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Made to Measure?

Quality in Social Services from
the Perspective of Services
Working with Homeless People



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Made to Measure? Quality in Social Services from the Perspective of Services Working with Homeless People

The debate on quality in homeless services has formed over the past few years, and is linked to reflections about quality criteria in other social services. Quality criteria for homeless services are perceived by some as a way to achieve and maintain quality. Questions have nonetheless arisen about the appropriateness of assigning criteria to flexible and transitional services. On the one hand, it is argued that service providers can create pathways out of homelessness by developing high quality services which meet the needs of service users. On the other hand, concerns about the detrimental effects of a "one-size-fits-all" approach that does not take into account the specificity of homeless services are pervasive.

A central question in the debate is: what constitutes quality for homeless services? The transitional nature of homelessness, as opposed to the experiences of other recipients of social care – people with disabilities or the elderly, for example – must be taken into account when defining quality criteria for homeless services.

Moreover, considerations on the practicability of implementing quality frameworks for homeless services are especially relevant in times of recession. Many services are facing cuts and having to decide how to make what they provide more effective, or prove the effectiveness of their services to continue to justify funding.

The articles that follow broaden the debate on quality in homeless services.

Karolina Krzystek introduces the debate by presenting the theory behind quality in social services from the perspective of services working with homeless people. She explores the opportunities provided by the current European policy context for addressing quality in homeless services and outlines FEANTSA's work in the area. This work aimed at describing and reflecting on what is meant by quality in services working with homeless people, and how best it should be implemented.¹ Ms Krzystek stresses that there should be, and indeed there is, no single "one-size-fits-all" model for promoting quality and that any developments must be preceded by reflection. Each quality system

should be a result of a democratic process involving service providers, service users and policymakers.

With his article, Claude Haas, Senior Lecturer in Social and Educational Sciences at the University of Luxembourg, helps further contextualise the debate by discussing theory. He reflects on quality management in social work by asking what is "new" in current discussions on quality, why social work has a rather ambivalent attitude to quality management, what opportunities quality management provides for social work and how quality management in social work can be conceived differently. He proposes an approach that addresses the quality question from the theory on which social work is based. The question of quality thus risks less being "reduced" to its technical dimension.

An example of reflection starting from theory and moving on through interagency working is presented by Sofia Martinsson, of the Viennese Assistance Programme for the Homeless in Austria. Ms Martinsson discusses the process of implementing a quality framework and an audit of this framework, using the example of a procedure developed through cooperation between the city of Vienna and the homeless services in the city. Ms Martinsson stresses that cooperation must be at the core of working towards quality. The example of Vienna shows that it is possible to cooperate, develop and innovate, but that it is not always easy. Divergent aims can cause differences, and political decisions can limit possibilities. But Ms Martinsson argues that mutual respect and keeping service users' needs in mind should be motivation enough to continue.

Ms Martinsson mentions how chosen criteria should be adaptable so that the quality management of smaller organisations can be valued as much as that of larger organisations. According to Taina Hytönen, Housing Advisor at Y-Säätiö in Finland, however, there are situations when general principles are not good enough to ensure quality, especially when arranging services for the most vulnerable groups of homeless people. In her article, "Prescriptive Quality Standards: A Tool to Improve Quality in Homeless Services", Ms Hytönen presents the question of whether prescriptive

LETTERS TO THE EDITOR

We would like to give you the chance to comment on any of the articles which have appeared in this issue. If you would like to share your ideas, thoughts and feedback, please send an email to the editor, suzannah.young@feantsa.org.

The articles in *Homeless in Europe* do not necessarily reflect the views of FEANTSA. Extracts from this publication can be quoted as long as the sources are acknowledged.



standards necessarily create a rigid service system or whether specifying quality criteria can be helpful in improving quality. She also asks whether prescriptive standards can guarantee client participation.

Carmen Salvador, Director of the Amsterdam Volksbond in the Netherlands, demonstrates how service-user participation can be a quality tool. She describes the PAja! Participation Audit, an innovative application of Participative Audit methodology and organisational quality improvement. The basis for PAja! is the view that effective cure and care can only exist when constructed around the potential and needs of clients, and therefore only in participation with them. The PAja! review method leads to a renewed insight for clients and professionals with regard to the quality of the facilities and support.

Quality standards for social services also exist at European level. European Quality in Social Services (EQUASS) is an initiative launched by the European Platform for Rehabilitation (EPR), which aims at approving and certifying quality in compliance with the European requirements for quality in the provision of Social Services. Guus van Beek, EQUASS Key Expert at EPR, presents EQUASS and its relevance for homeless services. He explores the advantages of voluntarily-implemented quality assurance systems, how existing quality assurance systems could be applied in the homeless sector and what the advantages and disadvantages of voluntary quality frameworks would be if this were to happen. Mr Van Beek argues that quality standards provide guarantees to users (and purchasers) of services and allow service providers who meet quality requirements to distinguish themselves from competitors who do not.

The Casa Ioana Association in Romania was a national partner of EPR's PROMETHEUS project on addressing the idea of a European approach on quality in the social services sector. Ian Tilling, MBE, President of the Casa Ioana Association, presents Casa Ioana's experience of having been awarded an 'EQUASS Assurance in Social Services' in the framework of the project. The experience was positive, however Mr Tilling feels the project highlighted some difficulties in implementing an all-embracing quality framework, given the diverse nature of social services and particularly regarding emergency homeless services. Casa Ioana's

concern is that by trying to make a quality framework fit all social services, numbers of ad-hoc organisations in the homeless sector could be reduced, resulting in less emergency services for this group of vulnerable people. This is critical in a context where service providers offer services not provided by the State.

Echoing these concerns, Ana Martins, Director of Assistência Médica Internacional (AMI), discusses the role of quality in finding solutions to homelessness in emergency and transitional contexts, also touching on the EQUASS quality framework. Ms Martins examines whether or not quality standards should be different for emergency interventions than for services working on a longer-term basis. She uses the example of AMI Emergency Services to explore the challenges for emergency services and describes official and unofficial quality standards for emergency services, in the context of the Portuguese "national strategy for the integration of homeless people". Ms Martins mentions how some NGOs try to obtain a quality certificate because of a need to give confidence to funders.

In her article, "Having Quality Standards Is Not Enough", Katerina Kolarova, Shelter Director at the Centrum sociálních služeb Ostrava in the Czech Republic, discusses the existing quality criteria in the Czech Republic and the possibility of implementing them in a context where applying them is a State obligation but services do not receive State financial support. She explores the limits of trying to solve homelessness when housing stock is minimal. She also discusses the differences between "client responsibility" and services' obligations towards users, and the importance of a personalised service.

René Kneip, Director at Caritas accueil et solidarité in Luxembourg, also gives a service-provider perspective to quality, which he defines as being linked to the improvement of users' capacities to reach autonomy and independence. He argues that it is important to be able to measure this process, and that quality management and quality control in the homeless sector cannot only concentrate on the inputs, meaning the investment made by the service provider and its staff, but must also concentrate on the outputs - the benefit the client gains from the service's intervention. He calls for clear goals and personalised plans for



each user, and interagency working as a vital factor for guaranteeing the success of each user's project, and finally discusses Housing First and housing-led approaches as a way of achieving better quality in homeless services in terms of empowering users to reach their goals.

Stefano Galliani, FioPSD Vice-President, analyses the results of a recent national survey of homeless services in Italy. He discovers that the responses are often based on traditional service models and thus argues for the need for an innovative approach, but asks whether this is possible in the current context. He notes the difficulty for services that employ volunteers to ask "high quality" service provision of its volunteer staff. The main problem with measuring quality he identifies is the tendency in Italy to measure quality on the volume of services provided (number of meals/showers, etc), rather than on outcomes for the homeless people who use the services.

The tension between the will to provide general quality standards and the specificity of homeless services is brought home by Mike Allen, who stresses that homeless services providers look at social services with a different purpose than those which support different vulnerable groups. He argues that importing the debate on quality from essentially static services for the elderly and people with disabilities is inappropriate. He stresses that questions of quality for services designed as transitional must be considered in terms of achieving transition, and warns that an inadapted approach to "high-quality services" can trap people in social exclusion. Mr Allen also draws on insights from labour market history with regards

to quality of services and the "managing homelessness" approach as opposed to one which seeks to end homelessness.

Jane Laustsen, Training Officer at projekt UDENFOR in Denmark, draws on legal and ethical considerations when discussing quality in her article on tools for ensuring quality in homeless services. Ms Laustsen mentions the human presence as an important issue attached to the legal and ethical approach, including the balance between the compassionate and the professional in social work. Ms Laustsen reminds us that when offering help to someone we run a risk on his/her behalf. She explains that, for projekt UDENFOR, reflection on risk management is a very important tool: reflection and discussions on legal and ethical dilemmas help improve practice. This reflection is part of the training provided for projekt UDENFOR staff.

Paolo Brusa, Psychologist and creator of Multipolis, a role-play game used as a teaching tool in training on social issues, discusses the role of skills and qualifications in ensuring quality of service delivery. In examining services working with homeless people as a cultural phenomenon, based on relationships and power dynamics, he raises some interesting points about the difference between professionalism and volunteering in the field of social work and addresses personal and structural factors that social workers need to take into account with regards to the care relationship.

FEANTSA thanks all the authors who have contributed to this issue of the magazine.



What is Quality in the Sector of Services Working with Homeless People?

By **Karolina Krzystek**, *FEANTSA Policy Officer*

The issue of quality of social services has been a very prominent one on the European agenda in the last couple of years. Efforts concentrated on the topic gathered momentum at the end of 2010 when the European Commission published the Second Biennial Report on Social Services of General Interest entirely devoted to the topic of quality;¹ the Belgian Presidency of the European Council organised the 3rd Forum on Social Services also largely addressing the issue² and finally, the Social Protection Committee, after long and laborious negotiations, adopted a Voluntary European Quality Framework for Social Services in December 2010, establishing European Union (EU)-wide principles as well as a set of methodological guidelines for the development of quality frameworks.³ Also in December 2010, a PROGRESS-funded project on Quality in Social Services, PROMETHEUS – in which FEANTSA participated – was concluded, yielding interesting results with regards to the implementation of the quality certification scheme – EQUASS – in different social sectors, including homeless services.⁴ Furthermore, and again in December 2010, the European Commission listed, in the European Platform against Poverty and Social Exclusion, the development of a Voluntary European Quality Framework on social services at sectoral level, including in the sector of homeless services, in the years 2011-2013, as one of the key initiatives towards the achievement of the EU2020 goals.⁵ It was in this favourable political context that FEANTSA launched its Annual Theme on Quality of Services Working with Homeless People at the beginning of 2011.

Activities carried out in the context of the Annual Theme consisted of a Europe-wide mapping and stocktaking of quality provisions in homeless services carried out by FEANTSA national member organisations and coordinated by the FEANTSA secretariat in Brussels. The main objective of this mapping and stocktaking was to identify the existing frameworks, their nature and quality dimensions as well as their evaluation by the service providers. The findings were gathered in a “European Report on Quality in Social Services from the Perspective of Services Working with Homeless People” published by FEANTSA at

the beginning of 2012.⁶ Following the analysis of the meaning of quality in the sector of homelessness, a first European Conference devoted entirely to this issue took place on the 21st October 2011 in Luxembourg.⁷ The conference aimed primarily at providing participants with space for mutual learning and exploring the potential for developing a European Quality System for Homeless Services.

The aim of the present article is to give a brief summary of the findings, conclusions and recommendations drawn from the work and activities carried out in 2011 in the framework of the Annual Theme on Quality of Social Services from the Perspective of Services Working with Homeless People.

QUALITY IN THE CONTEXT OF THE SPECIFICITIES AND CHANGING NATURE OF HOMELESS INTERVENTIONS

Anyone who attempts an EU-wide comparative analysis of quality systems in the sector of homeless interventions quickly faces the challenge of finding a definition of the main term employed – “quality of social services”. There seem to be many misconceptions about what quality is and how it can be implemented or evaluated. Additionally, the term “quality” itself was introduced into the area of services from the manufacturing sector, where it was used to measure certain characteristics of goods and products. Quality-related terminology can be found in the policies and laws of certain EU countries as well as in documents from the European Institutions; however, most national legislation does not refer to it. Some of the providers of social services, including services working with homeless people, apply the concept of “quality” in their work but this is not true for all actors. This does not mean, however, that no other concepts than “quality” are employed to ensure an appropriate level of delivery and meeting of the service objectives. In view of these conceptual difficulties, the analysis carried out by FEANTSA looked primarily at the origins of the debate on quality of social services, the different conceptualisations of quality and other methods aiming at ensuring a high level of delivery

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1 <http://ec.europa.eu/social/main.jsp?catId=794&langId=en>

2 http://www.socialsecurity.fgov.be/eu/en/agenda/26-27_10_10.asp

3 <http://ec.europa.eu/social/main.jsp?catId=794&langId=en>

4 <http://www.epr.eu/index.php/equass/projects/191>

5 <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=SEC:2010:1564:FIN:EN:PDF>

6 http://www.feantsa.org/files/freshstart/Annual_Theme/2011/European%20Report_Quality_2011_EN.pdf

7 <http://www.feantsa.org/code/en/pg.asp?Page=1362>



Integrated homeless strategies at regional or national level provide good and effective frameworks for quality promotion.

as well as of systems for the implementation and evaluation of quality. Special attention was given to the perspective of services working with homeless people.

While addressing the issue of quality in the homeless sector, certain considerations regarding the specificities of those services have to be taken into account. These are notably their transitional nature, diversity among the needs and profiles of service users, the non-market character of most homeless service providers and, often, a lack of clear legal frameworks providing for the organisation of homeless service provision. Our analysis confirms that homeless interventions are seldom the object of special legal regulations defining their goals and working methods. Originally, homeless services emerged in a bottom-up way from grass-roots initiatives providing emergency care for people who fell through the gaps of "mainstream" social services. In the past several decades, both a widening and deepening of homeless interventions has taken place, leading to a much broader scope of services, ranging from emergency accommodation and outreach care to permanent solutions such as supported individual housing. Such a broadening of scope was coupled with gradual professionalisation of the organisations and made homeless interventions more resource-intensive. It is in this context that the organisations working in the field started reflecting on the quality of the services they provided, either independently within single organisations or federations of organisations, or in the framework of wider debates including policy-makers, service providers and their users. Initiatives and debates on quality of services take a variety of forms and promotion of quality of social services can be done through a variety of instruments. The section below looks briefly at a number of models of quality promotion and implementation identified across Europe during the mapping and stocktaking carried out by FEANTSA national member organisations in 2011. A full account of the findings from this analysis is available in the FEANTSA European Report on Quality of Social Services from the Perspective of Services working with Homeless People.

MODELS OF QUALITY PROMOTION IN SERVICES WORKING WITH HOMELESS PEOPLE ACROSS THE EU

An appropriate level of service delivery provided with respect for the fundamental rights of users and meeting the defined goals can be ensured through many different channels. Quality of social services is a broad concept and is not always called by this name. Therefore legal regulation of the sector of interventions for homeless people which clearly defines ways of organising services, the goals they should meet and the principles according to which they should operate constitute a tool of quality promotion. In such cases, a state acts as regulator and supervisor of compliance with the rules defined. Models of quality promotion through legal regulation channels are often criticised by service providers for being inadequate and mismatched with the reality on the ground, because they were conceived in a top-down manner and do not take into account the specificities of interventions working with homeless people which require tailor-made solutions for people with multiple needs rather than standardised services. On the positive side, such systems bring clarity and legal security, which creates a level-playing field for all service providers and a system of protection for service users.

FEANTSA's analysis has shown that integrated homeless strategies at regional or national level provide good and effective frameworks for quality promotion. In most countries that have launched such strategies, serious political and budgetary commitments supported the actions. Further success factors are the existence of: measurable targets and definitions setting clear frameworks for providers; precise methodologies developed to measure the outcomes of the services appropriately in terms of progress made by the homeless people; legal and political instruments supporting all the actions and, last but not least, a wide involvement of different actors concerned.

Quality in the homelessness sector is also often ensured by self-regulation by service providers. This usually happens in the framework of a network of



organisations grouped together in an umbrella or a federation. This bottom-up approach to quality promotion is considered an effective way of filling a gap where legal regulations or integrated homeless strategies do not exist. This can be positive because such quality systems are based on real field expertise and first-hand knowledge and they are flexible and allow for tailor-made interventions. They are developed in a consensual way within a democratic process that allows for genuine participation of all players, including users of the services. On the other hand, FEANTSA members point to such difficulties as non-recognition of bottom-up quality frameworks by policy makers and commissioners and service funding bodies and no or inadequate financial support available for organisations that want to change and improve their structures. Additionally, the provisions developed in such a way are not binding for all providers, which may have a detrimental effect on quality when organisations compete for funding by lowering the costs of their interventions.

APPROACHES TO IMPLEMENTING QUALITY STANDARDS SYSTEMS

Next to the construction of theoretical or legal frameworks of quality promotion and the definition of principles of standards, the crucial element of each quality system is its successful implementation. In the area of social services working with homeless people, two major approaches can be identified – systems based on Quality Assurance and Quality Control and systems based on Quality Management. In the first type listed above, the evaluation of the organisation or the service is made ex-post in order either to recognise an organisation positively as one providing good quality services by awarding it a Certificate (Quality Assurance Systems) or in order to impose sanctions on those operators which do not comply with the quality provisions (Quality Control Systems). The systems based on Quality Management are based on a reverse logic – the evaluation of the quality of an organisation or service is made ex-ante and, based on its results, a plan for transformation is drafted in order to set in motion an ongoing process of quality improvement

continuously managed by the organisation. Systems based on Quality Assurance and Quality Control are more widespread across Europe as they are considered to be a useful tool for benchmarking and accessing public funding. On a negative note, such systems are criticized for not encouraging proper reflection on and conceptualisation of quality of services as well as not supporting more radical changes of structure where they might be needed. On the other side of the spectrum, systems based on Quality Management are far less employed in the sector of social services working with homeless people. This is due to the fact that they are more time and resource intensive and often require a complete change of an organisation's structure. Implementing quality through a system of Quality Management allows for flexibility for providers to organise high-quality, tailor-made services and for involvement of all staff members in a thorough debate and conceptualisation in a given service. The *sine qua non* condition for the successful employment of such a system requires budgetary and technical support, especially for smaller organisations working in the field.

A DEMOCRATIC PROCESS

The models presented above are theoretical constructs which often co-exist with each other in the same region or locality. The work launched by FEANTSA in the area of quality was just the first step to better describing and reflecting on what quality means in services working with homeless people, and how best it should be defined, operationalised and implemented. One of the conclusions drawn from the work done so far is that there is no single "one-size-fits-all" model of quality promotion and that any action should be supported by reflection and appropriate financial support. Each quality system should be a result of a democratic process involving service providers, service users and policymakers.



Social Work and Quality Management: A Critical Approach¹

By **Claude Haas**,² *Senior Lecturer in Social and Educational Sciences, INSIDE Research Unit, University of Luxembourg, Luxembourg*

INTRODUCTION

The question of quality has concerned social work as a profession, discipline and field of action since at least the middle of the 1990s. In this article, I should like to conduct a basic reflection on quality management in social work based on the following questions:

- What is “new” in the current discussion on quality in social work?
- Why does social work (as a profession) have a rather ambivalent attitude to quality management?
- What opportunities does quality management open up for social work?
- How can quality management in social work be conceived differently?

THE “NEW” CHARACTER OF THE CURRENT DISCUSSION ON QUALITY IN SOCIAL WORK

In traditional discussions on quality, the notion of professional standard pertains in general to framework conditions or to “structural quality” (infrastructure and facilities, staff qualifications, etc.). This quasi-exclusive focus on structural conditions is explained by the fact that they are easy to understand and to measure. But structural conditions are generally created by policy decision outside the institution. As Merchel (2010) indicates, responsibility for quality can thus be outsourced. Furthermore, stakeholders in the field have developed a rather ambivalent attitude concerning any attempt to intervene or to assess social and educational processes. The field is thus geared to “soft” methods such as internal or external supervision for the development of quality.

What is, therefore, the new moment in the current discussion on quality? As the recent FEANTSA European Conference, which was dedicated precisely to quality management in the homeless sector, showed, the requirements set in national regulations concerning the quality of services have been extended to processes and results in many countries. This trend has been accompanied by a horizontal dissemination

of quality management practices on all the fields of social work. The European institutions and platforms have undoubtedly played a key role in this dissemination process, as attested by the rested initiative to test the applicability of EQUASS in the homeless sector. Increasing pressure is being exerted today through this double mechanism on the social institutions to specify their professional standards and their socio-educational concepts. If social institutions do not want to lose their legitimacy, they are in a sense constrained to follow the movement and to adapt their formal organisation in the very least.³

The new dimension therefore resides in the close overlap between the policy and professional levels, “pushing” institutions to engage in quality management. As Scott et al. (2000) have noted for the American health system, the institution rationale underlying the social action system is currently being transformed, from one of professional domination to a managerial rationale, which consists of setting quantifying objectives, the establishment of (quasi-) competitive structures for the attainment of objectives and the introduction of ways of evaluating performance and refinancing linked to measurable outputs ((Clarke et al., 2000). In a certain way, the introduction of social management in social institutions is only a transformation process in progress which touches, to use the terminology fashioned by Tyack and Tobin (1994) as the “grammar” of social work.

AMBIVALENCE OF SOCIAL WORK IN THE FACE OF QUALITY MANAGEMENT

The foregoing explanations already suggest the reasons for which the community of social work professionals expresses doubts and apprehensions regarding quality management. To gauge what is at stake when working on quality management, it is necessary to analyse first what appears to be at the core of the method or at least a central dimension, namely standardisation.

¹ This article is based on an oral communication at the FEANTSA Annual European Conference 2011 held in Luxembourg.

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³ For example, through the recruitment of an official in charge of quality assurance or the creation of quality committees.



According to Nizet and Pichault (1995), the concept of standardisation comprises three meanings: forecast/programming; invariability/stability in time; and homogeneity/uniformity. Standardisation thus tends to limit the margin of the staff's individual freedom by reducing the variability and unforeseeability of their behaviour. Nevertheless, the level of control exerted by the standardisation varies from the way it is applied. In organisation theory, a distinction is generally drawn between three types of organisation corresponding to three work coordination mechanisms: the standardisation of qualifications, work processes and results (Mintzberg, 1982). The standardisation of qualification is in principle conducted outside the organisation, in instructional institutions and professional associations (Nizet and Pichault, 1995). The standardisation of work processes consists of developing, internally, procedures and rules to be followed by staff members. Finally, the standardisation of results pertains to the expectations relating to production results. The standardisation of work processes and results is the most constraining from the point of view of supervision carried out (Nizet et Pichault, 1995).

I now have to characterise the methods for structuring institutionalised labour relations in traditional social work organisations. Irrespective of the field of action, the analysis shows that the dominant coordination mechanism is the standardisation of qualifications. Social workers have considerable latitude in supervising their own work as a result, in spite of their double remit of assistance and supervision. At the same time, the structure of such organisations is generally bureaucratic inasmuch as standards determine in advance what has to be done. Contrary to the Taylorian or Fordist company, standards are not always developed internally by method engineers, but outside the structure, in educational institutions or professional associations.

Managerialism, and in particular, quality management, breaks with the professional rationale at the heart of the "grammar"⁴ of social work by introducing "rival" forms of standardisation. More specifically, whereas quality management comprises the four types of standardisation, the standardisation of work processes as well as of results is nonetheless central, particularly in approaches stemming from the business world (ISO, EFQM). It is not surprising, therefore, that social workers have an ambivalent attitude. It is precisely their professional independence or part thereof that is brought into play.

"NEW" QUALITY MANAGEMENT OPPORTUNITIES FOR SOCIAL WORK

Should the observation that the rationale of quality management interferes in the "grammar" in which modern social work has been constructed since the end of the 19th century in Europe be seen only in a negative vein? Doesn't quality management offer new prospects to social work in an uncertain socio-economic and political context? It is precisely the thesis defended by Merchel (2010) who argues that quality management can lead to useful options for the recognition of social work as a profession, outside and inside.

Outside, quality management would offer social work an opportunity to improve its "brand image" and to bolster or rather re-stabilise its position. Thus, the transparency gains made by quality management would facilitate the presentation in public and, consequently, the cooperation with external partners, including donors (Merchel, 2010). The current discussions on the rights and participation of users are in any event a good way to analyse the "need" that today exists to explain the reasons for its action.

Inside, quality management could also have a stabilising effect by affording social work an opportunity to improve the bases of its own professional practice, and more particularly, its methods (Merchel, 2010).

AN ALTERNATIVE APPROACH TO QUALITY DEVELOPMENT

Whereas it seems relatively inconceivable that social work can still forego quality management practices in the current socio-economic and political context, the question arises as to which approaches and methods should be given preference. In what follows, I would like to go briefly over an approach that I think constitutes an alternative to the dominant models and which is inspired by the works of Chen (1990, 2005) on theory-driven programme development and evaluation rather than method. The central concept of the approach is that of a programme theory which can be defined as a "specification of what has to be done to achieve the desired objectives, what other important impacts can be anticipated, and how its objectives and impacts are generated" (Chen, 1990 : 43). Programme theory describes the underlying hypotheses of a programme and specifies relations that already exist between resources, activities, intermediate results and goals (Wholey, 1987). Programme theory can be seen in the form of a logic model.⁵

Standards are not always developed internally by method engineers, but outside the structure, in educational institutions or professional associations.

4 The professional rationale is but one element of the "grammar" of social work, alongside individualisation, pedagogisation, or integration.

5 An example is the University of Wisconsin-Extension logic model (<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>).



The theories underlying the activity of social services are often implicit and do not question much as such, because they have become very commonplace. The common development of a logic model, which creates a link between situation and problem, action priorities, resources, activities, results (in the short, medium and long term), while specifying the underlying hypotheses and external factors that can impact the results, can then constitute a point of departure for the awareness and an approach to quality development. The logic model – and its detailed textual description – can subsequently serve as an heuristic instrument for practitioners, by fuelling their questioning and imagination. This is in a way the “light” version of quality development. The “heavy” version would consist of establishing a rigorous evaluation process based, for instance, on the taxonomy proposed by Chen (2005), who distinguishes four phases in the development of a programme. Between these two extremes, there is an entire series of intermediary ways depending on the available resources. One option would consist of establishing a system of simple evaluation indicators relating to the problem-situation, resources, activities and results. Conceived on this basis, standardisation becomes a quasi-natural activity in the quality development process, inasmuch as it stems from the specification of the programme theory.

CONCLUSION

There is no longer any need to show here that social work as a profession is now exposed to enhanced legitimisation pressure and that these are among the triggering elements of the new discussion on quality. The question that arises is not whether social work must engage in quality management – it has already embarked considerably along those lines – but rather how it must do so.

Drawing attention first to the discussions aroused by quality management in the social work community, I arrived at a proposal for an approach that has the advantage of addressing the quality question first from the theory on which social work is based. The question of quality thus risks less being “reduced” to its technical dimension of implementing activities in accordance with certain formal standards.

BIBLIOGRAPHY

- Chen, H.-T. (1990): *Theory-driven evaluations*. Thousand Oaks : Sage.
- Chen, H.-T. (2005): *Practical program evaluation. Assessing and improving planning, implementation and effectiveness*. Thousand Oaks : Sage.
- Clarke, J., Gewirtz, S. & McLaughlin, E. (2000) (Eds.). *New Managerialism, New Welfare?* Buckingham : Open University Press.
- DiMaggio, P.J., Powell, W. (1983). The iron cage revisited: institutional isomorphism and collective rationality in organizational fields. *American Sociological Review*, (48), pp. 147-160.
- Nizet, J., Pichault, F. (1995). *Comprendre les organisations*. Paris : Gaëtan Morin.
- Merchel, J. (2010). *Qualitätsmanagement in der Sozialen Arbeit*. Weinheim und München : Juventa.
- Mintzberg, H. (1982). *Structure et dynamique des organisations*. Paris : Editions d'Organisation.
- Mintzberg, H. (1990). *Le management. Voyage au centre des organisations*. Paris : Editions d'Organisation.
- Scott, R., Ruef, M., Mendel, P., Caronna, C. (2000). *Institutional change and healthcare organizations. From Professional Dominance to Managed Care*. Chicago : The University of Chicago Press.
- Tyack, D. & Tobin, W. (1994). The “grammar” of schooling: Why has it been so hard to change? *American educational research journal*, 32(3), pp. 453-479.
- Wholey, J. S. (Ed). (1987). *Organizational excellence: Stimulating quality and communicating value*. Lexington, MA: Lexington Books.



Reflections on the Process of Implementing a Quality Framework and an Audit in Vienna

By **Sofia Martinsson**, *Viennese Assistance Programme for the Homeless*,¹ Austria

The partnership and the cooperation between the city of Vienna and the organisations in Vienna providing services for homeless people have developed over quite some time. The situation in the rather old shelters in Vienna in 1989 was timeworn – the year became a starting point for an initiative. Together, support was built up, broadened and intensified, and the Viennese Assistance Programme for the Homeless took form over the years. The 20th anniversary of the cooperation has passed and today the *Fonds Soziales Wien*² and 21 partner organisations, mainly NGOs, form the Assistance Programme, consisting of over 80 facilities covering a wide range - from support in the street and day centres to different forms of transitional accommodation and even permanent housing solutions – a more housing-led approach. The cooperation was also the cornerstone for starting to talk about quality and how it can be ensured across the variety of the services, to be and become the best it can be for the homeless men, women and families in Vienna.

After several different approaches and planning in the direction of forming a quality framework or standards, a commitment was finally made in December 2010 to develop a quality framework together with the support of the umbrella organisation *Dachverband Wiener Sozialeinrichtungen*³ (umbrella organisation of social service providers in Vienna). The organisations providing services for homeless people became members of the *Dachverband Wiener Sozialeinrichtungen* in 2010.

In workshops, representatives, one from each organisation providing services for homeless people and one from the *Fonds Soziales Wien*, met and, together, 15 standards were developed. The guiding principles of the Viennese Assistance Programme for the Homeless form the basis for the framework. The quality framework for supported housing for people with disabilities in Vienna and standards for homeless services developed in the county of Upper Austria were models for the framework. On the 21st June 2011, the quality framework was adapted, and the partners were proud that an effort was made together to pin down the level of quality in the current services offered to the homeless in Vienna.⁴

The two workshop groups had to keep in mind that the goal was that the standards should cover and be adaptable to all the different services within the Assistance Programme, which are categorized as out-patient services, night shelters, transitional accommodation in general and for specific target groups, supervised housing in apartments and socially

supported housing (permanent housing). The framework should display the current situation but also be ambitious and leave room for some development.

As the goal was to cover the breadth of the services, the standards were also constructed and compiled in such a way as to leave a lot of freedom for the organisations to create their own quality management system and integrate the standards within their system. It should be possible to adapt the standard to every size of facility and organisation. For example one criterion of the “process of intake” standard says that there must be a written process that states how the intake of service users into the facility takes place. This written process can vary a lot across the different organisations, but the process should contain the key elements and cover the points that the employees in the organisation need to fulfil their role sufficiently. It was important to ensure that the quality management of smaller organisations be valued as much as the quality management of larger organisations.

The standards reflect three different dimensions of quality: quality of structure, of the process and the outcome.

The standards in the framework are as follows:

Quality of the Structure:

1. Concept of the facility
2. Quality management
3. Human resource management
4. Job descriptions
5. Infrastructure
6. Voluntary work

Quality of the Process:

7. Process of intake into facility and support
8. Process of ending the support
9. Documentation
10. Internal communication (team meetings, reflection)
11. Participation of service users
12. Cooperation with external facilities
13. User contract and goals in support

Quality of the Results:

14. Complaint management
15. Achieving objectives (efficiency)

Each standard consists of four components: foundation or background, description of the standard,

Each standard consists of four components: foundation or background, description of the standard, objectives or goals and criteria.

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2 The *Fonds Soziales Wien* (Vienna Social Fund) is designated by the city of Vienna to fund and facilitate benefits for citizens of Vienna with disabilities, elderly people in need of care, homeless people and asylum seekers in Vienna. www.fsw.at

3 *Dachverband Wiener Sozialeinrichtungen* www.dachverband.at

4 *Rahmenrichtlinie zur Qualitätssicherung (quality framework)* http://wohnen.fsw.at/wohnungslos/aktuelle_themen/qualitaetssicherung.html



This standard purports that interagency working should only be done when desired by the service users with the goal of improving their access to their rights.

objectives or goals and criteria. As “foundations”, legal principles and other relevant documents are listed. Under “description of the standard”, a prose text explains what is meant by the respective standard. It states what needs to be defined by the organization and the tasks that have to be fulfilled by the employees. Under “objectives of the standards”, the objectives to be achieved by the standard are stated. Based on the above criteria for meeting the standards, requirements are listed.

To give one example, here are the goals and criteria of the “cooperation with external facilities” standard, which means interagency working.

Goal of the Standard:

- Improving the situation of the service user
- Prevention of contradicting support
- Delivering good quality through cooperation and exchange of information
- Extension of the perspective of the service users and the field of action of support

Criteria of the Standard:

- Service users get information concerning cooperation with external facilities
- Cooperation with other facilities is only done with service users’ consent
- Exchange of data is in line with the agreed topic
- Documentation is kept
- Cooperation with other facilities without service users’ consent only occurs when there is danger for the life of the service user and the service user is given information

This standard purports that interagency working should only be done when desired by the service users with the goal of improving their access to their rights. The objectives of the standards in the framework

are to ensure improvement of the quality of social work, guidance for service users, organizations and their employees and the funder, *Fonds Soziales Wien*, and the creation of transparency in infrastructural, technical and organizational aspects. Standardisation exists as a means of achieving the same level of information for staff and service users and the equal treatment of service users.

The *Fonds Soziales Wien*, as funder (43m€ in 2011), is responsible for inspecting the quality of the services funded, and promoting an improvement and development of quality. Therefore, the *Fonds Soziales Wien* developed an audit procedure based on the quality framework. The audit checks the level of fulfilment of the standards. The criteria of the standards were shaped into an audit questionnaire. A facility receives the questionnaire with the request to fill it in and send it back within three weeks. A week after the questionnaire is returned, two members of staff from the *Fonds Soziales Wien* visit the facility and there is an open dialogue about the answers. Back in the office, a report is written, showing the answers to the questions in a diagram where the degree of fulfilment of every standard is displayed. Together with the diagram, a written report shows a broader picture. During the visit, there is time to take in factors and things planned by the facility that cannot be shown by merely listing the accurate Yes and No-answers gained by checking the criteria. The dialogue and written report makes the answers come alive and gives an understanding of the context of the facility. Through the quality framework and the audit procedure indications about the quality and the degree of professionalism in the facility can be given and suggestions for further implementation of the framework are made. To conduct the audit procedure in a manner that expresses appreciation for the facility and its work and in a spirit of cooperation is very important to us.



This audit procedure started in autumn 2011 for facilities offering services for homeless people. Colleagues from the *Fonds Soziales Wien* responsible for supported housing for persons with disabilities have done audits since 2009, and this process has gone well. Responses to the audits in the services for homeless people have been that the audit is a chance for critical analysis of oneself to see the strengths and weaknesses of the work in the facility. It certainly raises the awareness and hopefully stirs the desire for working continuously towards implementing the standards. But these are just glimpses of a start. One will have to see over a longer period of time, both looking at the results and the audit procedure we have in place now. The strengths and weaknesses of the tool need to be examined and the necessity for improvements and changes checked. Feedback from our cooperation partners, the service providers, will be valuable in the future.

A review of the quality framework of the umbrella organisation *Dachverband Wiener Sozialeinrichtungen* is planned for 3 years' time, where it will be valuable to look at many factors among it, maybe reflecting on the advantages but also disadvantages of the standards and criteria being conducted at quite a broad, unspecific level. The ethical dimension in the standards, which has an effect on the every-day work with the service users, could be further discussed in the facilities and strengthened. Service users were not involved in the development of the quality framework this year. Hopefully by the time the quality framework comes up for review, there will be more systematic forms of participation of service users in place so that they can participate in what concerns them directly. The dimension of empowerment and service-user involvement in different forms is in great need of being developed in the Viennese Assistance Programme for

the Homeless and will hopefully, through the implementation of the standards of the quality framework, one of them being "participation of service users", be more strengthened by then.

Peter Gyori⁵ told us in 2009 that in Hungary, legally binding quality standards were imposed in the field of social services and this led, among other things, to a loss of the variety of services because smaller providers could not fulfil some of the standards. For the *Fonds Soziales Wien* it is important to avoid consequences like those experienced in Hungary and instead challenge and strengthen the internal quality management system of the service provider. Every organisation should be valued and it should be possible to provide a good level of quality, regardless of the size of the service provider. Here it could be interesting to look at the different ways of implementing the standards and the different quality management systems present in the variety of service providers for the homeless in Vienna. An exchange of good practice could certainly be useful.

Cooperation and the desire for improvement and development of the quality for the sake of the service users are at the core of our work. Cooperation can only work when a mutual appreciation and an understanding of each other exists. Through an open and honest dialogue, innovation and development is possible. The example of Vienna shows that this is possible, but not always easy. Besides the overarching common goal of providing a good service, there are organisational goals that can cause differences, and political decisions set the frame for what is possible. But keeping a mutual respect and keeping in mind that we can improve things for our service users should be motivation enough to question ourselves and continue the work.

5 Gyori, Peter "Standards in Social Service in Hungary with Serious Contradictions", *Homeless in Europe, Summer 2009*



Prescriptive Quality Standards: A Tool to Improve Quality in Homeless Services

By **Taina Hytönen**,¹ *Housing Advisor, Y-Säätiö, Finland*

The question of quality standards in homeless services should not be seen as a categorical choice between general principles or very prescriptive standards on quality. It is essential that we first define what type of services we are talking about. The orientation in preventive work, emergency services and support services are different even though some general quality principles should of course be applied in all fields. There are, however, situations when general principles are not good enough to ensure quality, especially when we are arranging services for the most vulnerable groups of homeless people. The question is whether the use of prescriptive standards necessarily ends up creating a rigid service system or whether specifying quality criteria can be helpful in improving quality. And can prescriptive standards promote inclusion and guarantee client participation?

THE FINNISH FRAMEWORK

When we look at the societal context in Finland it is useful to know a couple of prerequisites for quality work. The first is **the principle of universal benefits**. All people living permanently in the country are entitled to welfare services. Only in a few of the largest cities are there services targeted especially for homeless people, but there is no homeless sector as such. This is also the basic principle and target in developing services: not to create a separate welfare system for homeless people but to improve the living conditions of homeless people so that they can benefit from the general service system and use the same services as all others. In practice this means providing housing and necessary support services so that homeless people can get a decent home and also enough help to be able to live there without the threat of ending up homeless again.

The second basic point is **the National Programme to Reduce Long-term Homelessness 2008-2011**. In spite of the universal service system and various supported housing facilities, there has been a group of homeless people who have not been able to benefit from the services. Many of these people have serious health problems, a lack of social skills and even challenging behaviour. Their multiple needs have not been met or they have repeatedly fallen from the steps of the staircase model of housing services. This is why, in 2008, the government started an extensive policy programme based on the Housing-First approach in ten cities with the highest numbers of homeless people. The programme included state funding for construction and hiring support personnel and measures to prevent homelessness. One part of the programme was the conversion of traditional shelters into rented housing units. So far, the original

target of providing 1,250 flats for long-term homeless people has been exceeded. By the end of 2011 about 1,600 new dwellings had been built or renovated and there are several new projects going on.

HOUSING FIRST – NOT HOUSING ONLY

Since Housing First does not mean “housing only”, the new approach has been a big challenge for the welfare services. New service concepts matching the needs of long-term homeless people have been developed and also new work orientation, networks and methods have been needed in support services. Implementing the Housing-First principle throughout the service system is not simple and in this new situation there have been and still are many open questions to tackle. One big issue is how to keep the development process going on and to ensure that the voice of the service users is heard.

EXAMPLE: THE CITY OF HELSINKI

The quality standards used by the city of Helsinki are here used as an example of prescriptive standards in homeless services. The Finnish Social Welfare Act states that municipalities are responsible for arranging housing services for people who, for special reasons, need help or support with organizing housing or their living conditions. So, service provision is the responsibility of local authorities.

According to the latest housing market survey in 2010, there were 7,877 single homeless people in Finland.² Most of them live in the capital region and especially in Helsinki (3,355). The city's social services have traditionally arranged many kinds of housing facilities for homeless people in shelters, supported housing units and in scattered housing. The city also has played an active role in the programme to reduce long-term homelessness, since many of the new housing projects are located in Helsinki. Defining quality criteria has been necessary when arranging services for the tenants in these new premises.

At the moment, there is no special legislation and there are no quality recommendations determining quality in homeless services. The following criteria used by the city social services is a combination of various parts of legislation, quality recommendations on the services of other target groups and the principles of the policy programme to reduce long-term homelessness.

The cornerstone in the Housing-First model is security of tenure. This means that living in the new housing stock is always based on the Act on Residential Leases. The tenant has legal rights to his/her home

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2 Asunnottomat 2010, The Housing Finance and Development Centre of Finland (ARA) www.ara.fi



without any obligations for lifestyle change if it does not happen voluntarily. This has also been one basic criterion when service providers have been selected.

The other requirements set the standards on staff resources, quality work, safety and quality of the housing:

- **Staff resources:**
The minimum in supported housing is 0.12 workers / tenant, in intensively supported housing 0.3 / tenant and in service-accommodation 0.4 / tenant. 24 hour service is required except in the supported housing if specially agreed.
- **Staff Qualifications:**
The manager of the service provider must have a university degree in social welfare or health, one qualified nurse per team is the minimum and other staff members must have vocational qualifications in social and health care.
- **System of quality standards:**
Quality is evaluated on two levels:
 - ▶ The ability of the service provider to fulfill the duties mentioned in the service agreement
 - ▶ How the targets in the personal service plans of the clients are reached

The service provider must have a documented quality-control system.

The service provider must define its values, policies and system of management.

The quality system must include a description of how the client feedback is collected, processed and documented. This information must be utilized in developing the services.

Besides regular reporting, the service provider and the city social services will have a follow-up meeting at least once a year to evaluate how the quality standards are reached and how the mutually planned development projects have been carried out.

- **Safety:**
In every supported housing unit there must be a written safety plan based on a risk assessment of the activities. The plan must describe safety measures both in the premises and in the neighborhood of the unit. The safety plan includes also a statutory fire and rescue plan.
- **Neighborhood (community) work:**
A supported housing unit must have a written action plan on how the interaction with the neighborhood is organized (joint meetings, information-giving and regular follow-up rounds). All feedback from the neighborhood must be processed and replied to immediately.

- **Quality of housing**

The minimum standard for housing in supported and service accommodation is a room with a shower, toilet and kitchen. Most of the new housing stock consists of fully equipped normal dwellings with room for services and group work on the premises.

The target of these standards is a considerable improvement in the living conditions of long-term homeless people. The support system is by no means ready but including follow-up procedures and an obligation to use client feedback in the process are tools to further develop the services to match the needs of this group of homeless people. One critical point in implementing the programme has been finding locations for new housing projects. Neighborhood work is therefore an important means to tackle the NIMBY-phenomenon. Apart from basic service provision, the city has also agreed on special projects with the service providers. There are interesting development programmes going on in these new housing facilities on community training, pathways to employment etc.

CONCLUSIONS

The objective in describing the criteria used by the city social services in Helsinki has been to show how defining and evaluating quality can be used as a tool to develop services. The use of prescriptive standards does not necessarily end up in a rigid system but sets the basic terms in implementing individual service plans and allowing the service users to have a say in the process.

Quality standards have not been reached simply by writing principles on paper. The government policy programme has offered a solid base for quality work by offering both new perspectives (Housing First principle) and resources (money for homes and support). Negotiations with potential service providers have been needed and also new orientation and organizational changes in public welfare services. The outcome does, however, offer an encouraging example of improving the living conditions of the most vulnerable group of homeless people. Since a lot of public money has been invested in the project it is fair to ask whether the money spent has also meant better quality of life for people who have experienced long periods of homelessness.

The government programme to reduce long-term homelessness in 2008-2011 was targeted to improve the living conditions of long-term homeless people. The new housing stock built for this purpose was for the most part in housing units where there is help at site for the tenants. The target in the next government program in 2012-2015 is to eliminate long-term homelessness by arranging permanent rental housing and support mainly in scattered housing. This means that new quality standards suitable for the floating support needs of the tenants are needed.

The use of prescriptive standards does not necessarily end up in a rigid system but sets the basic terms in implementing individual service plans and allowing the service users to have a say in the process.



Participation as a Tool for Ensuring Quality: The Amsterdam Volksbond PAJa! Participation Audit

By **Carmen Salvador**,¹ Director, *Stichting Volksbond Amsterdam*, The Netherlands

The PAJa! review method leads to a renewed insight for clients and professionals with regard to the quality of the facilities and support.

PAJa! is an innovative application of Participative Audit methodology and organisational quality improvement. In this article, we will mainly focus on the practical aspects relating to the structure of the PAJa! process and show its main outcomes.

PAJa! was established and first applied by the Volksbond, a welfare organisation, located in Amsterdam, that provides shelter, in- and outpatient care and activities for homeless individuals and persons with severe psychiatric illness. In the final paragraph we will, very briefly, describe the specific outcomes of PAJa! for the Volksbond.

The name PAJa! derives from the name of the first pilot project, Participation Audit Youth Amsterdam. In PAJa!, the main role is played by the clients – the homeless youngsters themselves: they review – after intensive training – their own facilities, the support, the care methods and procedures.

PAJa! has been carried out in 11 different facilities for homeless youngsters in The Netherlands: in Amsterdam in 2008 and 2009, followed by The Hague in 2010 and 2011.

The basis for PAJa! is the view that effective care and support can only exist when constructed around the potential and needs of clients, and therefore only in participation with the clients:

- How do clients experience our care and support? Do they get what best connects to their needs, what best will encourage and support them?
- What are their suggestions for improvement of the quality of the services?
- Are there enough opportunities for clients to take control of their own personal development?

The PAJa! review method leads to a renewed insight for clients and professionals with regard to the quality of the facilities and support. In addition to that, participation in a PAJa!-team amplifies individual capacities and the connection between participants.

The method in itself is rather unpretentious and straightforward, it basically consists of 4 connected steps and can be applied in a wide variety of (professional) fields.

PAJa! aims primarily at:

- Empowerment of individual clients
- Reinforcement of mutual social contacts and network creation
- Carrying out of compulsory review from client perspective

- Contribution to innovative methodology of client participation
- Contribution to the assessment of subsidized organizations, complementary to current practices of assessment

PAJa! secondary goals are:

- Reinforcement of organizational cultural change
- Knowledge- and expertise-building in the context of client participation and empowering methodology

THE FIRST STEP: THE AUDIT

A team of homeless youngsters, the audit team, carries out an investigative assessment of the quality of the available care programs, of the organization, of the cultural aspects and of the facilities. They interview inpatient clients in order to examine how the clients concerned experienced the care and support provided, the professional attitude of the workers, the use of the facilities, the rules of engagement, the policy regarding clients' rights and other topics of importance. The Audit Team will also perform the assessment on each other.

THE SECOND STEP: ANALYSIS

The audit team analyses the outcomes of the interviews and sets about identifying the crucial issues. They do that without discrimination: it is important to identify the strengths observed as well as the weaknesses encountered.

Once the essential subjects are identified, the audit team discusses and establishes with each other the sequence of importance in order to prioritize the subject. The audit team also explores and defines possible solutions.

Those are the topics that in a later phase will be discussed with the staff of the organization.

They will conduct a poll among their peers using these facilities, after which they will evaluate the facilities themselves. Next, they will suggest changes to be made. All this is done in cooperation with the organizations or support facilities involved. One component of this method is a manual enabling organizations and municipalities to start up projects themselves.

The outcomes of the second step will be communicated and discussed in one significant meeting with the staff: the so-called "inspection meeting".

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THE THIRD STEP: THE INSPECTION MEETING AND REPAIR PLAN

The audit team engages in open, sincere and transparent dialogue with higher management, middle management and staff.

The meeting is about exchanging experiences and facts concerning the audit in itself. However, the central goal is to communicate about qualities and strengths; and to discuss in depth the identified issues that need to be “repaired”.

The audit team and professional staff then, jointly, prioritize those issues. Together they reach an agreement regarding the repair plan.

Quality expectations and the number of “repair” actions are part of the repair plan, as well as the setting of a date for review. It is advisable to agree on a period of time not longer than 6 months.

This agreement represents a Change Contract between clients and care providers.

THE FOURTH STEP: REVIEW

Six months after the inspection meeting, the audit team gathers again with the upper-level management, middle management and staff for the review meeting. They evaluate the achievements based on the earlier, agreed repair plan. Provided that the audit team satisfied is with the performed repairs the organization will receive the quality certificate “client proofed”.

This is a critical moment. It is now that the commitment to change and the determination to really include clients in all aspects of the organization has to be re-confirmed to the clients.

THE CONDITIONS FOR REALISATION

There are some specific, critical conditions for successful completion of the Participation Audit:

- The support of (upper) management and professionals;
- Resources in order to – among other things – support, coach and train the participants; to monitor, to learn, to correct the process;
- An organizational climate in which PAJa! can be carried out: transparency; honesty and authenticity; space to act and experiment – and to fail; earnestness combined with closeness; open dialogue;
- First-rate listening skills;
- Controlled by the clients, the youngsters;
- Genuine focus on the potential.

Unsurprisingly, training and wide-ranging support are two of the critical conditions for the audit team.

THE RESULTS

Monitoring of PAJa! projects reveals comparable issues in the organizations reviewed. Clients often don't like the food served; the facilities are often old and not well kept; regulations and procedures are not clear and youngsters do not get sufficient help for practical problems, like debts.

Based on the outcome of monitoring and evaluations of PAJa! projects, it can be concluded that the goals and ambitions have been reached.

PAJa! has set, in a relatively short time, much in motion: homeless youngsters gain greater knowledge, insight and motivation to work at building a better future for themselves.

The project has given a solid impulse for quality improvement in the organizations that have undergone review and has supplied organizations with considerable information. The organizations engage in carrying out repair plans.

The efforts of the Audit team have led to improvements in the quality of the services, the care methods and facilities; and have contributed to a better communication with and understanding of each other.

OUTCOMES OF PAJA! IN THE VOLKSBOND

The issues PAJa! has brought to light have led to an intensification of awareness of the importance of participation and empowerment throughout the Volksbond. It is now standard practice to actively invite clients to participate and involve clients in all kind of decision the organization takes. Everybody has the opportunity to be involved.

That takes place in a large variety of ways supplementary to the Client Council, for example:

As an individual client in regard of the personal care plan;

- As a group in the so-called Core-Group – which is active inside all facilities of the organization – as regards the internal policy, and the processes and procedures of a specific programme;
- As a group in the recurrent organizational theme meetings;
- As a group in the central management meetings, where, each quarter, clients meet with the middle and upper level management of the organization;
- As a group in the preparatory working groups on all kind of topics: from redesign of the care to the selection of a new registration system, from policy on drug use to the selection of a cleaner service, from the furnishing of their shelter to the optimal work schedule.
- Professionals and clients participate jointly in training and expertise-building.



EQUASS: European Quality in Social Services and its Relevance for Homeless Services

By **Guus van Beek**,¹ *EQUASS Key Expert, European Platform for Rehabilitation*

Since 2005, the Court of Justice of the European Union has considered social services as an economic activity. Therefore, social services must be treated in all cases as any other economic activity: in their management approach, in their business approach and in their quality approach. The verdict of the Court led traditional business management approaches and quality management approaches to be implemented in social services and a manufacturing environment has been promoted in the social sector. Traditional quality assurance approaches, applied in the production and manufacturing environment, emphasise clarity and transparency in the roles and responsibilities of management, process control, efficient use of resources and meeting fixed, measurable, standardised outcomes based on the demands of the customer so that in the delivery the expectations of customers and other suppliers can be met and assured. This approach is also reflected in many national quality standards and in the standards of the ISO 9000: 2008².

ASSURING QUALITY IN SOCIAL SERVICES

Analysis of the core characteristics of social services highlights the important role professionals play in delivering quality in social services. The contribution of the professional in the provision of services seems to be the most decisive factor for quality of these services: service quality is achieved by the efforts and the quality of the professionals. Recent research confirms this thesis: in the McKinsey report of 2007 about the quality of education, one of the major conclusions is that the quality of education cannot exceed the quality of its teachers.³ In the provision of social services, professionals play a crucial role. Quality in social service provision can only be provided by the professionals through their knowledge, skills and competences and the ability to interact in the relationship with the user of the service, and is therefore the result of human effort. This important difference in thinking about quality in social services compared with products will have the result that traditional quality assurance systems may not be as effective as expected in social services, and should therefore be strongly linked with the development, management and involvement of human resources, so they can apply their skills and competence in their relationship with service users.

EQUASS: EUROPEAN QUALITY IN SOCIAL SERVICES

The European Quality in Social Services (EQUASS) is an initiative launched by the European Platform for Rehabilitation (EPR) in 2002.⁴ EQUASS provides comprehensive services in the area of approval and certification of quality, all of which comply with the European requirements for quality in the provision of Social Services. The certification programmes complement existing quality certification programmes at national level that emphasise the elements of a quality structure and are overseen by an independent International Awarding Committee that includes representatives from key European Stakeholders. EQUASS aims to enhance the personal services sector by engaging service providers in quality and continuous improvement, and by guaranteeing quality of services for service users throughout Europe. EQUASS wants to contribute to the creation of a European market and the modernization of personal services of general interest where service providers can distinguish themselves and use the quality of their service provision as a competitive advantage.

A European Quality in Social Services intends to be flexible enough so it can overcome legal, socio-economic and cultural differences in the different EU member states, and can be compatible and complementary with existing national quality systems in the sector. This intention has been achieved by using the concept of principles for quality (key values) that are translated into criteria and indicators, rather than to come up with prescriptive standards.

In 2000, 2007 and 2010, EPR consulted stakeholders across Europe to identify the fundamentals of quality in the disability sector. This exercise resulted in a widely approved set of European Principles for Quality, which includes the perspectives of Europe's most important stakeholders in the social sector.

Based on these Principles for Quality, EPR developed two labels of certification: Excellence in Social Services (EQUASS Excellence) and European Quality in Social Services (EQUASS Assurance). The two levels of certification are based on the same framework and certify two different levels of Quality:

1 equass@equass.be

2 <http://www.iso.org/iso/qmp>

3 <http://mckinseysociety.com/how-the-worlds-best-performing-schools-come-out-on-top/>

4 <http://www.epr.eu/index.php/equass>



1. Quality Assurance (EQUASS Assurance)
2. Excellence in the provision of services (EQUASS Excellence)

The EQUASS system is based on key value characteristics of the social sector and takes into account the specificities of the disadvantaged target group/clients. At the same time, the requirements are multi-perspective in order to reflect and combine the viewpoints of the major stakeholder groups in the social sector. EQUASS, as a sector-specific quality framework, can be operated at European level because it starts from universal, key values which are translated into criteria and indicators. The EQUASS certification programme criteria are non-prescriptive in that compliance can be achieved in various ways, and also respect the cultural variation in social service provision practices. They may even be used in a trans-national benchmarking process to identify outstanding performance in the provision of social services. Moreover, the two labels of certification are non-compulsory and sector-driven, to overcome the fact that regulating social services is a competence of the European Member States.

While most Quality certification programmes take a single-perspective approach, the EQUASS certification programmes are based on the perspectives of the key stakeholders in the Social Sector at European Level: Services Users, Service Providers, Social Partners, Funders and Policy Makers. These have the last word in defining the Principles for Quality and the criteria of the certification levels, and also in designing the systems and their procedures. The EQUASS certification programmes fully comply with:

1. The European Quality Framework for Social Services (Social Protection Committee, 2010)
2. The Common Quality Framework for Social Services of General Interest (Prometheus, 2010)
3. The EQAVET framework for Vocational Education and Training (VET) services (European Parliament, 2010)
4. The European requirements for quality in the social sectors expressed in the position paper of the High Level group on Disability of the European Commission. (HLGD, 2007)

EQUASS certification programs have been tested and proven to be flexible so that the various social service providers and VET providers may apply this approach

in their organisation. Both EQUASS Excellence and EQUASS Assurance were extensively tested on various sites throughout Europe, and evaluated by independent scientific organisations. Systems, procedures and materials have been validated and continuously improved.

What Is the Advantage of Voluntarily-Implemented Quality Assurance Systems?

Like the Common Quality Framework for Social Services of General Interest,⁵ the proposed Voluntary European Quality Framework for Social Services (VEQF for SS)⁶ and the European Quality Assurance in Vocational Education and Training (EQAVET),⁷ aim to develop a common understanding of quality within the European Union. They intend to serve as a frame of reference for defining, assuring, evaluating and improving the quality of these services. European quality frameworks do not take into account:

- a) The specific national and/or regional context of the service provider
- b) National legislation
- c) Operationalisation of the principles into criteria and performance indicators.

It would not be fair to obtain the implementation of these frameworks, especially because some crucial preconditions for providing quality have not yet been established.⁸ The European Frameworks for quality should be conserved as an expression of a consensus on the quality of social services. Public authorities in the Member States are exposed to growing financial constraints. The European Quality Framework may help policy-makers to prioritise investments that promote continuous development of both quality and cost-effectiveness of social service provision.

HOW COULD EXISTING QUALITY ASSURANCE SYSTEMS BE APPLIED IN THE HOMELESS SECTOR?

The traditional quality assurance approaches, applied in production and manufacturing environments, may create huge challenges for the homeless sector. Homeless services, like most social services, are in nature subject to on-going development, based on the emerging needs of service users and other relevant stakeholders. Therefore, the concept of quality in homeless services is also subject to on-going change and should be based on the emerging needs of service

EQUASS, as a sector-specific quality framework, can be operated at European level because it starts from universal, key values which are translated into criteria and indicators.

5 <http://www.epr.eu/images/EPR/documents/projects/prometheus/CQF%20for%20SSGI%20-%20FINAL%20VERSION.pdf>

6 <http://ec.europa.eu/social/main.jsp?catId=794&langId=en>

7 <http://www.eqavet.eu/gns/home.aspx>

8 See: Common Quality Assurance Framework for Social Services of general Interest, Prometheus project 2012: <http://www.epr.eu/index.php/equass/projects/128-prometheus>



users and stakeholders. In many cases the concept of quality is dependent on the location and context of the homeless service. Quality assurance systems in the homeless sector should be flexible enough to vary in different national and regional contexts while assuring the common quality approach. The variation could be sought in the establishment of the way the principles and criteria of the frameworks are measured: the establishment of sector specific operational performance indicators.

In the period 2009 – 2010, the Common Quality Framework for Social Services of General Interest (CQF for SSGI) has been successfully implemented in the services of Casa Ioana (Bucharest, Romania). The implementation was supported financially by the Prometheus project (Progress VP/2008/004)⁹ and the EQUASS Assurance Certification Programme was used as a valid instrument for independent external verification. Evaluation of the Prometheus project showed the feasibility of implementing the CQF for SSGI in the organisations providing services for homeless people. The evaluation results also showed that the EQUASS system would be an appropriate and valid system to be used for implementing the CQF for SSGI in the homeless sector. However, the results also showed that there is still a need to develop a number of specific, operational, performance indicators for the homeless sector so that the social service provider would have a better understanding about how applicable the requirements of the CQF for SSGI are. Special attention should also be given to specific services in the homeless sector i.e. emergency services. These kinds of services may face challenges in implementing a European Quality Framework like CQF for SSGI and/or VEQF for SS, because of the specific characteristics of the service.

WHAT WOULD BE THE ADVANTAGES/ DISADVANTAGES OF VOLUNTARY QUALITY FRAMEWORKS FOR THE HOMELESS SECTOR?

The European and national policies for social services aim for modernisation of the market which means increased competition between service providers. The Communication of the European Commission becomes rather explicit when it refers to 'quality assurance' as one of the key elements of 'modernising' the social service sector (European Commission, 2006).¹⁰ In this new context, certification of quality

will play a major role in the provision of social services to assure the required level of quality.

The European Commission also identified a tendency whereby the National Authority or other funders outsource or subcontract the provision of services to public bodies, NGOs or commercial providers.¹¹ The introduction of the concept of 'competition' in the social sector allocates budgets to service providers via tendering.

There are similarities but also major differences in the way in which quality in social services is promoted in the Member States of the European Union. Factors such as political goals, economic development, dynamics, socio-cultural specificities and the historical and contemporary framework conditions in a country influence the process of defining quality principles and criteria for the social sector. Most of the national social sectors are facing the transition from a protected private/public market to an open and competitive market. This phase of transition will consequently lead to another approach to quality: voluntary quality frameworks and certification of quality as a tool for awareness and marketing with the aim of making your services known and to distinguish yourself in this market.

At national level, the authorities play a major role in the development, recognition and implementation of national quality approaches in the EU Member States. In those EU Member States where 'self-regulation' is the guiding principle for an open market policy, the sector itself takes the initiative to define its 'standards'. The underlying assumption with this approach is to define the minimum level of performance, guaranteeing quality to the key stakeholders and elimination/prevention of bad services.

Consequently, a competitive environment and tendering of social services need to be accompanied by a quality framework. The increased development in cross-national provision of social services (service providers offering services in various EU Member States) also enhance the advantage of the European Framework for Quality in the social sector. It would not only provide guarantees to users and purchasers of services, but at the same time allow service providers who meet the quality demands to distinguish themselves from those competitors who do not meet the quality requirements.

⁹ <http://ec.europa.eu/social/main.jsp?catId=987&langId=en&callId=121&furtherCalls=yes>

¹⁰ European Commission Communication "Implementing the Community Lisbon programme: Social Services of General Interest in the European Union" {SEC(2006) 516}

¹¹ European Commission Communication "Implementing the Community Lisbon programme: Social Services of General Interest in the European Union" {SEC(2006) 516}



A Homeless Service Provider's Involvement in the PROMETHEUS Project, a Quality Assurance Scheme

By Ian Tilling, M.B.E.,¹ *President of the Casa Ioana Association, Romania*

The Casa Ioana Association² 'Casa Ioana' was a national partner of the European Platform for Rehabilitation (EPR)'s³ PROMETHEUS⁴ project that aimed to address the need for a European approach on quality in the social services sector. The objectives revolved around the questions of definition, measurement, assessment and improvement of quality of social services and Casa Ioana was involved in developing the processes, procedures and instruments for self-evaluation, measuring quality and testing an implementation strategy regarding services for homeless people.

Project partners represented a balanced geographical and system-specific mix of EU countries and involved four EU countries in building capacity and piloting a Quality Assurance in Social Services (EQUASS⁵ Assurance) certification system for quality assurance and quality control in social services:

1. Centro de Reabilitação Profissional de Gaia - CRPG (Portugal)
2. Centre of Accreditation and Quality Development - CAKU (Denmark)
3. Casa Ioana (Romania)
4. Municipality of Alimos in Athens (Greece)

PROMETHEUS tried to address the various aspects of quality: the definition of quality - Common Quality Framework (CQF), measurement (indicators), assessment (processes, procedures for [self]-assessment) and improvement of quality of Social Services of General Interest (SSGI) (development of action plans for improvement of quality). The definition of 'quality in social services' attempted to overcome legal, socio-economic and cultural differences in the various EU countries.

CQF for SSGI can be summarised under four main headings as:

- **Structure:** scope, political context
- **Aspects:** contextual, organisation, service delivery process, outcomes and benefits
- **Domains:** preconditions, person served, organisation, staff and service
- **Benefits and results:** principles, good governance, partnership, rights, participation, competence of staff, ethics, person centred, comprehensiveness and result orientation

The Quality Assurance in Social Services (EQUASS Assurance) certification system enables organisations providing services in the social sector to engage in an external certification process at a European level by which they assure quality of their services to service users and other stakeholders.

Customised for the social sector, the EQUASS Assurance offers a comprehensive approach, based on quality criteria and performance indicators and uses a questionnaire for internal audit and external audit procedures. After the application form and the questionnaire for internal audit are sent, a site visit is carried out. During this site visit, an auditor verifies the applicant's evidence by reviewing documentation and conducting interviews with staff, service users and other stakeholders. The results are reported in an audit report. An organisation that meets the EQUASS Assurance criteria is certified for a period of two years. The process is overseen by an Awarding Committee. The EQUASS Assurance certification fully complies with the core criteria for Quality Assurance of the High Level Group on Disability and Common Quality Assurance Framework⁶ (CQAF) for the Vocational Education and Training (VET) sector.

The principles of quality give a sense of the comprehensiveness of the EQUASS Assurance scheme:

- **Leadership:** Organisations demonstrate leadership within the social sector internally by good governance and within the wider community by promoting positive images, challenging low expectations, best practice, more effective use of resources, innovation, and a more open and inclusive society.
- **Rights:** Organisations are committed to protecting and promoting the rights of the person served in terms of equal opportunities, equal treatment and freedom of choice, self-determination and equal participation. Organisations are ensuring informed consent and adopting non-discrimination and positive actions within their own services. This commitment is apparent in all elements of service development and delivery and in the values of the organisation.
- **Ethics:** Organisations operate based on a Code of Ethics that respects the dignity of the persons served and their families or carers, protects them from undue risk, specifies the requirements for competence within the organisation, and promotes social justice.

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4 <http://www.epr.eu/index.php/equass/projects/128>

5 <http://www.epr.eu/index.php/equass>

6 <http://www.epr.eu/index.php/equass/certification>



- **Partnership:** Organisations operate in partnership with public and private sector agencies, employers' and workers' representatives, funders and purchasers, organisations of people with disabilities, local groups, families and carers to create a continuum of services and achieve more effective service impacts and a more open society.
- **Participation:** Organisations promote the participation and inclusion of people with disabilities at all levels of the organisation and within the community. Organisations involve service users as active members of the service team. In pursuit of more equal participation and inclusion, organisations should facilitate the empowerment of the persons served. They work in consultation with representative bodies and groups to support advocacy, the removal of barriers, public education and active promotion of equal opportunities.
- **Person-centred:** Organisations operate processes aiming at the improvement of quality of life of persons served that are driven by the needs of both the persons served and potential beneficiaries. They respect the individual's contribution by engaging them in self-assessment, service-user feedback and evaluation and that value personal as well as service goals taking into account the physical and social environment of the person served. All processes are subject to regular review.
- **Comprehensiveness:** Organisations ensure that the person served can access a continuum of holistic and community-based services, which value the contribution of all users and potential partners including the local community, employers and other stakeholders and that span from early intervention to support and follow up. The services should be delivered through a multi-disciplinary team approach or multi-agency partnership with other service providers and employers.

- **Result orientation:** Organisations are outcome-focused, in terms of perceptions and achievements, on the benefits to the persons served, their family members, carers, employers, other stakeholders and the community. They also aspire to the achievement of best value for their purchasers and funders. Service impacts are measured, monitored, and are an important element of continuous improvement, transparency and accountability processes.
- **Continuous improvement:** Organisations are proactive in meeting market needs, using resources more effectively, developing and improving services and utilising research and development to achieve innovation. They are committed to staff development and learning, strive for effective communications and marketing, value users', funders' and stakeholders' feedback and operate systems of continuous quality improvement.

On 21st December 2009, staff and beneficiaries held a consensus meeting during which a self-assessment was carried out on the performance of Casa Ioana and its activities against the EQUASS Assurance criteria based on the CQF for SSGI. At this time, 38 criteria were proposed for EQUASS Assurance certification although by March 2010, the number of proposed criteria rose to 44. The following profile is the result of Casa Ioana's percentage score on the performance indicators of EQUASS Assurance. The assessment was analysed in Brussels and indicated Casa Ioana's performance against the performance indicators to be: leadership 88%; staff 53%; rights 100%; ethics 100%; partnership 67%; participation 100%; person centred 94%; comprehensiveness 86%; results orientation 55% and continuous improvement 55%. The EQUASS Assurance demands that all 101 quality criteria must be fulfilled for an organisation to qualify for certification. Because we were overcautious in our self-assessment we tended to underscore our abilities, even so, Casa Ioana had much work to do to succeed in qualifying for the EQUASS award.

By the time Casa Ioana received its external audit in early November 2010, the number of criteria proposed for EQUASS Assurance certification had grown from 44 to 101. At this time, Casa Ioana offered two temporary accommodation facilities and ongoing professional psychosocial services to 20 families and 9 single women for up to one year, a full-time salaried staff of five professionals and a 2010 budget of 87,000.⁷ To its great credit, Casa Ioana succeeded in meeting all the criteria and was awarded an 'EQUASS Assurance in Social Services' at an award ceremony in Brussels on 17th November 2010.

7 Casa Ioana's 2010 non-statutory annual report can be viewed at http://ftp.blackbox.ro/Casa.Ioana/Annual%20Report%202010_En-21.10.2011.pdf



However, the project did highlight some difficulties in implementing an all-embracing quality framework because of the broad and diverse nature of social services, particularly in regards to emergency homeless services. There were bound to be difficulties in trying to make a single, catchall assurance system for all SSGI and, whilst Casa loana was committed to adopting the framework within its own organisation, we understood that we were not a typical homeless service provider. For instance, Casa loana offers temporary accommodation and ongoing professional psychosocial services to homeless people for up to one year. Additionally, Romania's national accreditation system has applied an almost identical set of principles of quality so Casa loana was fortunate in having already adopted many of the proposed quality criteria within this framework. National accreditation is mandatory in Romania and organisations cannot provide social services without this national accreditation.

Despite being awarded EQUASS Assurance in Social services, we felt that we could not adopt the framework as it stood because many homeless organisations throughout Europe, particularly those providing emergency services to homeless people, would find it very difficult to meet all the criteria.

We believe that the CQF will actually exclude some SSGI such as emergency homeless services including emergency night shelters and soup kitchens, etc. Many such services are provided by unsophisticated organisations or motivated members of the public.

The scope of SSGI is immense as they cover services for such a wide range of people with an even wider range of vulnerabilities and needs. Herein lies the problem. It seems to us impossible to include all possible SSGI into one CQF. Every effort is needed to improve quality in SSGI and we applaud this initiative, however we do not believe it is possible for one CQF to embrace the diversity of SSGI that exist in all member states.

In particular, we believe that the following interrelated aspects and domains create issues for emergency SSGI as described above.

Organisational: Requirements for the service provider

- Good governance
Service delivery process: It is very often the case that small and unsophisticated groups or organisations run these types of emergency services. They will lack the comprehensiveness to comply with many criteria as laid out in the quality criteria mentioned here, particularly the collection of feedback and systematic quality improvement.

Needs of the person served

- Participation
Many homeless people using emergency services present themselves for the minimum service offered with no strings attached. It is unrealistic to expect a level of service-user participation that complies with the criteria as laid out in these quality criteria.

Requirements for staff

- Competence of staff
Staff engaging with homeless people during the provision of emergency services will not necessarily be 'qualified' social workers or the like. Similarly, comprehensive staff appraisal schemes seem disproportionate and out of place in these types of organisations. It is unrealistic to expect a level of staff competences that complies with the criteria as laid out in these quality criteria.

Requirements for the service

- Comprehensiveness
Similarly, it is unrealistic to expect the providers of emergency services for homeless people to comply with the criteria as laid out in these quality criteria.

In conclusion, Casa loana has no issue with the need for accreditation and quality criteria aimed at improving SSGI; on the contrary, we encourage it. Our concern is that by trying to make a quality framework that will fit all SSGI, less sophisticated or ad-hoc organisations in the homeless sector will be greatly reduced resulting in less emergency services for this group of vulnerable people. This is even more extraordinary considering that these service providers offer services that the state declines to provide itself, and provides the services that genuinely engage service users face-to-face.

Trying to make a quality framework that will fit all SSGI [risks reducing] less sophisticated or ad-hoc organisations [...] resulting in less emergency services for this group of vulnerable people.



The Role of Quality in Finding Solutions to Homelessness in Emergency and Transitional Contexts

By **Ana Martins**,¹ Director, *Assistência Médica Internacional (AMI), Portugal*

Indicators and evaluation criteria should be appropriate to the specific type of response and the target population, especially when it comes to emergency services.

This article has the objective to give answers to some questions that usually arise when we talk about quality issues regarding emergency services for homeless people in Portugal, and to focus on some of the AMI (Portuguese International NGO) social emergency services.

- Are quality requirements/standards defined for emergency services and different for non-emergency services?
- Should the quality requirements/standards of social services be different for interventions of an emergency nature than for the ones working on a longer-term basis?
- What are the challenges for ensuring that emergency services meet their aims of responding to users?
- What are AMI Emergency Services?

In Portugal there are about 4,000 social institutions and around 13,000 social services (respostas sociais). We have guidelines issued by the Ministry of Social Security that aims at the evaluation of social services, according to two main areas: Security and Building Quality (accessibility, hygiene, availability of information, etc.) and Quality Management of Social Services (assistance, communication, trust, etc.),

A SYSTEM TO MANAGE THE QUALITY OF SERVICES PROVIDED

The Social Services Qualification System (SQRS) is a certification system for social services which exists in order to ensure citizens access to quality services and facilities.

There are specific social guideline-manuals for a few services, for example for those aimed at children and elderly people (nursery/day-care centre, temporary accommodation centre, residential nursing homes and home support services, among others).

Since 2008, AMI structures have received technical monitoring visits from the Ministry of Social Security – and the technical guidelines already refer to issues of quality of services.

In 2009, the Minister for Social Security presented the **"National Strategy for the Integration of Homeless People"** with a national homeless concept: people are considered homeless if, regardless of nationality, religion, gender, mental and physical health, socio-economic condition, they are: roofless (living on the streets, in public spaces, emergency shelters or precarious locations) and houseless (living in temporary accommodation aimed at homeless people - accommodation structures for women, drug users or any other specific social service are not included here).

There are typologies for specific homeless services: Street Teams, Employment Workshops.

Besides these specific social services, there are other general social typologies that support homeless people, like: community centres; canteens; supported housing schemes (*comunidades de inserção*); temporary shelters.

SHOULD THE QUALITY REQUIREMENTS/STANDARDS OF SERVICES BE DIFFERENT FOR INTERVENTIONS OF AN EMERGENCY NATURE THAN FOR ONES WORKING ON A LONGER-TERM BASIS?

The principles contained in EQUASS – European Quality Assurance for Social Services – are common to all areas of intervention and as such should not be changed: Leadership, Rights, Ethics, Partnership, Participation, Person-Centered, Comprehensiveness, Continuous Improvement, and Result Orientation. However, the indicators and evaluation criteria should be appropriate to the specific type of response and the target population, especially when it comes to emergency services, for example:

Participation of users should be more flexible, in particular with regards to emergency services to ensure that participation doesn't become just a technical, paper-pushing exercise.

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Partnership: in order to ensure the applicability of the Common European Quality Standards, it is very important to define this (the role of the Institutions with regards to the local social networks must be clarified (e.g. City Halls and Social Security Centres and particularly the Lisbon Homelessness Strategy)).

Training exists for most of the street teams, especially those who are supervised/financed by the State (Social Security); they receive special training (e.g. inter- and intra training, information sharing between university studies related to homelessness) and are usually inter-disciplinary teams of social workers, psychologists, and nurses or doctors.

This practice should also exist for informal assistance structures (e.g. giving soup or bread in the street, giving out leftovers from meals in restaurants or other materials on the street).

Person-Centered means, according to the National Strategy, that the needs of the designated situations of homelessness can be met by different types of services. The allocation process should be carried out by NPISA (a local group of institutions working with homeless people), that will decide who will follow up on which person. This is already happening in some districts of Portugal but not in all (e.g.: Porto, Almada, Coimbra, Águeda, Faro, etc.).

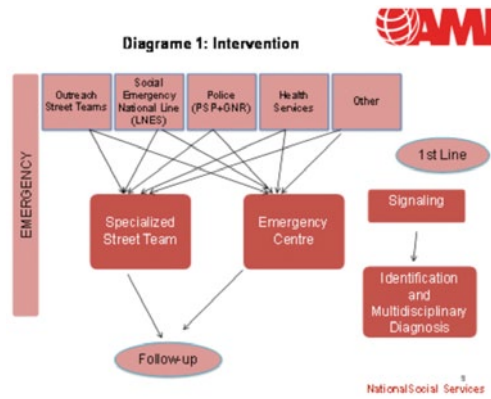
We think this is a good way of working, because sometimes (emergency) street teams who work on the ground don't have the means to resolve every situation.

It is very important to ensure the quality of services at emergency level because this is the most complicated and crucial stage of the process.

In our opinion, all emergency institutions adequately financed (correct amount and on time) by the State should predict costs related to human resources inherent to the adoption of these criteria and be subjected to EQUASS. Those institutions conducting relevant and justified social work, even if they do not meet the quality criteria, should continue to develop their emergency actions for homeless people.

AMI EMERGENCY SERVICES

Since the beginning of our social intervention, 17 years ago, AMI has followed the FEANTSA European definition and now ETHOS concept of homelessness and its monitoring indicators.²



We have a database at national level which allows us to monitor and analyze the phenomenon. This database is shared with all our facilities and social projects.

At AMI we have two specific responses to homeless: Street teams (2), (Lisbon, Oporto/Gaia) and Temporary Night Shelters (2), (Lisbon and Oporto). These are funded and supervised by the State.

The emphasis is on partnership working with other institutions and public or private social services (e.g. street teams from Lisbon and Oporto meet monthly in order to share and discuss cases).

The staff who work directly with this population have continuous, specific and appropriate training at internal and external level.

AMI Street Teams

These are multidisciplinary teams with specific training who meet the homeless population that resides on the street. Their intervention aims to respond to homeless people's needs and prevent future exclusion.

AMI has two Street Teams composed of "technicians" who intervene in Lisbon and Oporto; these Street Teams are attached to AMI's Social Centres (Centros Porta Amiga) which complement their intervention through periodical meetings, case follow-up and orientation, and other available services.

In 2010, AMI supported 262 homeless people (39% more than in 2009). 181 were supported for the first time, 24% more than in 2009.

² <http://www.feantsa.org/code/en/pg.asp?Page=484>



AMI Temporary Night Shelters

The main goal is to provide temporary accommodation to working-age homeless men who have favorable conditions for their socio-professional integration.

They provide a transitional space; it is intended that the individual perceives the situation as being one of change and not something with a tendency to conformity or an accommodation solution.

There are 2 night shelters: one in Lisbon (since 1997) with 27 beds and one in Oporto (since 2006) with 28 beds. In 2010, 131 homeless men were supported.

The dominant user profile is single (divorced/separated, widowed), unemployed, Portuguese men between 30 and 49 years old with physical or mental health problems, precarious economic problems, and low qualification levels.

Challenges for ensuring that emergency services meet their aims of responding to users:

- Difficulty in finding solutions after individuals leave emergency services;
- Lack of adequate solutions:
- Housing, (social housing, Housing First, housing-led)
- Health care, (Hospitals, alcohol, drug rehabilitation)
- Psychological support
- Difficulty of linking formal and informal solutions (ex: volunteers and private street teams)
- Urgent need to create housing-led solutions.

Work on quality of social services in general and quality of emergency homeless services in particular can only be a long and continued process and we are convinced that what is more important than a quality certificate is the real quality of the (human and physical) services we can give and the need to work as far as possible with and for homeless people.

The quality of services working with homeless people should be as high as possible, given that we are working with people living in very dramatic situations.

Only if we work with very high quality standards can we achieve our social intervention objectives - to promote the independence and autonomy of homeless people on various levels relating to social development (housing, health, employment, education, and so on.)

It is a reality that during in the longest part of the quality process, certification, the amount of bureaucratic work required grows significantly, and this usually means less time is available to be and work with people, especially given the lack of financial support to and therefore the ability to have adequate human resources.

In conclusion, we still do not have a special quality system for the homeless sector in general and for emergency services in particular in Portugal, but some NGOs who work in this area are trying to obtain a quality certificate in order to give the image of quality to this specific area of social services and in this way give confidence to funders and show that the social services are qualified to do the work they do.



Having Quality Standards Is Not Enough

By Katerina Kolarova,¹ Shelter Director, Centrum sociálních služeb Ostrava,² Czech Republic

Yes, we have quality standards. And in social services we do not consider them to be anything new. We have dedicated ourselves to quality with varying degrees of interest and respect for approximately 10 years. Quality has been evaluated by our State as being important to such a degree that it forms an integral part of the Social Services Act.³ Since 2007, it is the responsibility of providers, regardless of the type of service, including services for homeless people, to meet the requirements of the relevant provisions of the Act, which also means 15 standards of quality and their individual criteria.⁴ The state carries out inspections to check whether the specified requirements for quality are being met. It is a good sign that the idea of quality in organizations "has found a home." Providers do not focus on how to observe, for example, standard No. 5 ("Planning Services") or standard No. 14 ("emergency and emergency situations") simply so that everything will be proper, the way the "Standards" want it. Providers already routinely discuss this, how they plan and evaluate services for their clients, and how they solve emergency situations. They often cooperate and exchange good and useful practice. Generally, they do not talk about how to meet standards, but how they provide their service, so that it is of high quality.

Those for whom quality is part of their work and profession will know that the road has not been and is not always simple, painless and joyful. In the service intended for people who are socially excluded or at risk of social exclusion, in addition to a lack of housing (whether or not included in the models in the ETHOS typology), mastering this path, however, is desirable if not absolutely necessary. If we are benevolent and disregard some legal requirements, which are considered by some providers unnecessary and complicated work, in reality, our decision to provide a high-quality social service brings with it high-quality tools in the form of transparent working procedures for service provision (if of course the service is able to fund the operation; our country does not support "quality" financially at all) and further, this decision also brings respect for human rights and social principles. It creates a platform from which workers can provide services to their clients, really work together and apply some principles of daily life that are, for these people, often very remote and nearly forgotten. And it does

not matter if the environment in which this is done is a shelter, hostel, street, day centre, garage, tent, a dirty room in a commercial hostel, a hospital, an office or a rented apartment with an excessive number of tenants. And by doing this, the service is trying to fulfill one of the goals of the Act, which is to make it possible for clients to live within social services in terms that are most similar to a "normal" way of life.

A good quality service offers its clients what every ordinary citizen takes for granted and is surprised when s/he doesn't get it. A citizen assumes that there are certain principles and they are in practice during his/her contact with the world around him/her. S/he expects decent and dignified behavior towards him/her. S/he expects society will treat him/her as an adult individual (this is often expected for an older child, too) and s/he will thus be seen as an equal. S/he expects that in decisions regarding his/her life, s/he is the one who will decide from the possible options. S/he expects that s/he can do things his/her own way, in his/her own manner and at his/her own pace. It is expected that at least his/her immediate surroundings will accept him/her as a "unique person" with specific needs. Services, in collaboration with clients to solve their situation, generally exercise of all the above principles in their activities and processes. It is also the best way to help clients receive and enjoy the positives, the service or activities offered which follow from these principles. But at the same time, it is also a way to guide clients to gaining awareness that all this does not happen by itself, it still comes accompanied by something from which it cannot be separated. This accompaniment can be called "acceptance of responsibility."

So, when we combine the application of principles, processes adequately adjusted to provide different activities related to ensuring quality services and well-chosen educated staff, operational and technical conditions and the ambition of workers to do the job well, it should work.



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³ Act No. 108/2006 Sb.

⁴ More see Anex No. 1 Standards for Quality in Social Services <http://www.mpsv.cz/files/clanky/2057/standards.pdf>



But despite even “the best” setting, effort and quality of services and workers, the service does not often bring good results. Because here we have one very significant goal to which social services should be directed. This purpose is not to increase the dependence of clients on the services themselves, but rather that clients will be encouraged in a way that allows them to handle their situation and problems so that they do not need social services at all or only to a minimal extent. It is clear that some services for homeless people are more preventive in nature. Clients use them under certain conditions, regardless of whether they are interested in doing anything further about their situation. But, what is happening in the service where clients want to change their lives? What happens when the preventive nature of the service is already invoked, where just to “stick with prevention” is not enough and clients are interested in working on the superstructure? What is it that makes this objective so difficult to implement? We find that people using a sophisticated service often do not exit homelessness at the end of their contact with the service (e.g. after living in a shelter, a client leaves and lives on the street or goes to another shelter, even if they could move to different levels of housing; a family, despite a good year of collaboration, moves from social housing to private rental housing or a private hostel or they must be separated and go and live with relatives or in a shelter; and we could cite dozens of other cases).

Of course, every situation is unique, each requires an individual solution, and each case is influenced by a lot of different factors, which cannot be analysed in this space. However, we can briefly touch on the most common examples.

A quality social service that respects the free decision of a person is not able to affect the consequences of his/her decisions. The responsibility is on the client. The client, especially one whose age and mental state and physical health allow it, can decide whether to take responsibility and become one who actively tries to do something with his/her life - after all, social service offers some of the best conditions! It is logical that the process may be long, difficult and risky.

Many clients, however, choose a simpler way, and voluntarily give up their responsibility with the argument that “It is just not worth it”. In recent years, the number of young people in this group has increased significantly; these young people whose judgement is influenced by their living experiences, which are: living from day to day, repeated stays in jail; no or almost no work experience, relationships that have no value; their own children have been placed in institutions, living on the street or staying with friends, drug abuse, inability to deal with time (because they are not working, they have plenty of time), etc. For these people it is often very difficult to take advantage of social service, because they are not familiar with “the conditions of daily life”, which among other things, are characterized by the observance of agreements, respecting the principles of proper conduct, functioning within the agreed rules and so on. The search for causes is undoubtedly a separate chapter, which needs to be given attention in today’s society.

On the other hand, the argument “It just is not worth it” is not entirely false. Of course, it depends on who uses the argument and in what life situation. Even though the cooperation between a motivated client and social worker is successful, in the end, they can encounter problems, often systemic in nature, which usually not even the social service or the client are able to influence.

Having a system of early prevention of loss of housing seems to be an entirely logical requirement, especially if it results in a lower number of families and individuals who have rent arrears (again caused by many factors) or debts for other reasons (family breakdown) and must give up their more or less good quality current housing, with the risk that they may never come close to housing of such quality again. Subsequent living with relatives, in private rental accommodation or in shelters sometimes leads to family breakdown; it is not good for families or individuals or for a society that is gradually becoming a generation of children for whom a “normal life” is a life in a shelter or in a commercial hostel. Models based on prevention have been available in Europe for several years. In the Czech Republic, we do not have it yet.



Housing is also connected with the impossibility for individuals and families, who are actively trying to resolve their situation, to obtain a municipal / state apartment or some form of adequate housing outside the private rental sector. Municipalities have largely privatised their housing stock. Affordable housing has become unattainable. The average citizen knows that s/he must buy a house and run into debt for several decades if s/he is not lucky enough to acquire housing through another legal manner. The financial situation of social service clients does not enable them to buy an apartment, because of low income from employment or assistance from the state. Sometimes the client is able to save up for a deposit on a hostel or a rental apartment, which is part of the overpriced and uncertain commercial sector. Would it not be more practical if the State returned the money into its own pockets through its own housing system than to favour private hostel owners who offer poor service for a lot of money? We do not need to mention the influence of this lifestyle on the lives of families with children. Occasionally, some providers manage to operate housing for shelter clients. Some people continue to have a long-term lease in this type of housing. Some clients, however, have a limited-term lease and, after the termination of the lease, return to shelters because they have "nowhere to go". At the ministerial level, a working group is discussing the possibility of implementing social housing. We can only hope that the outcome will be constructive and it is not going to be a long-time coming.

In addition to supported housing, service providers and authorities also have trouble with a lack of some long-term residential services for specific target groups of clients - homeless people who are addicted to alcohol or drugs, mental illness, have a psychiatric diagnosis, are seniors without adequate services available, etc. Establishing such services is a matter of conception and funding. Conceptions are available,

funding is not. Therefore, shelters register clients for whom, for quite realistic reasons, providers prolong their service contracts year after year and unintentionally get the clients into deeper dependency on the service. An even worse variant is when a client with these specific problems can't even reach out to shelter services for various reasons.

These factors are interrelated and cannot be solved separately. For young people and families especially, but not only for them, the connection is increasingly emphasized by four aspects - education, work, finances and housing. Despite client interest, it is very difficult to find legal work because of their low, if any, qualifications. If clients have high levels of debt, which is not unusual, they consider whether it will have any effect to take up legal employment because the obligation to pay will certainly affect their salary. There are also those who, because of lack of work experience or long-term unemployment have difficulty with the conditions of classical work. If the client does not work, s/he has no money. Under certain conditions, s/he can get limited financial support from the state (for living costs, housing and children). The standard of living, of course, is determined by the amount of money that the client is able to invest in housing per month.

People in difficult life situations meet with a number of problems, which influence one another and require a complex solution. The potential of quality, which should not be limited to the boundaries of social services, is to be found in open and willing cooperation between all stakeholders - not just social service providers, but municipalities, counties, the State and selected parts of the commercial sector as well. Finally, the client him/herself is a very important stakeholder and his/her decision to take responsibility and actively participate in solving the situation is especially important.

The potential of quality, which should not be limited to the boundaries of social services, is to be found in open and willing cooperation between all stakeholders.



Quality in the Homeless Sector from the Perspective of a Service Provider

By René Kneip,¹ Director, Caritas Accueil et Solidarité asbl, Luxembourg

Measuring quality has [...] become a concern in the social domain, and social sciences have developed [...] tools to measure the improvement, or regression, of users in terms of autonomy and independence.

The discussion on quality in the social domain, and more specifically in the domain of homelessness, has been very present over the past few years within the homeless sector and FEANTSA's 2011 Annual Conference concentrated on this topic. The main question, from the perspective of a service provider, is whether deploying an extensive quality control system is really necessary in the homeless sector or whether, due to the specificities of this sector, and in the context of budget cuts and generally scarce financial means, one should not primarily concentrate on the processes that are directly linked to the improvement of the users' capacities to reach a maximum of autonomy and independence. However, this does not mean that the quality of other processes, for example those linked to human resources or to the personal well-being of the users, should be neglected. For a service provider, quality management is very often a question of defining priorities.

The concepts of quality control and quality management were first introduced more generally in the business sector, where the notion of quality is more or less directly linked to the quality of a product, or a service. Here, the final quality criterion is the satisfaction of the client who, if unhappy with a product's quality, can either change brand or service provider.

WHAT CONSTITUTES GOOD QUALITY IN THE HOMELESS SECTOR?

In the social domain, and in the homeless sector as a specific part of this domain, the "product" is not the support (financial or human help) given by a social worker to the client or user in itself. This service is being delivered, or maybe I should say should be delivered, in order to improve the person's capacity to reach a more autonomous and independent life. One of the first lessons a social worker learns (thank you, Carl Rogers!) is not to act for the client, but to give the client the necessary support in order to become capable to act for him or herself.

In other words, in social services and also in the homeless sector, the "product" is the transmission of knowledge and knowhow (in French "le savoir et le savoir-faire"), enabling the user of the service to

become as autonomous and independent as possible. However, the quality of this "product", or rather the quality of its outcome, is very difficult to measure and was not a real topic in social services for a long time. This has changed, mainly over the last decade. Meanwhile, measuring quality has also become a concern in the social domain, and social sciences have developed quite interesting and effective tools to measure the improvement, or regression, of users in terms of autonomy and independence.

A sign of bad quality in the social sector is, without a doubt, a growing or long-term dependency of the client or user on the social worker or the social service, and on the human or material support s/he receives from them. In other words, a sign of good quality in the social sector is not, as it is in the business sector, a faithful client; rather it is a client who never shows up again because s/he has learnt to find independently the help and support s/he needs in order to find the way out of a problematic or difficult situation and, even more, in order not to fall back into such a situation again.

So, for me, quality in the social sector, and also in the homeless sector, cannot only be guaranteed or measured by the existence of well-established processes and procedures in a service, but primarily by guaranteeing the transmission of good knowledge and know-how and by measuring the progressive level of independence and autonomy the client or user of the service has reached. In other words, quality management and quality control in the homeless sector cannot only concentrate on the inputs, meaning the investment made by the service provider and its staff, but must, in my view, also concentrate on the outputs, meaning the use or benefit the client gains from the service's intervention in terms of growing autonomy and independence.

For the homeless sector, this might sound a little bit too optimistic, given the multiple problems and needs of many homeless persons, especially those who have been homeless for a long time, or have been in and out street homelessness for years. So, in many instances, the growing independence of these persons seems somewhat unrealistic or illusory. But

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this is precisely the point where the functions and the goals or objectives of the services for homeless people come in.

CLEAR GOALS AND FUNCTIONS, A PRECONDITION FOR QUALITY IN THE HOMELESS SECTOR

Traditionally, one can distinguish different kinds of services or activities in the homeless sector. These can be organised either separately, with limited interventions delivered, or in some sort of network following the logic of the so-called "staircase model". These activities range from emergency services, like outreach or street work services, day centres and night shelters, through transitional services like sheltered housing to an almost independent and autonomous living in so-called "supported housing".

The primary goals and functions of the emergency services mentioned above are to establish a first contact with the homeless person either by meeting him or her in the street, or by offering him or her a warm place to stay for part of the day, with a hot meal and the possibility to take a shower and wash ones clothes and, most important, the possibility to enter into contact with a social worker. So, besides offering a bed, night shelters might also offer some of the services just mentioned, but persons can only stay overnight, and neither day centres nor night shelters are intended to become a person's home.

However, and this is where a certain contradiction appears, the initial and primary function of all these emergency services is, at least in the understanding of the general public, but very often also in the understanding of those who finance these services, meaning national, regional or local public bodies, to get these people off the street or out of public places, and respond to their basic needs. Even though the declared intention is to help these people to return to a more independent and autonomous life, the conditions in which this is supposed to happen are very often so scarce, mainly in terms of qualified personnel but also in terms of infrastructure, that a real progression towards more autonomy and independence is quite unrealistic.

Furthermore, and given the large number and the frequent change in inhabitants, these services are often quite institutionalised, meaning that there are a number of rules to be respected and that individual

freedom is quite limited. In most cases where these services are organised individually, without any established or organised links to services enabling persons to tackle problems such as illiteracy or very low levels of schooling, a lack of professional skills, addiction problems such as alcoholism or drug abuse, mental health problems, etc, a real progression towards more autonomy is very often impossible, and the persons concerned tend to become or risk becoming totally dependent on these services.

INDIVIDUAL PROJECTS AND NETWORKING: THE MAIN CONDITIONS FOR GOOD QUALITY IN THE HOMELESS SECTOR

In terms of quality and considering the actual goal of the services for homeless people - the growing independence and autonomy as well as the social inclusion of their clients or users - emergency services have to be part of a well-established and functioning network. This network can either be organised by the same service provider, with very strong and institutional links between the different activities, or the network can be organised by different service providers which collaborate very intensively and offer complementary activities and services.

In order to be successful, this collaboration has to be continuous and a personal project of the client or user, based on a thorough assessment of his/her personal and social situation, and taking into consideration his/her capacities and willingness for improvement, should define the further steps to be taken. By linking possibilities and opportunities, a network of services can offer to support the implementation of the person's personal project and the risk of dependency on one specific service can be minimised.

However, the networking and personal project should also be continued after the client or user has reached a sufficient level of stability in his/her situation. After the emergency phase, sheltered and supported housing, either in a collective or an individual housing environment, should offer the client or user the possibility to further stabilise and increase his/her capacities for independence and autonomy. This should happen in the framework of the user's personal project and should be a logical continuation of the efforts that s/he has already undertaken during the emergency phase.



EXTERNAL CONDITIONS INFLUENCING QUALITY IN THE HOMELESS SECTOR

Other important aspects to be considered in relation to the quality of homeless services, understood as services promoting and working for the social inclusion of their clients or users, are external factors such as access to housing, to work (or some other kind of income) and to healthcare. These factors are “external” because access to them are not directly dependent on the social service or the client or user, but on external realities that they can hardly influence. Again, the only way to improve a client’s chances of reaching a sustainable level of social inclusion is through networking and by enabling (empowering) the client or user to learn how to use the opportunities the different networks are offering.

As already mentioned above, the influence of the social services on most of these external aspects is very limited and guaranteeing or measuring the quality of this on-going social inclusion process is very difficult. The primary aspects for which the homeless sector, organised according to the principles of the staircase model, is competent are the organisation of emergency services and sheltered or supported housing and, in some instances, the organisation of professional employment schemes. However, and this underlines very well the “natural” limits of the so-called staircase model, neither the reasons for the client’s admission into services of the homeless sector, nor the conditions for a successful and sustainable reintegration of the clients or users into mainstream housing conditions are the competence or responsibility of the homeless sector.

“HOUSING FIRST” OR “HOUSING LED” INITIATIVES: A WAY OF ACHIEVING BETTER QUALITY IN THE HOMELESS SECTOR

Taking into consideration the recommendations of the jury of the European Consensus Conference on Homelessness in Brussels in December 2010,² I would like to add one more aspect to the whole question of quality in the homeless sector.

Considering the criticisms of the jury in relation to the staircase model, and due to the inherent risk of the growing dependency of the client or user in this model, a future criterion for quality of services in the homeless sector should be the rapid and successful re-housing of the client or user into a personal housing environment, taking into account his or her capacities for a relative level of independence and autonomy. In my understanding, this re-housing goal, and the clarification of the floating support needed in order to enable the person to access and sustain such a new housing situation, should already be a part of the client’s initial assessment and personal project during the emergency phase.

In close cooperation with municipal or regional social services, and especially in close cooperation with the social housing sector, the homeless sector should, besides providing emergency services where an initial assessment gives a rapid overview of the client’s or user’s competences, and where the foundations for an individual project towards a more independent and autonomous living are established, also be continuously implicated in a rapid re-housing process of its clients or users. So, in my view, measuring and controlling quality in the homeless sector in the future should also take into account the aspect of re-housing and access to normal housing situations adapted to the needs of its clients or users.

² <http://feantsa.horus.be/code/EN/pq.asp?Page=1301>



The First Full Survey in Italy on Services for Homeless People: Service Quality - New Data, Same Old Answers

By **Stefano Galliani**,¹ *Vice-President, FioPSD, Italy*

EIGEN KRACHT-CONFERENCE

The Ministry of Labour and Social Policies in Italy launched a survey on the national territory in 2008 for a new way to observe homelessness, to try and devise new concepts for intervention, and to establish alliances based on more defined data and profiles. To that end, it signed an agreement with *FioPSD*² and *Caritas Italiana*, and used the technical expertise of *ISTAT*.³

It is an extraordinary survey, in terms of the complexity of the subject and the fact that it is completely new in Italy. Never before had thought been given to such a structured and detailed action: to define the quality and quantity of services offered in Italy to those who are known as “homeless” and then to define the status and profiles of homeless people and their main dynamics for use of the territory.

The survey, which is still in progress, comprises three operational phases:

- A census of organisations that provide services for homeless people
- A survey of services
- A survey of meal services and night accommodation for homeless people

The data collected on formal and informal services working (also) with homeless people were presented in Rome on 3rd November last year.⁴ The survey of homeless people is on the other hand being conducted, and its results will be published in the spring of 2012.

METHODOLOGY

A census was made of the services in 158 Italian municipalities (all Italian municipalities with more than 70,000 inhabitants, provincial capitals with more than 30,000 inhabitants, and 40 suburban municipalities in metropolitan areas); the services can be identified from a database provided by various networks (*FioPSD*, *Sant'Egidio*, *Caritas Ambrosiana*, *Caritas Italiana*, *Avvocati di Strada*, *Istat*)

The first phase was conducted on 1625 organisations using the CATI⁵ technique. The second phase was conducted on organisations that provide at least one service to homeless people, using the CAPI⁶ technique.

SOME GENERAL DATA

772 organisations and entities were identified in the 158 municipalities covered by the survey, each of which provides 2.6 services on average for a total of 3125 services.

One third of these caters to primary needs (food, clothing, personal hygiene), while only 4% offer day services, and 17% night accommodation. The ratio between the number of users involved for primary needs is way out of balance as well – 20 times more numerous than those who are provided guidance and support. As already mentioned, the number of services provided by private organisations (associations, religious charities, social cooperatives, foundations) is by far the majority; a good half of these can count on (partial) public funding. The services are provided throughout the Italian territory but are highly concentrated in Lombardy (especially in Milan) and in Rome.

SOME IN-DEPTH DATA

It is not possible to gauge the real number of homeless persons in Italy from the data presented; only the number of people who have used services (including on several occasions and in various services). There is consequently a problem of duplication in these data. In any event, more than 2,600,000 users have been reported in all. The overwhelming majority of these people have turned to “institutional”⁷ and “formal”⁸ services; and only a small portion to “informal”⁹ services.

As already mentioned, a large part of the services cater for what are known as “primary” needs. These services are rarely publicly-run; they are predominantly available in central areas of the city, and they are usually soup kitchens (277 in all) that provide 118 meals a day on average.

Structures known as “street units” are less widespread, but they cater to a significant number of people.

As regards night accommodation among services, dormitories tend to be prevalent, but significant accommodation is provided, in percentage terms, in residential communities and apartments (including self-managed such units). What varies is the number of people who use such services, which is very much higher in dormitories than in other types of accom-

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2 FioPSD, Federazione Italiana Organismi per le Persone senza Dimora [Italian Federation of Organisations Working with Homeless People] www.fiopsd.org

3 ISTAT, Istituto Nazionale di Statistica [National Statistical Office] www.istat.it

4 <http://www.istat.it/it/archivio/44096>

5 Telephone interview with structured questionnaire

6 Interview at the selected service with structured questionnaire

7 Service by a public authority or recognised by the relevant legislation and operating under a recognised system of subsidiarity (agreement, contract, etc.).

8 Recognised by associations, foundations, social cooperatives

9 Spontaneous services, even if repeated in time and recognisable



The effort to plan and sustain a promotional strategy can [...] be gauged in more professional organisations where staff skills are de facto linked to a routine and emergency approach.

modation, and the differentiated offer between metropolitan areas (with dormitories), with regard to small and medium-sized municipalities, who cater to a consistent number of homeless persons through community and sheltered accommodation solutions.

The data collected show that actions for homeless people during the day are becoming rarer. There are few day-accommodation and support services in terms of such offers and in terms of persons catered to. On the other hand, the offer by private entities with basic financial support from public authorities is expanding.

By far most services are provided throughout the year, and often every day of the week, except for dormitories that are open only during the colder seasons, whilst services that cater to primary needs in generally are open for fewer hours during the day. Likewise, dormitories are open less during the day than services that offer accommodation of a different nature.

As regards to accessibility, large dormitories are paradoxically the services that limit access to homeless people the most, especially as regards the period of stay. Conversely, services that cater to primary needs such as day services do not set high access thresholds. The same applies in large measures to social-secretariat and support services.

The percentage of volunteers in the organisations surveyed is quite interesting. It is often very high and, in some private organisations, accounts for nearly all the employed staff. This is the case for accommodation, social secretariat and support services, but also for soup kitchens (84%) and for the distribution of clothing (79%).

As already mentioned, we have a high concentration of services in Lombardy, the most populous region in Italy with the highest standard of living, with 23% of the national total of services, and a particularly high concentration in the city of Milan. But Rome represents the most striking case, with a lower number of services, but decisively greater in terms of number of users, compared with Milan. Lombardy and Lazio (Rome) combine for nearly 40% of the use of services reported at national level. Conversely, there are Italian regions, including ones of average population, with negligible figures in terms of access to services, and with a wide prevalence of services catering to primary needs.

Just as significant is the encounter with and support for users through public services or services which are in one way or another financed by the public purse. More specifically, whereas the percentages are sizeable in regions of the North (e.g. in Lombardy, three-quarters of the users are catered to by a service which operates, at least in part, thanks to public funding), as we head south on the peninsula we witness a gradual

withdrawal of the public authorities, and are faced with actions and services entrusted predominantly to private organisations without any support. The sole exception is Sardinia, where a good half of the homeless population is provided with public services.

In the southern region, church charities are present in force and act mostly independently, whereas in the north, services for homeless people are managed by social cooperatives. These percentages are also reflected in the type of service provided: in the south, services focus mostly on primary needs, in the north there is a more pronounced development in advice and support services. In any event, for the overwhelming majority of organisations throughout the national territory, the services are small to medium-sized and operate on a strictly local basis (if not on a neighbourhood basis).

SERVICE QUALITY: SOME REFLECTIONS BASED ON THE INFORMATION GATHERED

1. The strong roots of organisations in their own territory may represent an advantage in establishing relations between the public and private sector and in defining a coordinated, intentional and efficient action geared specifically to the homeless people in that territory. In reality, the percentages of services catering to primary needs indicate a scarce strategic and conceptual approach to the problem of homelessness, with responses that are standardised, not very original, and scarcely coordinated.
2. The small size of the services which make intervention more manageable is often a limitation when it comes to stability and economic sustainability. The extensive use of volunteer staff is one of the indicators and constitutes also one of the lenses through which the phenomenon is approached, as assistance and care more than promotion and development. It is not possible, of course, to ask volunteers to do more and better than what can be accomplished by professionally-trained staff.
3. The effort to plan and sustain a promotional strategy can also be gauged in more professional organisations where staff skills are de facto linked to a routine and emergency approach. In this sense, if we gauge the Italian situation in the light of a European strategy on homelessness, we could say that services in Italy are for the most part not readily available, and do not meet the objectives and quality indicators expected at European level.
4. The approach to homelessness is still based on assistance. It is never geared towards housing, but only to care; nevertheless, in the regions and municipalities that we can qualify as "more advanced," the problem is defined as a refusal of a right to housing, and all the more as a need for emergency accommodation actions.



5. Comprehensive accommodation solutions, where the offer of accommodation is linked to advice and support for re-integration into society, are rare and are all based on a staircase approach which, rightly or wrongly, considers the situation of homeless people as a condition of incapacity to manage situations of “normality” and active participation.
6. The quality of services nationwide is measured by the number of homeless people served against the objective to be met and to provide threshold and care services; this applies to all services focused on primary needs and for dormitories. The analysis on what is provided by day and support services is more complex, but the information gathered, and in view of the personnel employed (mostly volunteers), there do not seem to be any quality solutions in terms of the offer and the efficacy of the results in getting people out of social exclusion.
7. The gathered data do not illustrate fully, or even in part, a fundamental element: the position of these services in the panorama of the local welfare and the “formal” welfare in our country. It is possible to note from the data that in some regions, often in the south, the actions seem to be far removed from the public programme. The report does not even indicate relations with services of another nature (health, employment, cultural, free time, etc), some of which, their importance notwithstanding, do not even fall under the scope of the services measured.
8. Accordingly, we can pre-suppose that a quality element is missing: the capacity of the services for coordination and cooperation within the overall system of services and useful contacts, geared to dealing with the complexity of homelessness. This element is typical of the situation of services and of Italian culture, and is accentuated in this field of social intervention, including as regards the characteristics of the operating organisations already described.
9. The heterogeneous nature and function of the services surveyed point to a characteristic aspect of the Italian panorama which strongly conditions the quality on offer: there are no standards for codified functions and services, places and times for the provision of services defined “a priori,” prefigured and dedicated roles and profession. As if dealing with the homeless did not require specific skills and substantial planned investments.

10. Whence, perhaps, a subsequent element characteristic of the sector: continuity is ensured by services that repeat the organisational and functional models of the past, even the distant past, without the capacity for innovation, planning and changes in the approaches used.

CONCLUSION

I shall conclude by raising certain questions:

- Does the foregoing reflect only the reality gauged in Italy or is it not, perhaps, a common phenomenon in many of the EU Member States?
- Is the possible way out related to the resources available and to training courses (for workers, policymakers) or does a certain functional rationale that governs our Western societies too powerful to change it this way?
- What kind of – and how much – awareness do homeless services have about the (unconscious collusion) with the models of representation and power that are conveyed and reinforced by the usual way in which the service is provided?
- What would be the positive repercussions on homeless persons and on all our communities if the issue of quality in services for homeless people were likened to the quality of life, to a rethinking of the market and consumption model, and to social justice in our rich Western societies?

These are merely a few reflections of a general nature. I believe that the results of the survey under way on the profile of people who used services for homeless people will lead to further reflections, and perhaps to a more interesting article in one of the forthcoming issues.



The Relationship Between Quality and Outcomes of Homeless Services

By **Mike Allen**,¹ *Director of Advocacy, Communication and Research at Focus Ireland, Ireland*

The European-level debate about quality standards in homeless services has developed largely in isolation from the growing consensus that homelessness is a social phenomenon which can be ended through 'housing-led' approaches, and as a result runs the risk of setting back homeless policy by a generation.

FEANTSA has repeatedly drawn attention to the fact that the European debate about homeless services' standards is driven by the wider EU debate on internal markets and specifically the desire, in some quarters, to create an internal market for social services. A framework of service standards is necessary in this context to ensure that such competition does not result in a 'race to the bottom'. What had received less attention is that the content of the debate about standards in homeless services is largely drawn from discussions about standards in services for the elderly or those with long-term disabilities. There is, of course, much to be learnt from the standards set in these well-developed social services. In the limited extent to which the development of this debate has been critiqued, most attention has been drawn to the fact that many of the elderly or disabled users of social services have some capacity to pay for the service offered, while by definition none of the homeless service users have any such capacity. I believe that a much greater problem derives from the conceptual basis on which the different social services operate, with the services to the elderly and people with disabilities having more in common with the approach of 'managing homelessness' - which we are trying to move away from - than the 'housing-led' approaches we are attempting to adopt.

At the core of my argument is a distinction between social services which essentially accept the 'condition' of the person to whom they are providing services, and those services whose purpose is to assist a transformation of that condition. Homelessness and unemployment can be seen as 'transitional socio-economic conditions', that is that they are circumstances which our intervention is designed to transform. Services for the elderly attempt to deal with the consequences of ageing and ensure that, to the greatest extent possible, a full human life can be lived in old age; but they don't, generally, propose to make a person younger. Unemployment services may or may not attempt to make the experience of unemployment less unpleasant but their primary aim is to stop the person being unemployed. There exists, of course, a whole spectrum of grey between these two poles - most health services have strong elements of both approaches, for instance - but services to the chronically disabled and elderly lie at the opposite end to 'housing led' services to homeless people.

This is not just a debating point; it has major implications for what we mean by 'quality' in the provision of the different services. If we have the wrong notion of 'quality' in the provision of services to people who are homeless or unemployed we make it more difficult for them to progress into independent living. For instance, if welfare rates are significantly higher than the income which someone might gain in the labour market, we make it more problematic for them to take up a job. On the other hand, there is no conceivable form of quality provision for those who are elderly which can create an incentive to get older, or stubbornly remain youthful.

This tension can most graphically be stated if we consider the quality of accommodation which can be provided to people in emergency homeless services. In a service to the elderly, quality provision would aspire to at least the standards available to someone able to exercise choice on an average income on the open market. In a homeless service, providing such accommodation in emergency situations is sure to raise the question of whether you are creating an incentive for people to opt into homelessness or remain 'stuck' in the emergency provision. This is not just true of physical accommodation but of food, income, medical care and other services we provide. So, questions of quality for services designed to 'transition' people into another status must not be considered just in themselves but also in relation to prospects of achieving that transition. An inappropriate approach to 'high-quality services' can trap people in their social exclusion, and thus, there is a deep and largely unacknowledged tension between high service standards and expectations of exits from homelessness. There are resolutions to this tension but importing the debate from essentially static services to the elderly and the chronically disabled does not help.

I think it is important to recognise that this tension is not new in the field of homelessness, but has been at the heart of thinking about services to the destitute at least since the start of the industrial era.

In Ireland and Britain, like many other parts of Europe, homeless services are the direct descendants of Poor Laws and specifically the provision of Workhouses from the second quarter of the 19th Century. In Ireland, the Workhouses were rebranded as 'County Homes' in the early 20th Century and their 'casual wards' continued to be the main refuge of homeless people until the mid-1980s. At least one former workhouse building continues to be used as a homeless shelter. We now recognise, and certainly in the NGO sector, largely condemn these laws and institutions for their determination to distinguish between the

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'deserving' and 'undeserving' poor. This distinction is at one level a moral one: the 'deserving' are those who require assistance through no fault of their own (largely widows, the sick, the elderly and children, particularly orphans) and the 'undeserving' are those whose own behaviour is responsible for landing them where they are (drug takers, gamblers, drunks, those with too many children and the lazy). A lot has been written and said about these sort of distinctions but for our purposes another distinction, repeatedly occurring in the poor law legislation, is more relevant – the distinction between those who are 'able bodied' and those who are not.

Historically, public provision for people who are poor, homeless and destitute has been almost universally appalling. This is not simply a function of their poverty in itself; it is the mechanism through which free provisions have been rationed: if we are to start to hand out food and shelter to people without control over who will take it up, we will have no end of takers. However, if we make the quality of provision and the circumstances of its distribution humiliating and demeaning, we will go some way to ensuring that only those who really need it actually come forward.

In 1848 the Irish Poor Law Board, for instance, complained that "the roughness of the lodging and the coarseness of the fare provided are not sufficient to deter the dishonest vagrant."

In the industrial era, if the working and living conditions for most working people were extremely harsh, it was essential that conditions in the provisions for the poor were even harsher. Emerging Capital needed labour in the factories, but needed it at very low wages. While social concern required that there be some provision for the genuinely needy, it must be such as to 'deter' those who had any alternative.

I do not draw attention to this historical tension in provision of services to homeless people because I think that any modern service operates with this form of overt moralising. But it is my intention to suggest that behind the cruel and moralising approach of Victorian Poor Law there is a real tension which we continue to grapple with today. At least we should grapple with it, if we are to properly understand the meaning of 'quality' while we shift towards a 'housing-led' approach to homelessness. To close our eyes to this tension and how it is rooted in the history of the services we offer will draw us back to a 'managing homelessness' approach which is sensitive to every human right – except the right to a home.

I have repeatedly drawn the parallel between homelessness and unemployment because I think that there is a lot of learning which homeless services can draw on, perhaps not from the practice of state employment services, but certainly from some of the better research and NGO interventions in the field.

Historically, the approach to tackling unemployment is drawn from the same Workhouse approach as informed historic views of homelessness. It was not called the 'work' house for nothing. Often people who were homeless were required to undertake 'hard labour' in exchange for shelter. For economists, the underlying labour market equation has always been:

low welfare rates + regular humiliation =
incentive to work

However, a great deal of research and experience has made the surprising discovery that human beings are a bit more complex than this. Particularly in a modern economy where people require complex social skills to be productive employees, obtaining and holding a job requires self-confidence and skills. Contrary to all the predictions of the economists, it turns out that such skills and confidence are rarely developed through poverty, fear and insecurity. While constant encouragement and even pressure may be required, the best outcomes seem to emerge when this happens in the context of recognition of the humanity and needs of the individual. Something like this:

Decent income + decent treatment + persistent
supportive push = progression to work,
or as it has also been put: "A kick in the arse is not
the cure for a life of being kicked in the teeth."

By recognising that we are looking at social services with a different purpose than those which support the elderly, and by drawing from some of the better insights from the labour market, I hope to bring two key elements into the quality debate.

Firstly, a recognition that the notion of standards and their evaluation must be carried out in the context of the needs of the person who is homeless. Within the housing-led approach these needs are best understood through the customer care plan established with the person themselves, including a plan for ultimate disengagement and independent living. All questions of quality need to be assessed in the context of how they serve this plan.

Secondly, while physical standards for accommodation are, of course, important and must be established and maintained, the quality of the human relationships are the central feature of quality. Means of assessing and valuing these relationships are crucial.

By no means do I think that these are the only lessons to be learnt by broadening the quality debate; they are only a preliminary attempt from someone not involved directly in front-line services. But I do believe that a more honest appraisal of the history and inherent tensions within homeless provision will help us to assemble a framework of quality assessment which is appropriate to achieving a 'housing-led' approach to tackling homelessness.

The notion of standards and their evaluation must be carried out in the context of the needs of the person who is homeless.



Tools to Ensure Quality in Homeless Services

By **Jane Laustsen**,¹ *Social Worker and Coach, Training Officer, projekt UDENFOR, Denmark*

PROJEKT UDENFOR, IDEOLOGY AND OBJECTIVES

projekt UDENFOR was established in 1997 within an altruistic, European-humanistic tradition to help homeless citizens who are, for whichever reason, not able to take care of themselves. We offer help based on the individual need of the moment, without any conditions and with no strings attached. This means that we do not demand any particular behaviour, nor do we expect any specific results from the users. We never have a hidden agenda and there are never formal or strategic demands involved in helping the homeless and marginalized citizens.

QUALITY: A MATTER OF LEGAL AND ETHICAL ISSUES

Quality in homeless services in projekt UDENFOR is closely linked to legal and ethical standards rather than to political-economic standards. For the outreach workers it is fundamental to offer help and to ensure each individual's right to a dignified life, as described in the Universal Declaration of Human Rights. Thus, the basic objective of the street workers is to do the best they can, to try to do the right thing and never to give up.

Against this background, working with homeless and marginalized citizens - from projekt UDENFOR's point of view - has to be based on elements such as time, flexibility, patience, commitment, empathy and trust; elements which are attached to relation-building and interpersonal processes.

When focusing on legal and ethical issues as indicators of quality we have to pay attention to the **resources** available in the field. Do we have sufficient resources/time/skills to handle the job? What is the provision of shelters like? Do the service users have access to health care? Which restrictions apply?

The human presence and care is another important issue attached to the legal and ethical approach in the field of homelessness. How is the balance between the human (compassionate) and the professional performance of the social work? Are we able to make room or create space for each meeting to be unique (see below)? Is it possible to bring the personal into the professional relationship?

When offering help to someone we run a risk on his/her behalf. The Danish philosopher K.E. Løgstrup (1905-1981) said in *The Ethical Demand*, published in 1956: "You never meet another human being without holding some of his life in your hand" (freely translated). When striving to do the best we can, to do the



right thing and never to give up, we commit ourselves to do good and to take responsibility for the homeless person. When meeting this ambition, we have to take into account that the homeless citizen is a unique human being with individual needs, expectations and possibilities. And we have to respect his or her right to justice and to self-determination. Otherwise, we run the risk of exposing him or her to neglect or assaults and our help may do more harm than good.

In projekt UDENFOR, reflection on **risk management** in the field of homelessness is a very important and necessary tool. Reflections often bring about discussions on legal and ethical dilemmas which are, though sometimes tiring and complex, of great help when improving practice.

Finally, we should like to draw attention to the **participation** of users as a legal and an ethical issue when discussing quality. How and when do we involve the users? At which level?

Focusing on legal and ethical issues when discussing quality in homeless services is an ongoing process in projekt UDENFOR. There are no easy solutions and it takes time! But given the fact that our objective is to do the best we can, to try to do the right thing and never to give up, we are convinced that this approach helps us improve the conditions homeless people experience as well as assuring the quality of our efforts.

CRITIQUE OF THE POLITICAL-ECONOMIC APPROACH

In accordance with the legal and ethical approach projekt UDENFOR espouses, we are critical towards the implementation of political-economic management tools in the homeless sector. By introducing and implementing tools to ensure quality in homeless services we may risk repeating the European modernization of social work through the 1980s (the implementation of New Public Management). Critics of this development fear that the standardized and measurable, technical approach to social work might result in interpersonal meetings becoming formulaic and lead to instrumentalisation of human relations.

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One of the foremost critics of the political-economic approach in social work is the Polish sociologist Zygmunt Bauman (1925-), who claims that this bureaucratic system-world might lead to oppression and inhumanity. In his work *Modernity and the Holocaust*, from 1989, he expresses fears that humans will become the victims of social engineering, under the dominion of professional and scientific methods and techniques. For Bauman it is essential that the human presence in social work and institutions provide protection against this instrumentalisation.

THE UNIQUE MEETING – A BULWARK AGAINST INSTRUMENTALISATION

The human presence in the relation-building and in the interpersonal processes of projekt UDENFOR is essential to our efforts to improve the living conditions for homeless people. We do not have a huge range of targeted and differentiated homeless services at our disposal, but we provide harm reduction attached to a stable and trusting relationship, which can hopefully build the bridge to a better life, when the homeless citizen is ready...

Establishing relationships may take months, or even years, before the homeless citizen is ready to meet the positive changes in his/her life situation. This process really calls for professional skills and competencies in relation to time, patience, commitment, motivational work etc. of the utmost quality. How can we ensure the quality of these processes? And which tools exist to ensure quality of homeless services based on elements such as human presence, time, patience, commitment, trust, etc.? And how can we ensure quality in the homeless services provided by projekt UDENFOR, given the fact that the actual measurable results of the efforts often appear as by-products of the relationship building?

Often, there are more questions than answers in this field, but we feel, for more reasons, a strong incentive to develop and optimize the practical street work in order to:

- improve the living conditions for homeless and marginalized citizens
- develop and test alternative approaches in homeless services
- document and disseminate methods and results from our street work

QUALITY TOOLS

Delivering a high quality service is a major ambition for projekt UDENFOR and we seek to fulfil this ambition by offering various tools for the street workers such as supervision, reflection, coaching and monitoring of users (*Brugeropfølgning*). In these monitoring forums, the street workers and their supervisors discuss individual challenges related to specific users or they discuss legal and ethical problems or dilemmas which complicate the daily street work. The purpose of these forums is of course to support the street workers, but also to share knowledge and practice and to keep attention on new tendencies in the street. And, very importantly, to motivate the street workers to work *in* a team and as a team in order to prevent the development of "private practice" within

the organization. In the following paragraph we shall describe one of these forums more thoroughly.

MONITORING OF USERS (BRUGEROPFØLGNING)

This forum is set up four times a year with the participation of the street workers, assisted by other staff members with various professional competencies. Before the meeting, each street worker puts a case or a problem on the agenda and the training officer of projekt UDENFOR prepares the session: points out the colleague in focus, allocates the roles, for instance, taking part in the reflective team, etc. When the session starts, the street worker in focus presents the user or the problem by adding necessary or useful information. The presentation includes the street worker's own reflections on progress so far, on particular difficulties or on professional or personal barriers, needs for assistance, etc.

Following this presentation, the colleagues offer coaching from different positions. This part of the session is often very creative due to some unconventional elements of position:

- "The Wild Card" which allows some spontaneous comments directed at the ongoing dialogue
- "The Wishing Stone" inviting thought experiments about the future i.e. by testing hypotheses

At the end of the coaching session, the street worker in focus gives feedback to the colleagues on their inputs and comments and, after the session, he or she makes a status note in the user's journal.

HEAS (HOMELESS ENGAGEMENT AND ACCEPTANCE SCALE)

projekt UDENFOR has implemented various tools for recording and documenting the processes and the outcome of the fight against homelessness. It is our ambition to keep this bureaucratic part of the work as simple and productive as possible and we are constantly striving to simplify and reduce the administrative procedures attached to the supply and quality assurance of homeless services.

In addition to the process tools projekt UDENFOR has launched a rating project aimed at measuring the mentally ill users' engagement and accept of help and social contact, called HEAS (Homeless Engagement and Acceptance Scale). HEAS is a tool for assessing the engagement status of mentally ill homeless people (Park, 2002, pp.855-861). Projekt UDENFOR started testing the tool in 2010 and we find that HEAS is a simple and manageable tool which can hopefully help us to identify users who need additional and specific interventions early on. Thanks to the implementation of HEAS, we are looking forward to being able to describe and demonstrate which initiatives work best with the most contact-refusing users.

REFERENCES

Park, M.J. et al., 2002. "The measurement of engagement in the homeless mentally ill: the Homeless Engagement and Acceptance Scale – HEAS". *Psychological Medicine*, 32, pp. 855-861.

The human presence in the relation-building and in the interpersonal processes of projekt UDENFOR is essential to our efforts to improve the living conditions for homeless people.



The Core in the Perspective of Care

By Paolo Brusa,¹ *Psychologist, Italy*

The key question is: what are the critical skills and qualifications required to work with people experiencing homelessness in order to ensure that they can fulfil this basic human right?

THE STORY OF MIKE SKILL AND THE WILL FAMILY

Mike Skill didn't go to work one night, so his bakery had to be closed the next day. The family next door, Mr. and Ms. Will, offered to stand in for him and make the bread themselves, following his instructions. He thanked them for their kind offer, but refused. He knew that it is one thing to make bread at home, and quite another to bake 14 different kinds of bread in a proper way to satisfy bread-eaters.

This short story marks the difference between professionalism and volunteering. They are both reliable, significant and valuable. But they are different. The same difference exists when providing services for people experiencing homelessness, poverty and unemployment.

The difference is based on a cultural dilemma, which seems to be a mix between an inheritance from the old Victorian benevolence and a basic need of the 21st-century economy. In the Victorian age, the ultimate duty was to care for the weaker part of the population: a matter of conscience applied to social gaps. This led to the development of charity and applied in as many fields as possible, within a social dimension which was considered progressive in some of its forms.

Now, a structural aspect of the 21st century is that the world we live in is basically a profit-driven one, and it needs poverty to conserve its status quo.²

By defining the perspective of services working with homeless people as a cultural position, we mean that to serve the general interest we are asked to question our vision of society, to focus our position and the mission that will follow, the movements and actions that we will establish pragmatically to satisfy a change of status for the people we take care of, who are individuals experiencing poverty before being users, guests or clients.³ On the one hand, we notice that homelessness is a very complex issue based on multi-levelled problems often stratified and interrelated, with the resources and time available tending to be inadequate. The perspectives for intervention risk being emergency-based rather than being pragmatically oriented over a long period in order to offer

structural change. In such a scenario, there should be more than one means of intervention.⁴ By given nature in many EU states, the social actors of such intervention are, generally speaking, social workers, volunteers and/or benefactors.⁵

THE WILL FOR SKILLS: ANOTHER STORY OF MR. WILL AND DR. SKILLS

When our teeth hurt, we go to the dentist, Dr. Skills. We expect him/her to be professional. The net expected result is that Dr. Skills takes care of our needs, there is no pain anymore and our teeth are better. There are no expectations of amusement, socialisation or fraternisation, as there are with Mr. and Ms. Will. Those are valuable results in themselves, but they are side-effects. Even if we gain new friends but our teeth still hurt, we would not recommend the dentist to anyone, and would only go back ourselves if we were desperate.

Equally, everyone deserves and has the right to receive the same treatment, whether their teeth hurt, whether they want some freshly-baked bread or whether they are experiencing poverty, unemployment, homelessness or any other social hardship.

They have the human right to find someone who has the skills to match their needs on the basis of his/her professionalism, and help solve the problem. This is not a radical view, we are just saying that a baker is there to make bread, a mechanic is there to fix cars, a dentist is there to cure toothache, and a care-giving professional is there to offer care to people in need ...

The key question is: what are the critical skills and qualifications required to work with people experiencing homelessness in order to ensure that they can fulfil this basic human right? I propose to go straight to the central aspect of what we basically do. Working with people experiencing homelessness is primarily an intervention of care, where its basic elements might be reduced to the "setting", the "offer" and the available "tools".

"**Setting**" is the place or type of surroundings where care-giving takes place. Wherever an intervention takes place will have its own setting: it might be a shelter, a park, a social service...

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2 In his recent book "Contra el cambio, un hiperviaje al apocalipsis climático", Martín Caparrós points out a situation that sounds familiar in many EU countries, where «...in my country, the poverty of one third of the population is a requisite to maintaining the political system based on flattery and patronage and on dependence on subsidies and charity, that leaves people in a situation of permanent crisis, of social and political anomy, of extreme dependence/addiction to the State and its policies, of life under constant control based on the power to give or deny those subsidies that keep them alive...».

3 There are basic differences between the position of user, of guest and clients, which relates to linguistic notions. Instead of the concept of "client" mostly used in English-speaking contexts, when referring to persons experiencing homelessness, I use the word "user", referring to the status of someone who is entitled by human right to use a certain service.

4 When we hear that there is enough of an offer of help based on "good will", we should remember the structural need of poverty in our society and not just that good will and volunteering are precious, valuable, inspiring. Volunteers are not necessary skilled. And when we hear that any service is there to offer personalised professional support, we should bear in mind that it might be partial, and that experienced and/or book-skilled personnel are not necessarily able to be responsible for their core praxis: the care relationship.

5 I put under the category of "social workers" all professionals who have specific expertise such as social workers, educators, psychologists, doctors, etc.; by "volunteers" I mean all individuals who invest part of their time, efforts and resources in various activities which do not necessarily relate to their skills; by "benefactors" I mean those professionals who offer their specific skills without any purpose of personal gain or salary.



“Offer” is the expression of readiness to do or give something if it is desired. This includes everything that we do or give, but **only** if it matches the user’s desires, aspirations and will. Otherwise, it’s not an offer but a mandate or a requirement.

“Tool” is any device or implement used to carry out a particular function, and as our particular function is care-giving, the relationship between the professional and the user is the primary (and sometimes sole) available tool.⁶

The whole movement⁷ defines the core issue under a functional lens:

- **social work** is the medium for reinsertion strategies for people experiencing homelessness
- **the care relationship** between the users and care-workers is the medium in social work
- **communicative and relational skills** are the medium in a proactive relationship between users and professionals
- **the relationship** and communication are the medium
- the medium is the message⁸
- the relationship is the message, the core, the significant part of social intervention, the sole tool on which any compliance depends.

The core. So complex. So simple.

THE CORE OF CARE

Without getting too deeply into the theory of communication, it is clear that every professional has to know how communication works, and most of all, what the basic rules of its dynamics are.

This is of utmost importance because of the specific form of the care relationship, which is implicitly structured on two levels: the user (entitled to have needs that must be satisfied) and the professional (should have something to offer concerning the specific needs which are expressed by the user in that specific setting).

In a thus-structured relationship, its given nature calls implicitly for a power dynamic.

It is self-evident that more critical skills are bound to the inner nature of the relationship between the professional and the user, where one part is structurally supposed to have answers for the needs that the relational counterpart is entitled to bring to him/her. As relationships are at the core of social intervention, the most urgent qualification is the capacity to read what is going on within, which is a work of art.

Within my experience, some capacities and qualifications are needed to:

- be aware of each given relational position and of each possible variation
- learn to read the movements of all the actors as part of a dynamic process, reading within the lines of what it is going on and changing our position if the relational situation requires it
- take full responsibility for what it is happening since our given position is structurally higher
- handle with care all power-trips that might happen, often implicitly, in the form of seduction, manipulation, aggressiveness, recklessness, insisting on the rules, total and silent compliance ...
- always doubt our own personal prejudices, and have them as a positive ally to deepen the significance of the relational dynamics and not as predefined discrimination
- remember that everyone is different: there might always be a gap between the solution that we see and the solution that the problems evoke
- approach time differently: when each time is the first time, any previous knowledge represents only a useful point of confrontation to produce positive discrimination
- recognise the dignity of any user’s choice to allow them to take full responsibility and be full-subject of their rights; otherwise rights are just abstract concepts
- not give failure any value-driven meaning; it represents a particular stage that requires extra care
- learn to say “No” when we have to, without any sense of guilt, and to mean it
- dismiss our given values within intervention, as everyone is different and every difference has dignity
- clearly see the boundaries to avoid any “donor debt”⁹ becoming part of our care relationship
- develop a democratic environment even if it costs fatigue and self-availability¹⁰
- consider our motivation carefully, in order to be at our users’ disposal to match their needs, and not to work with our users just to satisfy our personal motives...

I often describe the care-worker role as a catalyst: the fundamental role of increasing the rate of people’s reactions from their status-quo towards change, without ourselves undergoing any permanent change. It is very easy to represent.

In another way of looking at things, the topological nature of the care relationship appears as Borromean rings:¹¹

6 The media that we use to produce results might often be misconceived as an available tool (such as support, laboratories or various activities carried out for our users); but they are just parts of the service on offer, where the relationship is the base.

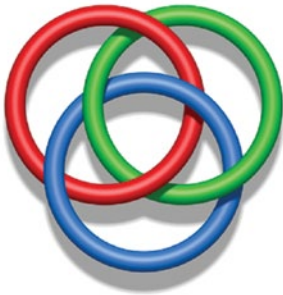
7 Dynamics, emotions, power-games, prejudices, lateral thinking, unconscious movements, moral debt, cultural diversity, interpretations, etc. are all part of the care relationship.

8 This is the world-famous contribution of Marshall McLuan (1911-1980), who was a Canadian teacher, philosopher and communication theorist whose contributions are considered a cornerstone in media theory and in its practical applications. (*Understanding media: the extensions of man*, McGraw Hill ed., 1964)

9 “Donor debt” is the inner call-to-give-something-back, which is a common tradition in our society, and one that almost everyone knows by personal experience: almost everyone has experienced donating, and the warmth and pleasure and heart-warming emotions that follow. But, when we receive, the feelings are sometimes different, as we might feel the cultural call to offer something back. It might be hard to face the position where we want to give something back, but have nothing. This is “donor debt”, which if I am weak might lead to develop specific and sometimes dangerous dynamics. When we donate we feel good, and are sometimes unaware of what a simple gesture is doing.

10 A democratic environment requires an implicit specific attitude: the more democratic I am, the more my relational counterpart is allowed to disagree with me. And the more he/she can disagree with me, the less authority will remain for my role.

11 In mathematics, quantum physics, various symbolism, logic and psychoanalysis, the Borromean rings consist of 3 topological circles which are linked to form a Brunnian link, meaning that if one ring is removed, the other two become separated.



The particularity is that no one of these three rings, even as it is wrapped by another ring, is not itself wrapping another. This means that within the care relationship, each dynamic which is not bound is binding, everything that is not brought to awareness and consciousness becomes an action.

It might sound difficult, but it is not: we find it in the ETHOS definition,¹² where each ring represents a domain. They are all bound, and the quality of the intervention depends on how we support a balanced offer of change. If one is missing, the whole intervention collapses.

Very simple. Very complex.

Social workers can apply this to all representations at every level of our work. With regular supervision and constant training, we can learn to manage what is going on at each moment in time within our care relationship,¹³ so as to see what is bound and what is binding, in order always to take responsibility for our intervention.

This is a core statement: if we ask someone in need to take responsibility for his/her own life, we should be aware of our own responsibilities.

We all face a variety of considerations, meanings, prejudices, points of view, indications, difficulties and recommendations when working with people experiencing homelessness.

For these and for all of the above, if we want to remain as professional care workers, we always need someone that will gently and warmly take care of the feedback on our work.

We all need a place where we can meet someone that warmly allows us to free ourselves from our doubts, frustrations, fears, difficulties, suffering, unexpected emotions, angst, grief, expectations, anger, will... someone who can take care of our complexity, kick us gently to move forward and build upon all those, and many more. This evidence suggests that before considering any procedural level, the issue is drawn as a cultural challenge. The basis of this challenge is the fact that personnel must be skilled enough to make any possible effort to improve the user's compliance from within the care relationship. We should promote the combination of awareness learnt by experience, knowledge learnt in books and consciousness of what is going on within the care relationship¹⁴.

Each of our users is an individual; each situation is dissimilar; each day we all are a bit different. The challenge is to consider the relationship not solely as a training programme, but as on-going supervision.

PLAY TO LEARN, LEARN BY PLAYING

Children remind us that we learnt the most complex issues of our life when we were unprepared and unskilled, when we were young. And the ability to learn by playing, to face difficulties, to imagine and create solutions is typical of children...

Consequently, I developed a tool which is specifically designed to achieve such results.

MultiPolis¹⁵ is an educational role-play tool based on the specific methodology of guided role-play that allows the participants to experience themselves as the personification of case studies, of various institutions or of general on-going situations. Starting from a given case-study, this role-play allows players to get deeper into the relational dynamics, guiding participants to take the floor and learn by direct experience what is going on, what are the disparate levels operating, what are the various positions, what might happen from different perspectives, what divergent perceptions and conflicting significant drives around. When separated from complex text, it is easy. It is a game.

The game board is a 16m² octagon which lies on the floor, made of various concentric octagons and an external crown with 24 different cells. Each cell defines a specific location. Participants are the pawns: they take their shoes off and are invited to personify a given-case study, to define one need from the case-study perspective, to find a possible way to satisfy it by reaching a chosen cell.

On each cell there are four different situational cards: two satisfy the needs and two frustrate them. By picking up a card, a situation of care materialises in front of the participants, who are guided to play and experiment it in a protected environment.

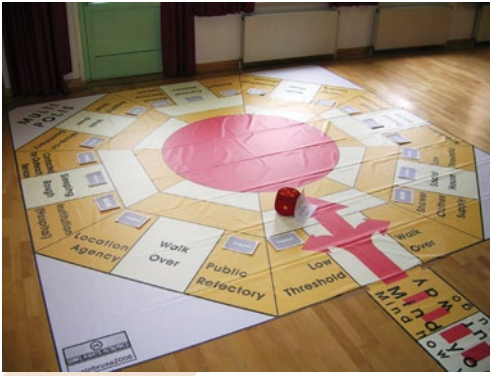
Sometimes, participating in a need is different from knowing rationally what it might be like. If this experience passes through the act of playing, we can learn to open new perspectives without perceiving any danger, without any unconscious defensiveness, but under a fresh exploration into new horizons.

¹² <http://www.feantsa.org/code/en/pg.asp?Page=484>

¹³ During supervision and training, I sometimes invite students to do exercises using these rings, such as: setting-proposal-tools; personnel-user-institution; wellness-hardship-symptom; physical domain-legal domain-social domain; biography before homelessness-today's needs-process of reinsertion; inclusion-exclusion-temporary shelter; social policy-SSGI offer-users' needs; experience, skill, reality ... If you represent yourself within these rings, your perspectives might change...

¹⁴ In my personal and implicitly limited experience, staff with long experience are not necessarily skilled, while younger staff members come from high-level education, but lack direct experience. And usually almost everyone considers him/herself as "good enough" even when they "don't really know why this/that works the way it does..."

¹⁵ More detailed information, specific instructions, photos and outputs from workshops and comments from participants are available on the web: www.multipolis.eu



After the role play, a general debate between participants allows the conductor to structure a specific summary¹⁶ for the audience.

I have used MultiPolis in training and supervision in various social services since 2006 in Italy as well as in workshops around Europe.

So far, one comment from others has touched me significantly. We were in a building usually used as a shelter; some users asked me to observe a training session for social workers coming from various cities. They just asked me to observe, and not to participate.

During a coffee break, one of them came over, and told me these exact words: «I don't know what they will make of it, but for the first time ever I've seen

something that pushes the social workers to experience what it really means to be homeless...».

To favour a collective free shareware, use and evolution, MultiPolis is registered under Creative Commons BY-NC-ND 2.5.¹⁷ In order to support this process, MultiPolis is available on the web, and I am open to receiving any comments, to share this experience, to participate and promote this open approach.

I've been working in the field of social exclusion since the mid-90s in various roles and in different contexts before ending up as a trainer and supervisor. Some of these I still do. I read books, reports and analysis. And write some myself. In my limited experience, I've rarely heard talks on the almost sole responsibility of the "rich profit-driven world" as a creator of poverty.

It's time to question ourselves on the order that gives stability to an economic structure which allows and produces lack and poverty. Otherwise any effort risks being part of a business, looking for more resources, more shelters, more medals. All valuable. We should let go of the position where what we do is always the best possible, that we risk losing if we don't conserve and protect it. So conservative.

We should learn again that ability children have to train our capacity of imagining a change in reality through the invisible. To see through the invisible. We should remember to care about this. Simple. And clear.

We should let go of the position where what we do is always the best possible, that we risk losing if we don't conserve and protect it.

¹⁶ Some outputs and summaries are available in the section "workshop outputs" of the web site.

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In order to promote mutual learning, you are requested to share your output results with the community by sending them in .pdf format to the MultiPolis mail address. Any of these conditions can be waived under permission.



Notes

A series of horizontal dotted lines for writing notes, with a large, light beige abstract graphic element on the right side of the page.



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Programme for Employment and Social Solidarity
(2007-2013).**

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/social/main.jsp?catId=327&langId=en>

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