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# The Regulation and Quality of Homelessness Services



**EOH Comparative Studies  
on Homelessness**

**Brussels 2019**



## **Acknowledgements**

This research was based on questionnaire responses from 16 European Union member states. Each questionnaire was completed by an expert in homelessness, with additional expertise being drawn upon where necessary. Our sincere thanks to everyone who supported this piece of research. It is not possible to include every detail of the information collected through the questionnaires, though the authors have worked to try to ensure equal representation of each country and every effort has been made to report the information shared with us accurately. Readers should note that there can be some variation in opinion about homelessness services within countries and that the viewpoints summarised here are those of the corresponding experts. The experts in each country were as follows (the lead respondent is shown first):

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<b>Czech Republic</b>	Katerina Glumbikova, Marek Mikulec, Jaroslav Vejmla
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# 1. Summary

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## 1.1 About the research

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The aim of this research was to explore the regulation and quality of homelessness services in Europe, examining the standards used in different countries and the systems used to enforce those standards. The report is the second one in a series looking at how homelessness services operate in Europe, which commenced with the 2018 study on the range and nature of homelessness services in Europe. A standardised questionnaire was sent to experts in 16 current EU member states: Austria, Croatia, the Czech Republic, Denmark, Finland, France, Germany, Hungary, Ireland, Italy, the Netherlands, Poland, Portugal, Romania, Slovenia and the UK.

The report begins by describing the methods used for the research before moving on to present the key research questions. Chapter three focuses on the use of legislative frameworks to set and monitor standards in homelessness services, also encompassing patterns of regulation, guidance and monitoring of services. Chapter four examines the ways in which quality is defined in homelessness services, including consideration of how quality is determined in different service types. The fifth chapter provides a series of summaries, designed to provide both a picture of the specific arrangements within each of the 16 countries and to help give the reader a more detailed picture of the extent of variation in how quality is defined, measured and regulated. Chapter six discusses the findings of the research and considers the challenges in enhancing the quality in homelessness services.

## 1.2 Law, regulation, guidance and monitoring

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The 16 countries could be classified as being within one of four groups. Two of the 16, Germany and Ireland, did not have specific laws setting quality standards for homelessness services. Austria, Italy and the UK all made some use of legislation, though this was not applied to all homelessness services, nor was it necessarily consistent between different regions, which could have local or regional laws, or, in the case of the UK, the four devolved administrations. In most countries, homelessness services were regulated using social services (also known as social/personal care) legislation, sometimes with specific amendments or clauses for homelessness services and sometimes on the same basis as other social services.

Guidance, which was not backed by formal enforcement as it has the status of being ‘advice’ rather than a set of requirements, and regulation, which can be backed by inspections and legal sanctions, such as fines or loss of funding, were both inconsistent. There was variation across the 16 countries and variation *within* many of those countries, including differences between types of homelessness services and between those services commissioned or provided by local or regional government and NGO services operating independently of public funding.

In a few countries, there were fairly extensive, consistent legislative and regulatory frameworks, but even in these cases, some elements of the homelessness sector could be operating under different rules from others and there some unregulated homelessness services were present. There were also countries where frameworks governing quality were not effectively enforced or set only very broad or limited standards.

Commissioning of homelessness services, i.e. the public sector or state ‘buying’ homelessness services from NGOs, rather than providing them directly, was widespread and was often used as a means to set and maintain quality standards. A contract with a homelessness service provider could specify particular goals for each service user, require monitoring data and include sanctions if the contract was broken, including removal of funding or legal action. The standards set by contracts could be precise and extensive, but the research suggested that practice varied, so that sometimes contracts contained only very broad sets of requirements and were not necessarily monitored.

In some countries, the homelessness sector had reacted to the presence of only limited guidance and regulation from government by defining and promoting minimum service standards for itself. Acting collectively, homelessness service providers had sometimes influenced the development of regulation and guidance by governments in positive ways. There was evidence of the homelessness sectors in different European countries advancing the case for user-led services, including use of co-production/choice-led models like Housing First.

Self-monitoring of quality by homelessness services was widespread. Sometimes the homelessness sector, in the form of national networks of homelessness service providers, had produced guidance and encouraged the adoption and monitoring of standards for homelessness services. However, there was variation in how homelessness services defined and monitored quality.

The extent to which unregulated homelessness services were operating varied by country and also within each country. In some cases, most of the homelessness sector was subject to one or more forms of external regulation and monitoring, in others there was a significant element within the homelessness sector that was not subject to external scrutiny.

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### 1.3 Quality in homelessness services

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As standards and ideas of ‘quality’ in homelessness services often varied at both national and regional level, whether or not a service was seen as good or as bad quality reflected local ideas of what a high-quality homelessness service should look like. One important variable here was how much was being spent on homelessness services. The relatively high GDP North Western European countries tended towards spending more and, as a direct and indirect result, tended to set higher expectations. A useful signifier of this was whether or not a private bedroom for each homeless person was typically expected in an emergency or temporary accommodation service. In some countries, private bedrooms were mainstream practice, in others, regulation and definitions of quality centred on how many people were allowed to be in shared sleeping spaces and how many square metres they should each be allocated.

Problems were widely reported with the standards in at least some of the emergency and temporary accommodation in almost all the 16 countries. As was noted in the previous report in this series, drawing a clear line between ‘emergency’ and ‘temporary’ accommodation was challenging as many services encompassed both functions. Sharing sleeping areas, bathrooms and other facilities was widespread, particularly in Central, Eastern and Southern Europe, though there tended to be at least some examples in all 16 countries.

Outcome monitoring was not widely used in emergency and temporary accommodation services. Perhaps surprisingly, although the results were in line with other recent research, innovative programmes including Housing First were not always operating with shared, or consistent, outcome monitoring in place. More generally, user satisfaction with homelessness services was not routinely measured, although this was in a context where resources available to large elements of the homelessness sector were very limited, limiting capacity to collect and analyse monitoring data.

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### 1.4 Policy and practice in each country

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Exploring the detail of standards, regulation and monitoring of homelessness services in the 16 countries underlined the extent to which variations existed both between different countries and *within* the same countries. Differences between types of services, inconsistencies in regulation of the same type of services, and legislative frameworks that could range from extensive and specific, through to situations where there were no laws directly focused on homelessness services, were reported.



Austria had very different levels of regulation depending in which province a homelessness service was located. Croatia defined homelessness services as social services and subjected them to the same legislative and regulatory requirements as other social services but was reported as experiencing inconsistent enforcement. The Czech Republic similarly defined homelessness services as within the remit of extensive social services legislation yet did not modify the laws or have differing inspection frameworks for homelessness services. Denmark, again using social services law to regulate homelessness services, had a widespread and consistent regulatory framework that expected comparably high standards, something that was also true of Finnish practice, albeit that Finland did not follow the same approach as Denmark. French social services legislation provided detailed and specific standards for temporary accommodation but was not as extensive with respect to emergency shelters, which, unlike temporary accommodation, were not subject to external monitoring.

German homelessness services were not subject to a specific legal framework, nor were they encompassed by social services legislation. When NGOs were contracted to provide homelessness services by municipalities, standards were often set and outcome monitoring was expected, but services operating without public funding could be unregulated. Hungarian practice was to use a mix of social services legislation alongside some laws and regulation designed specifically for homelessness services. Monitoring of service quality was reported as limited in scope. Ireland, like Germany, had until recently had no legislative framework, could use commissioning arrangements to set standards when municipalities bought homelessness services from NGOs but also had unregulated homelessness services. In Italy, progress had been made, led by the homelessness sector itself, in promoting national standards for homelessness services, but inconsistencies were reported as still being present. The Netherlands again had a legislative framework provided through social services law for homelessness services, but highly devolved administrative practices meant that there was variation between municipalities. Polish legislative requirements were extensive for publicly funded homelessness services, which as in many other countries centred on classification of homelessness services as social services but were not applicable to services that were not being funded by a municipality. Portuguese practice was another example of the use of both social services and homelessness service specific legislation, but, as in Poland, support for homeless people that was not publicly funded did not fall under the remit of these laws and, as in Hungary, reports on the quality of services were rare.

Romanian practice was again to subject homelessness services to social services laws, but inspection was described as inconsistent and, in any case, public expenditure on homelessness services was limited. Data on service quality were described as not being available. Slovenia was unusual in that most homelessness

services received public funding and were subject to social services laws, which meant there was not the presence of unregulated homelessness services that was reported, to varying degrees, in most of the other countries. The UK had extensive law and guidance in respect of municipal duties towards homeless people under the homelessness legislation, which was different for England, Scotland, Wales and Northern Ireland. However, homelessness services like emergency or temporary accommodation were not subject to specific laws and regulation tended to be through commissioning, an unregulated sector also existing.

## **1.5 Homeless service quality and regulation in Europe**

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This research has suggested considerable inconsistency in standards, regulation and monitoring of homelessness services. There are countries where regulation is widespread and standards are relatively high, though inconsistencies in quality and regulation, including the presence of largely or wholly unregulated services appear to be widespread and often encompass those countries where regulation is relatively extensive. There was a broad sense that, if public funding is not being sought, almost anyone can set up a 'homelessness service' across much of Europe, in a way that might not be permitted if working with another, potentially vulnerable, group of people.

There are serious challenges in developing a set of universal quality standards at European level. One issue is the variation in resourcing that homelessness services have available, because many services cannot offer very high standard or extensive supports, as they simply do not have the resources available to do so. Setting a standard that, for example, expected emergency or temporary accommodation to offer private bedrooms would be feasible in some countries, but simply unobtainable in others. Another issue is that ideas about what constitutes a 'good' homelessness service are not universal, while some advocate user-led, co-productive models that include ideas like Housing First, others think that services should be more directive, intervening to change the behaviour of homeless people. Setting quality standards is a political act, in a broad sense, and must be handled carefully. This said, it is possible to think in terms of developing key principles, such as services being fit for human habitation and listening to homeless people, that can be more widely applied.

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## 2. Introduction

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### 2.1 Methods

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A standardised questionnaire was sent to experts in 16 current EU member states: Austria, Croatia, the Czech Republic, Denmark, Finland, France, Germany, Hungary, Ireland, Italy, the Netherlands, Poland, Portugal, Romania, Slovenia and the UK, which was still a member state at the time of writing. The questionnaire explored the extent of legal frameworks, regulation, guidance and inspection systems governing and influencing the nature and operations of homelessness services in each of the 16 countries. Another set of questions explored the extent of the evidence on homeless service quality in each country, examining the kinds of data collected and how quality standards and checking procedures are built into the day to day running of homelessness services.

The use of standardised questionnaire responses from experts in comparative research has a number of strengths, as it allows such research to be delivered in a relatively cost-effective way and brings all the advantages of directly drawing on expertise from academia and/or the homelessness sector from each of the countries involved. Standardisation also brings the key advantage of making information directly comparable, because each respondent is answering the same questions asking for the same data. This process helps overcome one of the key risks in comparative work, that of being sure that like is being compared with like, rather than having to try to reconcile what can be very different ways of interpreting, analysing and recording similar phenomena.

There are also limitations to this approach, because there is reliance on a particular expert or group of experts in each country whose interpretations might differ from others in the same country. One way to counteract this is to carefully select the people who are approached, but there is the reality of experts in homelessness in any given country not necessarily agreeing with each other about which data are important, or how to interpret the data that are available. The questions of scale and complexity are also important, as no single expert, or group of people working in and around homelessness in any country, will have a complete grasp of everything that is going on, so there will be gaps, although this latter point arises in every attempt at social research using every methodology, there will always be gaps in data and issues that are missed.

This particular piece of work, the ninth in the series of comparative analyses produced by the European Observatory on Homelessness, also presented some particular challenges. Legislative frameworks, regulation and systems for monitoring quality in homelessness services combine what can be extreme levels of complexity within individual nations with marked variation between countries. This means that this report represents an attempt to concisely and clearly describe and analyse 16 countries that are doing very different things, in a variety of very complex ways. This report provides an overview, as to include every detail would produce a very long document, as there can for example, be significant differences in the regulation of homelessness services across regions or municipalities *within* a single country.

## 2.2 Key questions

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This research report is the second in a group of four reports, situated within the series of comparative studies that have been produced by the European Observatory on Homelessness since 2011<sup>2</sup>, that will explore the range, quality, strengths and limitations of homelessness services in Europe. The first report published last year, focused on developing a typology of homelessness services that was designed to build a broad picture of the nature and extent of homelessness services across 16 European countries<sup>3</sup>. This study explores the standards and systems that are used to structure, monitor, test and regulate the quality of homelessness services.

There is a longstanding concern that responses to homeless people with high and complex needs are not necessarily of the same standard as would be offered to housed people in the general population. It has been argued that stigmatisation of homeless people<sup>4</sup>, particularly the view that homelessness is wholly or largely self-inflicted, creates distortions in how homelessness services are designed, and the standard of services provided. Some research evidence suggests that this can manifest itself in two ways. First, some services are of a lower standard, i.e. the buildings, facilities and the training and extent of staffing are of lower standards than would be the case for other groups of people with similar support needs. Second, some services may work on the assumption that homeless people tend to have 'caused' their own homelessness, seeking to 'discipline' a population who are 'deviant', i.e. seen as willingly and consciously choosing not to work, to live a life of addiction and to not take on the same civic responsibilities as the rest of us<sup>5</sup>. Even

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<sup>2</sup> <https://www.feantsaresearch.org/en/publications/comparative-studies>

<sup>3</sup> [https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies\\_08\\_v02\[1\].pdf](https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies_08_v02[1].pdf)

<sup>4</sup> Lyon-Callo, V. (2000) Medicalizing Homelessness: the Production of Self-blame and Self-governing within Homeless Shelters, *Medical Anthropology Quarterly* 14(3) pp.328-345.

<sup>5</sup> Sahlin, I. (2005) The Staircase of Transition: Survival Through Failure, *Innovation* 18(2) pp.115-136.

where homelessness has an evidently external cause, such as when women experience homelessness because they seek to escape domestic violence and abuse, some homelessness services have been found to be showing conscious or unconscious bias imposing stereotypes on homeless people that do not reflect who they are or the reality of their lives and experiences<sup>6</sup>.

The new wave of homelessness services, including Housing First, began to develop in the 1990s. These services place much greater emphasis on choice and control for homeless people and respecting their human rights, opinions and adopting a non-judgemental approach. Housing First has often been deliberately presented as in opposition to some earlier models of homelessness service, although this argument is actually a very specific one, that Housing First is a much more humanitarian, inclusive, flexible, non-judgemental, co-productive and also, more effective, approach than some *North American* linear-residential treatment (LRT) services<sup>7</sup> or similar 'staircase' models that exist in some European countries. In some parts of Europe, Housing First is also being introduced into situations where existing homelessness services do not necessarily extend beyond emergency shelters. The LRT services that North American advocates of Housing First wished to replace were strict, even harsh, environments with rules governing behaviour, controls over where people were supposed to be at given times, abstinence with zero-tolerance for drinking or drug use, and enforced treatment. In practice, LRT services exist in a range of forms, some much more flexible and tolerant than others, and they could be effective for some homeless people with complex needs<sup>8</sup>.

Quality can be a complex issue, research has indicated that some North American LRT services have had issues with quality because they were underfunded<sup>9</sup>, and because the 'quality' standards some LRT services efficiently applied did not work very well for some homeless people with complex needs. Failures occurred both because quality standards could not be reached *and* because some of the quality standards being pursued were not the right ones. LRT services were efficiently delivering 'high quality' services, that were doing what they were supposed to do, but which were not actually all that effective, relatively speaking, in ending homelessness.

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<sup>6</sup> Löfstrand, C.H. and Quilgars, D. (2016) Cultural Images and Definitions of Homeless Women: Implications for Policy and Practice at the European Level, in: *Women's Homelessness in Europe*, pp.41-73. (Palgrave Macmillan: London).

<sup>7</sup> Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* (Hazelden: Minnesota).

<sup>8</sup> Rosenheck, R. (2010) Service Models and Mental Health Problems: Cost Effectiveness and Policy Relevance, in: I.G. Ellen and B. O'Flaherty (eds) *How to House the Homeless*, pp.17-36. (Russell Sage Foundation: New York).

<sup>9</sup> Rosenheck, R. (2010) Op. cit.

Experience like that from North America has taught us that quality is complex, because you can be doing what you are intended to do, doing it well and efficiently, but not necessarily getting the results you want, in this instance because there's a fundamental problem with how your service or programme is *designed*. The whole idea of determining quality in homelessness services means dealing with a series of complicated and potentially incendiary questions:

- Advocating a particular set of quality standards will be seen as at least an implied, if not a direct, criticism of services that do not follow those standards, making discussions of quality potentially divisive.
- Ideas about quality are closely linked to ideas about homelessness and ideas who homeless people are. For example, it could be argued that co-production is a marker of high standards in a homelessness service, that the more user or consumer control that is given to homeless people, the better the service is likely to be. This is in opposition to the view that more directive services, that use elements of compulsion, or in a broad sense, a 'punishment/reward' approach, in a conscious attempt to modify self-destructive behaviour like refusing psychiatric treatment and refusing to stop problematic drinking and drug use are effective. From the latter perspective, stricter controls, higher regulation and a lower degree of service user control are markers of quality and effectiveness. It is also important to remember that, from both perspectives, the goal is to build effective interventions that provide a sustainable exit from homelessness, enhance wellbeing and promote social integration. Everyone is trying to end homelessness; they are just coming at the problem from different directions.
- Quality standards have resource implications. Homelessness services in many European countries can have *significantly* less money at their disposal than tends to be available in the North Western European countries or for some North American services. This is not to suggest there are no serious resource issues within North Western Europe, but those issues are around the *levels* of public funding being devoted to homelessness, and not, as can be the case, the near or total *absence* of public expenditure on homelessness services<sup>10</sup>. Criticising a homelessness service that is running a hand to mouth operation, bringing help to homeless people with a tiny, haphazard budget for not meeting the same quality standards as something with twenty times the funding being provided by central, regional or local government in another country is not only unfair, it is unreasonable. Equally, within those countries that have more substantial public spending on homelessness, not all services will be equal, some will receive more

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<sup>10</sup> Pleace, N. Baptista, I. Benjaminsen, L. and Busch-Geertsema, V. (2018) *Homelessness Services in Europe* (FEANTSA: Brussels). [https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies\\_08\\_v02%5b1%5d.pdf](https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies_08_v02%5b1%5d.pdf)

significant public financial support than others, so the same argument applies, quality standards are linked to money. Policy, actions and practice can be modified and improved, services can change how they work without necessarily spending much money, but there is a point where what a service does and does not do, ultimately comes down to cash. Quality, in other words, has a relative dimension in the homelessness sector, there often going to be an element of trying to do the best with what you have, because there may never be enough resources to reach the ideal standard.

- There is also the issue of whether and to what extent homeless people are represented in discussion and determination of what constitutes a ‘high quality’ homelessness service. This is important, because service user representation and service user-led political protest in relation to health and social care services has been a catalyst for significant change, particularly in the shift away from using institutional responses to needs like severe mental illness and physical disability<sup>11</sup>, towards more user controlled, empowering and enabling community services<sup>12</sup> in some European countries.
- Discussions of quality can be a catalyst for raising standards. However, there is a need for a careful balance, setting a minimum quality standard has to be realistic, in the sense of being supportable by diverse groups of service providers, commissioners and policymakers, along with homeless people themselves, while still having a clear meaning. Seeking a consensus that is realistic about resources, takes into account the views of homeless people and homeless service providers, and tries to maximise quality in the most practical way within each European country is likely to be a better approach than trying to introduce a detailed universal European quality standard. Differences in resources, culture, administration and law would make the development and use of a single standard very challenging. However, it is possible to think in terms of ensuring services follow a broad set of *principles*, such as treating homeless people with dignity and respect.

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<sup>11</sup> Shakespeare, T. (2006) The Social Model of Disability, in: L.J. Davis (ed) *The Disability Studies Reader*, pp.195-203. (London: Routledge).

<sup>12</sup> There is some need for caution here, as European governments had strong economic motivations for closing down what were very expensive large institutional services, meaning that their motives were not entirely confined to the betterment of the lives of the people in those institutions and, equally, the pace of deinstitutionalisation and development of community services is very uneven across Europe, see: Knapp, M., Beecham, J., McDaid, D., Matosevic, T. and Smith, M. (2011) The Economic Consequences of Deinstitutionalisation of Mental Health Services: Lessons from a Systematic Review of European Experience, *Health and Social Care in the Community* 19(2) pp.113-125.

The intention of this report is to describe and discuss quality standards rather than to produce detailed guidance, which would be a larger and more complex exercise. The research is an initial step in understanding what the current states of quality standards and regulation of the homelessness sector are across Europe. The main goal is to understand where European strengths lie in determining and regulating quality in homeless services. This said, there are some possible lessons for designing better and more consistent ways of measuring and regulating quality and these are explored in the conclusion to the report.

### **2.3 The report**

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The following chapter presents an overview of legal and regulatory frameworks, providing a description of how arrangements in different countries work and exploring some of the key differences and patterns in how quality is defined and monitored. Chapter 4 looks at the patterns of quality definition, monitoring and regulation across different types of homelessness services. Chapter 5 goes into more detail about each of the 16 countries, providing a summary of practices in each. The final chapter draws together the results and considers the broad lessons from the research for potential improvements to the quality of homelessness services in Europe.



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## 3. Law, Regulation, Guidance and Monitoring

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### 3.1 Introduction

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This chapter looks at how regulation works across the 16 countries included in the study, identifying patterns and highlighting differences. The chapter begins by looking at legislative frameworks related to service quality, before moving on to look at patterns in regulation, guidance and monitoring. The chapter concludes by looking at the extent to which unregulated homelessness services were operating in each of the 16 countries.

### 3.2 Legal frameworks

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The main distinctions in legal frameworks for homelessness services can be summarised as follows:

- Countries with specific legislation governing some or all homelessness services: Austria, Italy and the UK.
- Countries where homelessness services fall under the remit of social services law for regulating service provision and there is additional – specific – legislation focusing on homelessness services: Hungary, Netherlands and Portugal.
- Countries where homelessness services are defined and regulated on the same basis as other social services: Croatia, Czech Republic, Denmark, Finland, France, Poland, Romania and Slovenia.
- Countries where there was no specific national legislation: Germany<sup>13</sup> and Ireland.

These classifications are broad. Both Austria and Italy were described as having significant regional variation. In Austria's case, legislation existed in three of the nine regions, but was not present elsewhere and in Italy too, there was variation at municipal level as to whether or not a legal framework was present. In the UK, laws applied to the duties placed on municipalities (local authorities) in Scotland, Wales

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<sup>13</sup> No legal standards for municipal accommodation and only regional/local standards for homelessness services commissioned from NGOs, but national legislation for NGO services foreseeing agreements about the type and quality of services.

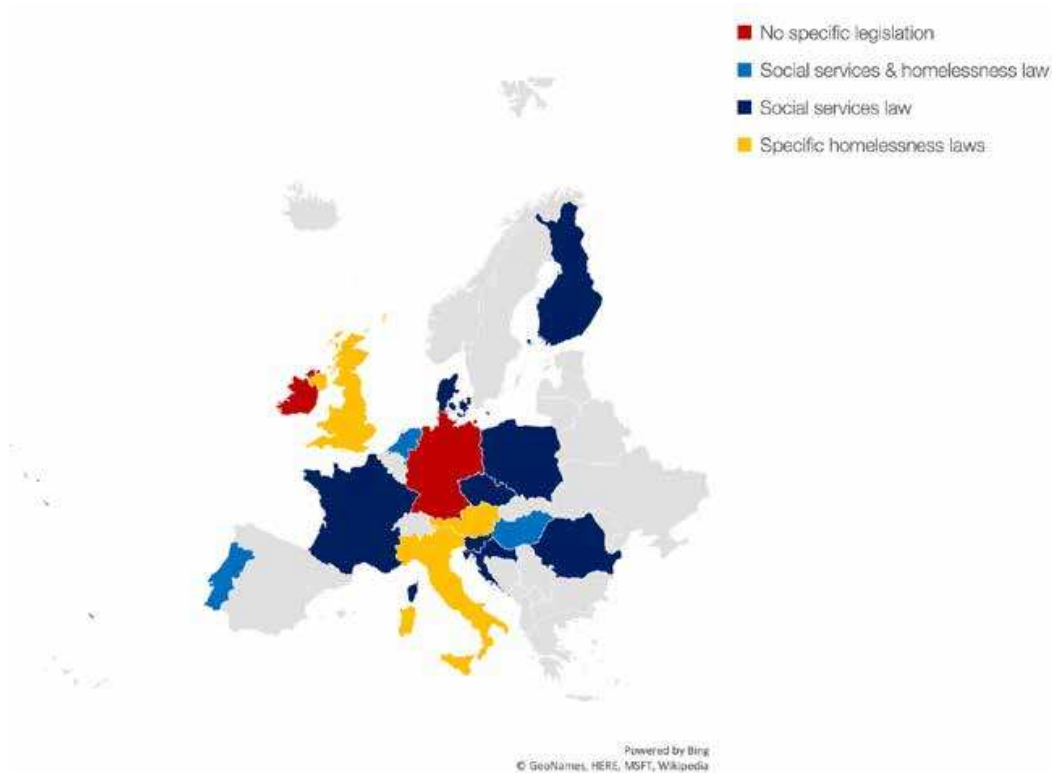
and England and to a public agency, the Northern Ireland Housing Executive, to house and support people who were homeless or at risk of homelessness. However, marked variations had emerged as the different elements of the UK became increasingly autonomous and the laws only covered certain services with less regulation across other elements of the homelessness sector. By contrast, Polish, Hungarian, Romanian and Croatian law specified standards for homeless services. In Croatia, specific standards for services, for practice within services, including ensuring choice and dignity for homeless people using services were specified, while in Hungary and Romania, physical standards for services were spelled out in law, but less attention paid to service operation. In Finland, law and regulation went into exhaustive detail about the operational ethos of homelessness services, emphasising the focus on a housing first/housing led approach to all service design within a framework of empowering the people using homelessness services. In Denmark, homelessness services are defined as social services under the social service law and subject to a general quality model that is enforced through external inspection authorities regulated by a specific law on inspection of social services.

The existence of law, both where homelessness services fell under the jurisdiction of social services law and associated regulation and where specific laws existed governing homelessness services, did not mean all elements of homeless service provision were subject to legal regulation, nor necessarily that the regulation was either extensive or detailed. Law could provide a broad framework in which guidance and recommended practice might be advocated but not subject to enforcement. The UK was unusual in that homelessness regulations applied to local authorities were justiciable, i.e. an authority could be taken to court for breaking specific duties and practice in homelessness service design and practice had been shaped by case law<sup>14</sup>.

Figure 3.1 gives a general picture of legislative frameworks in relation to homelessness services, but variation, complexity and inconsistency, including within individual countries, lurk beneath what is a broadly drawn description.

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<sup>14</sup> Bretherton, J. Hunter, C. and Johnsen, S. (2013) 'You can judge them on how they look...': Homelessness Officers, Medical Evidence and Decision-Making in England, *European Journal of Homelessness* 7(1) pp.69-92.

**Figure 3.1 Summary of legislative frameworks**

Source: Questionnaire responses.

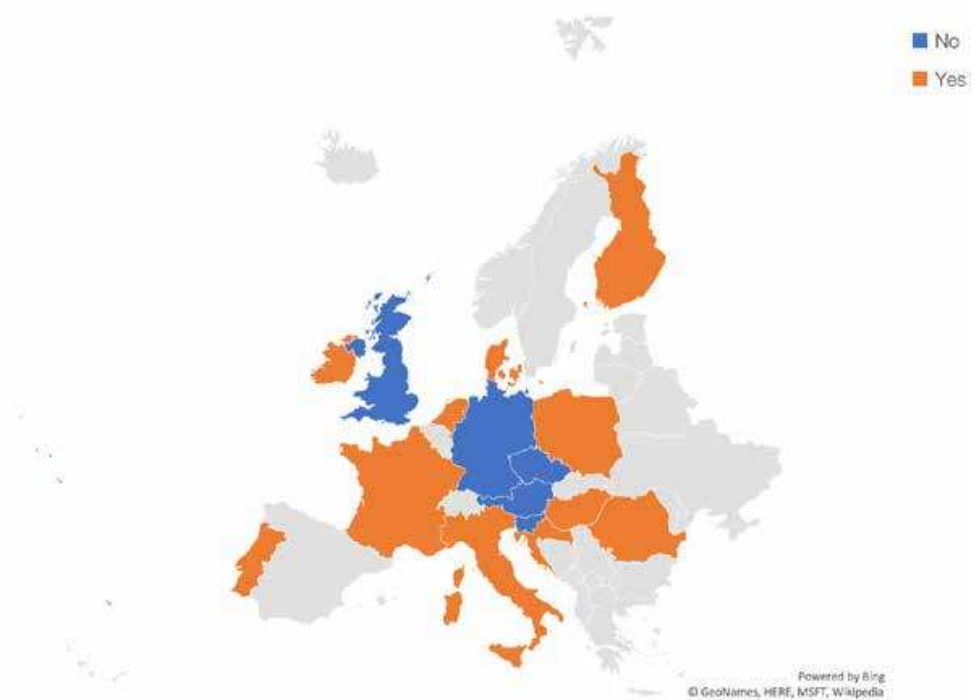
### 3.2.1 Government guidance and regulation on homeless service operation

There is a distinction between law, regulation and guidance. Legislation tends to operate at a broader level, with regulation, which can have sanctions attached, providing detailed operational guidance and spelling out specific standards in detail. This is not to suggest laws are not long and complicated, but specific regulation required by law may be equally long and detailed, if not more so. Guidance is different again, because it may, or may not, have the force of law or penalties attached to breaking it. National level regulation and/or guidance on homeless services operation, issued by government, existed in around half the countries, eight of the 16.

The nature of these regulatory frameworks varied in respect of how detailed they were, what they covered and whether they applied across all of the country. Austria, for example, had regulation in some regions, but not in the majority and no national standard. The UK regions have laws governing how municipalities' duties to homeless people and extensive guidance and regulation covering those duties,

weighing in at 190 pages for England<sup>15</sup>, but *no* national regulation on how an emergency shelter or supported housing for lone homeless people should actually work. Germany had no national regulation or guidance governing anything<sup>16</sup> and Ireland had, until very recently, been in the same position, but was in the process of rolling out detailed, national guidance at the time of writing. The Irish guidance was not justiciable, breaking it might be regarded as bad practice and draw negative consequences, whereas breaking the English guidance – which makes recommendations as to how to implement law – might be a prosecutable offence, even though it has no direct force of law. In Finland extensive national law was backed by extensive national guidance and regulation. Again, trying to generalise and categorise so much variation is a somewhat risky practice, but to try to understand the wider patterns, it is important to start somewhere (Figure 3.2).

**Figure 3.2 National level guidance/regulation issued by government**



Source: Questionnaire responses.

<sup>15</sup> [https://assets.publishing.service.gov.uk/media/5a969da940f0b67aa5087b93/Homelessness\\_code\\_of\\_guidance.pdf](https://assets.publishing.service.gov.uk/media/5a969da940f0b67aa5087b93/Homelessness_code_of_guidance.pdf)

<sup>16</sup> Exception: National legislation foresees that when commissioning NGO services for homeless people the contractors have to agree on the type and quality of services provided.

In Italy, a set of minimum standards – the National Guidelines for Tackling Adult Marginalisation – formally adopted by the Ministry of Labour and Social Policies were the result of a consultative process involving local authorities, regional governments and the national federation of homelessness organisations (fiopSD<sup>17</sup>). Collectively, these agencies provided the necessary technical support for the definition of these minimum standards.

The French example was another that showed that guidance and regulation, within a legislative framework, could be very extensive but still not necessarily universal. Multiple systems for regulation and inspection existed, but rules and guidance in relation to emergency accommodation were significantly less extensive than for temporary accommodation and supported housing.

Where there was an absence of state sponsored regulation and guidance, the homelessness sector could take it upon itself to start generating minimum standards, good practice guides and arranging training. Examples included the English federation of homelessness organisations, Homeless Link<sup>18</sup>; the similar BAWO<sup>19</sup> federation in Austria and BAG W in Germany<sup>20</sup>. In Croatia, national standards existed, but within a context of very limited enforcement, which had led the Croatian Network of Services for Homeless Persons to take a proactive role in setting standards and checking for non-conformity to those standards. This meant there were situations in which national standards for homelessness existed, but they were generated by the homelessness sector itself, not by the state.

To summarise:

- There are countries where legislative frameworks that shape homelessness service provision are backed up by further guidance and regulation from the State, Finland being one example and France another.
- There are countries where the legislative frameworks, guidance and regulation are present, but partial, not covering all of the homelessness sector and/or only covering some areas and/or not existing in the same form in every region or municipality, examples including Austria and the UK.
- There are countries in which guidance and regulation at national level is generated not by the state, but by processes involving the homelessness sector and different levels of government, Italy being one example.

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<sup>17</sup> <https://www.fiopSD.org>

<sup>18</sup> <https://www.homeless.org.uk>

<sup>19</sup> <http://www.bawo.at/>

<sup>20</sup> <http://www.bagw.de>

- There are countries in which a mixture of several of these conditions apply and guidance and regulation are split, in various ways, between national, regional, municipal government and different elements within the homelessness sector.

### 3.3 Monitoring through commissioning

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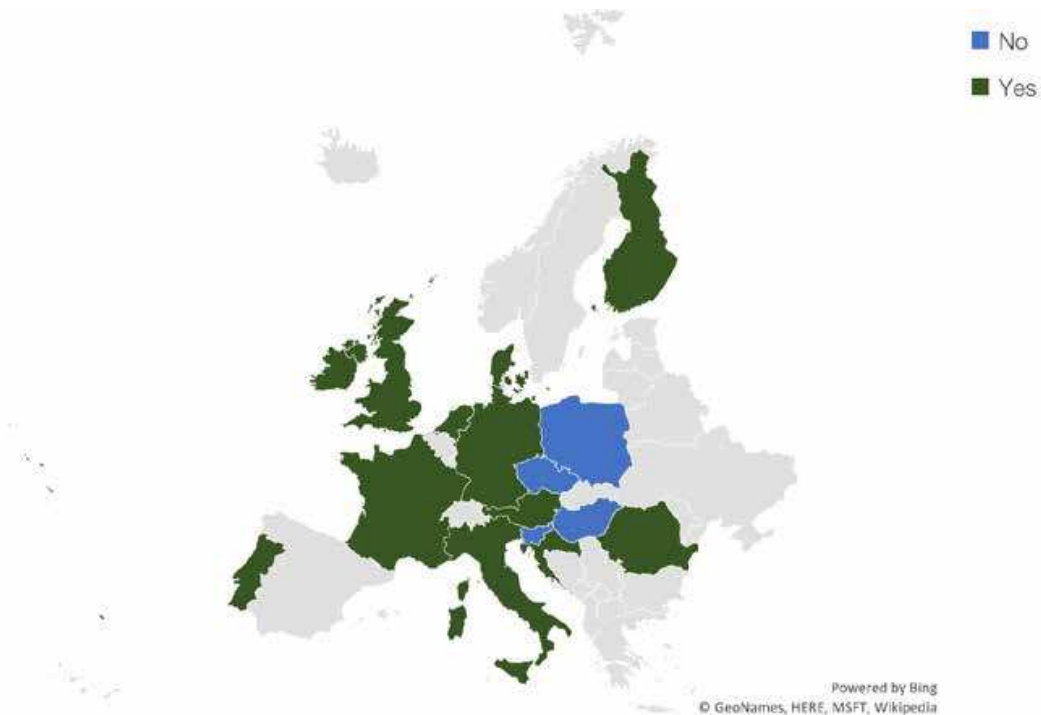
In most countries, the bulk of homelessness services were mainly or wholly working on a commissioned basis. Commissioning did not, the reader may not be surprised to learn at this point, exist in consistent forms across these countries. Commissioning meant that voluntary sector, charitable or non-governmental organisations (NGOs) were commissioned by national, regional and municipal governments to deliver homelessness services, rather than government providing those services directly. The scale of commissioning varied enormously, with some countries including areas, or regions, in which no money was spent on commissioning homelessness services by any level of government, examples including Croatia and Romania. In some instances, commissioning was occurring at extranational level, with services being supported by European Social Fund (ESF) resources. Charitable funding, corporate giving and individual philanthropy could also be commissioning homelessness services. Only in a few countries (such as Denmark and Slovenia) a substantial number of homelessness services are provided directly by municipalities.

Monitoring of homelessness services through this route was not a consistent process in terms of what standards were set or how detailed the requirements were. This was because requirements were set on a contract-by-contract basis and what one municipality, region, national government, corporate giving arrangement, philanthropist or charity required would not necessarily be the same as another. Breach of contract meant, in most cases, that funds could be withdrawn, shutting down a service that was not meeting agreed obligations or key performance indicators. This kind of monitoring was the *main* kind of external quality exercised control over homelessness services in several countries, including Germany and the UK and, until very recently, Ireland.

Much depended on how detailed the requirements of each contract were, as there might be very extensive requirements around how each person using the homelessness service or programme was to be treated, or the requirements might be very light, for example only requiring a certain number of persons were seen and supported each year, but being no more specific than that. Equally, contracts might be monitored by inspection, with, for example, a municipality visiting a homelessness service and testing operations against contractual obligations or requiring no more than regular reports of progress which might, or might not, be checked for veracity or no formal monitoring being present at all. Figure 3.3 records whether

monitoring of quality occurred through contracts, but it is important to note that the nature and extent of that monitoring could be variable (both within the same country and between countries) and that it could be employed alongside other systems and legislative frameworks, i.e. contracts were one aspect of quality monitoring, but did not represent the sole form of monitoring.

**Figure 3.3 Monitoring through service commissioning**



Source: Questionnaire responses.

Two of the four countries that did not employ monitoring via service commissioning, but in which government did commission services from NGOs, Hungary and Poland, had extensive regulation of homelessness services through other means, as briefly described above (and see Chapter 5). In the other countries, in which homelessness services were contracted, the nature of monitoring would vary on a contract by contract basis.

Risks of inconsistency existed at multiple levels. In the few countries where there was both commissioning of homelessness services from NGOs and direct provision of homelessness services by municipal, regional or national government standards *might not* be the same. The point that whether monitoring was detailed, focusing on the right things and whether or not any checks were made on performance would vary depending on how contracts with NGOs were drawn up has already been made. A contract with an NGO might guarantee a very high standard of

service, particularly if backed by detailed external scrutiny, but equally, it might guarantee nothing. This was very different from there being legislative requirements, regulations or guidance that were uniform and applied nationally or at least regionally. Equally, however, if legislative requirements and guidance are not backed by monitoring, inspection and sanctions, then the presence of what is, in effect, only *theoretical* regulation may make little difference to service quality.

### 3.4 Self-monitoring

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Self-monitoring by homelessness services was widespread. As referred to above, there were several examples of the homelessness sector working in collaboration to promote higher standards and consistent quality across services, with organisations like fio.PSD and the Croatian Network of Services for Homeless Persons issuing guidance. There were also examples of individual homelessness service providers issuing information, guidance and advice, promoting good practice in service design and delivery, with examples in Poland and the UK.

The development of Housing First in several countries had resulted from, as in the United States<sup>21</sup>, adoption and promotion of the model by the homelessness sector, which in Italy, with *Housing First Italia*<sup>22</sup> and in England, with *Housing First England*<sup>23</sup>, had evolved into national level networks. At a smaller scale, in countries like Austria, Portugal and the Netherlands, Housing First had been adopted, developed and promoted by individual homeless service providers. Promoting Housing First is a potentially risky strategy for the homelessness sector, because while it promoted what could be a more effective response to homelessness among people with high and complex needs, it can also be seen as self-criticism, i.e. that some existing services are not as effective as they could be and should therefore be modified or replaced.

This research found considerable evidence of a homelessness sector that was seeking to improve itself and through that action, deliver better outcomes for homeless people it sought to support. This is not to suggest there were not examples of resistance to positive change and of self interest in the homelessness sector, but in the main, the picture was of a homelessness sector that was often seeking to improve itself and to share good practice.

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<sup>21</sup> Padgett, D., Henwood, B.F. and Tsemberis, S.J. (2016) *Housing First: Ending Homelessness, Transforming Systems, and Changing Lives* (Oxford: Oxford University Press).

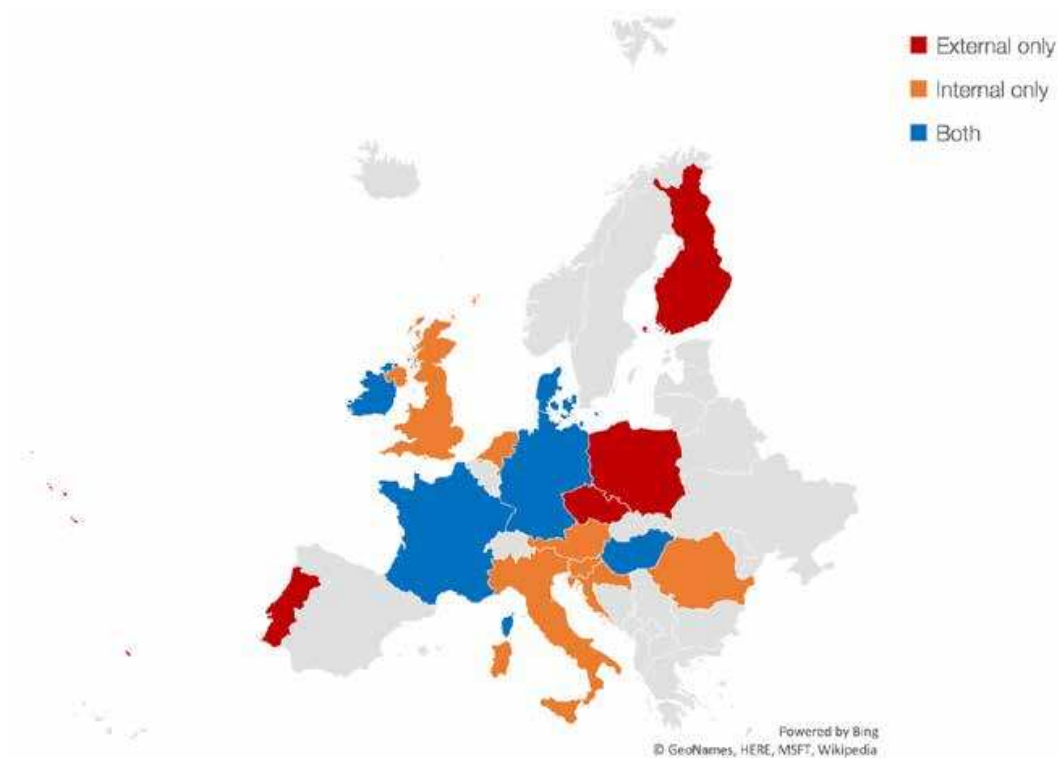
<sup>22</sup> <https://www.housingfirstitalia.org>

<sup>23</sup> <https://hfe.homeless.org.uk>



Self-monitoring at service delivery level varied, in several countries the larger homelessness service providers were the most likely to systematically monitor, to maintain internal reporting systems and to issue reports publicly. Contracting arrangements were also important here, with local, regional and national governments expecting homelessness services working under commission to self-monitor and report back to them, although as noted above the extent to which these reports were checked, and services subjected to inspection was variable. The degree to which quality control was effectively internal, rather than the result of external scrutiny and regulation varied across countries, with those in which monitoring of quality was an entirely external process being in the minority (Figure 3.4).

**Figure 3.4 Quality monitoring of homelessness services**



Source: Questionnaire responses.

In the Czech Republic, Portugal and Poland, legislative and regulatory frameworks were described as being the main mechanism by which service quality was regulated and, in each instance, homelessness services fell under the jurisdiction of social services law. In Finland, commissioning arrangements put the onus on the local authority funding the service to maintain checks on quality.

The positives associated with this degree of self-monitoring have just been noted, i.e. there was considerable evidence of a progressive homelessness sector across much of Europe that was seeking to promote better practice in ending homelessness. However, the risks are also self-evident, self-monitoring and purely internal quality controls run the risk that bad practice and poor quality will not be spotted and dealt with. It has been noted elsewhere that standards applied to homelessness services can often seem lower than those applied to other services that work with other vulnerable people, i.e. would a state allow a service working with frail older people, people with disabilities, people with a learning difficulty or people with mental health problems to effectively self-monitor in the way that many homelessness services do? In some countries, which placed homelessness services under social services law and regulation, the answer was clearly no, the same protections being extended to homeless people as to someone receiving social services/social care. In others, examples including Germany and the UK, the legislative and regulatory discrepancy was marked, i.e. law, regulation and inspection were much more extensive for services working with vulnerable people who were not homeless.

### 3.5 Unregulated services

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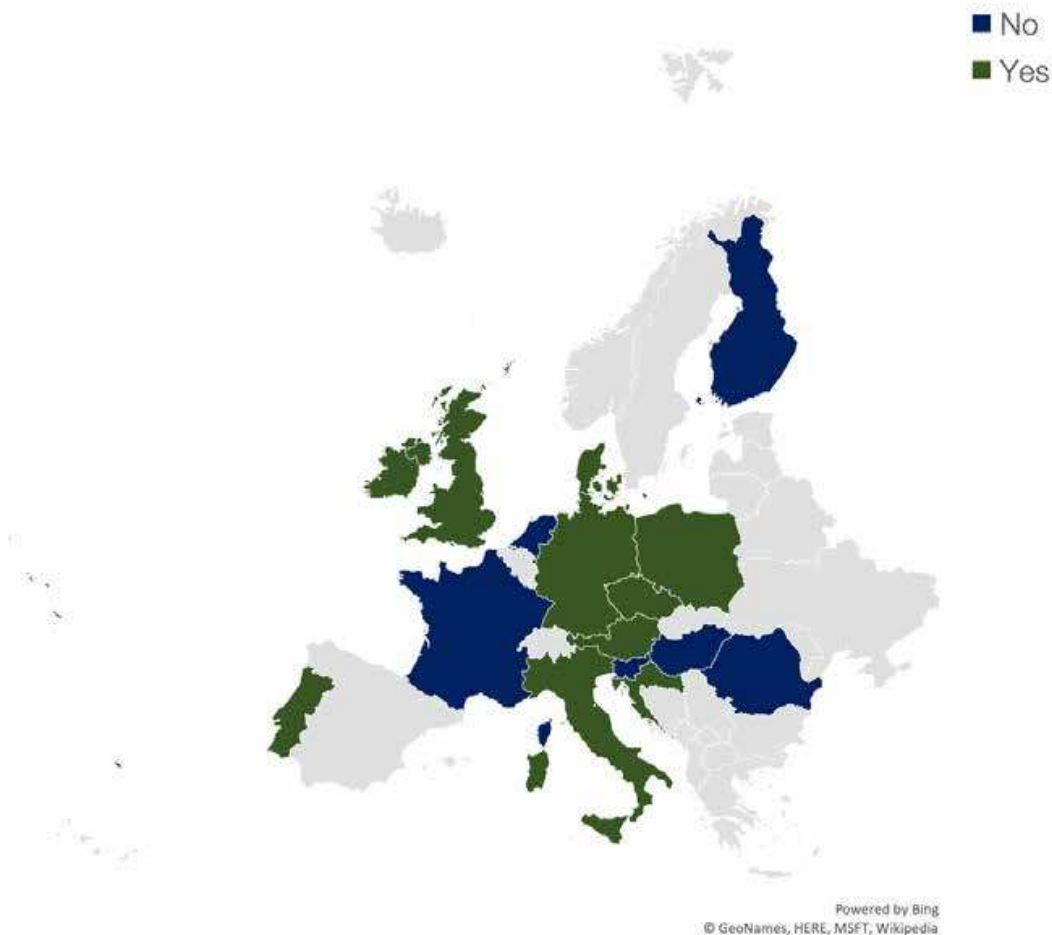
Ten of the 16 countries were reported as having unregulated homelessness services in operation (Figure 3.5). These services fell within one or more of the following groups:

- Private or charitable services that operated without use of state funding, i.e. services which were not commissioned by municipal, regional or national government (this occurred in Germany, Ireland, Poland and the UK).
- Services operating outside the remit of social services legislation which was applied to *some* elements of the homelessness sector/homeless services but not all (Denmark, Poland, Portugal<sup>24</sup>).
- Services operating in situations in which national regulation of homelessness services and legislative frameworks governing service quality were not present, or confined to certain areas (Austria, Germany, the UK).

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<sup>24</sup> The situation in Portugal is relatively complex. There is some provision of support for homeless people, which is unregulated, but support that falls into this category is not considered a 'service'. Any activity legally defined as a 'service' for homeless people is subject to regulation. Homelessness services are regulated, but there is also unregulated support for homeless people, which is not defined as a service and is not regulated.

**Figure 3.5 Unregulated homelessness services/support in operation**



Source: Questionnaire responses.

Inconsistencies in regulation were widespread, with a majority of the countries reporting that at least some elements of the homelessness sector were operating without any sort of external scrutiny and in a context where there was no specific legislative or regulatory control of their activities. This lack of regulation was not absolute, so for example there were laws and rules in place around health and safety that would apply to any building occupied by anyone, which would be applied to homelessness services, but beyond this, there was no direct control over what they were doing.

By contrast, there were countries in which regulatory frameworks encompassing social services/care services were fully extended into the homelessness sector, or in which there was specific legislation, either as clauses or instruments within social services law, or in the form of legislation focused on the homelessness sector. However, what this kind of regulation meant for the homelessness sector was highly variable in practice. Romanian law applied to the homelessness sector, but had limited scope, focusing on physical standards and applied to a situation in which

there were relatively few services to regulate, whereas Finnish law and regulatory practice created obligations and set multiple standards that focused on empowerment of homeless people within a housing first/housing led strategic framework. In Denmark the general quality requirements for social services also include nearly all the homeless shelters. The exceptions are a few emergency shelters that are not operating under the social service law and that are also not subject to the external quality inspections.

### 3.5.1 The broken mosaic of homelessness service regulation

There were examples of consistent, clear regulatory practice that was universally applied and as earlier comparative reports<sup>25</sup> have also shown, Denmark and Finland possess rather more developed and extensive processes than those which were operating in some other countries. Placing most of the 16 countries in any sort of order, let alone within a typology of regulatory practice is challenging, because in many instances the regulated existed alongside the partially regulated and elements of service provision that were operating without specific regulation. The reliance on commissioning to exercise quality control, the homelessness sector itself taking the lead in trying to promote minimum standards and good practice and situations ranging from the existence of specific legislation, through to an absence of any real legal framework governing homelessness service provision, often existed, simultaneously, within the *same* country. Regulation and legislative frameworks, where they were present, rarely focused on the same things, had the same coverage or contained the same level of detail, with marked variations in whether or not external monitoring or inspection existed. In summary, law, regulation, guidance and monitoring of the homelessness sector in Europe is simultaneously complex, muddled, inconsistent, non-existent and highly variable, a near definitive expression of a policy mess.

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<sup>25</sup> <https://www.feantsaresearch.org/en/publications/comparative-studies>

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## 4. Quality in Homelessness Services

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### 4.1 Introduction

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This chapter explores the nature of legislative and regulatory frameworks in relation to the different types of homelessness services operating in the 16 countries included in this study. The reference point for classifying services is the typology developed for the 2018 comparative report, *Homelessness Services in Europe*, which explored the broad patterns of homeless service delivery across 16 countries and the variations in service provision in cities, towns and in rural areas<sup>26</sup>. The chapter looks at patterns of regulation in relation to emergency accommodation and low threshold services, supported and temporary accommodation and services using a mobile support/housing led and Housing First models.

### 4.2 Describing homelessness services in Europe

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The typology developed for the analysis of homelessness service provision in Europe for the 2018 European Observatory of Homelessness comparative report<sup>27</sup>, has two main dimensions. Dimension one centres on whether a service is *housing focused*, i.e. a housing-led/Housing First model that rehuses someone in ordinary housing and provides mobile support to sustain that housing, or uses a 'housing ready' approach that employs temporary congregate/communal accommodation and uses support and treatment to bring someone to the point where they can live independently. As a shorthand for this distinction, Housing First can be compared with linear residential treatment (LRT) or 'staircase' approaches to service design (Figure 4.1).

Dimension two is the *level* of support provided. For example, a Housing First service is an intensive model, because it has a high staffing ratio and is designed to provide comprehensive support to homeless people with high and complex needs<sup>28</sup>. Staircase or LRT models are also high intensity services as they are also designed for people with high and complex needs. By contrast, there are low intensity

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<sup>26</sup> Pleace, N., Baptista, I., Benjaminsen, L. and Busch-Geertsema, V. (2018) *Homelessness Services in Europe* (Brussels: FEANTSA). [https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies\\_08\\_v02\[1\].pdf](https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies_08_v02[1].pdf)

<sup>27</sup> Ibid.

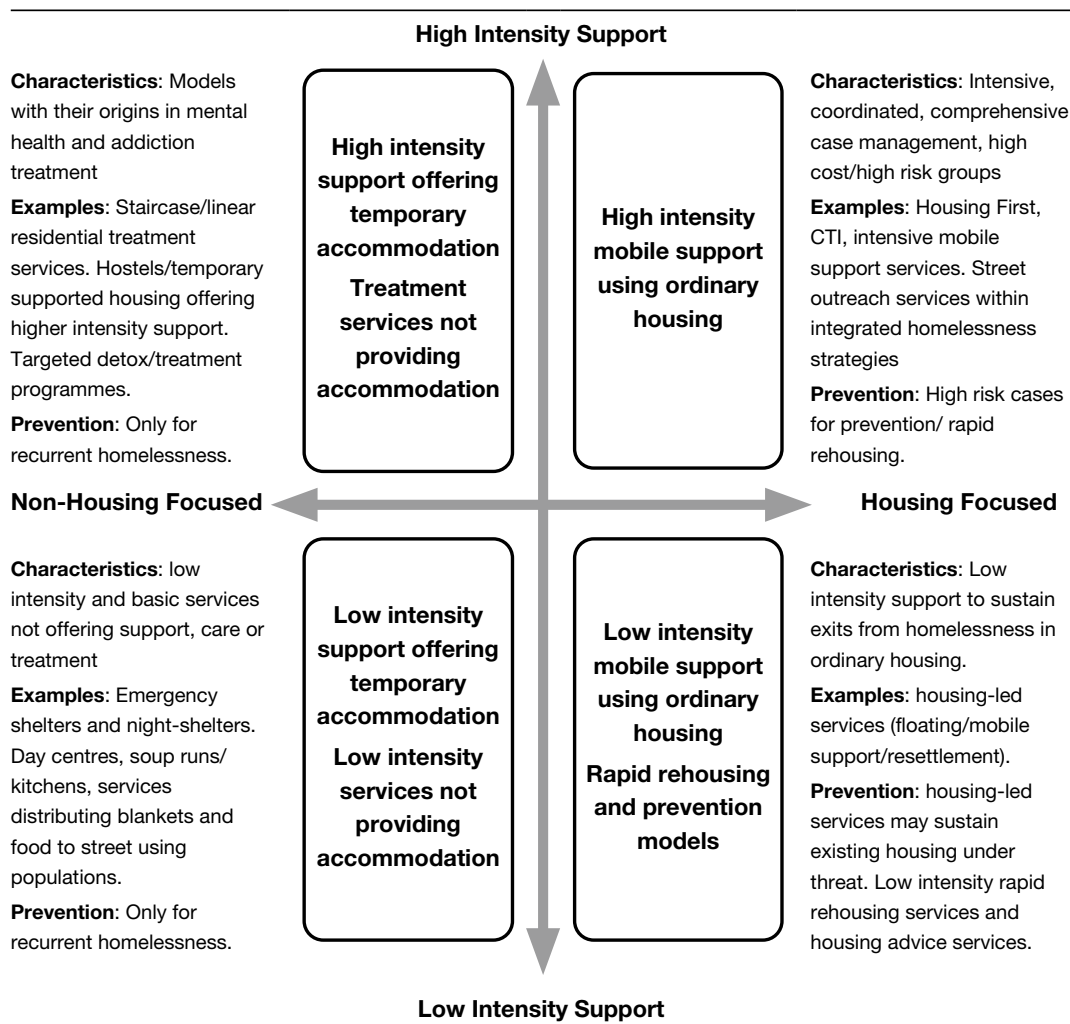
<sup>28</sup> <https://housingfirsteurope.eu/guide/>

services, such as emergency accommodation that just provides food, a bed and limited support and low intensity, mobile support services that are designed to resettle and support homeless people with low level support needs (Figure 4.1).

Ascribing consistent patterns to the level of regulation and monitoring of quality of different types of homelessness services was challenging in several respects. One issue identified in previous research is that services that are nominally of the same 'type' can vary considerably in design and operation<sup>29</sup>. These differences can exist both between countries and within the same country. Beyond this, there were the challenges centring on the inconsistencies and variation in law, regulation, guidance and monitoring of the homelessness sector described in chapter 3.

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<sup>29</sup> Pleace, N., Baptista, I., Benjaminsen, L. and Busch-Geertsema, V. (2013) *The Costs of Homelessness in Europe: An Assessment of the Current Evidence Base* (Brussels: FEANTSA); Pleace, N. *et al* (2018), *op. cit.* [https://www.feantsaresearch.org/download/feantsa-studies\\_03\\_web8038170339305812402.pdf](https://www.feantsaresearch.org/download/feantsa-studies_03_web8038170339305812402.pdf)

**Figure 4.1 Typology of European homelessness services**

Source: Pleace, N., Baptista, I., Benjaminsen, L. and Busch-Geertsema, V. (2018) *Homelessness Services in Europe* (Brussels: FEANTSA). [https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies\\_08\\_v02\[1\].pdf](https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies_08_v02[1].pdf)

## 4.3 Quality across different types of homelessness service

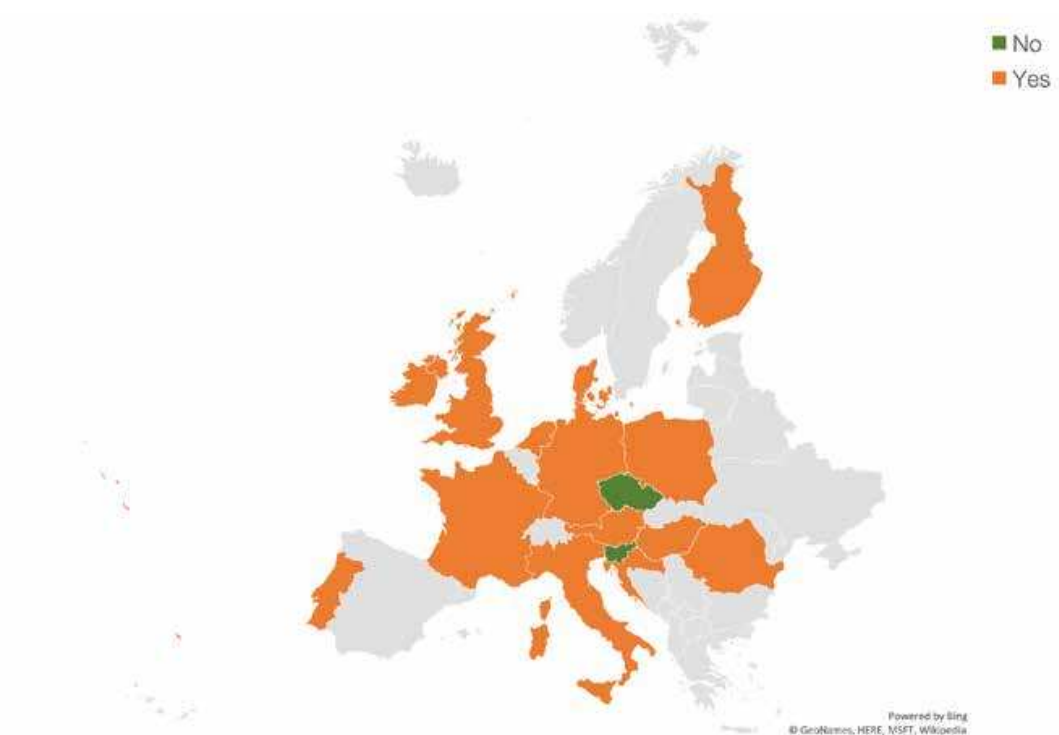
### 4.3.1 Emergency accommodation and shelters

Emergency accommodation and shelters were the type of service in which issues with quality were most commonly reported across the 16 countries. These services could be broadly characterised as low intensity and not housing focused (Figure 4.1). Fourteen countries reported issues with poor standards in some of their emergency accommodation (Figure 4.2). This was not, it must be stressed, necessarily indicative of a *general* problem with emergency accommodation, rather it was the case that problems existed in some examples of emergency accommodation.

Regulation was sometimes identified as an issue, where for example some elements of emergency shelter provision were working in a largely or partially unregulated way. However, issues with service quality were also quite frequently linked to inadequate resources.

The monitoring of outcomes in emergency accommodation was not widespread, with most of the countries not having any shared system for tracking what happened to the people staying in shelters and other forms of emergency accommodation. Twelve of the 16 countries reported that monitoring of outcomes for emergency accommodation was uncommon or rare, only two had uniform systems (Ireland and Slovenia).

**Figure 4.2 Reports of problems with standards in some emergency accommodation**



Source: Questionnaire responses.

Fifteen of the sixteen countries, the exception being Austria, reported situations in which their emergency accommodation used dormitory arrangements, with several or many people sharing sleeping space. Examples of ‘mattresses on the floor’ because existing services could not cope with demand were also reported in most countries.



### 4.3.2 Temporary accommodation

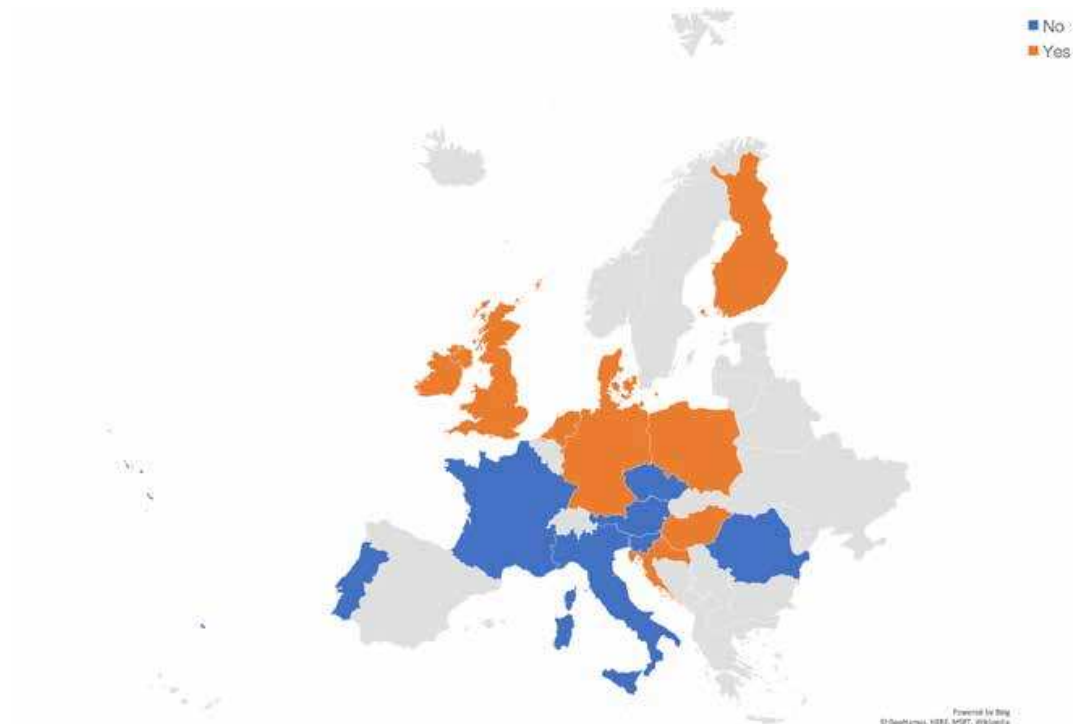
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As has been noted in previous research, it is difficult to make a distinction between emergency shelter and temporary accommodation services in several European countries<sup>30</sup>, as the same services may be used for both functions. Temporary accommodation is generally intended for a more sustained stay and should offer greater facilities and privacy. The definition of 'temporary' can vary widely, with examples of homeless people making sustained stays in nominally temporary services being widespread. To add to the definitional difficulties, temporary accommodation might be provided in specialist congregate and communal services and also by the use of hotels. France, Ireland and the UK were all examples of countries that used these forms of temporary accommodation, with the UK adding short-lease housing to the mix. Finally, some temporary accommodation is simply accommodation without support, like much of the provision for homeless families in Ireland and the UK, while other forms of temporary accommodation are temporary supported housing, with on-site or visiting support staff.

Reports of quality problems in temporary accommodation were less widespread than was the case for emergency accommodation, but half of the countries reported issues with some provision (Figure 4.3). Again, these reports should not be read as describing temporary accommodation provision in any one country as characterised by problems with quality, rather it was a matter of issues with quality existing in some temporary accommodation services. As has been noted earlier, variations in standards both within and between countries were marked, so ideas of acceptable and unacceptable quality in temporary accommodation, as in any homelessness service, were likely to be similarly variable. This might explain why it is mainly in the Northern and Western countries that problems with standards in some temporary accommodation were reported, i.e. a generally higher set of expectations about quality perhaps explained why some services were seen as having 'poor' standards.

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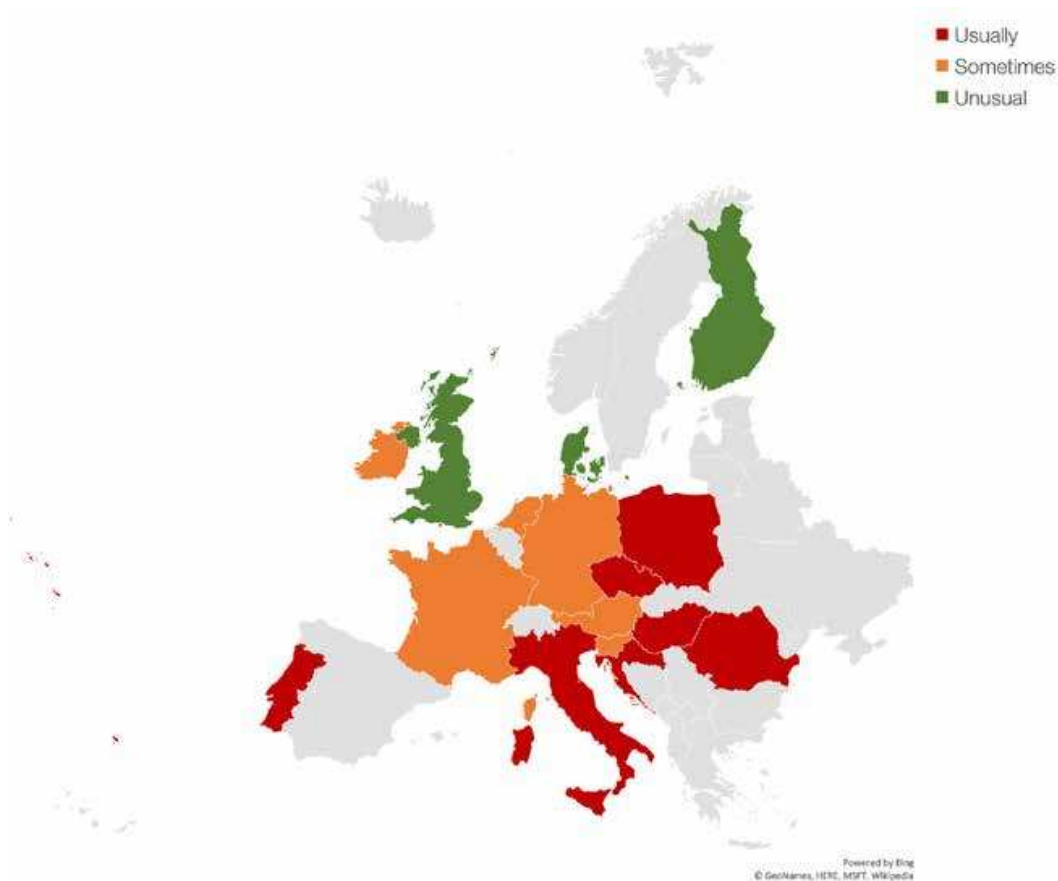
<sup>30</sup> Pleace, N., Baptista, I., Benjaminsen, L. and Busch-Geertsema, V. (2018) *Homelessness Services in Europe* (Brussels: FEANTSA). [https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies\\_08\\_v02\[1\].pdf](https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies_08_v02[1].pdf)

**Figure 4.3 Reports of problems with standards in some temporary accommodation**

Source: Questionnaire responses.

Sharing of facilities in temporary accommodation was quite widespread, with sharing of both sleeping space, bathrooms and kitchens (where provided) being most common in the Central and Eastern European countries among the 16 (Figure 4.4). Some sharing occurred in other countries, but temporary accommodation was sometimes provided in self-contained forms. The UK, for example, tended to make quite widespread use of ordinary housing on short-term leases.

**Figure 4.4 Sharing in temporary accommodation**



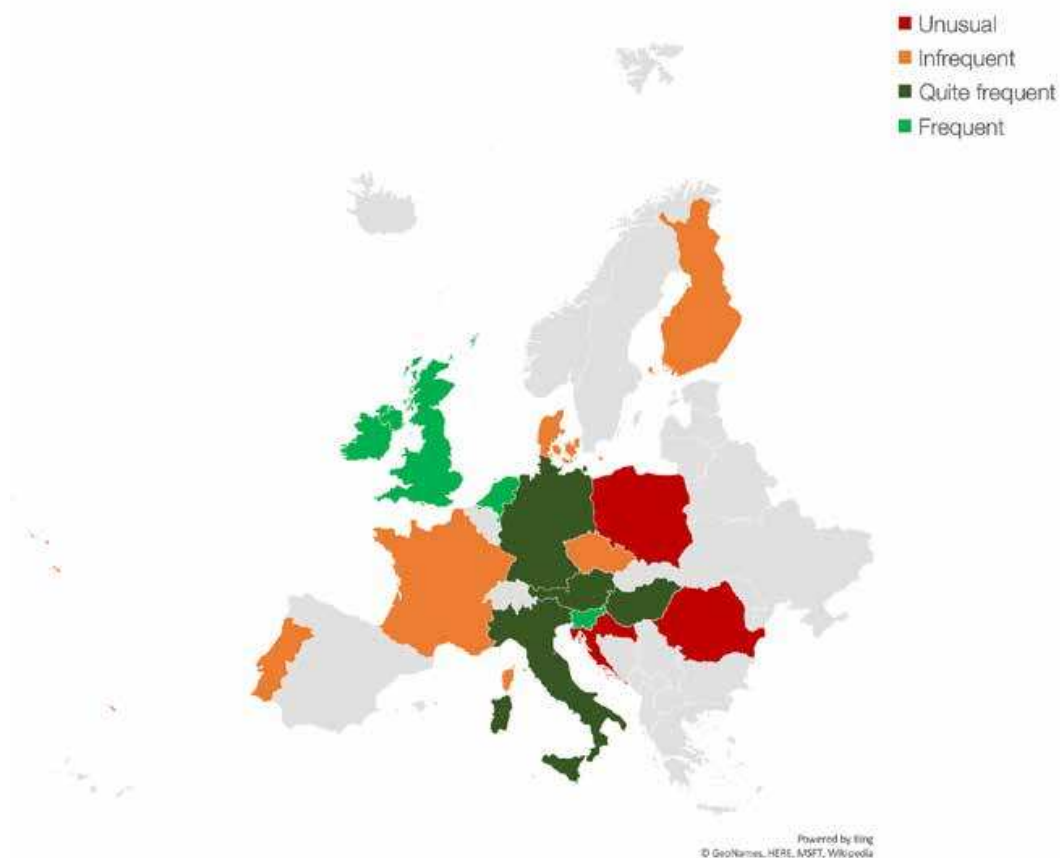
Source: Questionnaire responses.

Temporary accommodation was generally classifiable as either low or high intensity, non-housing focused services, in the sense that it was designed as a midway point between homelessness and having a settled home, whereas a Housing First or housing-focused service would move someone straight from homelessness into a settled home. Typically, temporary accommodation is a response to situations in which there is simply not enough housing available to provide rehousing (low intensity) and/or can be used, where such services are commissioned, as supported temporary accommodation for homeless person or persons are assessed as unable to live independently without support (high intensity).

As with emergency accommodation, outcome monitoring in temporary accommodation services was not the norm, with four out of the 16 countries reporting that outcomes were commonly measured (Figure 4.5). As with emergency accommodation, the general lack of information collection on outcomes for homeless people

and homeless families using temporary accommodation is quite striking, given that a key indicator of service failure would be a return to homelessness and quite possibly another, probably rather expensive, stay in temporary accommodation<sup>31</sup>.

**Figure 4.5 Outcome monitoring in temporary accommodation**



Source: Questionnaire responses.

### 4.3.3 Mobile support, housing-led and Housing First services

Housing First was becoming more widespread in Europe, but as has been reported elsewhere, it was not a universal response to homelessness, both because it was intended for a specific group of homeless people with high and complex needs, i.e. one of a range of services, including preventative interventions, needed to reduce homelessness and also because services were still being developed<sup>32</sup>. In some countries, like Germany, Finland and the UK, use of a range of mobile support

<sup>31</sup> Pleace *et al.* (2013) *op. cit.*

<sup>32</sup> Pleace *et al.* (2018) *op. cit.*; Pleace, N., Baptista, I. and Knutagård, M. (2019) *Housing First in Europe: An Overview of Implementation, Strategy and Fidelity* (Brussels: Housing First Hub Europe). [https://housingfirsteurope.eu/assets/files/2019/10/2019-10-10-HFinEurope\\_Full-Report2019\\_final.pdf](https://housingfirsteurope.eu/assets/files/2019/10/2019-10-10-HFinEurope_Full-Report2019_final.pdf)

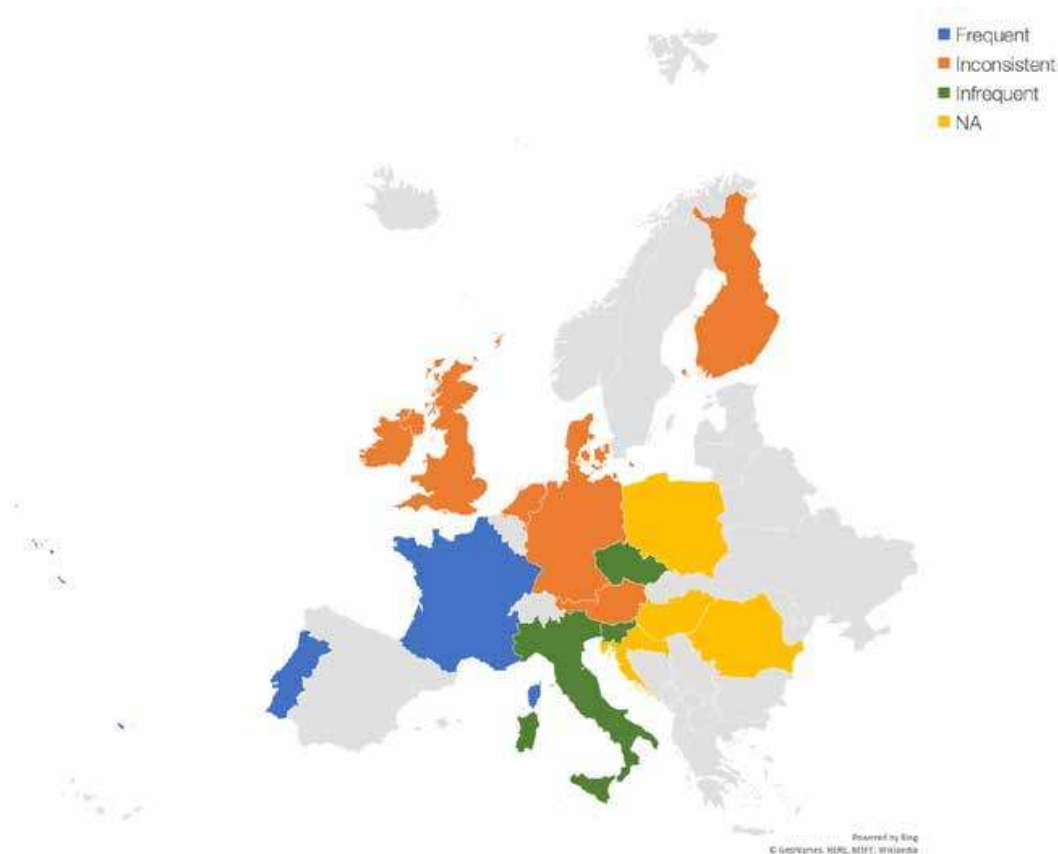
services with ordinary housing was also quite widespread. These services have commonalities with Housing First but were lower intensity models of housing-focused homelessness services and sometimes situated at the higher stage of a staircase system, whereas Housing First is a high intensity, housing focused service providing permanent housing in the initial phase of support already (Figure 4.1). Denmark appeared to be unique in also using the Critical Time Intervention (CTI) model, which is a time-limited intervention with a similar level of intensity to Housing First that is also housing focused.

Twelve of the 16 countries reported at least some use of Housing First and all reported that they were collecting research evidence on outcomes. This was in marked contrast to other homelessness services and may, though this is a speculation, be in some way linked to the experimental and evidence-led ethos that accompanied the development of the original North American model by Dr Sam Tsemberis<sup>33</sup>. However, it is important to note that there was a distinction between *research* being conducted on Housing First and routine evidence collection on outcomes, both in respect of Housing First itself, and in respect of other housing-focused services using mobile support (Figure 4.6).

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<sup>33</sup> Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* (Hazelden: Minnesota).

**Figure 4.6 Outcome monitoring for Housing First and other mobile support services**



Source: Questionnaire responses. NA – not applicable, countries described as not having these forms of service provision (note: some services operating in Hungary within this broad category were funded by the EU and subject to extranational monitoring by the EU).

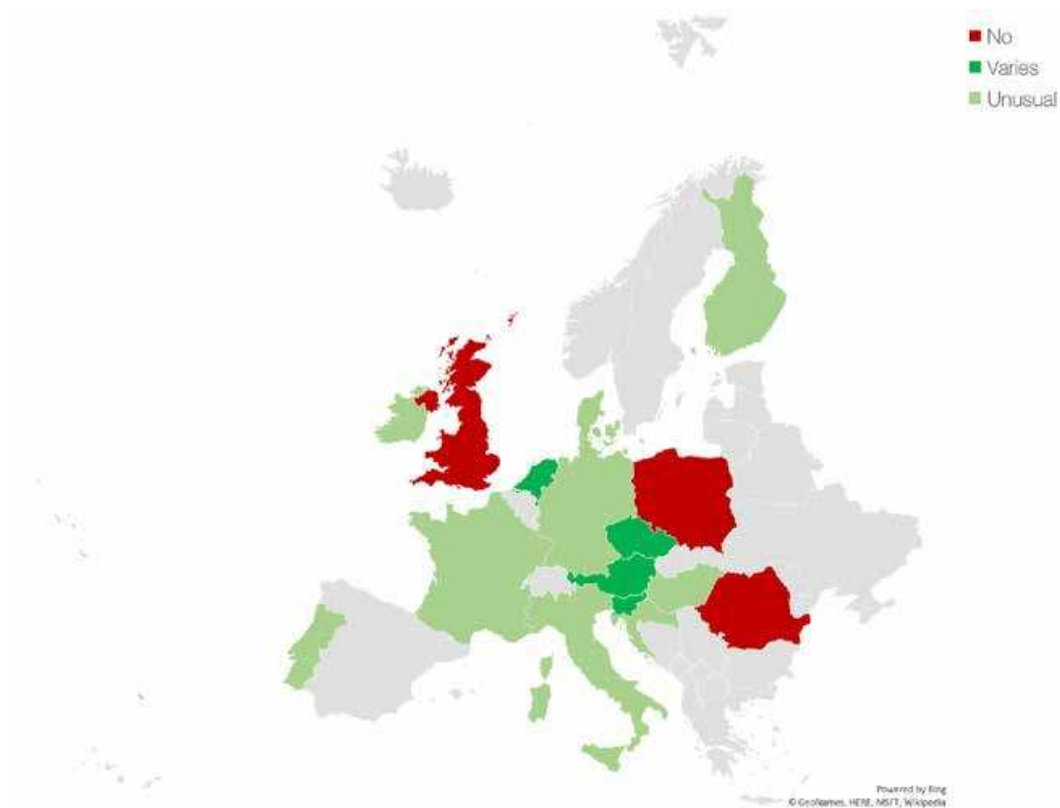
Sometimes the issue was one of aggregation, rather than an absence of data collection, so that Finland, for example, did not bring together data that were collected by mobile support services and congregate services using a Finnish ‘Housing First’ approach. In Denmark there was a systematic monitoring in earlier Housing First programmes whereas participation in monitoring activities became optional for municipalities in later stage programmes. In Germany, Housing First was not yet widespread, but existing mobile support services using ordinary housing did not necessarily share or collect data in consistent ways, a situation that also applied in the UK and Ireland. Again, while Housing First was an exception, in the sense of academic and policy research being conducted on what were often pilot programmes or new services, routine, uniform data collection was not always happening, just as was the case across mobile support services using ordinary housing as a whole.

Unlike the other types of services, Housing First and mobile support services were not reported as including examples of substandard service provision. The one exception was the UK, which was described as having some services that were not necessarily reaching the required standards, including in the case of Housing First, very low fidelity services of uncertain effectiveness.

#### 4.4 Measurement of user satisfaction

Regular measurement of user satisfaction in homelessness services was not very widespread. It appeared to be least common in emergency shelters (Figure 4.7). Resources are required to record user satisfaction and the emergency accommodation sector, while it varies in the level of resource it has available both between different countries and within the same country, can quite often be fairly basic services with little money to spare.

**Figure 4.7 Measurement of user satisfaction in emergency shelters**



Source: Questionnaire responses

The picture was different with regard to temporary accommodation, only in five<sup>34</sup> of the 16 countries were data on user satisfaction routinely collected by temporary accommodation services. Equally, the measurement of user satisfaction for housing-led or Housing First services was not uniform, while more countries were described as at least sometimes collecting data on these services, only Ireland, the Netherlands and the UK were described as routinely collecting data. It is also important to note that unregulated support and services existed to some degree almost everywhere, so even in these cases, not all services were necessarily collecting information on service user satisfaction.

## **4.5 Inconsistencies in quality and measurement**

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This chapter provided an overview of the patterns of quality and quality measurement in homelessness services in the 16 countries and, in summary, reports a more consistent picture than was the case in the preceding chapter on regulation. The quality of many homelessness services is regarded as inconsistent and the monitoring of quality in those services is, in many instances, haphazard and in others does not really exist in a coherent form. The most striking finding from this analysis is again how different homelessness services often are from formal social services/ social care and health services, which often operate in much more extensive legislative, regulatory and monitoring frameworks in which quality, efficiency and effectiveness is routinely assessed<sup>35</sup>.

In some countries more sophisticated systems of quality control and inspection are in place – typically anchored in general regulations for a broader range of social services including also homelessness services. Yet, even within such systems shortcomings in the quality of services are still reported on, e.g. regarding to high client to staff ratios, shared facilities or a lack of systematic monitoring of outcomes after a stay in a shelter.

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<sup>34</sup> Hungary, Ireland, Netherlands, Poland, UK

<sup>35</sup> <https://www.easpd.eu/en/content/quality-social-services>



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## 5. Policy and Practice in Each Country

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### 5.1 Introduction

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This chapter provides a more detailed discussion of the ways in which law, regulation, guidance and monitoring was applied to the homelessness sector in the 16 countries and also explores the evidence on how and to what extent service quality was monitored. The variation in practice, both within and between countries was considerable and illustrates the challenges in trying to explore and critically assess the regulation and quality control of homelessness services across Europe.

### 5.2 Policy and practice in the 16 countries

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#### 5.2.1 Austria

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##### 5.2.1.1 Regulation and monitoring

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In Austria only three of the nine federal provinces (Vienna, Upper Austria and Lower Austria) have laws and regulations ruling the issues and the quality of services for homeless people. The other six federal provinces do not regulate homelessness services. In all three of the provinces with regulation, external control is exercised on service quality and a dialogue process is started if a certain standard is not met.

In Vienna, the Vienna Social Fund approves the quality of homelessness services working together with the organisations providing those services. The Vienna Social Fund conducts quality audits, the reports of which may contain recommendations and requirements. A failure of a standard has no immediate consequences, but dialogue is expected if standards are not being met. A framework has been developed for homelessness services in Vienna, involving cooperation between the Vienna Social Fund and service providers. The framework comprises 15 quality standards, which cover all the segments of the offers of the Viennese Assistance Programme for the Homeless. The standards focus on structural quality (physical standards), process quality (the standards governing how services operate) and quality of results achieved (i.e. outcome measures for the people using the services). In Vienna, a regular scientific external evaluation of the whole support system (every three to five years) tests effectiveness at the different levels of Viennese Assistance Programme for the Homeless, including the interface between services.

Homelessness services in Lower and Upper Austria deliver reports on a yearly basis (statistics and individual samples) to the contracting authority. In Upper Austria, quality control is again carried out both by homelessness services and by the social department of the Upper Austrian government. As in Vienna, quality standards for homelessness services were designed via cooperation between government and service providers, with the Upper Austrian Welfare Department working with organisations assisting the homeless people in 2005. Systems collect and assess data across several areas of performance, including employee qualifications, the groups of people a service is designed to work with, physical space and infrastructure and gender-specific measures. A similar process was used in Lower Austria, with agreed standards being checked through a combination of internal and external monitoring. However, there is a greater emphasis on self-reporting in Lower Austria, with external checks occurring only where there are indications of potential problems. In Styria, it is uncommon to systematically measure outcomes of services for service users in emergency accommodation services. There were no data available from the other provinces.

### 5.2.1.2 Quality

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In Upper Austria emergency shelters are low threshold services designed for short and limited overnight stays. The users must pay fees. According to the defined standards emergency shelters shall include cooking facilities, shower, washing and sanitary facilities, support with daily living, social work, crisis intervention, activation and medical aid. An emergency shelter should offer single and double rooms. If this is not possible, due to structural conditions, triple-bed rooms and four-bed rooms, without the use of bunk beds, may be built. Connecting rooms are not allowed. There are guidelines for room size: single rooms must have at least 7m<sup>2</sup>, double rooms at least 12m<sup>2</sup>, triple rooms at least 18m<sup>2</sup> and four-bed rooms at least 25m<sup>2</sup>.

When new emergency shelters are built, they must have video surveillance for the entrance and corridor areas. There must also be one shower for 10 persons, one toilet for 8 persons, one washbasin for 8 persons and cooking and dining facilities for 20 residents in each case. Lounges (living areas), storage rooms and an admission area must also be provided. The duty room for employees need not be larger than 18m<sup>2</sup> including sanitary facilities. There are also standards concerning bans on entering the house as a consequence in case of serious breaches of the rules. Bans can be pronounced by the employees on duty for one day, however, bans which are longer than 14 days must be discussed with the direct superior. Reasons for house bans include physical and verbal violence, weapons ownership, breach against an existing ban of alcohol and drugs and inadequate hygiene.<sup>36</sup>

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<sup>36</sup> Land Oberösterreich (2005b): Rahmenrichtlinien Qualitätsstandards Notschlafstelle, p.18f

According to the quality directive of Vienna Social Fund, emergency shelters should have interdisciplinary teams, regular training and supervision. According to the form of support, staff ratios should be between 1: 5 to 1: 15. Emergency shelters should have lockable cupboards and storage facilities for valuables.<sup>37</sup> In Upper Austria the performance catalogues define the staff ratio at present for temporary housing with 1: 12. There are a variety of staffing ratios in Austria, varying between services, NGOs and provinces. In Lower Austria, by contrast, emergency shelters are defined as low threshold services, which offer only sleeping places.

The access to regular beds is standard in Austria, mattresses on the floor and use of sleeping bags are very uncommon. Only in very dire situations especially in hard winters when all beds are occupied and there are still some roofless people sleeping on the street, who need emergency accommodation, be offered mattresses on the floor and sleeping bags. Emergency shelters are usually open from 6pm to 8am. There are exceptions concerning opening hours in emergency cases and if clients must work in the evening.

In Lower Austria, shared sanitary facilities are very common in temporary accommodation. In Upper Austria one shower should be available for five residents, one toilet for four residents and cooking facilities for ten residents.

There are three projects in Vienna (run by Neunerhaus, Volkshilfe and Caritas), one in Styria, Salzburg and Lower Austria, which follow more or less the principles of Housing First. They differ from each other regarding the degree of fidelity with the original housing first principles and the target group. The target group of the Vienna Housing First projects are homeless people in general, the project in Styria is focussed on homeless women and the project in Salzburg on long-term homeless people and homeless people with complex needs (i.e. mental illness and/or drug-addiction). It is not common to systematically measure outcomes of services for formerly homeless people, who are now users of floating support services in own housing. Only the Neunerhaus project in Vienna has been the subject of a larger scale evaluation.

## 5.2.2 Croatia

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### 5.2.2.1 Regulation and monitoring

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Homelessness services in Croatia are defined and regulated on the same basis as other social services, with specific standards for homelessness services. Emergency and temporary accommodation services are described as also having their own rulebooks, information provision and assessment systems. Staff ratios,

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<sup>37</sup> Land Oberösterreich (2005b): Rahmenrichtlinien Qualitätsstandards Notschlafstelle, p.11-18.

service models and operational practice are specified in regulations on the minimum conditions for the provision of social services<sup>38</sup>. Croatian law on the quality standards of social services applies universal standards to homeless services, covering public, private and NGO provision<sup>39</sup>. These quality standards include measures designed to ensure choice and dignity for homeless people using services, to foster good management and deliver tangible outcomes.

The extent to which such legal frameworks are actually implemented and even enforced was described as variable. There is evidence of temporary accommodation services e.g. in Zagreb operating without the licences that were theoretically required. Quality standards regulation is described as not being subject to any external control with quality standards being set and monitored, where present, by services themselves.

In a context of variable state regulation, the Croatian Network of Services for Homeless Persons plays an important role in informally monitoring services that are not legally registered or inspected. The Network promotes minimum standards and good practice in the homelessness sector. However, both shortages of qualified staff and limited and unreliable funding, are seen as major obstacles for improving the quality of service within the sector.

### 5.2.2.2 Quality

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Ensuring service quality in a context where funding was unreliable and insufficient was described as challenging. Differences in the funding allocated to homelessness services in different counties were marked, creating inconsistencies in both service quality and extent.

Responses centred on emergency and temporary shelters were most common in Croatia and stays could sometimes be prolonged, up to five years or more, with services also operating waiting lists. Conditions could be basic and there were reports of one shelter lacking food and adequate support. Sleeping spaces and bathrooms facilities were frequently shared, but with separate provision for women and men typically being available.

Services might not also be able to routinely provide the same services and experienced high rates of staff turnover, especially among social workers who are usually employed for the duration of a short-term projects. Poor access to health and social care at shelters was described as a widespread problem. Compliance with regula-

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<sup>38</sup> *Pravilnik o Minimalnim Uvjetima za Pružanje Socijalnih Usluga* Official Gazette 40/14 and 66/15, available at [https://narodne-novine.nn.hr/clanci/sluzbeni/2014\\_03\\_40\\_712.html](https://narodne-novine.nn.hr/clanci/sluzbeni/2014_03_40_712.html)

<sup>39</sup> *Standardi Kvalitete Socijalnih Usluga u Djelatnosti Socijalne Skrbni* Official Gazette 143/14, available at [https://narodne-novine.nn.hr/clanci/sluzbeni/2014\\_12\\_143\\_2693.html](https://narodne-novine.nn.hr/clanci/sluzbeni/2014_12_143_2693.html)

tions was reported as not always being possible for these services because they lacked the resources to set the correct standards and put the necessary monitoring in place. The quality of care for persons with high and complex needs deemed to be inadequate at shelters throughout Croatia. Staff ratios could be below the nominally required level and some services were reported to use volunteers as a way to compensate for this lack of resources. Data on outcomes and user satisfaction were sometimes recorded, but the practice was not widespread.

### 5.2.3 Czech Republic

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#### 5.2.3.1 Regulation and monitoring

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Czech regulations for social services encompass homelessness services. There are no specific provisions for homelessness services which are bound to follow the same quality standards as any other social service. Service parameters, operational practice, the legal rights of someone using a service and the specifications of contracts for services provided under commission are all stipulated in law. Regulation is detailed, setting physical and hygiene standards, alongside specification of complaints procedures and other protocols, including interagency working. Inspections are carried out by expert teams who are employed by the central government department with responsibility for social services. Each region is required to have both long-term (3 to 5 year) and short-term (6 month) inspection plans that detail the frequency and duration of inspections for different services. The plans include the list of services to be inspected and whether those inspections will be announced or unannounced.

Formally, the on-site quality inspection process involves an initial team meeting with senior staff and the selection of people using the service to act as respondents, using an established representative sampling methodology. Inspection is detailed, exploring documentation, protocols and practice and whether legal requirements are being followed, alongside interviews with staff and service users. Actual practice may, however, be slightly different from the methodology described above.

Each inspection results in an inspection report that details the findings, notes evidence sources and describes the level of compliance or non-compliance with legal regulations on a scale ranging from 'conformity' to 'non-conformity' with a list of identified deficiencies. Where there are found to be serious deficiencies, administrative proceedings are initiated against the service.

Some limitations with the legislative and inspection framework were identified. One issue is that inspections of homelessness can be carried out by people who do not deal with homelessness and do not have any particular experience with this type of service. The scale of the inspectorate was reported as being quite small relative

to the number of services requiring inspection, i.e. services might not be inspected as regularly as might be desirable because of the number of teams available. It was also reported that there were relatively low financial penalties for some of the breaches of regulations under the relevant social services legislation.

Alongside these formal quality standards specified by national law, an organisation called the Network of Participants for Home (Síť aktérů pro domov, z.s.)<sup>40</sup> has created a paid certification system for homeless shelters, which awards a charter mark (quality certification) for three years, subject to passing an inspection. Again, certification is based on passing quality standards, ensuring the dignity, wellbeing and respect for people using the service.

### 5.2.3.2 Quality

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In 2016, a total of 41 467 men and 9 171 women (50 638 people) used shelter services during the year. A total of 829 people approached shelters but were not assisted, which in approximately 90% of cases was due to insufficient space in services<sup>41</sup>. There was reported to be little or no research on the quality of emergency shelters. Rooms were typically shared, with between 10-20 people sharing a room and some quite large night shelters operating with over 100 people sleeping in them. Services are typically open from 7-8 in evening until the early morning. There may be a gap of 2-3 hours between the time when shelters close and low-threshold day centres, where homeless people can stay during the daytime, are opened. Staffing ratios are usually and approximately in the range of 1: 7 for care workers in the shelters.

Alongside the permanent services, the Czech Republic was reported to have 214 temporary accommodation services with a capacity of 7 199 beds in 2016<sup>42</sup>. These services did offer 201 single person rooms and 887 double rooms, but 1 474 rooms had three or more beds in them. There was limited provision of temporary accommodation in the form of apartments, some of which were scattered units in ordinary housing, but this was described as relatively unusual. Staffing ratios were usually in the range of 1: 6 and 1: 14. Provision was again through a mix of agencies, seven services were provided by regional government, 46 by municipalities, 81 through the churches and 80 via other service providers such as NGOs. In 2016, 11 665 people were reported as having exited temporary accommodation<sup>43</sup>. There is, in

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<sup>40</sup> <https://sad-cr.cz/>.

<sup>41</sup> MPSV (2017) Statistická ročenka z oblasti práce a sociálních věcí 2017 Praha: MPSV and MSK (2015). Závěrečná zpráva: Pracovní skupina č. 1, available at <https://docplayer.cz/444673-Zaverena-zprava-pracovni-skupina-c-1-azylove-domy-domy-na-pul-cesty-nocleharny-nizkoprahova-denni-centra.html>.

<sup>42</sup> MPSV (2017) Statistická ročenka z oblasti práce a sociálních věcí 2017 Praha: MPSV.

<sup>43</sup> Source MLSA cited in questionnaire response.

addition, a range of other supported housing units and housing support services, the Czech Republic is experimenting with services linked to the Housing First approach for homeless families<sup>44</sup> provided by municipalities and has some other temporary supported housing services.

Some research indicates that there are shortfalls in temporary accommodation for homeless families, which could result in the separation of children from parents, children remaining with the mother but the father having to move into a separate service. Women with three or more children could often not be accommodated in temporary accommodation services and use was made of commercial hostels for these families<sup>45</sup>. Data on quality were not reported.

## 5.2.4 Denmark

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### 5.2.4.1 Regulation and monitoring

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In Denmark the quality of homelessness services is regulated under social services legislation. The law regulates the provision of a broad range of social services, including temporary accommodation for people in homelessness ('homeless shelters') and individual social support for people with social support needs ('floating support'). Homelessness services must agree to be subject to legally specified regulation in order to qualify for funding from municipalities.

Inspection of social services is organised via regional inspection agencies. If a service no longer satisfies the regulations, the supervisory authority can impose requirements for improvement or remove approval to receive funding and operate. There will usually be a dialogue between the supervision agency and the service about what improvements are necessary and how to achieve them. Dialogue between the supervisory authority and services is central to a supervisory authority's approval and supervision activities. A quality model for services is a key tool in this dialogue and is intended to provide a systematic and targeted basis for the professional assessment of service quality.

The quality model encompasses standards for support in education and employment and social integration, also setting the parameters for how services should target groups, expected operational practice, outcomes, organisation and management, staff training and qualifications, finances and physical standards. Each aspect of the quality model is specified via a number of key performance indicators, which follow the same approach for homelessness services as for other social services.

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<sup>44</sup> Pleace, N., Baptista, I. and Knutagård, M. (2019) Housing First in Europe: An Overview of Implementation, Strategy and Fidelity (Brussels: Housing First Hub Europe).

<sup>45</sup> Source: Glumbíková, 2017 and 2018, cited in questionnaire response.

Alongside the regional inspection agencies, municipalities have duties in relation to the quality of the support and care services that each individual receives via their commissioning of services. A national authority, the Social Appeals Board, exists as an appeals mechanism for citizens who want to complain about social services and/or municipal decisions regarding service provision. The Social Appeals Board has the authority to overrule and has the authority to issue principal rulings which municipalities are obliged to follow in similar cases.

Besides the supervision from the regional social inspection agencies, some homelessness services also provide health services, such as nursing. Homelessness services offering health care are also subject to supervision from health authorities. The quality standards imposed by health regulation laws for shelters with health facilities are generally very strict, and as a side effect some shelters decide not to provide specific on-site health services.

A small number of homelessness services operate outside these formal frameworks, i.e. they are not commissioned by or dependent upon municipal or other state finance. This means that there are a few low-threshold emergency shelters in Denmark operating without any externally determined and inspected quality standards attached to them.

#### 5.2.4.2 Quality

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Most Danish homelessness shelters are described as being of a high physical standard, but there is still considerable variation in the sector. Service users tend to have their own rooms, although some shared provision still exists. Older services will often have shared bathrooms and toilets, but more recent services will provide private rooms with their own bathroom. Staffing ratios are variable, sometimes being as high as 1:3 or 1:5, but there are services with a much lower staff to service user ratio. In Copenhagen it was reported that staff resources in some of the larger shelters were considerably below the national average. The variations in staff resources means that shelters have significantly differentiated capacity for achieving a recovery-orientated and client-centred approach. Low threshold emergency shelters in larger cities and towns can still be operating with shared rooms and people bedding down on the floor of services.

Data on service quality are not extensive, but some research has been conducted. A 2015 user survey covering ten homeless shelters, based on answers from 184 users<sup>46</sup> reported high levels of satisfaction, with 86% of respondents expressing satisfaction with services, 92% reporting satisfactory relationships with staff and

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<sup>46</sup> Benjaminsen, L. *et al.* (2015) *Livet på hjemløseboformer. Brugerundersøgelse på § 110-boformer.* [Life in a Homelessness Shelter. User Study on § 110-shelters]. (Copenhagen: SFI).



78% reporting satisfaction with their rooms (77% were satisfied with bathroom facilities). The data were however limited to services subject to regulation and inspection, not encompassing any of the smaller number of unregulated services.

A number of homeless shelters provide 'aftercare' for service users if they are rehoused moving out of a shelter via floating (mobile) support workers. Municipalities also generally operate floating support services that can be assigned when rehousing homeless people. However, access to floating support is conditional on a needs assessment and being rehoused out of a homeless shelter is no guarantee of an assignment for support. General floating support services usually operate with a staff/service user ratio of 1: 15-20. Available evidence suggests that challenges exist for this type of support, as it is often not intensive or flexible enough when rehousing homeless people with complex support needs.

A number of municipalities have worked with more intensive floating support services as part of Housing First programmes, mainly of the ICM-type (Intensive Case Management) or CTI (Critical Time Intervention) whereas ACT (Assertive Community Treatment) is only provided on a very limited scale. The guidelines for the housing first program operate with a caseload of 1: 10 for CTI, and 1: 8 for ICM and ACT. Research indicates a high degree of effectiveness in ending homelessness for people with complex needs, yet these more intensive floating support services still only encompass a relatively small number of homeless people being rehoused<sup>47</sup>.

## 5.2.5 Finland

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### 5.2.5.1 Regulation and monitoring

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In Finland, the provision of housing and support services by municipal and/or municipal associations is defined in the law on social care, which defines quality standards designed to meet the needs of service users in maintaining and promote well-being. The same law also defines the right of service users to good services and good treatment in social care.

The Bureau of License- and Supervision of Social and Health Care (Valvira) and the Regional Administrative Agency (AVI) together supervise the organisation of housing services nationwide. Valvira is a central agency operating under the Ministry of Social and Health Care issues that promotes the implementation of citizens legal rights and supervises the quality of social and health care. Valvira has

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<sup>47</sup> Benjaminsen, L. (2018) Housing First in Denmark: An Analysis of the Coverage Rate among Homeless People and Types of Shelter Users, *Social Inclusion* 6(3) pp.327–336.

separate monitoring programmes that apply to both municipal and private housing services. AVI monitors compliance with legislation and regulation for social care services, including licensing and supervision of private service producers.

Quality recommendations for housing support services exist for services for different groups of people with limiting illness and complex needs, with recommendations based on the Finnish version of Housing First<sup>48</sup> being developed during 2010-2012. These approaches emphasise freedom of choice, separation of housing and services, and support for rehabilitation and social integration. These recommendations were extended during the period 2016-2019 via a national cross-sectorial and multi-disciplinary network facilitated by the Y-Foundation<sup>49</sup>.

Housing support services are usually commissioned via a competitive bidding process, with quality requirements being specified in the tender specifications for the service, ranging from hours of operation, through to staff qualifications and expected operational practice and outcomes, which include key performance indicators such as evidence of gains in wellbeing, independence and reduction in use of other services such as health care. Contracts tend to be for a three to five-year period.

In general, municipalities are responsible for the quality of the services either commissioned from NGOs or private providers and for the quality of any direct service provision by the municipality itself. The nature and degree of inspection can vary by municipality, i.e. dedicated inspection teams tend to be more common in larger authorities whereas service inspection may be part of the role of a general social services manager in smaller municipality. Inspections tend to be scheduled but can also be unannounced.

The law on social care also obliges each provider of housing support services to establish a self-monitoring plan to ensure quality, safety and appropriateness of the service. The plan must be public, its implementation monitored on a regular basis, and services must show they developed on the basis of regular feedback from service users and staff. The law on social care also stipulates the obligation for every social service provider to notify the municipal social service authority without delay if malpractices are discovered.

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<sup>48</sup> The Finnish model of Housing First is distinct from the models developed in the USA and elsewhere, see: Y Foundation (2017) *A Home of Your Own: Housing First and ending homelessness in Finland* (Helsinki: Y Foundation). <https://ysaatio.fi/en/housing-first-finland/a-home-of-your-own-handbook>

<sup>49</sup> <https://ysaatio.fi/en/home>

### 5.2.5.2 Quality

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Supported housing is specified in Finnish law as people who need support to maintain independent housing or a transition to independent housing. Services tend to be arranged around provision of independent apartments, some services, like the congregate apartment blocks and scattered site apartment services using a high intensity, Finnish ‘Housing First’ model offer permanent homes, others use a temporary supported accommodation model that is designed to enable transition to an ordinary, independent home. As in many other European countries, supported housing services that are designed to move people from temporary accommodation into independent housing can struggle to find move-on housing in high pressured housing markets or because some landlords will not house homeless people with a history of problems such as nuisance, criminal behaviour or not paying rent<sup>50</sup>. This situation is sometimes described as ‘pooling’ or ‘silting-up’ where homeless people who have reached a point where living in independent accommodation should be feasible but are stuck in temporary supported housing because of the difficulties of securing suitable housing. In the Finnish context, the presence of the Y Foundation, which provides a dedicated supply of social housing focused on providing homes for homeless people means that these pressures are not as high as they are in some other countries, albeit that they are still present.

Supported housing is usually a self-contained apartment, either provided furnished or with support to enable a service user to furnish the apartment for themselves. On-site services in congregate services include support with social integration and support, labour market activation as well as help with day to day tasks, such as cleaning, where this is required. Staff tend to be present on site during the day but will only be present overnight in the more intensive services.

While congregate supported housing services are still in operation, Finland’s movement towards its own interpretation of a Housing First approach, which emphasises a housing focused model in every aspect of homelessness service provision, i.e. the immediate and overriding priority is to provide homeless people with a home in ‘scattered’ housing and floating/mobile support, usually in an apartment because that is the most common affordable form of housing in the cities. Staff providing floating support are usually qualified to degree level in a suitable field, such as a nursing degree. Again, quality standards tend to be specified in contract arrangements as the bulk of floating support services are commissioned.

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<sup>50</sup> See: Pleace, N., Teller, N. and Quilgars, D. (2011) *Social Housing Allocation and Homelessness* (Brussels: FEANTSA). [https://www.feantsaresearch.org/download/feantsa\\_eoh-studies\\_v1\\_12-20116551222474255824828.pdf](https://www.feantsaresearch.org/download/feantsa_eoh-studies_v1_12-20116551222474255824828.pdf)

While standards in these services are described as high, the evidence base on the quality of services is variable and there is limited analysis of services at aggregate level, including those services that have similarities with the ‘Housing First’ model as it is understood outside Finland<sup>51</sup>. There is some evidence of issues with service capacity in a broader sense, i.e. provision can be focused on major cities (also an issue in other European countries<sup>52</sup>). In the major cities, services can, as in Denmark, still become overwhelmed when there is a surge in need.

There is widespread use, but less standardisation, of preventative services. At the time of writing, there were proposals to make provision of prevention a statutory duty, with attendant regulation of these services, which use what has been termed a ‘housing social work’ model.

## 5.2.6 France

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### 5.2.6.1 Regulation and monitoring

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In France, homelessness services are defined and regulated on the same basis as other social services, through a national legislative framework known as the National Code for Social Action and Families (*Code de l’Action Sociale et des Familles*, CASF). In 2002, a law relating to the homelessness sector was passed, substantially modifying this framework, and bringing a new emphasis on promoting the rights, autonomy and protection of service users<sup>53</sup>.

With the exception of low-threshold emergency shelters, the French homelessness sector has been under stricter regulation since the 2002 laws were passed. Responsibility for inspecting and controlling the quality of homelessness services lies both with the prefectures (representative of central government at local level) and on social inspection agencies operating under the auspices of central government.

Although the systems and procedures regulating the quality of homelessness services are legally framed at the national level, different – and more demanding – criteria may be set at the local level, an example being the *Quali-Paris* charter mark (quality label) which sets strict requirements around service user involvement

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<sup>51</sup> Pleace, N., Baptista, I. and Knutagård, M. (2019) Op. cit.

<sup>52</sup> See: Pleace, N., Baptista, I., Benjaminsen, L. and Busch-Geertsema, V. (2018) *Homelessness Services in Europe* (Brussels: FEANTSA). [https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies\\_08\\_v02\[1\].pdf](https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies_08_v02[1].pdf)

<sup>53</sup> Loi no 2002-2 du 2 janvier 2002 rénovant l’action sociale et médico-sociale.

and feedback<sup>54</sup>. Both national regulatory requirements and any local regulations apply to all homelessness services whether those services are directly provided by a municipality or under commission from an NGO.

Emergency accommodation is significantly less regulated than temporary accommodation or supported housing. Emergency shelters, for example, are only legally bound to produce self-reported internal evaluations, rather than be subject to externally enforced monitoring and regulation. This situation, in which some elements of the homelessness sector are highly regulated, while others are not, parallels reports from some of the other countries, such as Denmark and the UK.

### 5.2.6.2 Quality

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There is a lack of recent research on quality of emergency shelters and of temporary accommodation services in France. Evidence from two studies<sup>55</sup> assessed the quality of these services based on data from 2012 and 2009. The main conclusions of both studies highlight the strong pressures on emergency and temporary accommodation in the Paris region since 2008. This is described as leading to an increasing use of hotel accommodation to manage pressures of demand while a simultaneous effort was made to modernise and humanise the conditions of existing temporary accommodation services. Problems with the quality of some services are described as persisting, including a high number of residents in some shelters, the lack of privacy provided by existing emergency services, i.e. mostly shared rooms and shared spaces in emergency shelters and the discrepancy within the emergency and temporary accommodation sectors. For example, staffing ratios in the Paris region may vary from 1: 2 in emergency housing for pregnant women or lone mothers with small children compared to 1: 9 in emergency housing for homeless asylum seekers, although this latter ratio is still higher than in many homelessness services in other countries. In general, temporary accommodation services more often include single rooms and individualised facilities than emergency accommodation structures e.g. in 2009, in the Paris region, 41% of temporary accommodation services provided individual bathrooms and 38% had individual toilets.

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<sup>54</sup> <https://www.paris.fr/pages/qualiparis-la-qualite-au-quotidien-2354>

<sup>55</sup> Thomas-Morel, Charlotte (2017) Structures d'hébergement et personnes accueillies en Île-de-France en 2012- résultats de l'Enquête 2012, Paris, Service des Observatoires, des Études et de l'Évaluation, available at: [http://www.drihl.ile-de-france.developpement-durable.gouv.fr/IMG/pdf/vdef\\_221217.pdf](http://www.drihl.ile-de-france.developpement-durable.gouv.fr/IMG/pdf/vdef_221217.pdf); FNARS (2009) Les centres d'hébergement en Ile-de-France, Paris: FNARS, available at: [https://www.federationsolidarite.org/images/stories/sites\\_regions/Ile\\_de\\_France/Logement/Enqu%C3%AAt\\_e\\_H%C3%A9bergement.pdf](https://www.federationsolidarite.org/images/stories/sites_regions/Ile_de_France/Logement/Enqu%C3%AAt_e_H%C3%A9bergement.pdf)

The five-year plan to implement housing first (*Plan logement d'abord*) launched in 2017/2018 by the French government includes a monitoring designed to assess service effectiveness, the quality and respect for the rights of service users and the performance and efficiency of the Housing First programme. French Housing First services have high fidelity with the original Tsemberis model of Housing First developed in New York in the early 1990s<sup>56</sup>.

User satisfaction in temporary accommodation and floating support services is measured, usually through the Social Life Councils (*Conseil de la Vie Sociale, CVS*). These participation platforms – required by the 2002 Law – include service users, families and staff. They play an important role in voicing the demands and complaints of service users and they can issue official recommendations in relation to the quality of services. Although these Councils are a legal requirement, they are not always set up by service providers, often due to the lack of resources necessary to organise such structures.

## 5.2.7 Germany

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### 5.2.7.1 Regulation and monitoring

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Apart from very basic health and safety regulations there is no legislative control over services for homeless people in Germany. While many other institutions are controlled under specific legislation, such as sheltered or supported housing for older people and people with a disability, hostels for homeless people are not required to meet similar standards.

However, a clear distinction has to be made between emergency and temporary accommodation for homeless people provided by municipalities (which is usually not controlled at all) on the one side and NGO services commissioned by local or regional state agencies on the other. The latter are usually financed only when they are registered as services for homeless people and when they have signed a “contract regulating service, examination/control and payment”. Usually these contracts contain regulations concerning the quality in three areas: structure, process and outcome. Services have to fulfil certain criteria, which are laid down in regional regulations for certain “service types”. These include criteria for staff (they often have to be trained social workers) and for material provisions like rooms, sanitary equipment, access to public transport and so forth.

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<sup>56</sup> Pleace, N., Baptista, I. and Knutagård, M. (2019) op. cit.

Usually there is an inspection when new buildings or new services for homeless people are first put in place. NGO service providers also have to provide annual reports about certain aspects of the quality agreement, i.e. report on agreed key performance indicators.

Some NGOs, which provide services for homeless people are also active within service provision for other groups, such as older people or people with disabilities. Those NGOs might have undergone a certification process according to the international ISO 9001 quality management standards. However, this standard is not required for services for homeless people. Most NGO services have a complaints procedure. In practice it is mainly complaints to the management that are possible.

For charities which are not paid for their services, such as soup runs, clothes distribution, food banks, there are no quality requirements at all, apart from very basic regulations on health, hygiene and safety. This paralleled the situation in most of the countries, where entirely charitable activity centred on homeless people could operate without a common quality standard, regulation or monitoring.

#### 5.2.7.2 Quality

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There is a duty for municipalities to provide some protection against the weather and against dangers to health and safety associated with living rough. However, the standards of the municipal shelters and temporary accommodation offering this type of protection may be well below of what constitute a home. In practice, standards vary considerably between different homelessness services in Germany.

For example, it was decided by a higher court in Baden-Württemberg that provision of 60 beds (in rooms with 6 to 8 beds each) in an air raid shelter with three toilets and showers was sufficient to comply with a municipality's duty. A caravan with access to sanitary facilities was also deemed sufficient for providing the necessary protection for a roofless person, while a tent, a camping mat and a sleeping bag was determined to be insufficient. Based on several court decisions, it is assumed that about 10m<sup>2</sup> per person is sufficient, but also a room of 18m<sup>2</sup> with an additional room with shower and toilet might be sufficient for two persons. Eight single people might share a room of 80m<sup>2</sup>. Usually it is acceptable for single persons to share rooms, but a family with children should get at least two rooms.

No national evidence is available on the quality of homeless services. All these rules are based on individual court decisions in several regional states, as there are no national standards for temporary accommodation/shelter provided by local authorities.

Mattresses on the floor and very restricted opening hours are typical for winter shelters in German large cities. There the sleeping space will also usually be shared. There is a legal rule that if shelters are only opened at night there must be an

alternative over the day (usually a day centre). It was reported that night shelters, which are closed over the day, are frequently used as a low standard alternative to better shelters, in order to have a less attractive alternative for disciplining those behaving badly in the better shelters.

There are, however, also examples of better shelters for emergency cases in many cities. The usual equipment is at least a bed and a cupboard and often the provision of single rooms in many German cities. In smaller places there may be no staff at all, or only security staff. In bigger cities, there may even be social workers around to help with searching for regular housing and with problems like identity cards, which are needed for access to welfare benefits and other services. Staff to client ratios may vary greatly, ratios may be 1: 300 or 1: 80 in some of the large cities, but also much more intensive, depending on the city and the target group for the service.

One of the problems is that shelters with very low standards can be accommodating homeless people with very high needs, such as mental health problems combined with addiction, who are not getting the support needed, because they are defined as not “cooperating” enough. This issue of services setting requirements or operating with levels of support that are inappropriate for someone with complex needs is probably widespread in Europe, though the evidence base is not comprehensive enough to be certain. As homelessness has increased in Germany, more shelters with very low standards have been developed. There is still a lack of separate places especially for women and families in many locations.

NGO hostels and support services for homeless people are generally better equipped with staff, with ratios below 1: 20, often social workers might even be responsible for only 12 homeless people, or less, and will work using individual support plans. One of the reported problems with existing quality regulations for NGOs providing services for homeless people is that nobody cares about those homeless people who are released earlier than foreseen, be it for disciplinary reasons, for reasons of “insufficient cooperation” or because they leave the service without notice. From that moment, the service is not paid for any more for that individual client, and it was reported that nobody seemed to be interested in what happens to him or her once they leave.

## 5.2.8 Hungary

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### 5.2.8.1 Regulation and monitoring

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In Hungary, the quality of homelessness services is regulated by the ‘1/2000 SZCSM’ decree, which specifies physical standards and the content of support work, including minimal requirements for documentation, and the level of education



for employees. This regulation encompasses all homelessness services, including outreach work, day centres, emergency accommodation, temporary hostels, rehabilitation hostels, and permanent homes for older homeless people.

For instance, emergency shelters are required to be open at least from 6pm until 8am, and to provide both counselling and monitoring. Emergency shelters are also required to provide staffing ratios of 4: 100 (measured as four staff per 100 beds) and to have a minimum of service leadership and a doctor available for a minimum of two hours a week.

Temporary hostels are required to provide at least one bedroom reserved for people who are ill and at least 4m<sup>2</sup> per person in the shared bedrooms that are standard in these services. Regulations also specify at least one bathroom and a toilet for each 15 users, alongside facilities to wash clothes and store valuables safely and basic kitchen and dining facilities. There are requirements to provide counselling, casework, care services, development of skills (labour market activation), cross referral to other required services and support with household chores where needed. Temporary hostels are required to have a staffing ratio of 6: 100 (again measured as six staff per 100 beds) and again to have a doctor available for at least two hours a week.

Day centres are required to be open from 8am until 6pm every day and are expected to offer communal space, places to rest, wash and to warm and eat. Staffing ratios are higher than in other services, with an expectation of 2 social professionals per 50 users alongside a service leader and two assistants.

Up till October 2018, when the criminalisation of street homelessness was constitutionalised<sup>57</sup>, there were stricter requirements as to the physical conditions of night shelters and temporary hostels as there used to be also a maximum of 20/16 people per room. However, these requirements have been lifted and quality standards have been lowered to create more shelter space faster. Since October 2018 day centres are also required to be open every day all the time when shelters are not, so that homeless people have a place to be inside.

Government Offices at county level (regional government of 19 counties and the capital, Budapest) monitor the quality of homelessness services at least every three years, or upon receiving a complaint about a breach of the minimal standards of services. However, these offices were described as checking the formal requirements rather than testing the quality of social work. Inspections are organised according to a yearly work plan naming the services to be monitored and the

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<sup>57</sup> <https://www.feantsa.org/en/news/2018/10/29/news-hungary-criminalisation-of-rough-sleeping-perspective-from-the-ground?bcParent=27>

approximate time of inspection. Church organisations have their own network of social experts for the purposes of inspection which means they may not operate to the same standards as other services.

#### 5.2.8.2 Quality

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A few studies have examined the quality of homelessness services but there is no very recent work. A 2013 study, based on the annual survey of homeless people in Hungary, reported opinions on different kinds of services<sup>58</sup>. Fifty-four percent of respondents reported that they did not feel safe in homelessness services and 80% were critical of both physical conditions and the attitudes from staff. A service with three level bunkbeds received particularly poor ratings.

Another comprehensive user survey on the quality of services was conducted five years ago, where the BMSZKI, one of Hungary's largest service providers, conducted a user satisfaction survey in all its 42 services<sup>59</sup>. Responses were anonymous and 1 556 people who were using day centres as well as emergency shelters and temporary hostels responded. Results showed considerable shortcomings in the quality of services, with services being criticised as dirty, ill-equipped and having inadequate bathroom facilities. Only one-third of respondents reported that the service they were using was free of insect infestation.

Services were described as generally being of low quality and lacking facilities and support. Use of sleeping bags, rather than provision of bed linen is reported as widespread.

Specific issues were identified around a lack of separate emergency services for homeless women. In towns where no specific services exist for women, services might let homeless women sleep on mattresses on the floor in an office or storage area, unofficially. There is at least one women's shelter which operates in a day centre room of a small service, where women sleep on mattresses on the floor at night, whereas a hostel in the same building has two bedrooms – with beds – for homeless men.

Hegedüs *et al*<sup>60</sup> carried out the monitoring of European Social Fund (ESF) supported projects providing housing and employment support to former rough sleepers between 2008-2015. The study unveiled the challenges encountered in providing

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<sup>58</sup> Győri, P and Gurály, Z. (2013) *A titkos lista; Változó és Változatlan arcú hajléktalanság, Tégy az Emberért...* Menhely/BMSZKI Budapest.

<sup>59</sup> Győri, P. (2014) Foreword to the Annual Report of BMSZKI.

<sup>60</sup> Hegedüs, J. *et al.* (2015): "Hajléktalan emberek társadalmi- és munkaerő-piaci integrációját segítő programok" – TÁMOP 5.3.3 konstrukció monitorija; [https://mri.hu/wp-content/uploads/2016/05/Tamop-533\\_monitoring-vegleges.pdf](https://mri.hu/wp-content/uploads/2016/05/Tamop-533_monitoring-vegleges.pdf)

adequate supported housing services in the Hungarian context. The study showed that some projects offered supported housing for as little as six months. Outcomes were evaluated in three areas: housing, mental health/stability and employment/income. While floating support was available, organisations tended to include those users they found the 'least risky' (most likely to do well) as they had to fulfil key performance indicators. The staff reported feeling unequipped to tackle the high level of substance use among clients. The staff also complained about the pressure of success, most of them had worked in traditional homeless services earlier, and now they had to put on a more demanding attitude to perform the outcomes expected.

Results also showed that once the projects terminated, only a small number of users remained housed in the same apartments, because it was too expensive without the financial support coming from the project. However, many people had moved to cheaper housing or back to their families, so their situation had improved. When people using these ESF services had found work, the salaries were often insufficient to cover a low rent and living expenses.

## 5.2.9 Ireland

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### 5.2.9.1 Regulation and monitoring

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No legislative framework exists in Ireland for ensuring the quality of services for homeless people, neither on national, nor on regional or local level. However, in April 2019, the Dublin Region Homeless Executive (DRHE) developed a National Quality Standards Framework (NSQF) on behalf of the Government. The policy aim of the NSQF is to develop services for people experiencing homelessness that are well organised, coordinated, integrated and focused on moving people out of homelessness, as quickly as possible, into long-term, sustainable housing. It is applicable to all homeless service provision in receipt of central government funding, but the implementation process was still ongoing and reports on the inspection process were not yet available at the time of writing. NGOs and other service providers are required to submit quarterly reports on key performance indicators from October 2019.

Under the NSQF, local authorities across the country will be responsible for site visits/inspections in their region to homeless services in receipt of government funding. Site visits work in tandem with review processes to demonstrate that homeless service providers are operating safe and efficient services. Apart from quantitative performance indicators there will also be a qualitative measurement element in the form of a 'Quality Assessment and Improvement Workbook' that supports homeless service providers in preparation for an internal assessment of

quality of delivery of their services. The key output of this assessment is the development of a cyclical 'Quality Improvement Action Plan' which is designed to improve the quality of the service.

Underperforming homeless services in receipt of government funding can have their funding withdrawn or cut by the local authority. It is unlikely that a service would be closed down during a contract, but most contracts for services are time-limited, and in awarding contracts to NGO providers, past performance, and the quality of provision can be taken into account in awarding contracts.

For homeless people in Dublin there are protocols in place to make a complaint about a DHRE service or a DHRE funded service. Someone can also make a complaint about the actions of a DHRE staff member or the staff of a DHRE funded service. An informal complaint can be made in person, by phone, by letter or e-mail. A formal complaint can be made online or via post.

#### 5.2.9.2 Quality

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In Ireland, temporary accommodation has many forms and, as a consequence, standards vary. Generally, service users would have their own rooms. However, some hostels, particularly those operating as one night only services, tend to have shared rooms. In the case of families experiencing homelessness in private emergency accommodation they would certainly have their own rooms.

Temporary shelter in the form of hostels was described as generally unacceptable low-quality accommodation. This form of accommodation was reported as often being cramped, dangerous, of poor quality, under-resourced and characterised by exposure to drugs. Additionally, many hostels operate as one night only services (emergency shelters), meaning that service users must leave the premises each morning.

In Dublin and Cork there are shelters and night cafés, where the sleeping arrangements consist of yoga mats on the floor.

Housing First is used for people with a history of rough sleeping or people who make long-term use of emergency accommodation because they have complex needs. In April 2019, in Dublin, 330 tenancies have been managed and created by the Housing First Regional Service for 276 people. There is also a Housing First for Youth Service, which supports young people leaving care and at risk of homelessness. Again, the numbers are relatively small. There is as yet no evidence about the quality of Housing First services.

Family hubs are a service model developed in response to rapidly increasing levels of family homelessness in Ireland<sup>61</sup>. Research on the family hubs undertaken in 2017 reported that the rules and conditions attached to family hubs, which offer congregate accommodation, such as strict curfews, overnight leave rules, and parental rules diminished the autonomy of parents, leading to negative consequences for adult and child wellbeing<sup>62</sup>. Another concern identified in the report related to the general absence of an overarching design model, pilots or operational principles for the management of family hubs. There are no specific regulations across the family hubs. For example, complaints and evictions are dealt with differently by different operators.

## 5.2.10 Italy

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### 5.2.10.1 Regulation and monitoring

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Italian regulation of homelessness services was described as inconsistent, with significant variation at both regional and local level. Regional governments have the authority to set rules and regulations and, where this is not done, local authorities establish their own regulations and define minimum standards for homelessness services.

In 2015, the “National Guidelines for Tackling Adult Marginalization” were issued by the Ministry of Labour and Social Affairs, introducing important (non-statutory) guidance specifically aiming at improving services for severely marginalised population groups, including homeless people. This set of minimum standards were set through the collaborative work of the homelessness sector, under the coordination of the national federation of homelessness organisations, *fiopSD*<sup>63</sup> and later picked up and used by the Italian government. These guidelines are binding for regions and cities when programming and implementing integrated public services for homeless people funded through public expenditure.

The commissioning of homelessness services is widespread in Italy. Systems and procedures regulating the quality of homelessness service provision, as in several of the other countries included in this study, vary according to contract requirements. Quality control is usually placed under the responsibility of the agency commissioning and/or funding the service.

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<sup>61</sup> <https://www.focusireland.ie/resource-hub/about-homelessness/>

<sup>62</sup> <https://www.oco.ie/app/uploads/2019/04/No-Place-Like-Home.pdf>

<sup>63</sup> <https://www.fiopSD.org>

Quality measures are often collected internally by non-profit homelessness service providers, whereas external quality control usually focus on compliance with existing contract and agreed obligations, which as noted, may vary. A service may be fined or shut down if there is a breach of contract. The major challenge in Italy was described as centring on attempts to ensure uniformity in implementing quality standards across the homelessness sector at national level.

#### 5.2.10.2 Quality

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There is a lack of research on the quality of emergency shelters in Italy and only limited evidence on the quality of temporary accommodation. In both cases, the use of shared rooms and toilets is common. Evidence on the quality of temporary accommodation services is limited to some city level examples (e.g. Verona and Bologna). Available results show that overall there is a relatively good level of satisfaction among users in relation to basic needs, calls for improved quality regarding privacy and for services that can meet the diverse and specific needs of different groups of homeless service users. Measuring user satisfaction on a regular basis is not a common or regular practice within homelessness services.

Housing First and housing-led services have increasingly been established in Italy in recent years. Available research conducted on different locations (e.g. Bologna and Padua) has shown positive outcomes among users of floating support services for homeless people, in relation to improved dignity, respect and support, legal protection and opportunity to benefit from psychological support and improved housing conditions (Housing First services in Italy include shared housing models).

Another study measuring user satisfaction across 16 Housing First pilot projects was carried out in 2016<sup>64</sup>, by the Department of Psychology of Development and Socialization of the University of Padua. Results show that both the level of satisfaction regarding social work and the staff capacity to provide support and the quality of housing are very high (4.5 and 4.28 points out of 5, respectively).

Based on the available information, services for homeless women include specific and separate accommodation provision, whereas homeless families with children have access to a different system whereby immediate access to temporary or social housing is prioritised. Data on service quality are not available.

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<sup>64</sup> Gaboardi M., Santinello M. and Disperati F. (2017) I risultati nei programmi Housing First Italia: salute, integrazione e soddisfazione, in: P. Molinari e A. Zenarolla (a cura di). *Prima la casa*, pp. 97-110. (Povertà e Percorsi di Innovazione Sociale, Milano: Franco Angeli).

## 5.2.11 Netherlands

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### 5.2.11.1 Regulation and monitoring

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In the Netherlands, the quality of homelessness services is regulated through national laws encompassing a broader range of social services, but with a considerable variation in the local administration of the national laws, due to the high degree of decentralisation within the Dutch welfare system in general. The Social Support Act<sup>65</sup> regulates the responsibilities for public support for a broad group of vulnerable and disabled citizens, whereas the responsibilities and financial resources are largely devolved to the municipalities.

The municipality is also given the role as a supervisory body for the NGOs that deliver almost all homeless services, with the exception of a few specific health related services carried out by regional public health services. The Social Support Act requires service providers to ensure that their services are of good quality. The law specifies that services need to be effective, efficient, client oriented and based on professional standards. Service provision must respect client's rights and be tailored to the needs of the service user. Homeless people with severe, chronic health problems are also entitled to treatment under legislation governing provision of long-term care<sup>66</sup>.

The Dutch association of municipalities (VNG) generally requires municipalities and services providers to operate in line with the quality-frameworks for sheltered and supported housing and homeless services.<sup>67</sup> In some cities, service providers are required to have an externally audited charter mark (quality label) in order to obtain public funding. Local authorities have a broad mandate and considerable discretion with respect to setting and inspecting service standards.

The quality of most services in the field is regulated by a combination of external control and internal processes. The responsibility for the actual supervision, i.e. inspections is the responsibility of the regional departments for public health. Once in approximately three years, services are inspected.<sup>68</sup> Many services also conduct self-designed auditing processes once or twice a year, aimed at raising awareness for the need to improve quality and risk-containment procedures. In these

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<sup>65</sup> Wet maatschappelijke opvang, Wmo.

<sup>66</sup> Wet langdurige zorg, Wlz

<sup>67</sup> See: VNG (2016) *Handreiking voor gemeenten. Kwaliteitseisen Beschermd Wonen en Maatschappelijke Opvang* (Den Haag: VNG).

<sup>68</sup> See for example: <https://www.ggdru.nl/professionals/toezicht-wmo/werkwijze-kwaliteitstoezicht-wmo.html>

processes, quality is approached from year to year from different angles, e.g. privacy, risks, cooperation between different departments or professions and integrating the voice of users in management decisions, among others.

Most services in the homeless sector have (full-time) employees guarding and promoting quality. Quality improving procedures and activities are laid out in quality handbooks. Quality labels such as ISO or HKZ<sup>69</sup>, showing that the quality of the care provided to the users of the services is sufficient, are externally audited. Similar to many other sectors in the Netherlands, homelessness services themselves are responsible for the commissioning of auditors. Carrying these labels is not always obligatory for being entitled to apply for public funding, but, in practice, only smaller organisations applying for very limited funding will not always have an externally audited quality system in place.

Service users have also the opportunity to influence the quality of the services for themselves. However, while the right to complain about services is present, institutions such as the national and local Ombudsman bureau and The Netherlands Institute for Human Rights have pointed to the fact that exercising these rights is difficult for people in marginalised positions. Laws and regulations also oblige services to install a client council and to foster other forms of client participation. In a still limited but growing number of organisations, users of services are structurally involved in the process of quality improvement. They participate in audit teams together with professionals or are engaged in peer-to-peer research and audits carried out by client teams (with independent support).<sup>70</sup>

### 5.2.11.2 Quality

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Most larger municipalities have specific regulations for the homelessness sector. Some of them have very detailed rules for long term and mid-term housing and support services. However, day centres, night shelters and emergency shelters are subject to a lower level of regulation, paralleling the different levels of regulation by service type that was also reported in France. The most basic services, such as night shelter, day shelter and emergency accommodation services sometimes fail to meet quality standards.

In the other parts of the homelessness sector, including commissioned supported housing and housing related support services and mid and long term supported housing, relatively high standards were reported as becoming increasingly wide-

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<sup>69</sup> Harmonisatie Kwaliteitsbeoordeling in de Zorgsector [Harmonisation quality assessment in care]. (HKZ), with special certificates for the homeless sector. see: <https://www.legerdesheils.nl/kwaliteit>

<sup>70</sup> See: Davelaar *et al.* (2015) on the user-led PAja! -method for participatory audits [https://www.feantsa.org/download/homeless\\_in\\_europe\\_spring\\_20152230658680536841399.pdf](https://www.feantsa.org/download/homeless_in_europe_spring_20152230658680536841399.pdf) and De Jeu & De Jong (2019) for a broad overview of examples of user participation and advocacy.



spread, despite the potential for variation between municipalities. Where issues with quality exist, such as long waiting lists for services, they tend to be linked to operational context, e.g. factors like accessibility of affordable housing supply, rather than to variations in standards and regulation.

Use of floating support is widespread in the Netherlands. Floating support is often attached to other forms of homelessness service and covered by the widespread practice of internal auditing. However, the quality of floating support was described as not being at the same level as exists for some of the fixed site services like long-term and mid-term supported housing. Challenges were also reported around the funding of floating support services. This created uncertainty around policy, in a context where plans to increase coordination of homelessness services and establish stronger connections with regular (neighbourhood) services were still in preparation.

## 5.2.12 Poland

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### 5.2.12.1 Regulation and monitoring

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As in several other countries, Polish standards and regulations concerning quality control applied only to some homelessness services, specifically those being supported through public funds. A significant number of homelessness services operate without public funding, relying instead on other sources of income, including payments from the people using them, and are not subject to regulation.

Publicly funded homelessness services are regulated under social assistance legislation. The standards apply to emergency accommodation which includes overnight shelters and 'warming-up' stations, the latter providing respite from cold weather for people sleeping rough with seating, but not beds, homeless hostels (low intensity) and supported (higher intensity) accommodation. Supported accommodation includes 'training protected housing' and 'supported protected housing', the former has an emphasis on labour market activation and enabling independent living through a staircase or linear residential treatment model, the latter focusing on longer term supported housing for people with higher support needs. The laws also encompass other forms of support that, according to the Polish definition of homelessness given in the legislation, partly function as homelessness services, i.e. hostels for mothers with young children and pregnant women. Floating support services were described as unregulated, but rarely used in Poland at the time of writing. Regulation of publicly funded homelessness services are determined at ministerial level by central government under social assistance legislation.

Regulatory authority rests with the voivodes (regional governors) who act as representatives of the central government in regions. Inspections were described as rather irregular in nature, they may be performed *ex officio*, e.g. in case of unsatisfactory contractor's report, occur as routine inspections of services receiving public funds, or at request, for example in case of a service user complaint. Larger cities are more likely to have specialist inspection teams, but Poland was described as not having specialists in the field of homelessness services at the time of writing.

Standards for public funded services are also set through the contracts when they are commissioned, but these contracts are not consistent, some setting detailed requirements, while others specify only a broad set of minimum standards or activity. For example, one contract might require that multiple and specific outcome and quality measures are introduced and monitored, another might only set a requirement that a minimum number of homeless people should be accommodated over the course of a year. Commissioning is also inconsistent, with different municipalities investing in homelessness levels to varying extents. For example, while there are, technically, legal requirements to provide unconditional access to emergency accommodation and warming-up services, some municipalities opt not to provide these services<sup>71</sup>.

From 2009-2014, a partnership of major Polish homelessness NGOs was granted a substantial ESF project aimed at establishing a quality standard framework for homelessness services framework<sup>72</sup>. The standards that were developed covered six general areas, outreach, social work, housing and temporary accommodation, local partnerships, health and employment & education and were issued in 2014 as a guidebook known as Municipal Standard of Leaving Homelessness<sup>73</sup>. This guidance is used by many Polish homelessness service providers as an unofficial standard framework. The guidebook was also the basis for 2015 Social Assistance Act amendment that introduced standards in homelessness services, however the amendment was described as differing from the guidance in many respects and as focusing solely on emergency and temporary accommodation<sup>74</sup>.

Unregulated homelessness services, which receive no public funding are often reliant on payments from the homeless people using them. The government's stance on this matter was described as assuming that if these services prove unsatisfactory or substandard, homeless people can, as they are paying customers,

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<sup>71</sup> [https://www.feantsa.org/public/user/Resources/magazine/2019/Spring/Homeless\\_in\\_Europe\\_magazine\\_-\\_Spring\\_2019\\_-\\_4.\\_Unconditional\\_right\\_to\\_shelter\\_in\\_Poland.pdf](https://www.feantsa.org/public/user/Resources/magazine/2019/Spring/Homeless_in_Europe_magazine_-_Spring_2019_-_4._Unconditional_right_to_shelter_in_Poland.pdf)

<sup>72</sup> [https://www.feantsa.org/download/homeless\\_in\\_europe\\_summer20147116943021880108424.pdf](https://www.feantsa.org/download/homeless_in_europe_summer20147116943021880108424.pdf)

<sup>73</sup> [http://bezdomnosc.pl/images/dokumenty/gswb/Model\\_GSWB.pdf](http://bezdomnosc.pl/images/dokumenty/gswb/Model_GSWB.pdf)

<sup>74</sup> <https://www.feantsa.org/download/standardisation-of-shelters-in-poland3184181181272185870.pdf>

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simply leave. This sector was described as in slow decline, as any services working with people who are not fully self-reliant due to their age, illness or disability are subject to compulsory registration and quality standards.

#### 5.2.12.2 Quality

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Regulation for publicly funded services was described as setting minimal standards which services could opt to improve upon if they had the resources available to do so. As in many other countries, services tended to be shared with requirements set on emergency accommodation not to provide support for more than 100 people at any one point, a requirement of no more than 20 people per room and ensuring that each person had 3m<sup>2</sup> of floorspace. In warming up stations, regulations specified that services should not contain more than 50 people at any point and no more than 25 people in a single room, within an allowance of 2m<sup>2</sup> per person. Sleeping on mattresses on the floor or in other impromptu places was described as quite common during the winter, especially in the larger cities. The staff to service user ratio in emergency accommodation was set at 1: 50. Standards in supported housing were set higher, with services being open on a 24 hour basis, unlike the overnight opening hours of an emergency shelters, but there was still an expectation that service users would share, the maximum number of people sharing a room being set at 10. In 'protected' housing and some other forms of temporary housing, provision of a room was more common, especially for families with children, on the basis of one room per family. Bathroom facilities were described as always being shared, with the exception of some temporary housing initiatives.

Outcome monitoring is not extensive, but data are collected on 'gaining independence', as current Polish services tended to emphasise achievement of independent living in ordinary housing and labour market activation as operational objectives. Current monitoring of these outcomes was described as inconsistent as the parameters of 'gaining independence' were not clearly or consistently defined. No measurement of service user satisfaction was conducted in Poland. The evidence base on standards in homelessness services was described as very limited.

## 5.2.13 Portugal

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### 5.2.13.1 Regulation and monitoring

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In Portugal, homelessness services fall under the remit of the social services legal framework which regulates service provision<sup>75</sup>. An additional legal framework with direct applicability to the quality of homelessness services is the Resolution of the Council of Ministers<sup>76</sup> approving the National Homelessness Strategy 2017-2023 (ENIPSSA). This document establishes specific guidance regarding the operation of support services, focusing on the adoption and definition of an integrated intervention and support model.

Overall, the operation of homelessness services is conditioned to mandatory licensing procedures which establish a set of rules and conditions (e.g. conformity of facilities and equipment, opening hours, admissions criteria, types of services provided, rights and duties of users, staff qualifications and experience). Compliance to these conditions is supervised by the Institute for Social Security (ISS) and its various regional structures. Supervision of services occurs via regular checks, at least once every two years and via priority inspections triggered by complaints or by problems identified during earlier inspections. These requirements are universal and legal sanctions, including fines, temporary banning of operation and closure of services are in place should standards be breached.

Cooperation agreements between the State and what are termed social solidarity institutions are also established by law<sup>77</sup> and translate into specific commitments for the commissioning of services. Most homelessness services in operation within the national territory are funded and regulated under these cooperation agreements. Homelessness services can be more variable than other forms of service, which means that oversight has to be flexible, adapting to the specifics of each agreement.

The guidance and recommendations provided within the framework of the National Homelessness Strategy exerts considerable influence over the quality of homelessness services, issuing good practice guidance to promote more consistency to intervention practices and enhancing communication among services. For example, a specific training framework within the homelessness provision sector is defined,

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<sup>75</sup> Decree-law 64/2007 of March 14th, available at: <https://dre.pt/web/guest/pesquisa-avancada/-/asearch/518425/details/normal?types=SERIEI&numero=64%2F2007&tipo=%22Decreto-Lei%22>, updated by Decree-law 33/2014 from March the 4th <https://dre.pt/pesquisa/-/search/572157/details/maximized>.

<sup>76</sup> Resolution of the Council of Ministers 107/2017, available at: <https://dre.pt/home/-/dre/107745746/details/maximized>

<sup>77</sup> Decree-Law 120/2015 and Order 196-A/2015, available at: <https://dre.pt/web/guest/pesquisa/-/search/67666075/details/normal?q=196-A+2015>.

alongside tools for identifying homelessness risk indicators, setting criteria for the establishment of local homelessness units and defining the requirements for people employed as case managers. However, it is important to note that there is no actual monitoring and evaluation of the implementation of good practice guidance at the level of service provision, and as guidance rather than regulation, these recommendations are not legally enforced. Inspection and supervision of quality standards is carried out through the Institute for Social Security, focusing on technical compliance to legal requirements.

Portugal has an unregulated sector offering support to homeless people. These unregulated forms of support are not legally defined as ‘services’ and cannot be technically referred to as an unregulated service sector, because a ‘service’ means something which has a specific, legal identity. This sector is exempt from regulation. For example, temporary accommodation provided through the provision of private rooms or hostel accommodation are not considered “services” and are therefore not subject to any control and standards are reported as being very low. Local charitable activity, such as distribution of food, blankets and sleeping bags to people sleeping rough may also be unregulated. There are parallels with unregulated sectors existing alongside regulated homelessness services in Denmark and the UK.

### 5.2.13.2 Quality

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There is a very limited evidence base on the quality of homelessness services in Portugal. The only known study focusing on the quality of temporary accommodation dates back to 2007 was carried out by the Institute for Social Security and the results were never made publicly available.

The only evidence on the availability and quality of homelessness services relates to the operation of Housing First programmes. Several studies<sup>78</sup> have reported very good outcomes in relation to housing retaining rates and health and well-being outcomes. User satisfaction has also been positively reported by these internally run measurements.

Shared sleeping spaces and toilets are common practice in emergency shelters where individual beds are made available. Shared rooms and toilets are also the usual accommodation pattern found in temporary accommodation services. Measuring outcomes or user satisfaction on a regular basis is not common in any of these services.

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<sup>78</sup> See for example “The Role of Perceived Housing Quality and Perceived Choice to Recovery: An Ecological Perspective on a Housing First Program in Lisbon” available at: [https://www.researchgate.net/publication/302779015\\_The\\_role\\_of\\_perceived\\_housing\\_quality\\_and\\_perceived\\_choice\\_to\\_recovery\\_An\\_ecological\\_perspective\\_on\\_a\\_housing\\_first\\_program\\_in\\_Lisbon](https://www.researchgate.net/publication/302779015_The_role_of_perceived_housing_quality_and_perceived_choice_to_recovery_An_ecological_perspective_on_a_housing_first_program_in_Lisbon)

Services providing very low-quality accommodation support are reported both in relation to the use of private room rentals and hostels as temporary accommodation. Lisbon has a very large shelter (271 beds) which is scheduled to be modernised.

## 5.2.14 Romania

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### 5.2.14.1 Regulation and monitoring

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Homelessness services in Romania are defined and regulated on the same basis as other social services<sup>79</sup>. Specific quality standards apply to temporary social services that offer both support and accommodation<sup>80</sup> which covers forms of both emergency shelter and temporary accommodation.

Central government, i.e. the Ministry for Labour and Social Justice is responsible for quality regulation, certification and licensing, whereas the National Agency for Social Inspection and Payments is responsible for ensuring compliance with legal requirements. Regulation is triggered when a service goes through the process of accreditation as a service or as a result of complaints.

Regulatory frameworks were described as not being subject to routine enforcement, meaning that although it is expected that services comply with existing standards when they are accredited, there is no systematic evidence on actual compliance. A situation was described in which little attention is paid to ensuring quality at the level of service operation within a context of limited availability of services which perform mostly internal quality control at their own discretion. It was not possible to assess the quality of existing services in Romania due to the lack of systematic and comprehensive data at the time of writing. There is some evidence of only very limited resources being spent on commissioning homelessness services, which remain scarce and concentrated in only a very limited number of cities.

### 5.2.14.2 Quality

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The quality of the few existing services, which are mainly emergency shelters at the time of writing, was described as varying considerably. Again, the lack of any available studies or systematic evaluations meant a reliable assessment of the quality of homelessness services in Romania was not possible.

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<sup>79</sup> Law 197/2012 on the “evaluation, certification, monitoring and control for ensuring the quality in the area of social services”.

<sup>80</sup> Order 20/2019 Annex 4 regulating “the minimum quality standards for the social services with accommodation for certain periods of time which are organised as shelters for the homeless”.

However, available information from relevant stakeholders and media reports provide some useful insights into quality features of existing services. Common sleeping spaces and shared toilets and washing facilities are usual in shelters and there is evidence of very large (500-person capacity) low-threshold shelters in major cities. Although it is not possible to provide figures on staffing ratios in emergency and temporary accommodation, the national expert reported that, in temporary accommodation services, there are a couple of social workers who are (nominally at least) supporting dozens of people at once.

Homeless women, homeless children and homeless families with children can access some shelters but no special quality requirements are in place to cater for the needs of such groups. User satisfaction measurement is carried out by each accredited service provider and controlled by the national inspection agency. However, since there is no centralised data, there is systematic evidence on the results of such user satisfaction assessments within the homelessness service provision sector in Romania.

## 5.2.15 Slovenia

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### 5.2.15.1 Regulation and monitoring

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Slovenian homelessness services are subject to social assistance legislation. Several sets of regulations may be applicable to how a homelessness service works, including how they should be financed, staffed, standards in administrative practice (incorporating complaints procedures) and service design and delivery. Services that are financed for a longer time period (5 to 7 years) also have to be verified (approved) by the Social Chamber of Slovenia, an interministerial body at national level that leads on development of regulations and standards governing social welfare services.

As in several other countries, some details of service delivery are determined through service commissioning arrangements. For example, while spatial standards are not defined in regulations for all services, staffing standards will be defined when a public tender process offers a contract to run a homelessness service.

Established homelessness shelters that have relatively long periods of public funding are included in the common evaluation system for social protection services. In common with other social protection services, these homeless shelters must issue annual and other reports and ensure that the service is evaluated. Inspections of services are carried out by the Labour Inspectorate which is an arm of central government. These inspections can be carried on both a scheduled and unannounced basis and, as in several other countries, triggered by a complaint from someone using a homelessness service. Services are expected to provide

data on their activities which are fed into a centralised database using a system called EVAPRO. Data are collected on entry to services and at exit from services, to provide information on service outcomes. There is no variation in arrangements for different kinds of homelessness service, all homelessness services that are publicly funded are governed by the same regulations and protocols.

In theory, unregulated homelessness services could exist in Slovenia as something operating without any public financing would not be subject to the regulations, reporting requirements and inspection regime. However, it was reported that all known homelessness services did receive public funding and that, unlike several other countries, an unregulated homelessness sector did not exist.

#### 5.2.15.2 Quality

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Data on service quality were collected and analysed via the EVAPRO system. It was reported that while these data had some limitations, it was possible to pursue a more in-depth analysis of service activity and outcomes than had so far been attempted. It was also reported that data are generic, i.e. the same outcome measures are collected across all social protection services, so there are no questions specifically designed for homelessness services. The evidence base on service quality in terms of research was limited, there were no known studies on emergency services, although reports had been issued on emergency shelters and on services for homeless people using drugs. These reports indicated that user satisfaction with existing homelessness services tended to be medium or high, while impacts with regard to health and wellbeing and labour market activation were mixed.

Services tend to be centred on accommodation-based approaches that tend to use shared rooms, with at least two beds. In Ljubljana a shelter operates at the time of writing with 42 beds spread across three dormitories, but smaller shelters tend to have lower density sharing, one small shelter being reported as having 12 beds, spread across four rooms. The staff to service user ratio is specified when services are commissioned and for emergency shelters is organised on the basis of one staff member covering a minimum of six service users per month, with no more than six staff members per shelter. A low threshold emergency accommodation service model, called 'night standby', has a ratio of one staff member and a 0.5 staff member covering 10 service users per month, with no more than two workers for these services. As was quite often reported in the last EoH report on the patterns of homelessness service provision in Europe, Slovenia is one of those European countries in which there is no clear line between 'emergency shelter' and 'temporary accommodation' and as was the case in several other countries, use of floating support services was uncommon at the time of writing.



## 5.2.16 United Kingdom

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### 5.2.16.1 Regulation and monitoring

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Until the early 2000s, financing for supported housing services in the UK had been provided by a relatively generous, nationally organised system. Some local authorities took advantage of these national budgets to develop homelessness services, while others opted not to. Variations in the nature, extent and even the presence of homelessness services at local authority level were very considerable.

Rising expenditure on supported housing led central government to end this arrangement. In the early 2000s, national budgets for supported housing were broken up into dedicated funding allocations for each local authority (municipality). Alongside this, systems were designed to create coherent and consistent planning for supported housing at local authority level for the first time. In England, standardised monitoring was established by creating a common quality assessment framework (QAF) and standardised reporting, based on entry and exit interviews, were introduced. The programme was called 'Supporting People' (SP).

In England and Scotland, SP was short-lived, lasting from 2003 until 2009. Standardised requirements around strategy, data collection and quality monitoring were abolished. Local authority budgets fell in a context of aggressively pursued austerity measures by central government and funding for supported housing shrank fast. Public spending on homelessness services dropped by an estimated £1bn (€1.18bn at the time of writing), an estimated loss of 9000 beds in accommodation-based homelessness services in England, between 2008/9 and 2018/19<sup>81</sup>, with financial challenges being reported everywhere, including Wales and Northern Ireland, where SP was still operational at the time of writing.

The bulk of supported housing in the UK is provided via commissioning of NGOs by local authorities. As was the case in Poland, commissioning can be highly variable in quality, a local authority might set detailed targets, require extensive monitoring and inspect service quality, or it may just set very broad targets that are not monitored or inspected. Smaller authorities tend not to have specialist commissioners for homelessness or supported housing services. As in Germany, institutional based health and social care (social services) are subject to far more external, legally enforced regulation and inspection, than is the case for the homelessness sector.

Supported housing in the UK is defined as 'exempt' accommodation in welfare terminology because the usual limits around the amount of rent payable and the amount and living space allowed to someone claiming welfare benefits are

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<sup>81</sup> <https://www.mungos.org/news/9000-spaces-cut/>

removed<sup>82</sup>. A supported housing service can opt to fund itself entirely through this mechanism, acting as a ‘non-commissioned’ service (because it is not commissioned by a local authority or other public body). There are no formal requirements around standards, reporting nor inspection for this sector, which is effectively unregulated. A local authority may, if it has resources, opt to register and inspect such services, but there is no requirement to do so.

Entirely charitably funded activity with homeless people is also not subject to external regulation, other than reported cases of abuse, or financial impropriety, which are examined by a government agency called the Charities Commission. A faith-based organisation distributing food and blankets is unlikely to be regulated, other than the universal legal restrictions surrounding how public space is used.

Legal duties on local authorities under the UK’s range of homeless legislation are complex and much of what is provided to homeless people is the result of case law (i.e. legal decisions on how broader legislation should be interpreted). The homelessness laws are justiciable, i.e. an authority can in theory be prosecuted if they fail to deliver on their legal responsibilities, but limited access to financial support to bring court cases may not mean this is a viable option if someone is not given the help they should have. Court decisions tend to reinforce a narrow interpretation of the homelessness laws.

#### 5.2.16.2 Quality

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The evidence base on the homelessness sector in the UK is somewhat outdated, with only a limited amount of recent work on existing services. A considerable number of mainly small-scale research projects have been conducted on Housing First, but usually without any comparison with other service models that are widely used in the UK. Much of the UK homelessness sector, including services using congregate accommodation with onsite services, has an emphasis on co-production or at least a high degree of service user choice and control, within a policy context in which harm reduction has been the predominant response to addiction for decades. These services can have quite a lot in common with Housing First in some respects, but whether they perform comparatively well or comparatively badly is not clear from the current evidence base. Housing First works very well in

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<sup>82</sup> Technically the social size criteria (how much living space housing related benefits will pay for) and the benefit cap (how much benefit will be paid in total).

ending homelessness for people with high and complex needs in the UK, standards appear high and service user opinion overwhelmingly positive, but how that compares with other forms of homelessness service is not clear<sup>83</sup>.

There are reports of poor standards in temporary accommodation used for homeless people by local authorities, which includes families found to be owed assistance under the terms of the UK's homelessness laws (which vary between countries). Earlier scandals in the 1980s and 1990s about the use of very poor standard hotels as temporary accommodation for homeless families brought regulation that largely stopped the practice, at least over sustained periods. Media reports, rather than research, indicate that standards in temporary accommodation can still be extremely poor. However, it is important to note that the bulk of temporary accommodation use for homeless people is in London and that the local authorities in London try to use self-contained housing, rather than hostels or hotels, as temporary accommodation where possible, one result being very high spending on temporary accommodation.

Evidence is also thin with respect to daytime services and emergency accommodation and there are limited data on non-commissioned supported housing services. Some research indicates examples of non-commissioned supported housing for homeless people that is extremely poor quality.<sup>84</sup>

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<sup>83</sup> Pleace, N. (2018) *Using Housing First in Integrated Homelessness Strategies A Review of the Evidence* (York: University of York). <https://www.mungos.org/publication/using-housing-first-integrated-homelessness-strategies/>

<sup>84</sup> Raisbeck, T. (2019) *Exempt from Responsibility? Ending Social Injustice in Exempt Accommodation Research and Feasibility Report for Commonweal Housing* (London: Commonweal). <https://www.commonwealhousing.org.uk/static/uploads/2019/11/Exempt-from-Responsibility-Full-Report-November-2019.pdf>

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## 6. Conclusions

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### 6.1 Introduction

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This final chapter considers the implications of the findings with respect to regulation, monitoring and quality of homelessness services. The discussion begins by looking at regulation and monitoring, before moving on to quality and then considering the possible ways forward for improving regulation and quality in Europe.

### 6.2 Monitoring and regulation

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The results from this research resonate with the results of some of our earlier reports in this series. When the European Observatory on Homelessness looked at the extent and profile of homelessness in 2014<sup>85</sup>, we reported a lack of coherence and comparability in how homelessness itself was defined and measured at European level. Looking at the regulation and monitoring of homelessness services in Europe in 2019, we must report a similar pattern. Standards, regulations, inspection and legal requirements are highly diverse and, unlike the variations in how homelessness itself is defined and measured, there is marked inconsistency around the regulation and monitoring of homelessness services *within* most countries as there are differences between them.

Several trends are evident:

- Most countries have elements of the homelessness sector that operate without detailed or, in many cases any, regulatory or legislative framework.
- Regulation, standards and monitoring can be dependent on commissioning arrangements for services or by laws and regulatory frameworks applying to some types of homelessness services but not to others.
- There can be greater consistency when homelessness services are subject to the same regulatory frameworks as social services/social care and potentially greater protections for homeless people using services. However, limitations in the effectiveness of these regulatory frameworks can exist where they are generic, i.e. they make no specific allowance for how a homeless service might

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<sup>85</sup> Busch-Geertsema, V., Benjaminsen, L., Filipovič Hrast, M. and Pleace, N. (2014) Extent and Profile of Homelessness in European Member States: A Statistical Update (Brussels: FEANTSA) [https://www.feantsaresearch.org/download/feantsa-studies\\_04-web24451152053828533981.pdf](https://www.feantsaresearch.org/download/feantsa-studies_04-web24451152053828533981.pdf)



need to operate compared to other care and support services and/or regulatory and inspection frameworks exist, but resource levels mean they are not effectively enforced.

- Regulation and monitoring of homelessness services might be expected to be variable both between and within countries, but there are suggestions here of a broadly shared trend across much of Europe, i.e. regulation and monitoring of support, care and health services for other groups of people with high and complex needs, who are not homeless, may often be more extensive and comprehensive than is the case for homelessness services. Arrangements such as those in Denmark, where many homelessness services were regulated and monitored under the same social services laws as applied to services for other potentially vulnerable people, appear to be unusual. More research is needed to determine the true extent to which this pattern exists and to understand more about its possible implications.
- Regulatory and monitoring frameworks are shaped in part by the resources that are available for homelessness services. Standards are easier to develop and impose in a context where there is sufficient money to make sure that a set of operational requirements can be set, maintained and monitored. Service standards and outcomes can be set at higher levels only where there are sufficient resources to both implement and check them. Resources are important, regulation and monitoring have to be relatively positioned if they are to work effectively, standards that are realistic and should be expected in one country may be very distant from what can actually be funded in another country (see Chapter 2).
- Differences in European conceptualisations of who homeless people are and what they need, including who is even defined as homeless, are marked. There are significant variations in the extent to which service models in different countries are user-led, i.e. emphasising choice and control for homeless people, are mainstream. As was described in our previous report<sup>86</sup>, much of the European response to homelessness remains centred on emergency shelters and temporary accommodation, albeit that there is movement towards different forms of service, most obviously Housing First. This difference in what is meant by a 'homelessness service' in terms of design which in turn reflects varying cultural attitudes to homelessness, creates significant challenges in developing a single standard for homelessness services in Europe (see Chapter 2).

The realities of law, regulation and monitoring of European homelessness services reflect both excellent practice and very poor practice, essentially services operating with potentially highly vulnerable people without any kind of regulation or monitoring

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<sup>86</sup> Pleace, N., Baptista, I., Benjaminsen, L. and Busch-Geertsema, V. (2018) Op. cit.

in place, both of which can easily exist in a single country. It was also the case that implementation appeared to be vitally important, systems existed that should have enhanced services in theory, but which in practice were only partially operational. There were not just gaps in whether different forms of regulation and monitoring were in place, it was also a matter of how those systems were being regulated.

### 6.3 Quality

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This report highlights a number of very serious concerns about the quality of some homelessness services in Europe. As was discussed in Chapter 2, it is unhelpful and unrealistic to criticise homelessness services that are providing real assistance but operating in a context where resources are limited and cannot realistically be increased, for not doing more for homeless people. An emergency shelter might not be the ideal response for a homeless person with high and complex needs, but it might be the most feasible response in a situation where there is comparatively little money available to deal with homelessness. Scandinavian responses to homelessness that are comparatively well funded by government cannot provide the blueprints, regulatory and inspection frameworks by which services are designed, regulated and monitored in a country where little or no state funding is available, and homelessness services can only realistically operate on very limited budgets.

However, while taking a line that protests the use of shared bedrooms in fixed-site homelessness services is not logical, because requiring all such homelessness services to provide individual bedrooms with their own bathrooms might mean that, in some countries, no services could afford to operate, there must still be some limits around what is acceptable. One potentially useful measure here is what is provided for other groups of people, who are not classified as 'homeless', but who have both accommodation and support needs. If other services work in different ways, to higher standards, it must be asked why homelessness services operate to a lower standard and whether it could be improved.

Another measure is the limits of what is acceptable from a human perspective. There are standards for which there is a broad consensus. These include physical safety (including separate provision for women), tolerably clean conditions, the presence of some personal space (even if it is not entirely private), warmth, adequate food (where applicable) and the best support that can be afforded are provided. The logic behind some regulation reflected this approach, services could not be the best that might theoretically be possible, but there were limits beyond which they could not be allowed to fall, in terms of space and operation.

In some countries, quality was defined in terms of minimum *physical standards* of service and *operational practice*, how the service was designed and how it worked. In others, where homelessness services were more likely to be better funded (at least some of the time), quality could be defined more in terms of what the service did for *each individual* rather than what square meters had to be available in terms of floor space, or how many people should share a sleeping area. Another dimension was the extent to which quality was assessed in terms of *individual choice and control* over what kinds of support were offered and the degree to which someone could determine their own goals.

A good quality service might be defined as one in which all these aspects of service design and operation were considered and monitored. Physical standards and operational standards need to be combined with expectations about how a homelessness service responds to service users, i.e. the degree to which they are respected and listened to. This last point is contentious, because the idea that effective homelessness services need to respond to the wishes and requirements of the people using them can go against the philosophy of some homelessness services and because being responsive and flexible to what homeless people say they need requires resources, resources that some homelessness services do not have.

One possible example of how things might be done in a way that allows certain core principles of quality to be maintained, even where services have very different levels of funding available, is the use of Housing First in Europe. Elements of the core philosophy, around starting from the position where housing is a human right and any solution to homelessness must begin with a home, separating housing from support, harm reduction and, within resource constraints, choice and control can be maintained even when the levels of finance available is very variable. There does, of course, come a point where resources are simply insufficient for Housing First to be a viable proposition, but Italian and Portuguese Housing First services have followed the core aspects of the model, operating at much lower cost than higher fidelity Danish and French services<sup>87</sup>. From some perspectives, services working with less resources are still problematic, because any Housing First service that lacks the finances to reproduce the detailed operation of the original Tsemberis model is seen as less effective<sup>88</sup>, but this is arguable, because the results from less

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<sup>87</sup> [https://housingfirsteurope.eu/assets/files/2019/10/2019-10-10-HFinEurope\\_Full-Report2019\\_final.pdf](https://housingfirsteurope.eu/assets/files/2019/10/2019-10-10-HFinEurope_Full-Report2019_final.pdf)

<sup>88</sup> Greenwood, R.M., Bernad, R., Aubry, T. and Agha, A. (2018) A Study of Programme Fidelity in European and North American Housing First Programmes: Findings, Adaptations, and Future Directions, *European Journal of Homelessness* 12(3) pp.275-298. [https://www.feantsaresearch.org/public/user/Observatory/12-3\\_CONCLUSION\\_v04.pdf](https://www.feantsaresearch.org/public/user/Observatory/12-3_CONCLUSION_v04.pdf)

intensively resourced European Housing First projects, following the core philosophy, still seem very good in terms of ending homelessness among people with complex needs<sup>89</sup>.

While there is a limit to how low resources can go before quality becomes an issue, following broad principles that are not entirely conditional on resources, e.g. treating homeless people with respect and listening to them, or not being judgemental towards homeless people, can be pursued. The problem of finding a balance between a certain level of quality and being realistic about the level of resources available to homelessness services in many parts of Europe is not easily solved, even something as simple as saying homeless people should have their own room in emergency or temporary accommodation might not be a realistic prospect because the resource is simply not there. Nevertheless, recognising limits to what can be done is not the same as arguing that nothing can be done to improve quality.

The problems of unacceptable quality of homelessness services exist almost everywhere, even where resource levels are sufficient and regulation and monitoring of quality is generally of a high standard. A key issue here is the presence of an unregulated sector in many countries, ranging from well-meaning attempts to alleviate suffering that do not provide any tangible support in terms of providing a viable route out of homelessness, through to services operating using a core model and approach that would not have looked out of place in the mid nineteenth century. Standards can, in some instances, be appalling, unacceptable from any viewpoint, not just those of the most affluent countries where spending on homelessness, health, welfare and social care services is that much higher than elsewhere. The line here is not a precise one, but when the point is reached where people *avoid* using a homelessness service, because an encampment, squat or the street is seen as a less hazardous and/or preferential environment<sup>90</sup>, then the utility of that service and whatever money is being spent on it, becomes very questionable and it is time to reconsider how homelessness is being responded to.

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<sup>89</sup> Pleace, N. and Bretherton, J. (2013) The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness, *European Journal of Homelessness* 7(2) pp.21-41. [https://www.feantsaresearch.org/download/np\\_and\\_jb2687551474794273246.pdf](https://www.feantsaresearch.org/download/np_and_jb2687551474794273246.pdf)

<sup>90</sup> Herring, C. (2014) The New Logics of Homeless Seclusion: Homeless Encampments in America's West Coast Cities, *City and Community* 13(4) pp.285-309.



## 6.4 Ways forward

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The parameters of any system making recommendations on quality, regulation and monitoring will need to include something on *physical standards*, on *service operation* and on *service user involvement* (as distinct from consultation). Standards must cover what a service provides in a physical sense (standards within fixed site, congregate and communal services and standards for housing used by floating support), in terms of service delivery (what is provided and what are the intended outcomes) and with respect to empowering the people using the service so that they can voice their opinions, be listened to, and get support that helps meet their needs.

Providing some general guidance on regulation, monitoring and quality in homelessness services that is genuinely applicable at European level presents a number of challenges that have been outlined above and in Chapter 2. There are limits beneath which physical standards, staffing ratios and operational practice should not be allowed to go, but these limits are difficult to set when the resources available to homelessness services can be so limited. Equally, while it is possible to argue, as the authors would, that service user choice and control should be the governing principle of any homelessness service, the issues of resources, i.e. providing choice is only meaningful if there are enough resources to enable people to be offered some choices, and differing attitudes with regard to how homelessness services should work, i.e. whether and to what extent homeless people *should* control their services, are both issues.

Related to this are the questions around the extensive use of legacy systems in the homelessness sector in Europe, which was reported in the previous study in this series<sup>91</sup>. While operational practice has changed over time, the core model of using specialist emergency, temporary and permanent housing for homeless people, with shared dormitories and facilities, dates back many decades and, as noted, has resonances with nineteenth century policy and practice. This model for responding to homelessness comes from a time when co-production, or ‘upstream’, approaches to service design were not used, i.e. services were designed and operated without any real reference to the people who were going to be using them.

In practice, this means that discussion around what the quality standard, regulation and monitoring of homelessness services should be is often framed by service models that homeless people have had no role in designing, or in influencing how they operate. Housing First marks a break from this pattern, as does the increasing emphasis on service user choice and control across the homelessness sector more

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<sup>91</sup> Pleace, N., Baptista, I., Benjaminsen, L. and Busch-Geertsema, V. (2018) *Homelessness Services in Europe* (Brussels: FEANTSA). [https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies\\_08\\_v02\[1\].pdf](https://www.feantsaresearch.org/public/user/Observatory/Feantsa-Studies_08_v02[1].pdf)

generally, but even models like Housing First were not designed through a consultative or coproductive process, rather they set operational parameters and then enable choice and control within those parameters.

Work is being done in involving homeless people in developing services and strategies to counteract and prevent homelessness in countries like Finland and the UK and there is a case to think about using those approaches with respect to how quality measures and systems for regulation and monitoring should be designed. The existing evidence base, while not perfect, increasingly indicates that the greater the degree of choice and control and the more flexible the support offered, the more effective a homelessness or preventative service is likely to be<sup>92</sup>. From this starting point, it seems logical to think in terms of how homeless people themselves should be enabled to take the lead in determining both the broad goals of services and, within that framework, what the standards for services and measures for quality should be. Any universal framework would, of course, need to be realistically designed, bearing in mind all that has been said about differences in resources, culture and policy contexts across Europe. However, if the starting point is a process led by homeless people themselves, bearing in mind with what the broader evidence on service effectiveness is telling us, it may be possible to come up with new ways of thinking about and defining standards that will help enhance services.

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<sup>92</sup> <https://www.mungos.org/publication/using-housing-first-integrated-homelessness-strategies/>



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# The Regulation and Quality of Homelessness Services

This comparative report looks at the quality and regulation of homelessness services in Europe. Considerable variation exists in how service quality is defined and regulated. Both good regulatory practice and evidence of unregulated services working with homeless people are reported, sometimes within the same country. Marked differences in resources that services have available, alongside differing views on effective homelessness service design, create challenges in developing universal quality standards. However, work can be done on agreeing basic principles for service design and operation. This report is the ninth in a series produced by the European Observatory on Homelessness exploring pan-European issues through a questionnaire-based approach, using a group of national experts.

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