Measuring Quality of Services and Provision in Homelessness

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❯ **Abstract_** *This article provides a framework for the themes and issues addressed in detail by the articles in this Journal. The issue of the provision of quality services, which are effective in addressing the needs of homeless people, is of concern to policy makers, funding bodies and providers of services as well as, most crucially, the users of those services. The article considers the concepts and perspectives associated with the meaning of quality that elaborate the definition and principles underlying service planning, implementation and evaluation. The aim is not to derive a generic definition of quality that can be applied to all social services but rather to draw out the principles and perspectives that have relevance to understanding the nature of services and measuring quality. This leads into a consideration of the key drivers that can be expected to influence the quality and improvement of services and which, in different mixes, may be significant in understanding service provision and delivery.*

The article employs Donabedian's model of structure, process and outcome and the process management model to derive and elaborate a conceptual and operational understanding of the notion of quality. The paper discusses the factors affecting the measurement of quality improvement in homeless services. Finally the paper describes some illustrative examples of the way in which regulatory frameworks operate to implement and monitor the quality of homeless services. Other articles in this volume elaborate in detail the evidence in relation to the quality of services for homeless people.

❯ **Key Words_** *quality, outcomes, structure, process, services, improvement, regulation*

Introduction

This article provides a framework for the themes and issues addressed in detail by the articles in this volume. The issue of the provision of quality services, which are effective in addressing the needs of homeless people, is of concern to policy makers, funding bodies and providers of services as well as, most crucially, the users of those services. The issue has relevance from a European perspective where recent EU initiatives aim to improve standards and, where possible, seek to harmonise standards of services between member states. It also has direct relevance for member states since central or local governments are responsible for the regulation and, in large measure, the funding of homeless services. The increasing professionalisation of homeless services in many countries in recent years and the increasing diversity of services broadening out from an emergency focus to re-settlement and prevention services, means that this is an issue of direct concern to service providers as they plan and manage growth in their organisations.

The article begins by examining some of the implications of the Directive on Services in the Internal Market (the Bolkestein directive) for domestic legislation and Commission Communications on the modernisation and quality of personal social services. This section establishes the relevant policy issues arising from this drive to regulate, harmonise and improve standards of social services across Europe. This leads into a consideration of the key drivers that can be expected to influence the quality and improvement of services and which, in different mixes, may be significant in understanding service provision and delivery in different member states or in different welfare regimes. The section examines the drivers of change leading to quality improvement in homeless services. Using this framework the section concludes by considering the current state of play across Europe in the articulation and regulation of service standards.

This discussion leads to a consideration of the definition of quality in different country contexts in order to identify the diversity of approaches adopted across Europe to secure, improve and monitor the quality of service provision.

The article proceeds to consider the concepts and perspectives associated with the meaning of quality that elaborate the definition and principles underlying service planning, implementation and evaluation. The aim of this section is not to derive a generic definition of quality that can be applied to all social services, but rather to draw out the principles and perspectives that have relevance to understanding the nature of services and measuring quality.

For the purposes of this article homeless services are defined to include all those residential and non-residential services provided with the specific purpose of preventing or alleviating homelessness, as well as social and health services accessed by homeless people.

Quality of Social Services in Europe

The issue of the provision of quality services, which are effective in addressing the needs of homeless people, is key aspect of the EU strategy to combat poverty and social exclusion. In this context, understanding the barriers to access to decent and affordable housing has direct relevance to the prevention of homelessness for those households who are vulnerable to exclusion from the housing market or who live in insecure or inadequate housing.

The framework of EU regulations is an important contextual element for the articles in this volume in relation to the regulation and public procurement of social services (including homeless services). This section describes the complex framework of the EU competition rules and the Communications of the European Commission on the nature of social services of general interest. The section uses that framework to briefly consider the nature of social services in order to identify different dimensions to the consideration of service provision and standards. Next, the drivers of quality and standards are considered in relation to the strategic, organisational and operational levels of decision making. Finally the section briefly reviews the evidence on the state of play of quality management and improvement as regards homeless services is being described..

EU Services Directive and Communication on Social Services of General Interest

The modernisation and improvement of social services (including homelessness and housing services) is a current concern of policy development at European and member state level specifically in the context of debates surrounding the introduction of the Directive on Services in the Internal Market.

Although freedom of competition belongs to the basic principles of the EU agreement (i.e. the Treaty article 81-89), the member states acknowledge that not all types of services should be left solely to the market. The services in question are recognised in the terms of services of general interest, perceived and defined by the member states as being subject to specific public obligations. The ongoing debate about services of general interest deals with the basis for increased competition and harmonisation of regulation within the service sector which traditionally has been delivered by public authorities.

With the aim of achieving one of the key elements of the Lisbon strategy, namely, the establishment of a genuine internal market in services, the European Commission (EC) presented in January 2004 a proposal for a Directive on Services in the Internal Market, also known as the Bolkestein Directive. Services of General Interest (SGI) are defined as "market and non-market services which the public authorities class as being of general interest and subject to specific public service obligations". They include road and rail transport, electricity, water and gas supply, hospitals and other important public services including social services. The Council adopted the Services Directive as amended by the European Parliament on 11 December 2006. Member States will have to transpose the Directive into their national laws within three years.

The Court of Justice has established that any activity consisting of supplying goods and services in a given market by an undertaking constitutes an economic activity, regardless of the legal status of the undertaking and the way in which it is financed. Almost all services offered in the social field can be considered "economic activities" within the meaning of Articles 43 and 49 of the EC Treaty (*COM(2006)/177 April 2006*). However, for the moment, the only legal interpretation of what constitutes a SGI is one from the Court of Justice in the Altmark case in which the Court defines four criteria which have to be fulfilled to be considered a SGI.

Hence, the Bolkestein Directive creates an open market for service provision but excludes non-economic Services of General Interest (SGI) and some social services, namely:

> *(j) social services relating to social housing, childcare and support of families and persons permanently or temporarily in need which are provided by the State, by providers mandated by the State or by charities recognised as such by the State.*

This means that member states are still responsible for regulating these services and can impose quality criteria which are different from country to country. Importantly, then, social services of general interest are excluded from the scope of the Bolkestein Directive – which means that there will not be an open European market for them. However, there is no legal definition specifically on Social Services of General Interest (SSGI). Many find the criteria defined by the Court for SGI to be too strict and want a political decision on what should constitute a SSGI.

In 2006, the Commission issued a Communication on Social Services of General Interest in the European Union (COM (2006)/177). In that Communication the Commission emphasises that, except for the basic social security schemes, social services are not in strict terms considered to be a part of public administration, but public policy and public funding play a major role and may be decisive for the provision of these services. The conclusion about what sectors and types of social services of general interest should be subject to competition remains unclear. The

member states are nevertheless obliged to follow EU legislation and directives, in particular if the services encompass financial activity associated with public procurement or grant aid. On the other hand, what should be considered financial activity in social services is yet to be clarified.

In order to ensure that social services respond to the varied and very individual needs of their users, most member states have systems in place to regulate their social services and ensure quality standards. Such regulations are crucial to ensure that social services are accessible to all and that they are in a position to guarantee that everyone has access to their fundamental rights via social services. These include authorisation schemes to regulate who can provide such services. Systems of regulation and quality standards vary from member state to member state.

It is argued that the measures proposed by the Directive under Chapter IV to ensure the quality of the services are not suitable for vulnerable clients of non–profit social services, such as homeless people (FEANTSA, 2005). References to insurances, guarantees, commercial communications, after-sales guarantees, and settlement of disputes, leave no doubt that the principle target of the draft Directive is commercial services for the average consumer. The European Social Platform[1] also expresses concerns about the potential impact of the services directive on quality standards in services more generally, particularly with regard to their accessibility and suitability for more vulnerable groups (ESP, March 2005; www.socialplatform.org).

This debate raises significant issues in relation to service provision. First, social services (including homelessness) can be classed as an economic sector. This in turn raises the question of how personal social services are defined. Clearly some services (e.g. personal and residential care for older people) are a growing sector in many countries and have a strong element of private market provision. In this case the concern is the extent to which Competition Rules (under article 86) apply to personal social services. On the other hand most social services are the responsibility of public bodies (the central state or local government) but are outsourced by the public sector under regulated competition. Hence there is a concern to establish that public procurement rules are adhered to in relation to public service contracts including principles of transparency and equal treatment.

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[1]   The Platform of European Social NGOs (the Social Platform), which was established in 1995, is the alliance of representative European federations and networks of non-governmental organisations active in the social sector,

Personal Social Services in Europe

This section considers the nature of personal social services, how homeless services fit within this typology and what implications this may have for understanding quality of service provision.

Under the Bolkenstein Directive Member States are given the freedom to define services of general economic interest and particularly social services of general interest, and to define the obligations and missions relating to such services and their organisational principles. On the other hand, the Community framework requires Member States to take certain rules into account when they determine the arrangements for applying the objectives and principles they have established. These principles have been described in Commission Communications (COM(2006)177; see also Quintin, 2004). A key aspect is that it is the nature, tasks and objectives of the service that is important rather than the legal status of the body providing the service or how it is financed.

Commission Communications and Court of Justice rulings imply that two key principles are employed to define a social service:

Solidarity Principle – the service is provided in accordance with a person's needs in order to ensure one of his/her fundamental rights is guaranteed (independent of that person's contribution).

Social Cohesion Principle – the social service is required to practise universality and equality in relation to its users in order to fulfil a legitimate objective in the public interest. It must therefore comply with a fixed rule stating clearly how the service is to be provided.

In addition to these principles, social services are also generally defined by the fact that the relationship between the provider and the beneficiaries are not a one to one supplier/consumer relationship. Third party finance is usually involved to ensure the delivery of the service which is usually provided by not-for-profit organisations (at least in the homelessness sector).

The Annex to the EU Communication 2006/177 identifies three main situations or forms of intervention for social services. These are defined in relation to meeting crisis needs, developmental needs or long-term needs. In relation to the debate on the quality of service provision and the improvement of service standards, this definition of personal social services suggests that the structure, tasks and objectives of services provided will be distinctive across the three domains of intervention and that the definition and measurement of quality of provision will need to reflect this difference.

Drivers of quality and standards

The restructuring of welfare and social systems that has taken place throughout Europe in the latter quarter of the 20th century indicates a certain commonality of response (Edgar et al, 1999). Most prominent has been the retreat of the state from the direct provision of welfare services and the assumption of an enabling and regulatory role (COM 2006/177). No less prominent, and paralleling this changing role of the state, has been the increasing role of non-governmental agencies (NGOs) in the provision of welfare and related services to the homeless. While new (and innovative) forms of service provision have emerged during this process of change these vary between welfare regimes and can not be understood in any mechanistic manner according to the regime characteristics.

It is argued that changes in service provision "reflect not only the inherited traditions, customs and bureaucratic arrangements of different regimes, but also the action of conscious agents acting in the context of permissive and constraining structural conditions" (Edgar et al, 1999; p22). More recently the crucial role of social services in an enlarged Europe has been highlighted by the establishment of an extensive body of case law of the Court of Justice as well as by the coordination of social welfare policies including the fight against exclusion. Although the Treaty on European Union (1992) provides that many areas involving social services are primarily within the member states jurisdiction, member states must comply with Community Law and the rulings of the Court of Justice have shown that European integration also concerns social services (Quintin, 2004).

It is arguable that the drive to establish a genuine internal market in services in the European Union will affect the manner in which services are provided even though the Bolkestein Directive excludes some social services. That is to say quality criteria may differ from country to country but the drive to improve the quality of services and the manner and effectiveness of their delivery will have universal relevance. Thus, although the harmonisation of services across Europe is unlikely to be achieved in the foreseeable future, and while regulatory frameworks can be expected to differ between member states, such structural factors can be expected to lead to an improvement in services. The improvement in hostel provision for homeless people described in this volume is evidence of effect of distinct regulatory frameworks driving service improvement in very different governance structures in Poland and the UK (Fitzpatrick and Wygnanski).

As the state has moved towards an enabling and regulatory role, the allocation of public expenditure to services through different forms of public procurement and of competitive tendering should lead to the formalisation of standards of services and quality measurement as the basis of public service contracts. The principles of accountability underlying public procurement procedures (e.g. transparency and equality of treatment)

should foster a climate of excellence and innovation within organisations reliant upon public funding. However, the shift to a culture of quality and improvement in services may be impeded by inherited structures or weakly developed NGO capacity involving oligopoly structures of provision as well as dominant agents. These issues are explored elsewhere in this issue (Dyb and Loison).

During recent years, there has emerged a European-wide recognition that home-lessness is a complex and multi-faceted problem requiring programmes geared to individual needs for successful reintegration. Policies and programmes that focus on prevention and on re-integration, as well as on alleviation of the crisis of home-lessness, require inter-agency cooperation and structures. The drive towards more holistic approaches involving health, employment, housing and support and to the management of sustainable outcomes has involved endogenous drivers to improve-ment within organisations. This has, for example, led recently to the certification of agencies in some countries (discussed later in this article). In addition, organisa-tional goals (as well as the reliance upon public funding and regulation) have resulted in an increased professionalisation of staff and management structures which in turn drive change to improve standards and service delivery.

The traditional roles of the structuring agents of housing and social service policy and provision have now to be complemented by the advent of what has become known as 'user involvement'; the users of services emerging as agents in their own right in determining the type of services offered and the conditions under which they are provided (Edgar et al, 1999). Although structures of user involvement in service planning and delivery are still embryonic in many countries, the principles involved have underpinned the development of tools for outcome management and measurement (which are discussed later in this article).

State of play

In Europe there is very limited research evidence available on quality standards and frameworks for homeless services. It therefore is perhaps pertinent to review the (limited) evidence on approaches to quality management in social services generally in Europe since this often provides the regulatory framework within which homeless services operate. The European Social Network (http://www.socialeurope.com) has identified some of the differing approaches to project performance measurement.

The ESN study (2004) identifies that there are no national service standards in many countries. In France the department and municipalities develop their own approach. In Sweden, where social service monitoring is the responsibility of the regional health and social services boards, about half of local authorities have developed a policy on quality with accompanying guidelines and standards are tested in court

with case law informing social policy practice. A local initiative in the City of Stockholm has developed a programme of quality based on three principles: integrating programme goals based on a common structure at all levels and in all activities, developing central support to initiative quality development procedures with appropriate training and common terminology, a focus on outputs and outcomes. While there are no national monitoring quality standards in Germany instruments for measurement of quality of services are in place with regard to contracting at the local level. In England, by contrast, central government has adopted a very firm approach to regulating standards and measuring performance of mainstream social services. This has involved the introduction of a comprehensive framework for measuring social service performance called the Performance Assessment Framework (PAF). This is a range of fifty separate indicators covering all aspects of a service. Hence accountability for service quality and expenditure takes place at a national level.

The ESN study (2004) did not identify examples from Mediterranean countries or from Central and Eastern Europe (CEE). While different factors may account for the diversity identified it has been argued that "a sea-change in approach to measuring the performance of mainstream services is underway, and that this is beginning to impact on the measurement of performance in projects run by or in partnership with non-statutory bodies" (ESN, 2004; p. 4).

Definition and Conceptual Models of Quality

This section considers how the concept of quality is understood as a social good. At one level quality can be considered in relation to standards of provision that society either defines as essential to meet the goals of fundamental human rights or social cohesion (minimum standards) or as desirable to ensure the norms of equality and universality (normative standards). This highlights that the concept of quality is about improvement or progress as well as about enshrining rigid or fixed rules of service provision. The aims of quality improvement can be described as (see Health Resources and Services Administration, 1996):

1. To monitor and evaluate costs, quality, and access of homeless services in a rapidly changing system of care.

2. To ensure accountability. Measures can provide justification for continued services, which help programs sustain activities in difficult fiscal environments.

3. To evaluate the progress of homeless services in meeting strategic goals and objectives in relation to costs.

Quality can also be perceived as a property that services can have in varying degrees. It follows that an assessment of quality is a judgment of whether a specified type of service has this property, and if so, to what extent (Donabedian, 1980: 3). Judgments are based on expectations with regard to what homeless services are considered to achieve but also on comparisons with similar services (benchmarking) within and outside the country or for example on previous experience with such services.

Structure, process and outcome

A well known and often used concept of quality is that derived by Donabedian (1980, 1982) who provides a conceptual model in relation to structural aspects, processes and outcomes. This model is described below, while the manner in which the model is operationalised in different countries (in relation to support services and homeless services) is described in later sections of the article.

Structure relates to the relatively stable characteristics of the providers of care, of the tools and resources they have at their disposal, and of the physical and organizational settings in which they work. It includes the human, physical, and financial resources that are needed for the service delivery to homeless people. Examples include the level and composition of the workforce and the buildings or accommodation. In Donabedian's view structure is an indirect measure of quality because it increases or decreases the probability of good performance (1980: 81-82).

The process of care, considered as the primary object of quality assessment, pertains to the relationship between the characteristics of the care process and their consequences to the health and welfare of individuals and of society, in accordance with the value placed upon health and welfare by the individual and by society (p.80). The relationship is determined by the state of science and technology at a given time, and also by normative behaviour (norms derived from science or from ethics and values in society) that govern interpersonal relationships. Insight in the process of care can help determine what factors influence the realisation of outcomes, and gives clues for the improvement or adjustment of the contents, the co-ordination and/or the organisation of service delivery. A good practitioner is required only to do what is known or believed to be the best of the client (1980: 80).

Outcomes are the tangible results of the actions undertaken and pertain to changes in a client's current and future housing, health and employment status that can be attributed to service delivery. The overall quality of life of homeless people and user or client satisfaction are considered significant outcome measures in the evaluation

and monitoring of homeless services[2] (Donabedian, 1980; DTZ, 2007). Quality of Life refers to the "goodness" of life. "This 'goodness' resides in the quality of the life experience, both as subjectively evaluated and as objectively determined by an assessment of external conditions" (Zautra & Goodhart, 1979: 1). Quality of life is often operationalised in terms of the actual state of affairs within the various life domains, and also how satisfied clients are with each domain-specific condition (that is, their subjective well-being) as well as satisfaction with overall quality of life (Lehman, 1995; Lehman et al., 1995; Wolf, 1997).

Client satisfaction represents an individual's perceived experiences regarding the care they receive and the extent to which these services meet the person's expectations and needs (DiTomasso & Willard, 1999 in McCabe et al., 2001). A randomised experiment with various case management programs for homeless individuals with severe mental illness shows that there is a significant mediating effect of the working alliance as perceived by homeless people on client satisfaction (Calsyn et al., 2002). Research has found that client satisfaction often does not correlate with other client outcomes (Calsyn et al., 2003). Client satisfaction is not related to outcomes strongly enough to serve as a substitute for other outcome measures (Kasprow et al., 1999).

Examples of the operationalised aspects of Donabedian's conceptual model are summarized in Table 1.

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[2]   Client satisfaction is in Donabedian's view of fundamental importance as a measure of the quality of care because it gives information on the provider's success at meeting those client values and expectations which are matters on which the client is the ultimate authority (1980: 25).

Table 1_ Operationalisation of the three differing aspects
of Donabedian's conceptual model

Structural aspects	The Process of care	The Outcome of Services
Physical properties of buildings	Working alliance	Overall Quality of Life
Safety	Cultural competence	Quality of Life domains
Staffing levels	Privacy and Confidentiality	User or client satisfaction
Staffing Qualifications	Rights	Housing status
Access to services	Safety	Social / Employment Status
Financial resources	User involvement in planning	Mental health status
Service Objectives	User involvement in evaluation	

Input, throughput, outcome and output

With its economic and market-oriented approach, the process management reference framework offers a different approach to quality, although there are some similarities to elements of Donabedian's model. Quality is defined from this managerial point of view as the suitability of a product or service for addressing a specific function or need (Hardjono & Bakker, 2002: 19). Process or quality management may be employed as a model for managing and evaluating organisations. Quality systems have been developed on the basis of such principles, including the INK Model propagated by the Dutch Quality Institute. It uses managerially relevant index numbers to ascertain whether predetermined targets have been achieved, what activities were performed to achieve them and what resources were used. Four types of indicators are often distinguished (Bakker et al., 2006):

Outcome indices show the targets an organisation has set and the degree to which they have been achieved, in terms of outcomes such as perceived benefits to clients or effects in the community. The inclusion of both baseline and target values in the outcome indices enables insights into the effectiveness of the activities pursued.

Output indices can shed light on achievements or products that are expected to contribute to target attainment. Examples are numbers of client contacts, contact duration, and occupancy and discharge rates in services. Other output figures aid in evaluating costs and efficiency.

Throughput indices involve the process that is carried out to achieve the targets. Examples are case finding and outreach, training and professional supervision for staff, and activities to improve service access and to link clients to services.

Input indices concern the resources that can be mobilised towards achieving the targets, including staff competencies and qualifications as well as financial resources and material goods.

The elements described here are closely interconnected. It is extremely difficult to achieve client-level targets, for instance, if insufficient input (competencies and material resources) is available or if the quality of processes is inadequate. Principles from process and quality management are now applied not only by organisational managers, but increasingly by commissioning agencies and service purchasers as well. Awareness is growing that it is insufficient to evaluate services merely in output terms like numbers or duration of client contacts (van der Laan, 1998) – not least because such management focuses can lead to perverse outcomes. Managers and staff may consciously fixate their efforts on reaching the required output, even engaging in strategic behaviour to do so. Another consequence of an excessive focus on output is that services may turn away the clients with the most serious problems. The ultimate test of a service still remains whether the clients benefit from it and whether it produces positive community effects (such as reduced public nuisance).

Factors Affecting the Measurement of Quality

Given this understanding of the definition and conceptual models of quality, this section considers some of the factors that may affect the measurement of quality.

Judgments of quality are often not made about the homeless service itself but indirectly about, for example, the staff who provide care and about the settings or systems within which care is provided. These elements are often not considered equally important. This implies that the relative weighting of the various elements needs to be determined in the construction of a set of standards (Donabedian, 1982).

To define quality is to establish a norm or benchmark; this means that the definition must be defensible on normative grounds (Donabedian, 1980: 13). Normative standards can be developed on the basis of three different sources of knowledge: objective knowledge from scientific research, professional knowledge (based on expertise of practitioners) and existential knowledge (i.e. from clients own experiences) (Kunneman, 2005). Hence, part of the quality assessment framework is the specification of the 'referent', that is the thing to which the standards or norms apply and the thing that needs to be judged (Donabedian, 1982).

What is considered to constitute high quality services is subject to change. Moreover, what will be included in the concept of quality is very much dependent upon the location and context of services. Homelessness services are not a static phenomenon, but subject to ongoing growth and development. Equally, services for homeless people reflect, to some degree, the differences in the welfare regimes in which they are embedded (Edgar et al, 2003). Within each national context the definition of homelessness services needs to be reviewed regularly in order to reflect the changing patterns of provision and quality assessment systems need to be adapted to these changes.

The balance of benefits and harm is the essential core of a definition of quality according to the Donabedian model described above (Donabedian, 1980: 22, 27). The overall benefit of homeless services can be understood as an improved quality of life of clients. Harm or risks can be defined in terms of unintended negative outcomes as a result of lack of coordination, lack of continuity of care, incompetence of staff, problems with access to care (long waiting lists), and unnecessary care and dependence (institutionalisation syndrome). According to Donabedian (1982) the highest standards of net benefit attainable as a consequence of service delivery should be specified in absolutist terms, without regard to monetary costs.

The definition of quality and of homeless services as well as the definition of the benefits and harms of these services will often be undertaken in highly politicised environments where critical decisions have to be made on, for example, the allocation of scarce resources, the planning and designing of new services, the division of labour among professional groups, the run down of obsolete services or the merging of established agencies. Different parties have strong vested, potentially conflicting, interests in (re)formulating policies and implementing changes. They are the potential users of the data on quality, have different priorities and aims, and therefore will try to influence what will be defined as quality and what aspects will be assessed. Different perspectives of the concept and meaning of quality can be perceived among different stakeholders. For example, see Wolf and Ford (1998) for a detailed description of the values and vested interests of different parties involved with the quality assessment of crisis services.

Decisions on the measurement of homeless services can be made at the strategic, organisational or operational levels of decision-making (see Edgar et al, 1999). The different levels of service delivery are summarised in Table 2. Depending on the objectives of the quality assessment, and the developmental stage of homeless services, one can decide to select specific features of homeless services at the different levels (Wolf & Ford, 1998). Processes on the different levels are strongly interdependent. It is, for example, well known that training of professionals will only result in desired changes in performance when it is accompanied by changes in

their work circumstances, the organisation of service delivery, and by adjustments in the system of care as a whole (Wolf, 1995). Even if one wants to focus the quality assessment on only one level, say the process of care, it is important to collect so-called contextual data on other levels.

Table 2   Levels of service delivery in homeless services

Domains	Levels	Description
Operational Domain	Care process	pertains to the process in which the treatment, care and support offered by practitioners is being tailored and fine-tuned to the individual needs, problems and possibilities of clients as well as of carers. Key players: clients, carers, and professionals.
	Interdisciplinary co-operation	pertains to the substantive cohesion and co-ordination of the actions of those who are involved in the service delivery to individual clients. Key players: clients, professionals, non-professionals (e.g., carers, support workers), and people in the community at large.
Organisational Domain	Organisation of service delivery	pertains to how, when and where agencies offer their services to clients and carers. Key players: senior staff and managers.
	Interagency co-operation	pertains to the cohesion and co-ordination of the functions and service delivery among programmes and agencies in a local area. Key players: managers.
Strategic Domain	Policy, planning and commissioning	pertains to the development of (local) policies and strategic planning (on the basis of needs assessment), as well as the designing and commissioning of services. Key players: managers, purchasers, local politicians.

(Wolf & Ford, 1998); See also Edgar et al 1999

European Approaches to Improving Quality

Given the conceptual understanding of the meaning of quality elaborated above, this section considers the approaches adopted to monitor or improve services to homeless people in Europe. There is limited evidence available in the literature and little, if any, research evidence on the topic and so this section uses case examples and material discussed in this volume to illustrate different approaches.

Defining homeless services and service standards

In order to assess or measure the quality of services, or their effectiveness, in meeting the needs of homeless people it is necessary to have an understanding of the principles that are considered important for service delivery in homeless services. The benefits that homeless services, here perceived as personal social services, are expected to achieve can be described in terms of services to meet the immediate life or crisis challenges, developmental services and services addressed to the long term needs of homeless people (derived from COM, 2006; 177 annex 1).

Services to facilitate access to social rights or resources that homeless people need in order to master immediate life challenges may include, for example, social housing and stability of housing, income, debt management and reduction of debts, work or meaningful day activities, positive relationships with families and social contacts and access to health care. Developmental services necessary to increase or improve the skills necessary for full inclusion in society and participation in social activities and networks include, for example, training of debt management skills, rehabilitation, mentoring of ex prisoners, labour market training, language training, professional rehabilitation. Finally, a range of support services are required to ensure the inclusion of people with long term needs due to their mental health, physical or learning disability or addiction.

Homeless services have traditionally been associated with meeting the crisis associated with a lack of housing but have diversified to provide re-settlement and developmental support to people who are homeless or at risk of homelessness and, in more recent years, support (in their own home or in supported accommodation) to people with longer term needs that place them at risk of homelessness. Homeless services also involve a combination of 'support' services and 'accommodation' services. Hence the debate on quality of service provision in the homeless sector involves issues of the quality of care as well as in terms of the Donabedian structural aspects, for example, the physical standards of accommodation which may be subject to statutory provisions developed outside the social sector (e.g. health and safety regulations and building regulations).

There is not a comprehensive European typology or classification of homeless services. Neither, at present, is there an authoritative classification of homelessness services in any country. However, in some countries classifications have been developed though for different purposes; in some cases for the purpose of collating directories and databases, in others for administrative or for legal or regulatory purposes (Edgar et al, 2007; see Box 1). They all distinguish between accommodation and non-accommodation based services; they distinguish between outreach / emergency / crisis type services and support or resettlement services (including employment and training). The range of services identified highlight that they may be provided by a wide range of service providers including the public or state sector (at a national, regional or local level), NGOs and the private sector. Funding for services may be provided by state, private or charitable sources, or a combination of these sources. It is reasonable to expect that the definition and measurement of quality of provision or services will be different between these different service types. The different concepts and understandings across Europe of what constitutes homeless services, may very well lead to different formulations of what constitutes quality.

Box 1_ Services provided to homeless people

In examining the range of services provided to homeless people across the European Community, a broad typology of services emerges. Edgar et al (2007) propose a methodology for identifying those services that may be classified as homeless services in order to contribute to a statistical understanding of the levels of homelessness. This procedure builds upon that outlined by FEANTSA in their fourth annual review of statistics on homelessness in Europe (Edgar et al, 2005).

Accommodation for homeless people –
 eg. emergency shelters, temporary hostels, supported or transitional housing
Non-residential services for homeless people –
 eg. outreach services, day centres, advice services
Accommodation for other client groups that may be used by homeless people -
 eg. hotels, bed and breakfast, specialist support and residential care
   services for people with alcohol, drug or mental health services
Mainstream services for the general population
that may be used by homeless people -
 eg. advice services, municipal services, health and social care services
Specialist support services for other client groups
that may be used by homeless people -
 eg. psychiatric counselling services, drug detoxification facilities.

An overview of the legislative and regulatory frameworks to which homeless services must adhere, would provide a structure of the quality criteria that are prescribed within these frameworks. To our knowledge such a review has not been undertaken at a national or European level and so it is not possible to assess the articulation of service standards for different types of homeless service across Europe. However, the state of play overview described above suggests that there are few countries where standards for homeless services are set (a priori) at national level and that there are regional variations in approach within countries.

Regulation of homeless services

Fitzpatrick and Wygnanski (this volume) argue that regulation is defined in relation to three elements – the definition of standards, the mechanism for measuring compliance with the standards and the sanctions or enforcement procedures attached to the breach or non-compliance. They suggest that regulation may occur through legal, administrative and financial mechanisms and that self-regulation (or self-certification) may be employed to promote good practice among networks of service providers.

One administrative mechanism by which quality compliance can be measured is the regular inspection of homeless services. One example of a national inspection service for homeless services, through which quality criteria are developed, is to be found in Scotland where an executive agency of government (Communities Scotland) implements a single regulatory framework for social landlords, which brings together the regulation and inspection of all registered social landlords (RSLs) and the homelessness functions of local authority landlords. Scottish local authorities are responsible for implementing national homelessness legislation under the Scottish Homelessness etc Act 2003. Communities Scotland produces inspection reports for each local authority in relation to the homeless functions. A review of the inspection approach (Communities Scotland, 2005) identified that, while the inspectors saw some examples of clear standards and targets for homeless services, generally these were not well used by the local authorities as a way to let people know what to expect from the services or as the basis for monitoring and reporting performance[3].

Inspectors use a range of techniques to assess the reality of service outcomes for homeless people: they review individuals' cases to see how people are treated; have discussions with councillors, staff and service users about the way services

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[3]   an example of an inspection report for Edinburgh can be found at:
     http://www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/
     ripcs_013302.pdf

are delivered; observe interviews with service users; and, shadow staff carrying out specific tasks, such as putting people into temporary accommodation. Inspectors then use this information to make assessments on the quality of a council's services to homeless people in relation to factors including:

• the impact of performance levels on the service user;

• performance against key indicators in comparison with others;

• compliance with legislation;

• how far good practice is embraced;

• the council's awareness of strengths and areas for improvement;

• its commitment to, and track record of, improvement; and

• local context and legitimate local priorities.

Financial regulation is a further mechanism of ensuring adherence to or improvement in quality service standards among homeless service providers. In the debate on what constitutes a social service of general interest, it has been argued that it is the nature, tasks and objectives of the service itself that matters rather than the legal status of the body providing the service or how it is financed (2004). However, the solidarity criterion highlighted by the Court in the area of social welfare (see above) establishes that a service must be provided in accordance with a person's needs, in order to ensure that his/her fundamental rights are respected, *independently* of that person's financial contribution. Hence, a defining characteristic of social services (and of homeless services) is the reliance upon third party funding. Third party funding (of NGOs by public authorities) has led to different approaches to public procurement of homeless services. It is argued that competitive tendering procedures of public procurement will lead to improved quality of services more effectively and efficiently than other mechanisms of administration or regulation (Le Grand, 2007). However, Dyb and Loison (this volume) question whether competition necessarily leads to improved quality of homeless service delivery. They describe systems of service provision characterised by oligopoly structures where the sanction mechanisms are ineffective in facilitating competitive tendering procedures. They further argue that non-economic forms of competition, which exist beyond public procurement funding mechanisms, lead to inefficiency, duplication and waste of resources.

Our description of the drivers of quality (above) identifies multi-agency working as an important aspect of change. Our rationale for suggesting this is that the multi-dimensional nature of the needs of homeless people has led to an increase in multi-agency working and that there is evidence that this has led to increase

professionalisation of homeless services (Edgar et al, 2004). There is evidence in the Netherlands (and elsewhere) that this can lead to self regulation or certification by homeless agencies to define normative standards of service quality. A key factor behind the certification trend in the Netherlands is that increasingly health insurance companies require quality certificates as a condition for signing contracts with service providers. Hence, certification is an important part of a regulatory framework. Dutch homeless services began developing quality systems to meet the requirements set in 2003 for funding under the Exceptional Medical Expenses Act (AWBZ). The quality systems are required to satisfy the standards set by the Dutch Foundation for Harmonisation of Quality Review in Health Care and Welfare (HKZ), an organisation funded largely by the Health Ministry. The HKZ is one collaborator in an international project to develop European quality guidelines for health care and welfare services (which will be based on ISO 9001 : 2000). HKZ has developed a generic conceptual framework for certification (called the HKZ Harmonisation Model – see www.hkz.nl) which is suited to all health care and welfare sub-sectors.

In addition, the professional trade associations to which such homeless agencies belong also set standards for their members, and those standards are increasingly approaching the status of generally recognised requirements. In some cases, a desire for certification also arises within the agencies themselves, which may see it as a route to further professionalisation. It is also a way to favourably set themselves apart from other providers and to demonstrate that their services are well run in a competitive tendering environment. The specific standards applied by the Dutch homeless sector were established in the spring of 2007 which is indicative of the embryonic stage of such approaches in the European context.

The user perspective

The Donabedian model, described above as the conceptual model for understanding quality, makes a distinction between the definition of quality in terms of the structural aspects of care, the process aspects of care and outcomes. From the perspective of the users of homeless services the most important of these possible interpretations of quality are probably those concerned with process (how they are treated by the system) and those concerned with outcome (how effectively their needs are met). Although it is often difficult to disentangle the three elements, it is the latter that is most difficult to measure and hence has attracted least attention until recently. Arguably it is that aspect which is most critical in giving voice to the user.

To ensure services continue to improve, it is necessary to look at longer-term methods of ensuring services are delivering what customers need. The development of outcome measurement tools aim to allow comparison of services and benchmarking

in order to provide reports on a consistent basis. A number of examples are evident in the UK. The Regional Outcomes System for Yorkshire and Humberside (ROSYH) in England provides a model to allow housing support services to move away from measuring service activities and focus on outcomes for clients by measuring change in 14 support areas. In Scotland, the government has funded research to find a model that can be introduced consistently at local authority level, to capture useful information locally that can then be used as a means of public reporting nationally. This has developed a Housing Support Outcomes Matrix which measures change in support needs in four summary categories of accommodation, health, safety and security, and social and economic well-being.

There are several methods available to discover the opinions of clients (about criteria as well as about the expected benefits of homeless services) including surveys among participants with a 'choice questionnaire', focus groups, interviews, concept mapping and the Rand appropriateness method. It is not feasible to discuss all these methods here in detail (see Cnaan et al., 1992; Trochim, 1989; Brook et al., 1986). Ensign (2004) describes the use of interviews and focus groups to identify outcome measures for health care services for homeless youth (see Box 2)

**Box2_ Development of structural, process
and outcome measures of quality of health care (Ensign, 2004).**

Structural aspects
Health care sites separate from those for homeless adults, and sites that offered a choice of allopathic and complementary medicine.

Process
Cultural competence: how providers can tailor their health care advice and interventions to the realities of life for homeless youth Interpersonal aspects: treated with respect, not judgmental, clear communication, not having a lecturing tone of voice, ongoing encouragement

Outcomes
Survival of homelessness, functional and disease-state improvement, and having increased trust and connections with adults and with the wider community.

Conclusions

Most social services, including homeless services, are the responsibility of public bodies (the central state or local government) but are outsourced by the public sector under regulated competition. The ongoing debate at EU level on the extent to which social services of general interest are affected by Community objectives including those of competition and internal market is unresolved. Although Member States are free to determine the way in which social services (including homeless services) are performed public procurement rules apply. Hence there are strong drivers to improve and modernise the quality of services including those provided by homeless agencies.

In most countries there are no national service standards and very limited research evidence on quality standards in homeless services. Quality standards can be articulated either to meet the goals of human rights (minimum standards) or as normative standards to ensure equality and universality. Quality can be measured in relation to the structural aspects of care, the processes of care or in relation to outcomes. In each of these domains quality can be operationally defined in relation to different aspects. We identify a range of factors that can affect the measurement of quality.

In view of the limited evidence available in Europe this article has provided a contextual framework and illustrative examples of issues affecting the measurement of service quality. Articles in this issue develop several of these topics (see especially the articles by Fitzpatrick and Wygnanski, by Dyb and Loison and by Busch-Geertsema and Sahlin).

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