Judith Wolf, Maurice van Luijtelaar, Carinda Jansen & Astrid Altena (2007)

Measuring Client Satisfaction in Shelters and Housing Projects for Homeless People.

Nijmegen, Kenniscentrum Opvang & OGGZ, UMC St Radboud

Little research has been undertaken into measuring the quality of care in shelters and housing programmes for homeless people. A research project conducted by the Academic Collaborative Centre for Shelters & Public Mental Health (ACC) at the Radboud University in Nijmegen, demonstrates that measuring the quality of care and client satisfaction in homeless shelters is still at a very early stage of development.

Shelter organisations (and other care providers) in the Netherlands are obliged by law to implement an accredited quality management system. This framework requires them to measure client satisfaction once every two years. Failure to comply with this obligation will impact on their ability to enter into future contracts with city or healthcare authorities.

Over the past ten years, a wide variety of measuring systems for client satisfaction has been developed for different groups of users in the field of (health) care and welfare. Not all of these instruments have been assessed with respect to their validity and reliability. It is very difficult for service and care organisations to make a reasoned choice between the different methods that are available today.

The ACC has taken the initiative in developing an inventory of client satisfaction measurement methods used for homeless people. It consulted eight shelter organisations in the Netherlands about their experiences with satisfaction measurement among their homeless clients. Next, an inventory was made of the methods used by other shelter organisations (not represented in the ACC) and organisations in other fields of (health) care. An international literature search was carried out to find out more about implementation, instruments and the results of measuring client satisfaction among homeless people.

Most of the English language research done on the subject has been carried out in the United States. The researchers found a total of fifty-four articles and five measurement instruments. After selecting only those articles concerning client satisfac-

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tion among homeless people, twelve relevant articles remained. A brief description of these articles is included in the report. In the Netherlands sixty relevant articles, six instruments used in adjoining care sectors, and three instruments used specifically among homeless people, were found.

The international research presents results on a variety of dimensions of client satisfaction, including dedicated care, trust and inclusive care. For example, one article showed that client satisfaction among homeless female users of health care facilities was higher when using specific services for homeless people than when using a county clinic. The satisfaction of homeless veterans in a residential programme was closely linked to the clarity of rules, client participation in the programme, the emphasis on order within the programme, practical solutions for problems and to peer support. Other research demonstrated significant differences in satisfaction between African-American and white clients.

Homeless young people were found to attach great weight to the capacity of social workers to be in touch with the culture of homeless youth. Positive experiences in dealing with adults were found to be of great importance to young homeless people in making positive changes in their lives. Continuity of care and information about health issues were other important aspects of client satisfaction amongst young people. Most young homeless people did not like to use services where adult clients were the main target group.

Measuring client satisfaction among Dutch homeless clients has served a variety of purposes. Homeless organisations have used these measurements to gain insight into the wishes and needs of clients; have used the results to report to authorities and to meet the requirements of Health Inspection; and have used them to increase client influence within the organisation. The report describes briefly the results of satisfaction measurement in the eight different shelter organisations in the Netherlands. Clients were asked to rate (amongst other factors) the quality of accommodation, hygiene standards, accessibility, privacy, attitudes of staff, treatment, counselling services, food quality, safety of accommodation, recreational options and work options. Different methods and instruments were used to systematically collect this information. Most of the instruments have not been validated and are not suitable for benchmarking. Most shelter organisations have used external advisors to carry out the measurements.

One instrument has been developed for use in the so-called 'Client Visitation Method'. This involves former clients (or 'experiential experts') who form a Visitation Committee and use a structured interview to collect information about the quality of services from clients, staff, management and the Clients Council. The interview questions can be adapted to the particular situation of the clients and shelter organisation requesting the visitation. The Visitation Committee assesses the

quality of care using their personal experience as expertise. The Committee, which is supported by professional advisors, concludes the report with recommendations for improving the quality of services and care.

In another shelter organisation the client satisfaction measurement was carried out by members of the Clients Council. They determined all aspects of care to be measured, developed the questionnaire themselves and carried out all of the relevant activities, including the interviews with ninety-eight clients. Their project took over a year to complete. The results were used by the Board of Directors of the shelter organisation to implement changes in policy and practice and to develop a quality improvement plan; it was also accepted by the city and health authorities as the official account of the quality of services.

Based on their research, Wolf *et al.(2007)* conclude that, to date, attempts to measure client satisfaction in the Netherlands have not resulted in improved insight in to the things that homeless people consider important aspects of the quality of homeless services. Validity and reliability remain untested, and many of the instruments used were developed for target groups other than homeless people. The international research casts doubts on the assumption that instruments used in other care sectors are suitable for use with homeless people. There is no standard to determine whether the instruments that were used are actually measuring things that homeless people consider important.

The researchers consider the legal obligation in the Netherlands to implement a quality management system to be a positive factor in developing better and more specific measurement instruments for client satisfaction amongst homeless people. They recommend developing a Consumer Quality Index for the homeless sector. This CQ-Index has already been developed for other care sectors, arising from the need to evaluate the quality of services from the clients' perspective in a standardized manner, and based on the principle of demand-oriented care. The CQ-Index consists of fixed items adapted to the relevant care sector. In 2008, The Dutch Ministry of Health and Welfare commissioned the development of a CQ-Index for shelter organisations.

The report produced by the ACC contains a wealth of information, including: a bibliography of relevant English language and Dutch articles; a brief description of these articles; an overview of the measurement instruments used in the US and in the Netherlands; and descriptions and assessments of these instruments. All of this information requires a very structured style of presentation. The shelter organisations looking for information on the various possible instruments and approaches need guidance to be able to make an appropriate choice. Although the material to help these organisations make this choice has been collected, the structure of the

report calls for intensive reading and detailed searching for the relevant information. A summary of the findings and a better layout of the tables and overview material would improve the readability of the report.

To conclude, the report contains material that is useful for shelter organisations, clients' organisations, local and health authorities, and for institutes involved in quality measurement and management. It would be worthwhile to give this report a technical make-over and a widespread distribution.

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