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Homeless youth's experiences with shelter and community care services: Differences between service types and the relationship to overall service quality ☆

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ABSTRACT

This study aimed to investigate the experiences of homeless youth with shelter and community care services, the association with the overall evaluation of service quality (overall evaluation score), and the way the experiences with particular service aspects were combined in the overall evaluation score. The Consumer Quality Index for Shelter and Community Care Services (CQI-SCCS) had been used to measure the experiences with services of 308 youth. Data were analyzed by using one-way analysis of variance and multiple regression.
The findings reveal that the client–worker relationship was perceived as the most positive and the results of services as the least positive. Community care services received higher evaluation scores than shelter services. The overall evaluation score was most strongly associated with the client–worker relationship and the living conditions in shelter facilities, indicating that these service aspects are considered essential in service performance. The overall evaluation score was not disproportionally influenced by positive or negative experiences with service aspects. In conclusion, it is essential to consider the experiences of homeless youth in improving service quality and strengthening their commitment with services. Especially, the living conditions in service accommodations are amendable to improvements and the perceived results also should be paid attention to.

1. Introduction

In order to provide high quality of shelter and community care services for homeless youth, it is essential that service providers consider the youth's perspective on the quality of care. As clients of those services, homeless youth may provide valuable information regarding service delivery. Moreover, homeless youths' involvement in the service evaluation process might lead to a stronger service commitment. The importance of engaging homeless youth in services has been widely recognized as many youth face barriers in utilizing services (Darbyshire, Muir-Cochrane, Fereday, Jureidini, & Drummond, 2006; De Rosa et al., 1999; Garrett, Higa, Phares, Peterson, & Baer, 2008). Investing in the active involvement of homeless youth in service quality evaluations can be an important step in addressing their specific needs. Furthermore, it has been found that people with positive experiences with health care providers are more inclined to utilize services in the future (Otani, Kurz, Burroughs, & Waterman, 2003; Otani, Waterman, Faulkner, Boslaugh, & Dunagan, 2010) or recommend them to others (Otani, Kurz, Burroughs, & Waterman, 2003; Otani et al., 2010).

The assessment of homeless youth's perspectives as part of shelter and community care service evaluations has gained momentum over the past ten to fifteen years. Important driving forces behind this development are the professionalization and quality assurance of services for the young homeless, the shift towards a more client-centered service provision, and the increasing demand for accountability of services. Simultaneously, research into homeless youth has increasingly focused on quality performance from the perspectives of young people, although it has not been broadly examined in relation with outcomes (De Rosa et al., 1999; Heinze, Hernandez Jozefowicz, & Toro, 2010; Nebbitt, Von, House, Thompson, & Pollio, 2007; Peled, Spiro, & Dekel, 2005; Pollio, Thompson, Tobias, Reid, & Spitznagel, 2006; Spiro, Dekel, & Peled, 2009; Teare et al., 1994; Thompson, Pollio, & Bitner, 2000; Thompson, Pollio, Constantine, Reid, & Nebbitt, 2002). Clinical studies focusing on adolescent or adult populations showed positive relationships between satisfaction with treatments and treatment outcomes (Barber, Tischler, & Healy, 2006; Gros, Gros, Acierno, Frueh, &

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Morland, 2013; Mah, Tough, Fung, Douglas-England, & Verhoef, 2006). In recent years, research examining the experiences of youth receiving homeless services, as well as the effects of promising methodologies or interventions such as the strengths-based approach, has been carried out in the Netherlands (Krabbenborg, Boersma, Beijersbergen, Goscha, & Wolf, 2013; Krabbenborg, Boersma, & Wolf, 2013).

Quality of care has been defined by Donabedian (1980, 1982) in terms of three components. i.e.: structure, process, and outcome (Fig. 1). The first component, 'structure', refers to the resources used in the provision of care (e.g. staff), and to the more stable arrangements under which care is produced; 'process' consists of the activities that constitute care as well as the management of the interpersonal relationship between the practitioner and the client; and the 'outcomes' are the consequences to quality of life or, for example, health. In this study, we examined experiences of homeless youth regarding all three components of Donabedian's model; the living conditions in shelter services pertain to 'structure'; the relationship between homeless youth and workers as well as the services received relate to 'process'; and the perceived service results by homeless youth refer to 'outcome'. Furthermore, this study examined the extent to which the three quality components are reflected in the overall evaluation of service quality and we investigated the way this overall evaluation score was formed.

Research on the evaluation of service quality from the perspective of homeless youth is still scarce. The studies that we found differ in several ways, e.g. regarding the use of satisfaction instruments and the dimensions of satisfaction measured (De Rosa et al., 1999; Heinze et al., 2010; Peled et al., 2005; Spiro et al., 2009; Teare et al., 1994). In general, these studies show high levels of overall satisfaction. Overall satisfaction levels appear to differ between the different types of services: the highest levels of overall satisfaction, on a 3-point scale, are found for young people using drop-in centers (2.60), whereas satisfaction scores for youth shelters (2.32) and adult shelters (2.17) are lower (De Rosa et al., 1999).

Several studies examining specific service aspects show consistently high levels of satisfaction with the client–staff relationship (Heinze et al., 2010; Spiro et al., 2009; Teare et al., 1994). Positive social norms (e.g. encouragement for skill development and positive thinking), safety in the accommodation (Heinze et al., 2010), quality of food (Spiro et al., 2009) and appropriate structure (organization, clear expectations, limit setting) (Heinze et al., 2010) also receive relatively high rates of satisfaction. Homeless youth are relatively less satisfied with the daily schedule and the availability of activities (Spiro et al., 2009), peer-relationships (Heinze et al., 2010; Spiro et al., 2009), the regime in the shelter (enforcement of rules, and regulations) (Spiro et al., 2009), support for efficacy, and the sense of belonging (feeling of togetherness) (Heinze et al., 2010).

Research assessing the relationship between the overall satisfaction with services and satisfaction with specific aspects of services shows that empowerment, the client–staff relationship, an appropriate agency structure, positive social norms, as well as the quality of food are significantly associated with overall satisfaction (Heinze et al., 2010; Spiro et al., 2009). Satisfaction with safety levels within the accommodation, housing, the regime, levels of activity and family/school integration (number of family/school integration experiences of homeless young people) are not significantly correlated with overall satisfaction (Heinze et al., 2010; Spiro et al., 2009). Results regarding the association with peer relationships and overall satisfaction are mixed (Heinze et al., 2010; Spiro et al., 2009). In general, it appears that service components of process and structure that are valued more highly are also associated more strongly with the overall satisfaction with services. A study by Rademakers, Delnoij, and de Boer (2011) also showed that components of process followed by those of structure are strongly associated with the overall evaluation of the quality of care across different patient groups. Experiences with the outcome of care showed a much weaker association with the overall evaluation of care quality.

The overall evaluation of service quality, or global rating, is often used as a summary indicator of the quality of services and is presented as such in reports and presentations (De Boer, Delnoij, & Rademakers, 2010). However, to be able to identify priority areas for improving the quality of services, service providers need to know exactly which aspects of services are represented in this overall evaluation score. Although two studies report on the relationship between the overall satisfaction with services and the satisfaction with specific aspects of services by homeless youth (Heinze et al., 2010; Spiro et al., 2009), it remains unclear how the experiences with particular service aspects are represented in the overall evaluation score.

The two common theoretical approaches for exploring the integration process of the experiences with particular service aspects to arrive at an overall evaluation score are the compensatory model and the non-compensatory model (Fishbein & Ajzen, 1975; Ganzach, 1995a; Ganzach & Czaczkes, 1995). In the compensatory model experience scores on all service aspects are weighed together. In this model, a positive experience score on one service aspect can compensate for a negative experience score on another. The non-compensatory model, on the other hand, does not allow for trade-offs among service aspects. This means that the overall evaluation of service quality is disproportionately influenced by positive experiences (the disjunctive strategy) or negative experiences (the conjunctive strategy) with service aspects (Einhorn, 1970; Ganzach, 1995b; Ganzach & Czaczkes, 1995; Otani, Harris, & Tierney, 2003; Otani, Kurz, Burroughs, & Waterman, 2003). With the exception of Otani (2006), previous patient satisfaction studies consistently indicate that patients use a non-compensatory, conjunctive strategy to arrive at their overall evaluation of healthcare quality (Otani & Harris, 2004; Otani, Harris, & Tierney, 2003, Otani, Kurz, Burroughs, & Waterman, 2003; Otani et al., 2010).

The present study addresses the following research questions: (1a) How do homeless youth experience specific aspects of services and how do they assess overall service quality?, (1b) Do experiences with specific service aspects and the overall evaluation of service quality vary across the different types of services, that is, low-threshold services (including drop-in services and night shelters), outreach services, residential services, and supported housing? (2) Which service aspects are reflected in the overall evaluation of service quality?, and (3) How do homeless youth integrate their experiences with various service

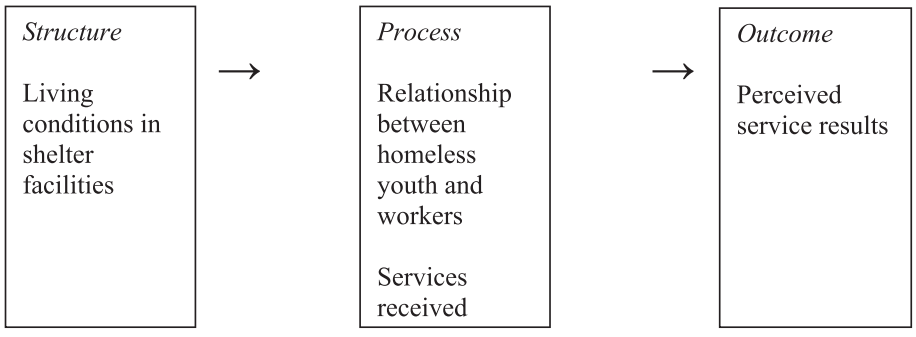

Fig. 1. Donabedian's quality of care model and examined experiences of homeless youth regarding four services aspects.