority of these issues fall within the remit of the Member States but affect the Union as a whole. This is particularly the case for homelessness.

A GLANCE BACK AT HISTORY

Homeless people have been a prominent feature of urban public spaces in the EU since the mid-1980s. This long-standing problem has acquired a new dimension, not least that extremes of poverty are now seen to be intolerable in affluent societies. The plight and living conditions of homeless people are everywhere seen as violations of human rights.

Although urban street homelessness differs widely in form from one EU country to the next, solicits very different responses (hostile or hospitable), and at first sight falls outside the Community's remit, it is one of the worst expressions of social exclusion that directly concerns local, and national, governments. It is an issue which conflates insecurity, poverty, and mobility, and increasingly concerns the Union as such. It is part of a process into which history affords significant insights.

The way vagrancy and begging were dealt with was a factor in the development of social and penal policies. Historically, local government's inability to deliver a community response to the somewhat disturbing presence of street homeless people had to be remedied by regional then national action, enabling States to take on increasing responsibility in this area. In today's open-border EU, there is no doubt that homelessness has to be addressed on a new, community scale. In some respects, the ability to take effective action lies less with urban and EU than regional and national authorities. Knowledge exchange and mutual learning are gradually increasing between the Member States. A case may be made for strengthening this community dimension of action for homeless people by making it a specific part of the social inclusion strategy, but also by creating purpose-designed instruments, like a European agency.

Homelessness, with its diverse range of national definitions, situations and policy responses, is gradually rising up the European policy agenda. In the Open Method of Coordination (OMC), homelessness (for which there is no EU definition) is included amongst the most serious forms of poverty and social exclusion. As a result, a more sustained focus is placed on homelessness each year, although with varying degrees of engagement in each country, and very often remaining peripheral to the general concerns of social protection and social inclusion.

- In 2008, the European Parliament adopted a written declaration on "ending street homelessness" by 2015.
- In 2009, homelessness and housing exclusion became a work topic for the Commission's Social Protection Committee, on which each Member State must submit a specific report.

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- In 2010 (the European Year for Combating Poverty and Social Exclusion), a consensus conference will be held on homelessness (valuable in principle, if only because of the deep divisions on the matter).
- In 2011, a harmonized census of homeless people in the Member States is planned.

SPECIFIC PROPOSAL

There is no question that homelessness is now a social reality in and of the EU that requires new ways of thinking and acting. But national policy mindsets are no longer fitted to cope with poverty that is more mobile than in past centuries. Policy responses cannot be confined to purely local action or under-performing regional and national coordination. Homelessness today is fully both a local and a European issue, and measures for tackling it – be they generic instruments (such as social support systems) or specific ones (such as night shelters), legislation on anti-social behaviour in public places or the gradual assertion of the right to housing – need to be rigorously analysed and revised with greater ambition. One operational recommendation that could be made is to establish specific instruments like a European agency with a three-fold remit: to monitor homelessness EU-wide; to support provision and regulation; and to co-ordinate co-operation between States in managing casework for homeless persons who have moved to another Member State. Basically, this agency could be tasked with drawing up and monitoring intake and quality of service standards for homeless people. Such standards already exist for asylum-seekers, so why not adapt them for homeless people, given the clear overlap between the two situations? These standards could deal with the nuts-and-bolts details of opening hours, number of specialized staff, house rules, number of places in each centre, and so on.

A specific European agency to handle EU co-operation and the rights of EU nationals who are street homeless in a different Member State could, with specifically targeted research and enabling resources, considerably modernize and improve provision for such situations.

A number of specialized EU agencies have already been set up to support the Member States and their citizens in addressing new legal, technical and/or scientific imperatives. Provision for the homeless, if only through coordinating national provision, could fall within their remit.

Needless to say, these are merely exploratory ideas for improving the policy response for homeless people, which emphatically cannot be isolated from broader public policies because homelessness is not a problem apart that can be solved by over-specialized provision, but a social – and now, European – issue to be understood and hence dealt with as encapsulating all the others.

Standards in Social Services in Hungary – with Serious Contradictions

By **Peter Gyori**[1], *Deputy Director, BMSZKI*[2], *Hungary*

In Hungary, social services are regulated by the Social Act and its attached clauses. These regulations define the forms of social services that local municipalities must provide – depending on the number of citizens. Local municipalities may then draw up agreements with non-governmental organisations to operate certain services for them. The regulations connected to the Social Act contain quite detailed specifications for the so- called objective and personal conditions of each social service – and have an obligatory force.

The Social Act also defines the criteria of customer access, rules on client legal protection, and the main regulations of service operation. For example, in the case of accommodation for homeless people, regulations determine the following:

- the maximum number of occupants per room,
- the minimum area of accommodation for one occupant, in square meters,
- how many toilets and showers a hostel must have,
- the provision of continuous heating, a warm water supply, towels, possibilities for washing and cooking, safe deposit boxes, a sick room, a communal room, etc.

Furthermore, there are detailed regulations for hostel opening hours, for how many hours of social work – carried out by qualified social workers – must be provided daily, how many qualified social workers and social assistants must be employed, what education they must have, what specific qualifications they must acquire in certain cases, and what obligatory professional training they must participate in. (There are similar regulations for street services and day centres as well.)

These regulations include detailed specifications for obligatory documentation processes, their content, the order of the fees paid, the main rules of the house, the framework of complaint procedures, and also determine the approximately two dozen regulations that a service provider must have (from the Rules of Fire Potection through to the Rules of Work Protection).

In Hungary, all social service providers must acquire an activity license from the local notary, or from the state's so- called Social and Guardianship Authority. A social service provider can acquire a permanent activity license only in the case that it fulfils all of the requirements; if it does not, it either gets no activity license (and thus cannot operate), or it gets a so-called temporary activity license, and must fulfil the requirements before the date of its expiry. Conformity to the requirements is controlled regularly, at least once a year by the authorities issuing the activity license.

Social service providers with an activity license get an equal amount of guaranteed state support (so called '*normative support*'), determined by the state budget law (for example an annual amount of HUF 550,000 per occupant).

Comparing the content of the obligatory legal provisions in Hungary with the standards for social services of some other countries, we can see that these provisions are essentially identical with the minimum standards of services. The primary purpose of the Hungarian minimum standards is to guarantee a certain minimal service standard for the users, whose possibility of choice is limited, as they are themselves insolvent, and/or cannot choose independently between "good" or "bad" services (because there are not enough available services to begin with, for example). The aim of the standards is thus seemingly a noble one; however, several serious contradictions have surfaced in the past years, which are worth looking at.

Before that, I would like to mention that standardisation continues to be an important topic for debate in Hungary among service providers, and amongst service providers and organisations that are interested in standardisation. Among the latter, there is a concept that keeps strengthening, which is that standardisation is nothing but an even more sophisticated means of control. As a consequence, newer and newer standards are being drawn up, not only for the minimum objective and personal criteria of service providers, but also for the scope, details, quantity and quality of tasks that service providers must carry out.

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WHAT ARE THE POSSIBLE NEGATIVE CONSEQUENCES OF STANDARDISATION?

The – shortly summarised – system of minimum criteria has functioned for the last 15 years in Hungary, and it keeps developing. In the meantime, numerous practical problems have surfaced:

Narrowing of capacities

One, very easily understandable consequence of the appearance of minimum criteria is a radical reduction in the capacity of existing service providers. For example, introducing the criteria that, instead of four, now six square meters must be provided per occupant, resulted in a 50% decrease in the number of places available from one day to the next. This – by the way, well meant – quality rule is so much at odds with the extent of the problem during, for example, the winter crisis, that several service providers were forced to operate illegal places, since they did not wish to send those wanting to spend the night there back on the street. In the end, new provisions have been drawn up, which stipulate that during the winter time, temporarily, providers may also operate places of lower criteria.

Even so, service providers that cannot fulfil minimum criteria have been closing, ceasing to exist. (It could be considered a "good result", but when there is no alternative, the affected homeless people find themselves in an even worse situation than before.)

Exclusion of smaller, poorer service providers

Standardisation does not affect all service providers the same way. Characteristically, service providers of smaller size, smaller capacities and with less resources, are excluded first from the sphere of services. This results in serious structural problems in more than one dimension: there are more smaller, poorer service providers among non-governmental organisations (NGO's) than in the state or municipality sector so therefore NGO's are most sensitive to the effects of standardisation. The dominance of the state is increasing in the area of services. Smaller, poorer municipalities cannot keep up with much larger, richer ones or with the newer quality regulations, and thus these municipalities are the first to close their services. However, it is exactly in these areas where the majority of people are in need of support, and thus "white spots" of service provision come to exist.

Preventing the entrance of new service providers

This is reflected not only in the closing of previously operating services, but also in the fact that standards in many cases prevent the entrance or birth of new service providers. In the case where there are overly detailed quality criteria, or ones that many service providers are unable to meet (because it would be more expensive than the resources available to them), services do not even come to exist. This is also not a "neutral" process: poorer, smaller local municipalities and organisations in the NGO sector are the least able to start new, higher standard – services, which are expensive and highly controlled.

Decreasing of the diversity of services

The argument that standardisation decreases the possibilities for individual solutions and initiatives is very well-known in professional literature. We ourselves did not accept this familiar argument until we experienced that it is unfortunately true. In the field of social services, and especially in the area of services for the highly problematic group of homeless people, there is an extraordinarily large demand for the supporters' or supporting organisations' individual creativity, for them to come up with individual solutions to providing special support - ones that are well in line with local circumstances. Standardisation does not help this; in fact, in many cases, it is against it.

Static state versus a target to be dynamically reached

In Hungary, it is also a particular problem that present standards basically wish to reflect a static state: what we have, and what we do not have. More precisely, in case of more detailed standards, the aim is to try to reflect and grasp the quality features of the present situation. In the case of homeless people, however, the primary aim is not to maintain the present situation; in the process of support work, usually, the task does not mean serving the present conditions. On the contrary, what is desired is to reach a change, and to move away from the present situation. However, these changes cannot be reflected by the standards at present; they are quite hard to grasp even with special indicators. Nevertheless, the quality of services could be most demonstrated by these achievements.

Service providers that cannot fulfil minimum criteria have been closing, ceasing to exist. (It could be considered a "good result", but when there is no alternative, the affected homeless people find themselves in an even worse situation than before.)

Growth and rising costs of social bureaucracy

In Hungary, social services, especially services for homeless people do not have an abundance of resources. In truth, they have rather narrow means. That is another reason why it is contradictory that, at the same time – especially with the appearance of the new development resources – the official apparatus controlling social services has been growing, and one of its most fashionable tools is 'standards' themselves. Many of the organisations providing the services do not understand that while – in the name of "modernisation" – more and more resources are being spent on creating, testing and then controlling standards, the resources of service providers are being increasingly reduced. They can barely maintain their present standards, not to mention improve them. Another contradiction is that services, especially for homeless people, are relatively "cheap" ones - warm meals, clothing, blankets, simple accommodation, or a supportive chat, and team activities etc. - which, in many cases, do not compare with the resources spent on standardising, describing, categorising, and later controlling these simple activities. For example: it is rather counterproductive, when the inspectors of as many as three different monitoring organisations try to control a social worker's activity in one week.

Creating vicious circles of games

Perhaps one of the most problematic consequences is that often instead of contributing to raising the quality level of services, standards have triggered rule-avoiding games. This, of course, can be considered as a natural outcome of over-regulation: organisations or support-people cannot keep up with the ever increasingly detailed rules and regulations, and therefore try to conduct a sort of "double-entry book-keeping", or try to avoid the rules and accomplish virtual achievements. These games form a "vicious circle": rule avoidance fosters newer, even more detailed regulations, which then motivates avoidance and so on.

How can we do away with this "vicious circle"? As for ourselves, we are looking for the solution in the following directions:

- Service providers should establish their own internal quality assurance systems in order to control and improve the quality of their services.
- It is recommended that the staff and the customers or their representatives are involved in this internal quality assurance system.
- Service providers should get professional-methodological help and recommendations for establishing this internal quality assurance system. Standards should serve this aim.
- We find it important that these quality monitoring systems and their results are transparent, available and understandable to everyone.
- External standards and inspections should be primarily aimed at checking that service providers do indeed have such internal quality assurance processes.
- In each country, certain umbrella organisations or professional chambers (e.g. in Hungary HAJSZOLT – National Association of Homeless Service Providers) should motivate social service providers by various means to establish and operate standards that are flexible, similar in their main expectations, and reflect the targets of services; in order to improve the quality of these services.

Disputes will undoubtedly continue; our wish is to contribute to the debate by adding what we have learnt from the Hungarian example.

Hard to reach or easy to ignore? Improving the training of health professionals in care of people experiencing homelessness

By **Dr Angela M Jones**[1], *Primary care physician working with homeless people, UK*

I confess that I did not invent the title of this article – I came across it at a conference held for UK primary care professionals involved in substance misuse treatment, and it stood out for me as an excellent expression of the issues faced by people who are homeless when they attempt to obtain medical care. Our society is becoming so inured to walking past homeless people sleeping or begging on the street, without even an acknowledgment or a glance, that it is hardly surprising, though perhaps disappointing, that the 'caring professions' seem to be able to display a similar unwillingness to address the issue of homelessness or the special needs of people experiencing homelessness.

However, I fear that the problem extends beyond a mere unwillingness to engage with the issues. There are numerous anecdotal reports from people who are homeless about the lack of respect, which they perceive to be shown to them by health professionals. An experience of stigmatising or discriminatory behaviour is likely to result in less willingness on behalf of the homeless person to attempt much needed engagement with health services in the future.

Furthermore, reports from colleagues suggest that homeless people may receive substandard care within health care facilities, for reasons that will be explored later in this article. I have not been able to find any studies in the literature exploring this issue. What is known, however, is that the average age of death for a rough sleeper is reported to be around 40 years of age and that this seems to be a fairly consistent figure for US and UK populations. A US study in Boston showed that the cause of death for the majority of these people was a disease that is amenable to treatment, rather than due to trauma, accidental injury or environmental stress such as cold or heat exposure. This suggests that it is not only the risks inherent to homelessness that are harming homeless people, but also a lack of treatment for the usual long-term conditions that are suffered by the rest of the population.

What is going on here? Why are the caring professions finding it hard to care for people experiencing homelessness? There is no simple answer to this question as the situation is very complex. It may have something to do with attitudes towards people who are homeless and expresses the tension that exists between the two main theories of the underlying cause of homelessness. On one hand, there is the view that homelessness is rooted in the failure of an individual to be integrated in society due to his own intrinsic failings (the moral underclass argument) and on the other hand is the view that homelessness is a result of structural issues of poverty, poor access to education, employment and affordable housing and that its solution lies in the redistribution of wealth and structural changes to society. There is an intermediate view, which suggests that certain people are, due to their own characteristics, more vulnerable to the structural deficiencies of society and administration and thus become homeless due to a combination of their own issues and those of society.

However, to imagine that this level of discourse is common, or even present, in medical training programmes or among health professionals would be mistaken. In fact, there is evidence that students become more, rather than less, discriminatory towards homeless people (and doubtless other marginalised groups also) during the course of their training. Attitudes are most firmly set by a combination of role models and experience – and, here we come to the other key factor in the difficulties experienced at the interface between the homeless and the medical world.

In the UK, owing to the universal availability of health care, a great deal of store is set by the 'appropriate' use of health care facilities by the person seeking help. 'Inappropriate' use of emergency or out-of-hours services is censured, on the grounds that it wastes scarce resources. This kind of censure, however expressed, is likely to be felt far more keenly by a disadvantaged homeless person than by a fully-included member of society and may be experienced as a disrespectful attitude. Trainee health staff will witness these interactions and find it difficult to balance their feelings about the needs of the individual, their fears regarding the challenging aspect presented by many homeless people, their revulsion at the odours or infestations of that homeless person and their need to ally themselves to the community of professionals they aspire to join. These conflicts may result in the stigmatising and discriminatory attitudes displayed by some staff.

It may in turn result in a lack of treatment and care, if the homeless person does not have access to 'normal' in-hours care via registration with a general practitioner. When these factors are combined with the widespread ambivalent attitudes towards people with addiction problems and mental health issues, the difficulty experienced by staff and patients alike becomes more understandable.

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Most fundamentally, the idea that homelessness is due to an individual moral failure or weakness in the individual needs to be actively and openly challenged. To do so requires training for all health professionals, well-designed to deliver the objectives of developing an understanding of how social exclusion comes about and its far-reaching effects, and emphasising the key role of the health professions in exercising non-discriminatory attitudes at all times and to all persons.

Finally, it is the very complexity and challenge afforded by attempting to offer effective health and social care to homeless people, that might result in an overwhelming sense of helplessness and failure in a health professional, and may result in an unwillingness to engage with that person on anything other than a superficial, immediately necessary treatment level. The complexity and challenge lies not only in the problems, but in the fact that trying to address them requires eliciting and coordinating a response from a range of services and professionals who are unused to working closely together. The professional codes, language and etiquette will vary, as will the understanding of the problems and the view of the relative urgency of response required, leading to many opportunities for conflict, difficulty and failure in the management of a case. Setting oneself up as an advocate for such a case is not the action of someone who is interested in a peaceful life!

So what can be done to address this situation? In my opinion, action is required at a number of levels. Most fundamentally, the idea that homelessness is due to an individual moral failure or weakness in the individual needs to be actively and openly challenged. To do so requires training for all health professionals, well-designed to deliver the objectives of developing an understanding of how social exclusion comes about and its far-reaching effects, and emphasising the key role of the health professions in exercising non-discriminatory attitudes at all times and to all persons. There is no doubting that this can be a huge challenge, especially to those working in the most exposed frontline roles. However, it should be imperative on all health care organisations that they ensure that their staff not only understand the concept 'non-discriminatory practice', but also exercise it consistently.

Secondly, teaching should be compulsory for all health care professionals in the special needs of people who are homeless. These are actually interesting issues in their own right, and would engage even the most scientifically-minded individuals, if they were taught. Viewing a homeless person as potentially the next fascinating case for presentation to the professor or in a learned journal, rather than as a nuisance, might raise the status of homeless people within the health care setting and improve their access to good quality care. Cynical maybe – but we need to use all the routes available to us!

Thirdly, teaching should be offered in an experiential setting – in other words, students would be immersed in a setting where they come into direct contact with a homeless or other disadvantaged person, to hear their story and to understand their situation more fully. By breaking down the barriers in this way, by understanding how easy it is to become homeless and by then observing professionals treating homeless people appropriately and successfully, students can feel empowered to approach a person experiencing homelessness fairly and effectively in their future careers. Such courses are being developed for medical students in the University of Liverpool in the UK and to a lesser extent elsewhere, but they are not the norm and need to be extended to all professional training linked to health care.

Medical schools and other training institutions should ensure that students have the opportunity to report or discuss discriminatory behaviour they feel that they have witnessed in their training posts. Not only would this empower students and enable discussion of their concerns and conflicting feelings around this issue, but also the risk of challenge might focus the attention of the trainers to act more appropriately towards their patients and to avoid discriminatory attitudes and practice.

Finally, staff who work full-time to provide healthcare to people experiencing homelessness need special help in terms of formation and supervision in order to perform their complex task well and to avoid burnout. The difficulties that arise within and across multidisciplinary teams working in this field are well-described and understandable. It requires skilled leaders and managers as well as adequate time, for reflection and information sharing, and resources in order to enable staff to work well together. Furthermore, because homeless people often do not, for a variety of reasons, access specialist health care, the frontline professionals caring for them often have to have a very high level of expertise in issues as diverse as mental health, substance misuse and wound management. It may be aspirational to suggest that providing health care to people experiencing homelessness is a postgraduate discipline – however, a postgraduate interdisciplinary curriculum, including sociological, ethical and psychological as well as medical aspects of homelessness was written and delivered successfully at Oxford University in the UK. However, due to financial considerations, the course did not survive – after all, many organisations and individuals provide this care on a charitable or voluntary basis and cannot afford the time or expense of a university course. A debate about how such formation can be provided in a more sustainable way to individuals and multidisciplinary teams, learning together in order to work better together, might be a useful way forward and I hope that this article might stimulate such a debate.

A Quality Assurance System in a low demand residential centre for homeless people

By **Carolina Aguado**[1], *Director of Puerta Abierta, Spain* and **José Antonio Hernández Mondragón**[2], *Director of Emergency Social Services, Grupo 5, S.L, Spain*

PRESENTING THE PUERTA ABIERTA CENTRE

Puerta Abierta (Open Door) is a residential centre for homeless people in Madrid. It is publicly owned, belonging to Madrid City Council (Samur Social homeless persons and social integration department) and is managed by Grupo 5 Acción y Gestión Social S.L., the organisation that was awarded the contract by tender in 2001.

The centre has 76 residential places for men and women and provides services 24 hours a day, 365 days a year.

It is a specialised care centre for homeless people in chronic situations, who have complex, multiple needs caused by having spent a long time on the streets and having associated health problems. It uses intervention methodology designed around placing low levels of demand on service users and having a flexible approach towards people. It was set up to be the doorway to the Madrid's Homeless Persons Care Network, which aims to break the cycle of exclusion that affects this group of people.

The homeless people at the centre have a very specific profile: they live on the street and are in a state of serious personal neglect; they do not accept professional intervention and do not access services because of problems in satisfying their operational requirements and; they have left intervention programs and need a less demanding approach to be able to control the situation they are in.

Access to Puerta Abierta is not direct. Service users have to be referred from the various Homeless Persons Network teams who provide initial support. To be able to work with these service users, a flexible introductory methodology and strategy has to be used which suits the needs and abilities of the individuals involved. It is what we call 'low demand' and is shaped by a flexibility in the operation and organisation of the centre's services, as well as interventions tailored to individuals. The regulations of the centre are also basic, easy to understand and to comply with.

The general objective of the centre is to improve the quality of life of the homeless people we work with, by slowing down psychosocial and physical deterioration, breaking the cycle of social exclusion and promoting personal integration and self esteem.

The centre offers a comprehensive service that goes beyond just providing accommodation and includes welfare support, social support (such as processing benefits, access to specialist services and referrals to other facilities), socio-educational support and health support (basic health care, administration of medication, monitoring of treatments etc.)

To provide services to the people staying in the centre, we have an interdisciplinary team that includes a co-ordinating social worker, two other social workers, a social educator, an occupational therapist, a nurse, a manager/administrator and 17 social service assistants.

IMPLEMENTATION OF THE QUALITY CONTROL SYSTEM

The process of implementing the Puerta Abierta Quality Management System, included in the Grupo 5 Quality Assurance Strategy began in 2005. In 2007, it attained the EFQM (European Foundation for Quality Management) model Certification as a Centre of Excellence. During 2008 and 2009 it has gone ahead with adjustments, improvements and monitoring of the system. In December 2009, the certification will be renewed.

The Puerta Abierta Quality Plan and its implementation has consisted of various phases, beginning in 2005 with the design of Grupo 5 Social Work and Management Quality Plan. The implementation strategy was outlined, as was the allocation of the budget and resources required to carry it out.

In 2006, the foundations of the process were introduced, starting with familiarising the managing organisation and the Puerta Abierta team with the EFQM model. In the first few months of 2007, the EFQM Certification Plan was launched by the Technical Management and Head of Quality at Grupo 5.

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There were then three self-evaluation sessions validated by the consultancy firm. In these sessions, an evaluation questionnaire was carried out using the RADAR © Scoring System (EFQM). Actions required and areas for improvement were identified. The Puerta Abierta team then designed an Improvement Plan to be submitted along with the self-evaluation report and the corresponding scoring.

Various training sessions were given on the EFQM certification to the professionals at Puerta Abierta, carried out by Grupo 5's Head of Quality. Alongside this, a description of the procedures that are carried out in the centre was produced. These procedures range from covering the centre's basic service provision (shelter, food, etc.) through to internal and external coordination and intervention strategies and evaluation etc. In this way, it was established who was responsible for each procedure and how the work spread through the centre was to be measured and evaluated.

Once these tasks were completed, we proceeded to prepare the Quality Management self–evaluation process. The self-evaluation was carried out by a consultancy firm hired for this purpose. According to the regulations of the European Foundation, in order to attain excellence in the Quality Certification, 200 points have to be obtained.

All the documentation generated to support the centre's quality management system was sent to the consultancy firm. The Centre's management strategies were set out in this documentation to enable the consultancy firm to undertake the first assessment of the scope of the self-evaluation.

Subsequently a self-evaluation team was formed, which consisted of the Grupo 5 Head of Social Emergency Services, the Puerta Abierta Coordinator and the Grupo 5 Quality Manager. This having been established, a specific work plan was put together, which meant carrying out:

1. A satisfaction study of the Puerta Abierta Service Users.
2. An annual report on the 2006 results which referred to:
   a. Service Users (facts and figures: number of users, those joining and leaving, intervention programs, user satisfaction etc.)
   b. Employees (facts and figures: absenteeism, people leaving, workplace accidents, staff costs, compensation, bonuses etc.)
   c. Key results (facts and figures on the budget, expenses, performance and occupancy).

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These action points for improvement included:

1. Analysis of employees' expectations and evaluation of their perception of the way the organisation relates to workers.
2. Devising an operative plan based on the expectations of interested parties (clients, service users, employees, society…) that was in line with the organisation's strategy and was consistent with the budget.
3. Implementation of procedures and establishing assessment criteria for their evaluation. Establishing quantifiable goals for current criteria and for those which were to be developed.
4. Making the process of continuing improvement, systematic (assessing, analysing, implementing action points for improvement, learning).

During June 2007, the results of the Improvement Plan were reviewed.

Once the new report was prepared, a second self-evaluation went ahead (to exceed 200 points in the evaluation). This second self-evaluation included the carrying out of a second survey evaluating areas needing improvement, with each question then being marked and scored. The Second Puerta Abierta Improvement Plan was prepared, submitted together with the second self-evaluation report already marked, and implemented. An Improvement Plan for employee satisfaction was set up.

The study and improvement of user satisfaction went ahead, for which a second service user meeting was held, with the purpose of summing up their expectations. We used these expectations to supplement and improve the user satisfaction survey. We also carried out a second user satisfaction survey and compared the results to those obtained the time before. Alongside this, a satisfaction survey was carried out with the clients at Madrid City Council.

The self – evaluation report and results of the Improvement Plan were submitted to the certifying body. During December 2007, the visit by the certifying body and the validation procedure went ahead. Puerta Abierta was awarded the EFQM Quality Mark: Recognition of Management Excellence.

In the first few months of 2008, we carried out a review of the monitoring of objectives that had been followed in 2007, which meant reconsidering how the objectives to be achieved in each intervention area were to be quantified, according to the efficacy that they had demonstrated.

CONCLUSIONS: BENEFITS OF THE IMPLEMENTATION OF A QUALITY ASSURANCE SYSTEM

As a result of the continuing analysis and evaluation of the management system of the Puerta Abierta centre, changes have been gradually introduced into the methodology, adapting to service needs. The design and implementation process of the quality management system that has been carried out at Puerta Abierta has brought benefits to the centre and its users that go beyond the awarding of the Quality Mark that certifies the good standard of management.

These benefits are clearly reflected in two aspects: the recording of daily work (making it systematic), which facilitates the continuing evaluation of interventions and procedures; and the participation of Puerta Abierta service users has become more important to the day-to-day operation of services. We believe this to be the most cutting-edge aspect. Service users have ceased to be simply receivers of services, and have instead become active participants in the functioning of the centre.

In 2007, the first service user and worker meetings were introduced. This created a meeting space where people could express themselves freely and make complaints and suggestions about the daily work of the centre. Alongside this, the use of a suggestion box was promoted as a further tool for communication and enabling service users to participate in matters relating to the centre. This series of systematic measures was intended to get service users to take part, express opinions and make decisions on fairly important issues relating to the centre's operation. They helped people take responsibility for their actions and behaviour, and ensured that decisions were reached by consensus and were not unilaterally imposed by those in charge.

We are convinced that these types of measures reinforce the feeling of belonging at the centre for those who live in it, which in itself is one of the fundamental objectives of Puerta Abierta: that the service users see the centre as something which is theirs and consider it their point of reference.

LOOKING TOWARDS THE FUTURE: NEW CHALLENGES FOR OUR QUALITY MANAGEMENT SYSTEM

With the quality management system now set in motion we have observed that there are aspects of it which we need to adapt to conform to the reality of how the centre and the people who form part of it function. The philosophy of the centre is focused on providing a service to people in line with the EFQM model - this is why we have to place emphasis on the satisfaction and participation of service users.

To encourage participation, a complaints management system has been developed, as well as a schedule of service user and workers meetings, where various aspects of service operation are discussed. Periodically a satisfaction survey is carried out concerning services and facilities. All of this with the aim of promoting participation, and helping service users to develop a sense of belonging.

However going one step *further*, we have recognised the need to gather service users' impressions of the social intervention and rehabilitation that is carried out and designed by the centre's technical team. The people to whom we provide a service are very vulnerable and find themselves immersed in a cycle of social exclusion, which makes it difficult and often impossible for them to participate in the services they receive and the interventions carried out. Often, they cannot express their needs or their level of satisfaction or dissatisfaction. Immersed in a social exclusion cycle, their communication skills and assertiveness are undermined. This is why it is important to implement a system for gathering data on the satisfaction of the people themselves in relation to their rehabilitation process and the intervention being carried out with them, along with the assessment and coverage of their needs and expectations.

We believe that we must not be content with just questioning their satisfaction levels in relation to the centre's facilities or the food service, the care received from the professionals or the number of activities carried out during any period of time. We believe that getting to know their opinions systematically and in great detail would provide us with a lot of information about what is being done by the professional staff to contribute to the improvement of their levels of adjustment and attainment of the tools they need to manage in a given environment.

This is a fundamental element, which once incorporated into our quality management system for the Puerta Abierta Service will become one of our crucial work objectives.

Development of a Consumer Quality Index for services for homeless people and battered women

By **Mariëlle Beijersbergen**, *Postdoctoral researcher at the Department of Public Health*[1] and **Judith Wolf**, *Professor at the Department of Public Health*[2], *The Netherlands*

BACKGROUND

It is of great importance to have insight into the quality of care provided by services for homeless people and battered women. On the basis of this information, service providers can learn which aspects of care need to be improved. In addition, the government can use this information to monitor the quality of services. The Dutch Quality Law Service Providers (1996) states that service providers are responsible for providing good quality care, and they are obliged to have a quality monitoring system. The quality system prescribes that service providers must periodically investigate client experiences or client satisfaction with the received care. Unfortunately, no set of quality indicators is yet available to determine which aspects of care for homeless people and battered women should be examined.

Wolf, Luijtelaar, Jansen, and Altena (2007) asked Dutch service providers what methods they use to measure client satisfaction. It became clear that these service providers do not use the same questionnaire. Moreover, the instruments that are being used are not scientifically validated. As a consequence, it is unclear how to interpret the responses of the clients and it is impossible to compare the quality of care provided by the different services. Wolf et al. (2007) also conducted a literature search on client satisfaction of homeless people. The authors concluded that research in this area is still scarce. Furthermore, it was found that most satisfaction questionnaires are not developed to be used with homeless people. This is a limitation in these studies because, as McCabe, MacNee and Anderson (2001) noted, questionnaires developed for other populations may not be evenly applicable for homeless people. It can thus be concluded that there is an urgent need for a well validated instrument to measure experiences of homeless people and battered women with the care they receive from service providers.

CQI-METHODOLOGY

The Consumer Quality-Index (CQI) is a standardized method for measuring clients' experiences of care (Sixma, Hendriks, Boer, & Delnoij, 2008). It also includes guidelines for analyzing and reporting on CQI data. The CQI methodology was developed by NIVEL (the Netherlands Institute for Health Services Research) in cooperation with the Academic Medical Centre. It is based on scientifically funded instruments: the American CAPHS-method (Consumer Assessment of Health Care Providers and Systems; see Delnoij et al., 2006) and the Dutch QUOTE-questionnaires (Quality Of Care Through the Patient's Eyes; Sixma, Kerssens, Campen, & Peters, 1998). In contrast with questionnaires focusing on client satisfaction, the CQ-index asks clients about their concrete experiences and how much they value certain aspects of care. Priority scores are calculated by combining the scores for actual experiences of clients with the scores for how important a certain aspect of care is. The higher the priority score, the more urgent it is to improve that aspect of care (Sixma, Hendriks, Boer, & Delnoij, 2008).

If services intend to improve the quality of care that they provide, information on concrete experiences is more useful than information on satisfaction ratings (Cleary & Edgman, 1997). This is because satisfaction scores are influenced by expectations; clients may give low satisfaction scores because of poor quality care or because of very high expectations that were not met even though good quality care was provided. Therefore, the scores obtained by a CQ-index may be preferred over satisfaction scores.

In the Netherlands, CQ-indices have been developed for several areas of care. Examples of CQ-indices are: the CQ-index for hip and knee operations (Stubbe, Gelsema, & Delnoij, 2007) and the CQ-index for short-term non-residential mental health care (Wijn-

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gaarden, Kok, Meije, Fotiadis, 2007). Those who want to develop a CQ-index need to contact the Dutch Centre for Consumer Experience in Health Care (http://www.centrumklantervaringzorg.nl/). This Centre monitors and evaluates all research with CQ-indices. This way it ensures that results of CQI data collections are comparable.

AIM

In the present study, we aim to develop a valid and reliable CQ-index for clients of services for homeless adolescents, homeless adults, and battered women. In addition, a protocol for data collection, data analysis and reports will be developed. This protocol, to which researchers must adhere, ensures that results of studies with the same CQ-index can be compared.

DEVELOPMENT OF THE CQ-INDEX

The themes and questions of the "CQ-index for services for homeless people and battered women"[3] were defined on the basis of the results of several research activities. As described above, a literature search was conducted on studies relating to client satisfaction. In addition, Dutch organizations providing services for homeless people and battered women were asked for their investigations of their own clients' satisfaction and experiences. Other relevant sources such as the Dutch HKZ-norm (quality system) were used in this process.

Secondly, we organized six focus groups with a total of 42 clients who made use of services for homeless people (adults as well as adolescents) or battered women. During these discussions, clients were asked what they thought was important for the quality of the care they received.

Finally, we collected input for the questionnaire by conducting a concept mapping study with clients and professionals of services for homeless people and battered women. Concept mapping is a method used to get insight into complex concepts (Trochim, 1989). This was very useful for the current study. 165 clients and 104 professionals participated in the study. The study resulted in two concept maps: one for the services for homeless people and one for the services for battered women. Each concept map reveals the necessary elements for an intervention, as identified by clients and professionals of the specific subgroup (Beijersbergen, Christians, Mensink, & Wolf, 2009; Jansen, Jonker, & Wolf, 2009).

Based on these activities, we were able to come up with themes that needed to be incorporated in the CQ-index. Client councils and professionals were asked to give feedback on the suggested themes. As a result, the themes were adjusted. Next, questions were formulated for each theme, again on the basis of the results of the literature search, the focus groups and the concept mapping results. According to the client councils and professionals who were consulted, the language in this concept CQ-index was too difficult for the clients. Therefore, an organization specialized in simplifying text helped to make the language used in the questionnaire more appropriate for future respondents. The adjusted concept CQ-index was used in a pilot with 26 clients. After making the necessary changes and a last round of feedback from professionals, the questionnaire was finalized for the pilot study. The questions in the CQ-index concern demographical information about the client, conditions in the facility (i.e. atmosphere, cleanliness), contact with staff, information provision, services for children of clients, assistance provided by the facility and other agencies (i.e., questions about the amount of help and questions about assistance in specific areas), results of the provided support, and general assessment of the services.

PILOT STUDY WITH THE CQ-INDEX

We are currently performing a pilot study to test the CQ-index for its psychometric properties. For example, we will examine whether the items of the CQ-index form reliable scales. By including the Mental Health Thermometer (Kertzman, Kok, & Wijngaarden, 2003) in the CQ-index we were also able to investigate the construct validity of the CQ-index. The concept measured with the Mental Health Thermometer, namely client satisfaction, should be related to what we intend to measure with the CQ-index. Therefore, if the answers to the CQ-index and to the Mental Health Thermometer are related, this is proof for the validity of the CQ-index. Finally, the test-retest reliability of the CQ-index will be examined. When clients complete the questionnaire twice with an interval of two - three weeks, we would expect their answers to be (highly) correlated.

In the present study, we aim to develop a valid and reliable CQ-index for clients of services for homeless adolescents, homeless adults, and battered women. In addition, a protocol for data collection, data analysis and reports will be developed.

3 This is the present working title.

If the CQ-index has good psychometric properties, it can be used to benchmark services. This way, service providers may get an insight into which aspects of the care they provide are of good quality and which aspects need to be improved.

Table 1. Data collection

Respondents	Number of visits	CQI-experiences questionnaires	CQI importance questionnaires	Test-retest questionnaires
Services for homeless adolescents	20	200	40	-
Services for homeless adults	20+5	200	40	30
Services for battered women	20+5	200	40	30
Total	**60+10**	**600**	**120**	**60**

We selected a random sample of 60 services for homeless adolescents, homeless adults, and battered women (20 for each type). These services were visited by a Research Assistant who asked all clients to fill in the CQ-index. The goal is to include 720 clients in the study, evenly distributed by type of service (see Table 1). Clients of five service providers for homeless adults and clients of five service providers for battered women were asked to fill in the questionnaire twice, for the test-retest reliability. The goal is to obtain 780 completed questionnaires.

The Research Assistant visits each facility for approximately one and a half hours so that clients have enough time to stop by and fill in the questionnaire. If clients have questions, then the Research Assistant is available to answer them. Because a significant number of clients may not be able to read Dutch, the questionnaire is translated into French, English, Turkish and Arabic. If necessary, translators are available to translate the questionnaire into languages other than these. A non-response analysis will be conducted to get insight into whether the clients who were not willing or able to participate in the study differ from the clients who filled in the CQ-index. For example, possible differences in gender, age, and country of birth will be investigated.

As is shown in Table 1, there are two versions of the CQ-index: an experience version and an importance version. These questionnaires contain the same topics, however in the experiences questionnaire the client is asked for concrete experiences, while in the importance questionnaire the client is asked how important certain aspects of the service are. For example, the experiences questionnaire includes the question "does the staff member listen to you attentively?", while that question is reformulated in the importance questionnaire as "do you think it is important that the staff member listens to you attentively?" As noted before, combining scores to these two types of questions will result in a priority score. Because we do not expect there to be big differences between clients of different service providers in what they think is important about the care they receive, only every sixth client of a service provider is given an importance questionnaire.

The data collection of the present study started in March 2009. Currently, over 420 clients have completed the CQ-index. The collection of the data will probably be finished in July 2009. After analyzing the results and consulting client councils and professionals about the results, the final CQ-index and data collection protocol will become available in December 2009.

IN SUMMARY

There is a lack of insight into the quality of care provided by services for homeless people and battered women. The CQ-index for clients of these services is being developed to measure client experiences with the care they receive. Currently, in the Netherlands a study is being undertaken to test the validity and reliability of this instrument. Results of this study will be available at the end of 2009. If the CQ-index has good psychometric properties, it can be used to benchmark services. This way, service providers may get an insight into which aspects of the care they provide are of good quality and which aspects need to be improved.

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Service quality standards in combating homelessness in Poland

By **Piotr Olech**[1], *PFWB* [2], *Poland*

INTRODUCTION

Quality standards directed at homeless services have recently become a subject of interest for public authorities in Poland. Until now, service provision for homeless people in Poland has been shaped by various independent non-government organizations which have become leaders in the field. Districts responsible for providing help to homeless people contracted out a growing number of services and outsourced activities to NGO's. It should be pointed out that some NGO's performed these activities without being tied by any contracts with district authorities. These organizations see helping and supporting homeless people as their mission and get funding from sponsors rather than from districts.

There are no national regulations concerning the provision of help for homeless people in Poland - a case in point is the lack of regulations concerning the difference between services provided by night shelters and shelters. Legal regulations in Poland mention the necessity to help homeless people but they neither define the means to do so, nor determine the quality of services. This has on the one hand led to the development of a great variety of services available to homeless people, and on the other hand led to a situation in which the control or verification of the services provided is impossible.

Despite the fact that there are no *national* regulations concerning the quality standards of services provided to homeless people, quality standards have been successfully implemented in the Pomeranian Province for the last 10 years. I would like to share my experience in developing and implementing specialist standards in the Pomeranian Province.

STANDARDS IN THE POMERANIAN PROVINCE

The Pomeranian Forum In Aid of Getting Out of Homelessness, a Federation of over 30 units dealing with homelessness, has been working on the standards and models of working with homeless people for the last ten years. The Forum was set up in 1997 as a result of cooperation of representatives from different NGO's and public sector institutions which created a group of experts. Their task was to prepare pilot service standards to which shelters for homeless people in Gdansk, the biggest city of the Pomeranian Province, should comply. Standards developed during the cooperation were to become the basis for contracting out services by local government. As the cooperation was fruitful, the expert group decided to expand its circle to experts from the whole Pomeranian Province and so the standards could be applied to the whole of Pomerania.

Currently, service standardization seems to be one of the crucial elements in building a coherent social policy system towards the problem of homelessness. These standards guarantee good service quality and as such are a vital element of contracting services directed to homeless people by districts in the Pomeranian Province.

Within the space of a few years, the Pomeranian Forum focused on specializing and professionalizing the activities of institutions providing help to the homeless – from heat distribution centres, through to night shelters, from shelters and houses for the homeless to protected flats. The process of working out the standards evolved, and started covering many spheres including social work, education and vocational activity, street working, assistance to homeless people and monitoring the phenomenon of homelessness. With time we have recognized that these standards needed to be supplemented with what we hadn't yet verbalized, but what seems to be a theoretical basis for the process of getting out of homelessness. The standards list was expanded with an ethical standard which plays a vital role in working with homeless people, and in the sphere of social and vocational (re)integration it seems to be as important as the professional knowledge and experience of the social workers supporting homeless people.

Standards functioning in homeless institutions are an interesting example of the Forum approach towards creating and implementing quality standards for services. Standards worked out by the Pomeranian Forum define mainly living standards in the institutions, the type and quality of services that the institutions should provide and the requirements to be fulfilled by workers of such institutions. Flexibility of these standards allows for the realization of various aims by different organizations and institutions. Each type of

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2 The Pomeranian Forum In Aid of Getting Out of Homelessness

specialist centre - namely heating distribution centres, night shelters, shelters, houses for the homeless and protected flats - has its own standard and different (both minimum and optimal) requirements. These standards are general rules which stipulate necessary requirements for functioning. Each organization, however, creates its own detailed regulations which provide the rules for a specific unit's functioning and whereas standards apply to all institutions, regulations determine the functioning of individual institutions.

What also needs to be elaborated on is the implementation of standards. The Pomeranian Forum worked out these standards locally but so far there are no tools to verify the implementation of the standards in districts in the Pomeranian Province. As has already been mentioned, there are no national regulations concerning standards of services provided to homeless people in Poland. Forum member organizations are implementing quality standards voluntarily. Districts which outsource services for homeless people verify the quality and conformity of the standards worked out by the Forum. The Forum is now trying to certify the standards realized by individual units and intends to award organizations fulfilling the conditions and implementing quality standards for services provided to homeless people, with a quality certificate.

I would also like to consider the question of service standardization in the context of social policy in general. In order to do so, I would like to present quality standards as understood by the Pomeranian Forum.

SERVICE STANDARDS AND THEIR ROLE

It is generally assumed that standards are connected with objects (products) or norms of human behaviour. The term *standardization*, describing certain general qualities of a product, is also typical for technical terminology. A standard is a shared general criterion usually describing the simplest or most desired qualities of manufactured goods, e.g. computers. In engineering, it is a set of parameters ensuring proper quality, safety, comfort or compatibility with other technological products. In the economy, standards are crucial for maintaining demand for certain products, and if the standard level is not achieved it may result in product disqualification. Sometimes criteria of standards are difficult to define due to a flexible borderline set by groups or individual recipients. Cultural standards have a different meaning and can be understood as a set of social norms, e.g. political norms, which define criteria of socially accepted behaviour. Exceeding these norms or not fulfilling cultural standards may result in exclusion and marginalization.

Standards also exist in the service sector. We are usually unaware of the fact that services provided by banks or mobile phone networks are highly standardized and each individual offer of those units is carefully planned and described using the language of procedures. Social policy, as existing today, consists mainly of the service sector directed to citizens. European Union institutions in particular pay special attention to the relation between *service providers* and *consumers* (also called *service users*). The former term is used in Poland to define public sector institutions and NGO's which provide help to homeless people (e.g. through night shelters and shelters), whereas the latter concerns the recipients of help, those experiencing homelessness. They live in the facilities for homeless people and they are usually called *clients*, *members* or *charges* by the social sector workers. So if a part of social policy includes the service sphere, we may safely assume that the standards should also function in the policy aimed at solving the problem of homelessness. Bearing in mind that social policy is financed by citizens, units responsible for pursuing it should see to it that it is carried out professionally, rationally and with great care as regards to quality and efficiency. Moreover, if we consider the fact that the majority of tasks in the sphere of social policy are carried out by NGO's through freelance work and that working with contracts between service providers and clients is becoming a common method, standards seem to be crucial when it comes to guaranteeing high quality service.

There is a trend that assumes that standardization in social policy and, more specifically, social assistance, concerns mainly living standards in assisted facilities. Here, standards concern a range of fittings, facility size and sanitary conditions in buildings occupied by homeless people. Standards are understood as such by many workers of the social sector, and this can lead to many misunderstandings.

When considering standards many specialists working in the social assistance sector first think of regulations, imposed by officials, which define certain products or services and focus on the technical aspect. Any departure from the rule is thought to be severely punished. Standards, however, are meant to define service quality in different spheres, e.g. psychological or therapeutic work, education or vocational activity. Service standardization serves the purpose of realizing the objectives of social policy, and here it is subordinate to certain paradigms. The fact that standards in this context are more flexible does not mean that they are imprecise. They become methodological guidelines and a set of suggestions, rather than a collection of technical

Service standardization serves the purpose of realizing the objectives of social policy, and here it is subordinate to certain paradigms. The fact that standards in this context are more flexible does not mean that they are imprecise. They become methodological guidelines and a set of suggestions, rather than a collection of technical procedures which need to be implemented with no exceptions.

procedures which need to be implemented with no exceptions. Standards may define both the minimum requirements regarding certain services as well as specify optimal requirements. It should be pointed out that it is much easier to standardize services which are being created than to do so for services which have been functioning for many years and were realized by many different units. Finally, the standard of services provided to homeless people helps to define financial differences. It is obvious that the maintenance costs for heating distribution centres, a night shelter or a house for homeless people differ significantly. Thanks to precise guidelines and requirements, it is easy to define a financial framework for a specific service. What is more, standards should also consider local uniqueness. Standards should generally be flexible enough to be coherent and varied, but not identical. The diversity of services provided by NGO's in Poland should be kept, only a more coherent and systematized direction of service provision is necessary.

POLISH PERSPECTIVE ON SERVICE QUALITY STANDARDS

The need to organize the sphere of services directed to homeless people in Poland has been understood by the Ministry of Labour and Social Policy, which in 2007 started planning for this, financed by the European Social Fund. The aim of the project is to work out and implement service quality standards in the sphere of homelessness. The biggest NGO's dealing with homelessness were asked to participate in the project – St. Brother Albert's Aid Society, MONAR Association, BARKA Foundation, Open Door Association, CARITAS and The Pomeranian Forum In Aid of Getting Out of Homelessness. The project realization was entrusted to a government department - the Human Resource Development Centre. These organizations and institutions have spent the last year preparing the concept of the project and establishing formal partnerships which will be responsible for implementing it. The project is due to start in September 2009 and will finish in December 2013. The predicted cost of the project is 35 million PLN. The project realization is meant to implement quality standards for services provided to homeless people in Poland and create a National Strategy to Prevent and Tackle Homelessness.

THE MOST IMPORTANT FACTORS LEADING TO SUCCESS IN DEVELOPING AND IMPLEMENTING QUALITY STANDARDS OF SERVICES PROVIDED TO HOMELESS PEOPLE

Finally, I would like to present several tips connected with creating and implementing standards of services provided to homeless people.

1. Creating standards should be a process in which all stakeholders (NGO's, research institutes, public institutions, homeless people) are involved. This process should also be a grassroots initiative with service providers, clients and contractors being able to shape it.
2. Service quality standards should be created locally and regionally and then applied nationally or internationally. When creating and implementing these standards, local uniqueness as well as social, economic and cultural situations should be taken into consideration. Imposing standards top-down is not usually well received by organizations and it may result in creating a so called *black service market* which does not meet any standards.
3. Creating and implementing service quality standards is a long-term process which needs to be monitored and evaluated. Stakeholders taking part in this process should be aware of the fact that standards need to undergo some changes and must be constantly verified.
4. Service quality standards should be flexible and adapted to existing demand. When trying to achieve proper service quality, one needs to try to avoid creating a homogeneous system of services for homeless people. A standardization of services which is too rigid may result in the support system being too unified, and this in turn may lead to limiting one's freedom when it comes to choosing services which would satisfy one's needs. This may cause a violation of human rights of homeless people who will not be able to choose services which satisfy their basic needs. Thus, one needs to keep heterogeneity and a variety of services offered to homeless people.

Application of quality standards on homeless services in the Czech Republic

By **Ing. Jiří Růžička**[1], *Member of the executive board of the Association of Shelters in the Czech Republic, Czech Republic*

A HISTORY OF QUALITY STANDARDS IN THE CZECH REPUBLIC

Quality standards of social services were first referred to in the Czech Republic in 1999. The process of establishing a particular quality standard definition started through the cooperation of selected social service providers and users. The first formal outline of quality standards of social services appeared in 2002. That year, the Ministry of Labour and Social Affairs issued a collection of recommended standards which incorporated 17 standards grouped into three sections - procedural, personnel and operational.

The quality standards became legally binding in the beginning of January 2007. The statutory text was embedded in the Ministry of Labour and Social Affairs Decree no. 505/2006 Coll., an implementing regulation to Act no. 108/2006 Coll., on social services.

THE LEGAL BACKGROUND FOR QUALITY STANDARDS

At present, the Act on social services (besides the quality standards) defines particular types of social services and their activities. In general, each service described in the Act has to be registered at the regional population office, and has to meet the legally defined quality standards. The Act recognizes social counselling, social care services, and social prevention services.

All homeless services fall into the social prevention services category and can be provided through street work, ambulatory or accommodation services. Specific homeless services defined by the law include shelters, half-way houses, low-threshold day centres, night shelters, street work programs, social rehabilitation and others.

THE DEVELOPMENT OF QUALITY STANDARDS: LOOKING AT THE PROCEDURAL, PERSONNEL AND OPERATIONAL

The quality standards offer a generally acceptable definition of what a quality social service provided in the Czech Republic should look like. The wording of the standards is such that a specific standard is applicable to all types of social service mentioned in the Act. A particular standard in the implementing regulation to the Act is numbered and drawn up so that it is obvious from the statutory text what the service should look like.

The standards in the **procedural standards** group represent the most important ones. These standards state what the service provided should look like at the general level. They include, for example, a definition of what one should be aware of when receiving service users, and how a service should be adjusted to the individual needs of a person. A significant passage is devoted to the protection of service user rights and the formulation of protective mechanisms such as a complaint procedure and rules against conflict of interest.

The standards in the **personnel standards** group look more closely at staffing measures. Obviously, the quality of the service is directly related to the quality of the personnel that provides that service, their abilities and training, leadership, support and work environment.

The **operational standards** group defines conditions for providing social services. They focus on the place where the services are provided, the availability and technical backup of the services, and their quality development.

The process of establishing a particular quality standard definition started through the cooperation of selected social service providers and users. The first formal outline of quality standards of social services appeared in 2002.

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The statutory text of the particular standards describes goals and methods for the provision of social services; personal protection of rights; receiving social service applicants; contracts on social service provision; individual planning of the social service process; documentation on the provision of social services; complaints procedures; consequences of provision of social services to other available resources; personal and organisational provision of the social service; professional development of employees; territorial and time availability of the social service provided; social service awareness; environment and conditions; emergency situations; the social services quality improvement.

QUALITY INSPECTION

The Act on social services determines that registered social service providers should be subject to quality inspections. It focuses on the global evaluation of the service, providing procedural and performance obligations. The inspection team is a solely supervisory body, which checks to find out the true state of service provision and compliance with quality standards.

Inspections are carried out by a three member team of trained inspectors, lead by district officers when the social service providers are not established by a district[2]. When inspection is carried out at facilities established by a district, the inspection team is lead by officers of the Ministry of Labour and Social Affairs. Other members of the inspection team are generally chosen from trained inspectors who have hands-on experience with social services.

The inspections proceed according to methodology issued by the Ministry of Labour and Social Affairs. It is currently not legally binding and provides "only" a recommended practice. It is continually modified and changed, according to the experiences gained from previous inspections.

In general there are three types of social service inspection. Type A represents inspections that aim to check the overall level of service provision. The inspections that aim to examine the regulations accepted by a provider based on previous inspections are labelled type B. Type C inspections focus on testing suggestions or complaints addressed to the provider and a quality check of a chosen service scope.

APPLICATION OF QUALITY STANDARDS ON HOMELESS SERVICES

It has already been mentioned that homeless services represent a social service subgroup, and their basic scope is defined in the Act on social services. Unfortunately, in reality the homeless services stand only "on the edge" of this Act. The focus of the Act is mainly on social service provision for the disabled and the retired. In the context of quality standards, homeless people are regarded as a special group whose needs are met mainly through facilities for the homeless run by non-profit organizations.

SUMMARY OF PROS AND CONS OF QUALITY STANDARDS IN RELATION TO HOMELESS SERVICES

The implementation of quality standards in social services and therefore in homeless services, has brought several advantages, but also some disadvantages. The advantages definitely include the introduction of a unified system in service provision. Before the Act on social services entered into effect, providers ran facilities for the homeless according to their own will and know-how. There were huge differences in these heterogeneous services and the provision of certain services varied enormously in different facilities with regard to their quality and content.

The Act has unambiguously defined particular types of services and their basic content so that it is now clear what activities a client can expect in a particular service. Besides the introduction of a service definition, a positive impact has been made through the definition of personnel requirements and training. Neither the Act nor the decree state how many workers are needed in a certain service with regard to the number or clients, but they do determine the qualifications required. These requirements establish minimum education and continuous training requirements.

2 The Czech Republic is divided into 14 higher territorial self-governing units, called districts.

After the quality standards were defined, facilities for homeless people were forced to start working on their own internal regulations for providing services, in line with the legally binding quality standards. This element significantly improved the quality of services provided internally.

The disadvantages of the new quality standards in homeless services represent mainly a challenging inspection process. As described above, the quality inspection aims to check social service provision and the meeting of quality standards in a particular facility. The inspections are carried out according to a standardised methodology which does not account for the specific pitfalls and challenges of working with homeless people. Therefore, several sensitive issues with regard to service provision exist that remain only at the subjective perception level and understanding of the individual quality team member.

Client rights represent one of these sensitive issues. The quality standards put a great emphasis on client rights. Yet, in the context of homeless services, the issue of rights is quite tricky. The general trend says that the client has boundless rights, and inspectors often declare that clients should have the freedom to do anything they want. Nevertheless, when working with homeless people we feel there is need for a certain structure and routine, in order to provide services efficiently. For example, as service providers, we feel it is important to adhere to a common time for lights out, or breakfast time, for example. Yet this is viewed as a problem by quality inspectors who do not have personal experience with homeless services.

Another problematic issue represents a lack of funding for personnel and employee development. The quality standards define requirements for education and continuous employee training, yet do not consider the financial implications. In the last two years in the Czech Republic, there has been a decrease in grants to finance homeless services, and therefore personnel development. Providers of homeless services often have to face a situation where further personnel development and training are simply not affordable and therefore they conflict with the quality standards.

A similar issue relates to the process of meeting the quality standards. Implementing and updating internal regulations, organising employee education, as well as performing individual work with clients, require time, finances and personnel. But the non-profit organizations in the Czech Republic are often small ones providing services with a minimum number of employees and minimum salaries. In such a system, there are not many ways to ensure a larger number of qualified employees.

All of the above mentioned factors can create a problem during inspection, resulting in a dissatisfactory evaluation, financial penalties and the obligation to eradicate shortcomings.

CONCLUSION

To conclude, we can say that the implementation of quality standards on homeless services represents a positive tool that has improved these services. It also means it is necessary to involve more people in the process, elaborate funding provision for document formation and implement quality norms. Unfortunately, the "threat" of quality inspections still remains, with possible penalties, and even the cancellation of the service registration if major problems are identified.

The facilities for homeless people in the Czech Republic can join a national Association of Shelters. This association is made up of about 110 member facilities. I believe that by being part of a national structure, individual facilities can benefit from mutual support and help when dealing with the application of quality standards on homeless services.

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How competitive tendering will affect the quality of social services of general interest (SSGI) in France - The market versus voluntary welfare agencies?

By **Michel Mercadié**[1], *Secretary General of FNARS, France*

Historically (over the past 60 years), French voluntary welfare agencies came into being as a result of market failings and government inability to devise and deploy, in a "top down" fashion - through statute and delegated legislation - the instruments needed to provide multiple forms of inclusion for socially excluded people. The market's lack of interest is both understandable and rational: no "product", no customers (a user who cannot afford to pay is not a customer), and no profit in view.

Government could only be gradually persuaded to fund voluntary schemes by seeing them in action. Legislation and regulation on public supervision and financing have always come after the event, once the voluntary approach has been acknowledged as effective. This lies behind the development of a complex, but coherent mix of provision for inclusion through shelter and housing, economic activity and support in accessing fundamental rights. The coherence of that provision is ensured by voluntary welfare agencies, (linked together in regional associations and a national federation - FNARS, the Fédération Nationale des Associations de Réinsertion Sociale).

They are staffed not only by paid professionals (specialized social workers, managers, training providers, etc.) whose skills are nowadays recognized by formal qualifications, but also by volunteers who bear the legal and policy responsibility or help the professionals in dealings with users. They are ordinary people from the area where the association works, coming from all walks of life - the judiciary, architects, teachers, engineers, white-collar workers, politicians, former users - with a commitment based on the belief that social cohesion is an essential good, that is beneficial to all and a civic duty. That is why our volunteer-run associations are not strictly speaking service providers, but partners to the public authorities, managing on their behalf a wide range of publicly-funded, regulated, locally-relevant provision that they have developed. The legal relationship to government is enshrined in contractual agreements providing grants-in-aid or subsidies for defined and evaluated ongoing activities, and by the official appointment of voluntary sector representatives to the various policy-making and assessment bodies. This gives government a policy that is cheap to run: no profit-taking by the associations, or volunteer salaries to fund, deferred payment, free advice and assistance, and in the final analysis, absolute flexibility since the funding tap can be turned off at any time.

This setup developed because of the increasingly exclusionary nature of our society, and has come into a head-on collision with the market-driven approach adopted by the European Union which first liberalized and marketized the primary and secondary sectors, then set about services, including services of general interest. The Commission has deliberately cultivated this rationale or rather ideology that the market will order things, supposedly for the best. Whence the struggle of - especially French - voluntary organizations for recognition of SSGI and against the Bolkestein Directive[2]. But, the idea that the market was the universal solution, propagated by free-market thinkers and put into practice in countries like the United States and the United Kingdom (Reagan, Thatcher, Blair), has permeated the thinking of France's policy makers well beyond the objective constraints of the European Union! Bizarrely, the idea that France was lagging behind the rest of Europe in what the consensus called "modernization", won out without debate over the French reality and tradition of public services and their delegation to the nonprofit sector!

Some local authorities are beginning to go beyond what is actually required by the pro-competition requirements of the European rules (Treaties, Single Act, Services Directive, Government Aid Directive, Public Procurement Code, ECJ case law) and the unremitting pressure of DG Competition. The very real legal uncertainty that still exists at European level leads to second-guessing; the fear of a possible legal risk conceals the real dangers of resorting to a command economy!

So, what risks does this Copernican revolution entail for the French nonprofit sector?

First - is there a risk? Why should the market care about what it has shunned for want of users that

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2 Directive 2006/123/EC: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2006:376:0036:0068:EN:PDF

can pay and profitability? Quite simply, to pocket the massive public funding spent on solidarity with excluded groups. But, as studies have shown that private for-profit management costs at least 15% more than management by the voluntary sector, then for the same level of funding, commercial businesses would have to make cuts in job numbers and quality, re-scale provision (national rather than local), standardize the "product" and finally use community-based welfare workers to provide a similar service. All these things would have a negative impact on the quality of services for users.

For voluntary organizations, it is their very essence and societal role that are at stake. By playing the tendering system game, associations would cease being partners with government in needs assessment and policy making. They would no longer be working in the interests of users - defined as the same in all circumstances - but rather on satisfying customers, defined by the price offered by the public authorities. They would doubtless win out in terms of financial security (public price defined before the action started, payment rigorously spaced over time, savings on bank charges, but loss of tax relief) but at the price of competition-based human resource management: the risk of job insecurity.

They would effectively have to abandon the innovation that is their hallmark, as not only the price, but also the content, of the "contract" would be set by government. They would be forced to walk away from an essential commitment of their founding instruments - all come, all served - because to abide by the offer and its requirements in terms of results, they would have to "cherry pick" and exclude groups that might jeopardise "proper contract performance". For instance, if the contract signed requires 25% of all those on a training-for-work project to find jobs in the commercial sector, economic logic dictates you must refuse to take anyone on the project that is likely to stop that result being achieved - with a margin for safety, obviously - given the financial risk incurred! And in that sort of setup, I fail to see what justification remains for keeping voluntary organisation status. Market forces would spell the demise of voluntary organisation heads who are not in the business of managing contracts, as well as that of front-line volunteers who competitors would be apt to treat as off-the-books labour. Charities and humanitarian associations would doubtless remain operating outside the scope of competitive tendering, but what we know as voluntary welfare agencies, social services of general interest, would disappear from the French landscape.

Would this be a good thing for the authorities? I think not. First, because the cost of existing services would have to go up at a time when public spending on social services has to be capped: extra highly-qualified staff would be needed to oversee bidding rounds and contract performance, operators' profits would have to be paid, and the volunteer force would disappear. It would also put the authorities back in the same position as in the 1940s: what to do with those excluded by the marketized contracting? Abandon them to charitable handouts? This would be an unbelievable turning back of the clock in the name of a so-called modernization of France.

Those who would lose out most from this U-turn modernization that I would rather describe as a "commodification" of social services are the users of SSGI. The more they are excluded from general provision, the greater the risk of their being excluded from inclusion services, while the services that had been standardized on profitability grounds would be less able to accommodate personalized approaches, denying them the relatively unprofitable individual support they need. And because the rationale of competition is concentration, there is every likelihood that local associations would go and be replaced by national setups that were obviously out of touch with local issues just as evaluations are showing that locally-based actions work best!

The foreseeable inability of the system to meet needs exacerbated by the failure of the free market makes me hope for a return to sanity and clear thinking both from policymakers and the voluntary community, and a new future, strengthened by the EU, for services of general interest working for solidarity and social cohesion.

Market forces would spell the demise of voluntary organisation heads who are not in the business of managing contracts, as well as that of front-line volunteers who competitors would be apt to treat as off-the-books labour.

The impact of tendering on quality - the experience of Edinburgh Cyrenians

By **Pam Orchard**[1], *Assistant Director at Edinburgh Cyrenians, UK*

Edinburgh Cyrenians was established in 1968 as a response to growing concern about homelessness across the UK. The charity is entrepreneurial in style – with a track record of developing innovative approaches which work, and scaling them up for replication.

Over the past 5 years, Cyrenians has observed an increase in the use of competitive tendering by the public sector to purchase services. Therefore from 2005, we made it a priority to increase our understanding and competence in this area. This led to our participation in some small scale processes to build our experience and, as a result, we brought in new business. In addition, we started a process of building systems to demonstrate the effectiveness of our work, in order to use evidence which showed value for money.

During 2008, the City of Edinburgh Council made clear its plans to put all of its homelessness services out to competitive tender. Its main reasons were: it needed to become more efficient in purchasing as it had less money to spend; it was keen to ensure it was getting the best value for money through testing quality in relation to spending; it felt that tendering would provide the best approach to achieve this. It designed a tendering process which: focused 70% on quality, 30% on cost; aimed to link operational outcomes with a wider homelessness strategy and; maximised opportunities for added value.

Cyrenians responded to the intentions of the Council by creating an internal task group made up of senior and middle managers. We met monthly to provide training and advice to the group and to prepare our plans for response. We also spoke directly to the Council about areas of concern during a period of consultation about their draft tender specifications. Some of the key issues which emerged at this stage were:

- We questioned whether the services the Council wanted to purchase were consistent with what Cyrenians wanted to provide. We concluded that there were sufficient areas of mutual interest to proceed.
- We discussed whether we wanted to establish any partnerships to bid jointly for work if we felt it would improve our ability to deliver a good service. Although we considered a range of partnership work, we felt that the opportunities which arose were in the main not sufficiently beneficial to justify proceeding. The six week turnaround time for submission was challenging. For a service to work well, we felt it required a strong, long-term partnership. To negotiate this, and to jointly complete the submission documentation was considered too demanding in the timescale. However, a pre-existing partnership we had was developed and expanded.
- We considered our role as a specialist subcontractor in a larger service – which may be an option for some small organisations which are not in a position to bid for large contracts in their own right. We eventually concluded that, although we would need to scale up our work, we could manage a large contract ourselves, as long as we did not attempt to expand more than 25% in one year in order to manage the increase in turnover and infrastructure.
- We needed to agree a pricing policy. Our prior experience of tendering indicated to us that our services were more expensive than most. We therefore needed to ensure competitive costing without compromising on quality and responsible financial management. We took the decision not to include our usual research and development costs in our pricing model in order to be competitive.
- We looked at what might be considered as areas of potential perceived weakness – in particular that we had no recognised quality mark.

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- It was important to be realistic about our capacity to compete. Bearing in mind the size and experience of the charity, we decided to submit three applications. Whilst it was possible to replicate some information across all bids, this was a *huge* undertaking for the charity requiring significant management time. However it did give a number of staff the opportunity to gain experience of completing tenders even if the outcome was not successful.
- We wanted to engage those with operational knowledge in the process to ensure our submissions were likely to reflect a deliverable and relevant service. However, this had to be married with « the bigger picture » i.e. the strategic relevance of the services we decided to offer.

The tendering process began in August 2008. The size of the contracts being offered was a surprise. Whereas previously there were 28 organisations providing services, there were only 9 contracts on offer – consolidating many of the existing smaller services into larger « lots ». This appeared to be a drive by the Council to create efficiency through scaling-up the size of services. There was also a strong emphasis on joint working across the different contracts.

The Council stressed the need for successful bidders to work in partnership and to be flexible to changing circumstances. This indicated the *type* of organisation they wanted to work with in the future – signalling a shift by the local authority to take very firm control of their service delivery relationships. In Edinburgh's case this was done based on both: track record of delivery of high quality services and a *demonstrable* aptitude for working with the public sector.

This highlights a difficulty for organisations with both a campaigning/lobbying function as well as service delivery. If seen as criticising their main customer, they may be viewed as difficult to work with, despite good services. In addition, it may be difficult for both commissioners and bidders to put aside disagreements and differences from the past and only take into account the specific content of the tenders. Our sense is that it may be possible to straddle both areas of work by providing good quality evidence of issues and problems, an understanding of the wider strategic environment, and a willingness to participate in finding solutions.

During the process, there was a constant temptation to bring down costs and be more competitive. A major factor here is front-line staff wages. Our research during the process indicated evidence of wages in the sector which were 30% - 40% below those of Cyrenians' equivalent. The quality of staff has a significant impact on the quality of services. The danger is that some of the most vulnerable people in our society are receiving services delivered through posts with unattractive wages and limited requirements for experience and qualifications. Cyrenians has maintained its salary levels for all staff.

For us, the result of the process was an overall gain in our business. We were awarded a large contract to significantly scale-up our work in homelessness prevention – a strategic priority area for us. The contract will provide secure funding to deliver a large and very efficient service which allows for some innovation. However, we did not win the contract to deliver an existing service to enable access to the private rented sector in Edinburgh (although we continue to run this service in two other local authority areas). For us, this has raised three interesting issues about the process:

1. The contract was awarded to a private sector supplier. The distinctions between the private and voluntary sector are becoming more and more blurred – perhaps replicating the business environment in the employment training sector in the UK. Funding opportunities which may have previously been seen as the reserve of voluntary organisations are now open to the organisation best able to demonstrate value for money, regardless of their status.

2. An aspect of the contract reflected work piloted by Cyrenians in another local authority area. Although the charity has developed practice and expertise during the pilot, we have no patent or copyright for the work. Voluntary organisations have a strong role alongside the public sector in innovation and the development of new approaches. However, if they do not protect their ideas they may find them included in a mainstream tender and delivered by a competitor. This may see the end of voluntary organisations freely disseminating good practice and information about new developments.

The distinctions between the private and voluntary sector are becoming more and more blurred – perhaps replicating the business environment in the employment training sector in the UK. Funding opportunities which may have previously been seen as the reserve of voluntary organisations are now open to the organisation best able to demonstrate value for money, regardless of their status.

3. Although our contract has provided us with financial security and scale, there is no budget for research and development. Therefore our scope for continuously improving and developing homelessness prevention is limited and we will need to identify additional resources to undertake this work. Although this may not immediately appear to be a matter of concern for purchasers, innovation is seen to provide a competitive edge for bidders.

A transition took place from the previous range of services to the new configuration. All services had been tested for their commitment to joint work and partnership and therefore showed a keen interest in managing the transition together. In addition, the vast majority of those organisations who had lost their funding also worked towards a smooth transition in the interests of their staff and service users. Where there are similarities between old and new services, transition has been relatively straightforward to manage.

However, where there are differences in design and staffing, it is likely that the process will take much longer. Experience in Edinburgh has been that these transition issues may become sufficiently significant that they put the contract award in jeopardy and, until the contract is signed off, there may be circumstances under which the award is withdrawn.

We found that there were three main areas of difficulty during transition:

1. Staff management can be problematic. The Transfer of Undertakings (protection of employment) regulations (TUPE) protect the rights of staff to transfer from an outgoing service provider to an incoming provider where there is a similar job. Therefore staff face the uncertainty of changing employer but retaining their previous employment rights or, in some cases, redundancy. This seems particularly to be an issue where new services are very different from previously funded activity. Some staff teams from a range of smaller organisations have been merged into a larger team which, whilst providing efficiencies of scale, reduces the need for managers and administrative support. Therefore these posts may be more vulnerable.
2. Service users may need to move from one provider to another. This presents some technicalities for transfer of personal data under data protection legislation in the UK. In addition, there may be cases where vulnerable people are required to end their support relationship with a staff member – albeit that support has continued with another worker.
3. Some organisations have one main public sector customer. If they are unsuccessful during a bidding process, this may lead to the organisation losing all of its funding. Following on from this, if all staff are transferred, there are questions about how that organisation continues or is wound up. This may become more significant as larger contracts are awarded with higher numbers of staff and service users transferred.

The key for organisations to win tenders to deliver high quality services is to take the time to build the skills and expertise to submit strong bids which demonstrate the effectiveness and positive impact of work. Cyrenians now aim to be in a position to win those tenders we see as being strategically advantageous to the charity. Having come through the other side of this process, although we still have a lot to learn, we are now much better placed to do so.

Every year Edinburgh Cyrenians supports over 1000 people on the margins of society, working in four local council areas. Particular areas of interest for the charity are homelessness prevention, social enterprise, the private rented sector and healthy living. Please contact us if you would like more information about the new Edinburgh based Homelessness Prevention Service – recently commissioned by the City of Edinburgh Council.

Client opinions about quality of hostels in the Flemish region - Results of a survey held by Steunpunt Algemeen Welzijnswerk

By **Danny Lescrauwaet**, *Co-ordinator, Steunpunt Algemeen Welzijnswerk, Belgium*

As part of a larger project concerning the price/quality standards of services for the homeless, Steunpunt Algemeen Welzijnswerk (SAW) , surveyed 97 clients of hostels in the Flemish region in 2008.

The survey consisted of short interviews held with people still living in hostels, or who had left a hostel not longer than 12 months previously. Amongst the 97 interviews held, 60 % were conducted with men and 40 % with women (30 % of the women went to a hostel with one or more children).

The survey was not addressed to homeless people staying in night shelters, as in most night shelters you don't have to pay for a bed for the night. The survey was also not addressed to those living in accompanied housing, as this is another kind of service all together.

Social guidance and care was not a subject of this survey, as this has already been researched previously.

In hostels in Flanders, clients have to pay an all-in daily price of 23 € for food and accommodation. For children below the age of 12, the price is 14 €. Homeless people who have an income, pay the day price with that income. Those who do not have an income can turn to local social services , which pay the price for them.

For women with children particularly, the daily price is a lot higher than the minimum guaranteed social income. Therefore Steunpunt Algemeen Welzijnswerk is trying to negotiate for a more client friendly price policy with the Flemish government and with the local governments.

In the survey we looked for answers to the following questions :

- what kind of services do homeless people find more or less important when living in a hostel ?
- what is 'reasonable quality' from a client's perspective? (There are no specific standards for homeless services, but general standards for all kinds of institutions do exist)
- what do clients find to be a reasonable price ?

WHAT KIND OF SERVICES DO HOMELESS PEOPLE FIND IMPORTANT ?

Services that people find important are :

- The possibility to get 3 meals per day (breakfast, lunch and dinner). This kind of service is available in all hostels.
- The possibility to get food adapted to specific needs, such as health or religious reasons. This service is now already included in the day price.
- The possibility to get clothes, if one does not have enough. Most of our hostels can afford this service, but often we work together with second-hand clothes shops.
- The availability of toys and a place for children to play. This service is available, although the government does not fund this.
- The possibility to receive their own children when living in a hostel. This service is in general available in hostels for women, but only a minority of hostels for men-only offer this possibility. This is the main shortfall in our services, and a real point of discrimination against homeless fathers.
- Practical help when moving on to an apartment or a house, after a period of living in a hostel. A lot of hostels offer this kind of help, but not all of them do. Also, this kind of service is not funded by the government.

The survey consisted of short interviews held with people still living in hostels, or who had left a hostel not longer than 12 months previously. Amongst the 97 interviews held, 60 % were conducted with men and 40 % with women

The following things were found to be less important:

- The possibility to bring pets to a hostel, or a specific shelter for pets. Of course this kind of service is only important for those clients who have pets (about 10 % of clients). Although more and more hostels accept pets, there is still a lot of work to be done on this.
- The possibility of having personal laundry cleaned by an external laundry service. People prefer to do this by themselves, using the washing machines available in hostels.
- Having a fridge in the room.

WHAT IS 'REASONABLE QUALITY' ?

As stated in the introduction, there are no specific quality standards for homeless services in our region. But we do have to respect general standards concerning accommodation, food and fire safety etc. which are applicable for all kinds of institutions.

Homeless people find that a hostel is of acceptable quality if :

- They have their own private room. Although most hostels have private rooms there are still hostels with up to 4 beds in one room. Clients ask for private rooms for reasons of privacy, but also for safety. In most hostels (with the exception of our crisis centres) there is no staff available during the night time. For the moment, funding for renovation work or the building of new hostels, still considers a double room as the standard. On the other hand, service providers are often opposed to this request for private rooms, arguing that when living standards in hostels become too comfortable, then people aren't motivated to look for their own accommodation. But in the meantime, this standard is increasingly being accepted by service providers.
- It is clearly explained to them, upon entering the hostel, what is included in the daily-price and what is not. This is still unclear in a lot of hostels. But service providers have committed themselves to solve this in the future.
- A monthly invoice can be arranged. This point will be solved in the near future.
- All hostels in the region ask for the same daily price. For years we have an agreement with the local government, which fixes a maximum price. But price differences still exist. This is also due to the fact that running costs are different. For example, some hostels own their building, but others have to pay a rent. This point can be solved in the future if service providers and the government agree upon quality/price standards.
- They can help with housekeeping. This is actually already a general rule in Flemish hostels. People see housekeeping as a way of keeping busy, but also as a way of reducing the price in hostels.
- They can choose between a group-living system or a private system without being forced to live in groups. Both systems are available, but not in every region. This has to do with an unequal spread of different types of hostels in the region.

Concerning the price, most people found 10€ - 15€ per day to be reasonable. This means that people find the current price to be far too high (and they are right). But to solve this problem, the government should give more funding to the running costs of hostels. This is a difficult issue in our region, as it also leads to debate with the government about the number of places that are needed in our region. This has a lot to do with the lack of a general policy on homelessness in our region.

FOLLOW-UP

The results of this survey will be communicated together with the proposals of the service providers to the newly elected Flemish government. Also, the local governments will be asked to take part in a discussion about a more client friendly price/quality system in our hostels.

Lescrauwaet D., Cliënten over faciliteiten en dagprijzen in opvangcentra, Resultaten van een cliëntbevraging, Steunpunt Algemeen Welzijnswerk, 2008.

The Finnish model: no more temporary accommodation in shelters

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MINIMUM STANDARDS IN HOMELESS SHELTERS?

Finland has taken the decision to eliminate shelters entirely, believing that even the introduction of high quality standards do not make them a suitable enough solution for tackling homelessness. Shelters have proven to develop a subculture of their own that do not help clients move on to independent living and housing.

BACKGROUND

In February 2008, the Finnish Government made a decision-in-principle regarding a Government Programme to Reduce Long-term Homelessness in the Period 2008 – 2011, and decided on the implementation of measures under the programme. The key objective of the programme is to halve long-term homelessness by 2011. The programme is based on the report by the work group preparing the programme that set the objective of eliminating long-term homelessness by 2015. According to the programme, a total of 1,250 homes, supported housing units or places in care will be allocated to the long-term homeless in the 10 cities covered by the programme. Programme implementation is based on letters of intent drawn up jointly by the Finnish government authorities and the ten largest cities affected by homelessness, including concrete plans for projects to be implemented during the programme period.

The programme to reduce homelessness is a broad-based partnership agreement, based on the premise of sharing the responsibility for programme financing. The government's share is primarily 50%, and that of municipalities is 50%. The Government is prepared to finance construction investments included in the programme with €80 million, as well as the hiring of support personnel at a cost of €10.3 million. Moreover, the Finnish Slot Machine Association is prepared to contribute €18 million for the basic renovation of shelters and their conversion into supported housing units .

In addition, the programme entails an extensive development project for: organising supported housing for recently released prisoners; preventing youth homelessness; and preventing evictions,.by for example providing and expanding housing advisory services.

Within the past 20 years, the number of homeless people in Finland has declined considerably. As late as in the mid-1980s, the estimated number of homeless people stood at about 20,000, while according to the latest estimates the number of homeless people totals approximately 8,000. The decrease in the numbers has been achieved as the result of a focused, determined policy. However, the measures undertaken have not helped the long-term homeless, who, according to cautious estimates, account for about one third of all homeless people. In fact, the long-term homeless form the 'hard core' of homelessness. These people have severe social and health-related problems, such as substance abuse and mental health problems, therefore requiring a considerable amount of services and support in order to ensure successful living. Previously, the service system for homeless people in Finland has primarily been based on a gradual housing model, and has not been able to meet the service needs of this group with their multiple disadvantages.

A key part of the programme to reduce long-term homelessness is the set of measures known as the 'conversion programme of shelters', which involves the gradual abandonment of shelters for the long-term housing of homeless people, and replacing them with housing units which facilitate independent, supported and supervised living. The abandonment of shelters was proposed by the 'group of four wise men' appointed by the Minister of Housing to prepare ideas for the programme to reduce long-term homelessness.

Shelter accommodation has a long tradition in Finland. Due to the post-war housing shortage, shelters intended for temporary housing gradually turned into a permanent part of the service system for the homeless, particularly in the capital, Helsinki.

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At their highest, the number of shelter beds totalled over 4,000 in Helsinki, whilst the current number is over 600. The oldest shelter home still operating was established in the 1930's. Some of the shelters have already undergone basic renovation into housing units that facilitate fairly independent living, and shelters no longer have large dormitories. In fact, the largest rooms are intended for four people. Regardless of the improved standards, shelter accommodation brings many problems, hence the intent to abandon them.

The group of 'four wise men' stated in its report that in future, shelter accommodation cannot exist even as a temporary solution to homelessness. The group proposed that housing solutions for the long-term homeless should be based either on tenancy, or service housing as specified in the Social Welfare Act. This principle also forms the premise for the programme to reduce long-term homelessness.

There are several reasons for the intent to abandon shelter accommodation. One of the key reasons relates to legislation. Shelters are regulated by the Finnish Act on Accommodation and Catering, i.e. the same act that applies to hotels and restaurants. Therefore, due to legislation, social welfare authorities sending residents to shelters do not have any legal possibility to intervene with the conditions and activities of shelters. Shelter operations have been undergoing radical change ever since the 1990's. Previously, the majority of shelters were maintained by private companies, while at present, practically all shelters are maintained by third sector organisations engaged in social work, who also cooperate with the social service authorities of the City of Helsinki. However, the current physical framework of the shelters significantly constricts their operational development, and their human resources do not facilitate a more rehabilitating approach either.

There is also another reason related to legislation: the Finnish Constitution ensures domestic peace and privacy protection for all citizens, but shelters do not meet these criteria. These basic rights defined by the Constitution also form a serviceable basis for defining the level of housing solutions for the long-term homeless.

Even though shelter accommodation is basically intended as temporary only, it has become a long-term solution for many homeless people. Shelter accommodation is a poor solution for homeless people with multiple problems, because such accommodation offers few possibilities for rehabilitation from substance abuse or mental health problems.

As concerns all shelters operating in Helsinki, the city authorities and the organisations operating the shelters have cooperated in composing plans for basic renovations, and operational modifications. Some basic renovations of shelters are due to commence this year, while most will begin in 2010. After the basic renovations, the number of beds in the shelters will be cut in half, because the shelters will be converted into supported housing units operating on a new basis. Supported housing units offer a form of accommodation intended for the long-term homeless, closest in comparison with service housing for the elderly with 24-hour care. Supported housing units are intended for homeless people with multiple problems in need of a lot of support, and it is the key element in implementing the new principle of 'housing first'.

In brief, supported housing units can be described as follows: housing is primarily long-term accommodation, based on tenancy or on a care agreement. Hence, this is not temporary or fixed-term housing, from which the resident should move to another form of housing after rehabilitation. Residents are not required to commit themselves to certain rehabilitation targets, even though the intention is to provide active support for reaching them. However, placement in a supported housing unit facilitates rehabilitation far better than accommodation in a shelter.

The basic principle in designing facilities for supported housing units is to ensure sufficient privacy which, in practical terms, means a personal residence lockable with a key for each resident. The residences are typically of different sizes, in most cases fairly small units with toilet and bathroom facilities and, variably, with kitchen facilities. The premises in old shelters pose special restrictions on room space arrangements, but the intention is to group the residences into small units comprising of a few apartments, with shared common facilities.

However, the major change necessary in comparison with shelter accommodation is the human resource capacity allocated to the units. The requirement for supported housing units is one support worker with training in social services, per two residents. The human resource allocation comes close to the equivalent in care for the elderly. The units are also staffed on a 24/7 basis. This human resource allocation is estimated to suffice in securing the residents support that meets their needs. Naturally, residents in supported housing units are entitled to use the same social and health services as other citizens.

The conversion programme of shelters poses special challenges to the finances of the organisations managing the units. As the capacity of the units decreases, their income, based on payments, risks decreasing. In order for the units to be able to ensure sufficient human resources, with rents reasonable even from the residents' viewpoint, basic renovations will be granted government subsidies and other subsidies of up to 50%, as well as advantageous loans.

The elimination of shelters does not mean that Finland will not offer emergency housing to the homeless in acute need of help. In this respect, too, a service modernisation process is underway. The aim is to abandon even the former low treshold emergency shelters that offer accommodation for those in need of acute help, and to replace them with service centres for homeless people. These centres are engaged in active and target-oriented work, forming a kind of system of reception and assessment units. The first such unit was recently inaugurated in Helsinki.

The service centre on Hietaniemenkatu in Helsinki offers a 24/7 emergency accommodation service, with 47 beds for men and 8 for women. This service is intended for homeless people without a place to sleep, and is provided free-of-charge. In addition to the emergency service, the unit offers temporary accommodation with 43 beds for men and 9 for women. Moreover, the unit runs a day centre operation offering meals, washing facilities and a self-service laundry. The centre employs staff comprising professionals in both the social and health care sectors. All homeless people that arrive at the centre undergo a situation review and, if necessary, a personal service plan is prepared for them, including a plan for a permanent housing solution and, if need be, care and support. No-one stays in the centre on a long-term basis.

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Directorate-General Employment, Social Affairs and Equal Opportunities (DG EMPL)
The Directorate-General for Employment, Social Affairs and Equal Opportunities (DG EMPL) is the department of the European Commission which has the task of contributing to the development of a modern, innovative and sustainable European Social Model with more and better jobs in an inclusive society based on equal opportunities. This Directorate plays a key role in faciliating policy work and exchanges on social services at EU level.

European Foundation for Quality Management (EFQM)
The European Foundation for Quality Management is a non-profit membership foundation that seeks to support organisations in their need to implement strategies. Today, EFQM's network encompasses over 600 organisations. These enterprises work together to improve their capabilities in understanding and implementing what delivers higher performance. To this end, the EFQM has developed an EFQM Excellence Model, a framework which is used as a tool for quality assessment, and which aims to deliver a picture of how well an organisation compares to similar or very different kinds of organisation. This model is widely recognised in Europe, and is also sometimes referred to in EU debates on quality assessment in social services.

Homeless service providers
Homeless service providers generally provide accommodation services (eg. emergency shelters, temporary hostels, supported or transitional housing) and non-residential services for homeless people (eg. outreach services, day centres, advice services, health services, employment/training services). These services aim to find adequate and integrated solutions to prevent people from entering a chronic cycle of homelessness.

Open method of coordination (OMC)
For policy areas where the European Union cannot adopt European legislation (i.e. areas which remain the responsibility of national governments), there are methods used to promote cooperation between EU countries. The Open Method of Coordination (OMC) is one of these methods. The OMC provides a new framework for cooperation between the Member States, whose national policies can thus be directed towards certain common objectives. Under this method, EU countries are evaluated by one another (peer pressure), while the Commission's role is limited to monitoring and facilitating exchanges. The OMC is used in policy areas which are developed at national level such as employment, social protection, social inclusion, education, youth, and vocational training.

Services Directive
Directive 2006/123/EC of the European Parliament and of the Council of 12 December 2006 on services in the internal market [Official Journal L 376 of 27 December 2006] is referred to as the "Services Directive". In order to create a real internal services market by 2010, the 'Services' Directive aims to facilitate freedom of establishment for providers in other Member States and the freedom of provision of services between Member States. It also aims to increase the choice offered to recipients and improve the quality of services both for consumers and businesses using these services.

Social Protection Committee (SPC)
The Social Protection Committee (SPC) was established in 2000 to serve as a vehicle for cooperative exchange between the European Commission and the Member States of the EU to modernise and improve social protection systems. As part of its mandate, the SPC has created a working group to develop an EU quality framework on social services of general interest and will be working on this for the next few years.

Social services of general interest (SSGI)
Social services can be grouped into two broad types of services: on the one hand, statutory and complementary social security schemes and on the other hand, other services which are provided directly to the person and that play a preventive and socially cohesive role, such as social assistance services, homeless services, employment and training services, social housing or long-term care services. These services play a vital role in our societies and provide an important contribution to the fulfillment of basic EU objectives such as social, economic and territorial cohesion, a high level of employment, social inclusion and economic growth. Social services of general interest are a specific part of services of general interest which also encompass large network industries (energy, telecommunications, audiovisual broadcasting and postal services), water supply, waste management, education or health.

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This programme was established to financially support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields.
The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA and EU candidate and pre-candidate countries.
To that effect, PROGRESS purports at:

- providing analysis and policy advice on employment, social solidarity and gender equality policy areas;
- monitoring and reporting on the implementation of EU legislation and policies in employment, social solidarity and gender equality policy areas;
- promoting policy transfer, learning and support among Member States on EU objectives and priorities; and
- relaying the views of the stakeholders and society at large.

For more information see:
http://ec.europa.eu/employment_social/progress/index_en.html

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