

# **The Role of Homeless Sector Day Centres in Supporting Housed Vulnerable People**

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## **Contents**

**Acknowledgements**

**Executive Summary**

**1 Introduction**

**2 The characteristics and needs of housed attenders**

**3 Services and support for housed clients**

**4 The roles of day centres for housed people**

**5 Developing the role of day centres for housed people**

**Appendix: the research methods**

**References**

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## Executive Summary

This report describes the findings of a study of the role of homeless sector day centres in providing support to housed vulnerable people. It was funded by the *London Housing Foundation*, the *Housing Association's Charitable Trust* and *Laing's Charitable Trust*. A survey of homeless sector day centres throughout England that work with housed clients was carried out, and in-depth studies at three centres of the help that is given to housed attenders. The study started in April 2004 and lasted nine months.

### THE CHARACTERISTICS AND NEEDS OF HOUSED ATTENDERS

1. Many housed people who use the day centres are vulnerable, isolated, and have problems coping in their accommodation. Among the 83 who were interviewed, three-fifths were aged 50 or more years, almost three-quarters were men, and most had been previously homeless. Physical and mental health problems were common, and several had a history of heavy drinking.
2. Nine-tenths were in accommodation rented from a local authority or housing association, and 82% lived alone. Nearly one-half reported that their housing was in a bad state or lacked essential items of furniture, and many described problems with managing household tasks and finances. During the preceding 12 months, almost one-third had had rent arrears, and 53% had thought about giving up their tenancy or been threatened with eviction.
3. Many had no contact with formal support services other than the day centres. Their main reasons for attending the day centres were for company, to get emotional and practical help and support from the staff, and for cheap food.

### SERVICES AND SUPPORT FOR HOUSED CLIENTS

4. Many day centres have become more interventionist in their approach in recent years. Besides providing basic services, they offer help with housing and welfare problems, health and addiction problems, training programmes, and individual case-work. Several have sessions by health and substance misuse workers, welfare benefit advisers, and other specialist agencies.
5. Common types of help for housed attenders include assistance with completing forms and sorting out rent arrears, other financial problems and Social Security Benefit claims.
6. Some formerly homeless people receive short-term help from the day centre staff while they settle in their accommodation and form community links. Some attenders are highly vulnerable, have ongoing or recurring problems, and require long-term support. For some clients, there is joint case-work with community mental health teams, housing teams, and local authority social services staff.

### THE ROLES OF DAY CENTRES FOR HOUSED PEOPLE

7. Most day centre staff believe that it is appropriate for housed clients to attend their centre, as they need advice, assistance and support to manage in their accommodation. They believe,
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however, that those clients who are capable should be encouraged to move on from the centre. This would promote progress and help them to gain independence and build community links.

8. Homeless sector day centres have four distinctive roles for their housed attenders: providing for basic needs; providing opportunities for socialability; providing welfare support; and rehabilitation. Although most were initiated to provide for the basic needs of homeless people, many have adopted supportive and complementary roles in response to the more widespread resettlement of homeless people.
9. The day centres offer more intensive, individualised and flexible support than many statutory and advice services, and fill a gap in the provision of community support services for vulnerable and marginalised people. They have become an important element of the welfare 'safety-net', and are playing a crucial role in the prevention of homelessness.

#### **DEVELOPING THE ROLES OF DAY CENTRES FOR HOUSED PEOPLE**

10. There is a strong case for day centres to refine both their target clientele and the objectives of their work. They need to be clearer about which groups of housed people they should serve, and should wean people away from the centre when they no longer need the service.
  11. Only a small proportion of day centres regularly assess the needs of housed attenders. As a result, some clients have difficulties but do not ask for help, and their needs are not always recognised by the staff. Day centres need to develop ways of routinely assessing the needs of housed attenders, and of identifying those with problems. The staff need to be skilled or trained to assess needs, to detect problems and to respond accordingly.
  12. Few day centres systematically and comprehensively record their work with housed clients and monitor outcomes, and cannot therefore make evident their achievements. They should improve their recording and monitoring procedures so that they can demonstrate more effectively their work. This would help them to identify both the strengths and weaknesses of their service, and promote their cause when applying for funding.
  13. Many day centres have insecure and minimal funding. They are hybrid services, and should take advantage of various sources of government funding, including programmes in health, learning and skills, and the sustainability of local communities.
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# 1

## Introduction

This report describes the findings of a study of the role of homeless sector day centres in providing support to housed vulnerable people. The study lasted nine months from April 2004 and was funded by the *London Housing Foundation*, the *Housing Association's Charitable Trust* and *Laing's Charitable Trust*. This first section of the report describes the background to the research, the study's aims and design, and how it was implemented.

### Background to the study

Homelessness is a growing problem in Britain. According to official statistics, 168,000 households in England presented to local authorities as homeless in 1999 and 195,600 in 2002 (Office of the Deputy Prime Minister 2003). In addition, many people become homeless and sleep on the streets or in hostels, and are not enumerated in official statistics. Preventing homelessness has been a high priority for the government, for policy makers and for service providers since the late 1990s. The *Rough Sleepers Unit*, set up in 1999 to reduce rough sleeping, allocated more than £18 million for projects and programmes to help people at risk of becoming homeless (Rough Sleepers Unit 2001). It also funded life-skills programmes and education and work training schemes to help homeless people build skills, and 'Tenancy Sustainment Teams' to strengthen support for them once they are resettled.

The *Homelessness Act 2002* placed a duty on local authorities to develop homelessness strategies which emphasise both prevention and alleviation. As a result, many local authorities, housing associations and voluntary organisations have developed schemes to help people sustain tenancies. These include housing and welfare rights advice services, debt management and arrears resolution schemes, and tenancy support teams. A new funding mechanism introduced in April 2003, *Supporting People*, encouraged the expansion of tenancy support teams. Despite these initiatives, the number of evictions from social housing has more than doubled since the mid-1990s (Audit Commission and Housing Corporation 2003; Delargy 2004). In its 2002 report, *More Than A Roof*, the government stressed the need for new approaches to homelessness prevention, including more support for people who are at risk. It acknowledged that more needs to be done 'to reduce the failure rate of tenancies across both the private and social housing sectors' (Department for Transport, Local Government and the Regions (DTLR) 2002: 23).

Among the factors that generate new cases of homelessness is the tighter management of rented housing. There is pressure on local authorities and housing associations to reduce rent arrears and meet performance targets, which is leading to tougher measures against defaulters. Yet there are delays in administering state Housing Benefits, and as a result, many social housing tenants face possession action for rent arrears (Dominy and Kempson 2003; Phelps and Carter 2003). Another

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factor contributing to tenancy breakdown is that many homeless people who are resettled from hostels into social housing have weak informal support networks. Some lack the skills to manage independently and require long-term, low-intensity support, but this is often unavailable (Crane and Warnes 2002). Among the difficulties facing service-providers are how to identify people who are vulnerable or experiencing crises, and how then to select those at high risk of homelessness. There is sparse information about which interventions work and how to deliver them with best value.

### *The structure and roles of homeless people's day centres*

Day centres for homeless people have multiplied rapidly in the UK, from seven in 1970 to more than 200 by the late 1990s. They are very diverse, the least formal of the homelessness services, and their role and whom they serve the least well defined. Their proliferation has been 'subject to individual whims, quirks and funding availability' rather than a systematic response to appraised supply and need. There are many in London but, in contrast, some towns with a homelessness problem have none (Waters 1992: 7). Even within London, most are in the inner boroughs, while in 12 outer boroughs there is no centre (Woods *et al.* 2004).

Some day centres started as soup kitchens, are funded by small charities or faith-based organisations, and depend heavily on volunteers. They open a few times a week, provide basic services (typically food, showers and clothing), and many are in church crypts or halls. Others open most days, have salaried and experienced staff, receive funding from statutory agencies, and offer regular sessions by health professionals, social security benefit advisors, and substance misuse workers. Some centres are described as places of containment and acceptance, have a non-interventionist approach, do not gather information from the users, and provide practical services that meet basic needs (Waters 1992). Others promote rehabilitation and a 'life change', partly through self-development and skills-training programmes. Since the mid-1990s, the more interventionist approach has spread.

Most centres have an 'open-door' policy, but some are exclusively for young people and a few operate as 'wet centres' for heavy drinkers. Around 10,000 homeless and housed people are reported to use the centres each day, including many who are described as vulnerable but not in 'contact with the community care system' (Llewellyn and Murdoch 1996: 5). For homeless people, the centres provide help with immediate needs, *i.e.* food, showers, health care and advice about welfare benefits, and are contact points for onward referral to hostels. For housed attenders, they provide company, the opportunity to socialise, and advice and help with housing difficulties. The evidence from surveys of day centre clients is that there are four main reasons why they attend: for free food, showers and other services which help financially; for company and opportunities to socialise; to occupy time and relieve boredom; and for information and advice about welfare rights and housing (Carter 2003a; Waters 1992).

The government's view is that day services should be 'part of an overall strategy to prevent or alleviate homelessness' (DTLR 2002: 24). Yet one-half of the London Boroughs do not mention

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them in their homelessness strategies (Woods *et al.* 2004). Moreover, many day centres operate with short-term and insecure funding. It has been estimated that the income of London's day centres decreased by around 11% between 2003/04 and 2004/05. Reduced funding from the *Association of London Government* and the *Homelessness and Housing Support Directorate* has not been matched by new grants from local authorities, and only a few centres received money through *Supporting People* (Woods *et al.* 2004).

More than one-half of the attenders at some centres are *housed*, with a high proportion being middle-aged or elderly people (Bhugra *et al.* 1997; Crane and Warnes 2001; Evans and Dowler 1999; Horton Housing Association, 2004). The high representation of *housed* attenders at the day centres has raised questions among some funders and service providers about the roles of the centres and whether they should serve housed or only homeless people. Restrictions placed by statutory funders have meant that some day centres have reduced their services for housed people, and others are reviewing their admission policies.

Making the case for day centre provision for housed but vulnerable people is problematic because little is known about their current roles in providing support and in preventing them from becoming homeless. A few descriptive reports and good practice guides about the work of homeless sector day centres have been published, and there are a handful of surveys of the characteristics of the centres and their users (Bhugra *et al.* 1997; Carter 2003a, 2003b; Cooper, 1997; Crane and Warnes 2001, 2004; Evans and Dowler 1999; Johnsen *et al.* 2002; Llewellyn and Murdoch 1996; Waters 1992; Woods *et al.* 2004). In 2004, *Homeless Link* published *The Day Centres Handbook: A Good Practice Guide* (Bradley *et al.* 2004). Systematic evaluations of the centres and of the help that they deliver to clients are, however, rare. Many centres now collect basic details about attenders but few comprehensively record all aspects of their work or monitor the outcomes of interventions. It is very difficult, therefore, to demonstrate to funders the effectiveness of their service: few can provide more than statistics of the numbers of attenders, of meals served, and of those who accessed various advice and training programmes.

### **The study's aims, design and methods**

The overall aim of the study was to investigate the role of homeless sector day centres in supporting *housed* attenders and in preventing them from losing their accommodation. The specific aims were:

1. To specify the circumstances and needs of housed attenders at homeless sector day centres.
2. To evaluate the roles and performance of the day centres in providing help and support for housed vulnerable people.
3. To identify ways in which support to housed attenders at day centres can be improved through the adoption of (evidence-based) good practice.
4. To develop, in collaboration with day centre staff, an instrument for assessing housing stress and vulnerability among housed attenders.

The investigative element had both person- and service-centred emphases. The former addressed questions about the circumstances of housed attenders, and whether their needs were being met at

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the day centres. The latter focused on the ways in which day centres supported housed clients, the staff's capacity to detect housing stress and vulnerability and to provide help, and the ways in which support to housed attenders was delivered. The fourth aim was pursued by the development in collaboration with practitioners of an assessment instrument to detect stresses and vulnerability among housed clients.

For the purpose of this study, 'housed people' were defined as those in *permanent housing*, *i.e.* in council or housing association tenancies, long-term private-rented accommodation, or long-term shared houses. People living in hostels, bed-and-breakfast hotels or squats, or who were staying temporarily with friends or relatives were not included.

The following criteria defined homeless sector day centres. An included centre:

- Targets homeless people but also allows housed people to attend.
- Opens in premises at least once a week *i.e.* is not a soup run.
- Provides basic services, such as food and showers.
- Provides an opportunity for clients to socialise or engage in structured activities.
- Offers advice or practical help.

The study therefore excluded: day centres for other groups such as elderly people or those with mental health problems; centres that function only as a 'luncheon club', *i.e.* provide food but no other help; and centres that function only as an 'advice centre', providing advice but no other services equivalent to *Citizens Advice Bureaux*.

The research had four elements or work packages: (i) a contextual survey of day centres for homeless people in England that work with housed clients; (ii) in-depth studies at three day centres of the help and support that is given to housed attenders; (iii) the development of an assessment instrument; and (iv) a practice development workshop.

#### *The contextual survey*

Using a semi-structured questionnaire, information was gathered from homeless sector day centres throughout England that work with housed clients. Details were collected about the opening times, management, staffing, funding, services and activities, links with other welfare providers, the number of housed clients who attend and the reasons for their attendance, and the help given to housed clients. The centres were identified through various sources and searches (details in the Appendix). Questionnaires were sent to 183 centres which fitted the inclusion criteria, and 124 (68%) provided information. Another 17 centres were sent questionnaires but did not fit the criteria; some had ceased to be day centres, and some did not work with the client group. The information was coded and entered into a database.

#### *The in-depth studies at three centres*

The aim of the in-depth studies was to establish the kinds of help and support that the day centres provide to housed attenders. Three centres which had at least 50 *housed* attenders each week were

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studied. The aim was to select centres with diverse services and staffing levels and in contrasting locations. The selection of the centres that fitted the criteria and that could accommodate the study was challenging. The centres that were finally included were the *Dellow Centre* in Aldgate, in the East End of London, *Emmanuel House* in Nottingham, and the *Passage Day Centre* in Westminster, central London. Details of the selection process and of the three centres are in the Appendix.

A semi-structured questionnaire was designed to gather information from housed clients about: personal characteristics; recent housing history and experience of homelessness; problems at home, and whether the person had been settled, had been threatened with eviction, or had thought of giving up their tenancy; financial situation and daily living-skills; physical and mental health and substance misuse problems; informal contacts and support; participation in activities; frequency of attendance at the centre, the reasons for attending, services used at the centre and help received; use of other day centres or other help received; and help that they wished for but did not receive. The questionnaire was piloted with five clients at *St Wilfrid's Day Centre* in Sheffield and then revised. Using the questionnaire, 83 housed clients who consented were interviewed. Their responses were coded and entered into a database.

Interviews were also conducted with the manager of each centre and with 22 staff and sessional workers, including housing advice, tenancy support, benefits advice and health and substance misuse workers. Information was collected about the centre's aims in working with housed clients; how the needs of housed attenders are identified, the help given, and case examples; and their capacity to monitor the well-being of housed attenders, to offer individualised help, and to refer to other agencies. Their opinions were also sought about the role of homeless sector day centres in supporting housed people, the advantages and disadvantages of their attendance, and whether day centres should pursue more formal support work with housed clients.

'Inventory Sheets' were designed to record the problems of housed clients who attended the day centres, how these problems were detected, the help that was given, and the difficulties in arranging help. Each of the centres were provided with guidance notes and they completed the sheets over two months. A separate sheet (anonymised) was used for each client. The record excluded routine services such as meals. Problems were recorded that in the judgement of the staff made a client vulnerable to losing or abandoning their accommodation, and that required the staff to carry out one or more of the following interventions: providing advice or support, *e.g.* about social security benefit entitlements or the effects of heavy drinking; giving practical assistance, *e.g.* with filling out forms, budgeting or buying furniture; or linking to other services, *e.g.* making referrals to health services or escorting to appointments. A total of 39 Inventory Sheets were completed.

#### *The development of an assessment instrument*

A new 'Housing Assessment Form' was designed as a short, easy-to-administer instrument that would identify whether a housed client was experiencing difficulties at home. It has 14 questions that refer to common problems that might lead to tenancy breakdown. The questions were seen as

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signposts: they identify broad domains of potential difficulties. If the reply indicated the presence of a problem, then further details needed to be collected. It was not intended to replace more detailed assessment instruments and procedures used by day centres, but to create an instrument that provided a first source of information on which to build an overall understanding of the person's problems and needs. The form was piloted with on average eight housed clients at the three centres selected for the in-depth study and at the *Booth Centre* in Manchester.

#### *Practice Development Workshop*

Towards the end of the study, a Practice Development Workshop was held in London with senior day centre staff and the study's funders to discuss the roles of the day centres. A *Briefing Paper* was circulated beforehand about the study's findings, and how they translate into 'mission or policy' questions and 'day-to-day practice' questions regarding the day centres' role in supporting housed people. The discussion served as a useful first test of our interpretations of the collected evidence, and enabled us to learn the reactions of experienced day centre staff to our recommendations. Ten people attended the workshop. Written comments were also invited from those who could not attend.

#### **Structure of the report**

The next two sections of the report cover successively the characteristics of housed clients who attend day centres for homeless people and their use of the centres, and the help that is given by the staff to this client group. Section 4 evaluates the roles of the day centres in supporting housed clients, and the benefits and the disadvantages of them using these services. The final Section discusses the further development of the role of day centres for housed people. An Appendix gives more detail about the research methods and the centres that were studied in-depth.

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## 2

### The characteristics and needs of housed attenders

This section describes the characteristics of the housed attenders at homeless sector day centres, including their housing circumstances and how they are managing at home, their patterns of use of day centres and reasons for attendance. It presents information gathered from 83 housed clients at the three day centres that were studied in-depth. It is not claimed that this relatively small sample is representative of all housed attenders who use day centres.

#### *The respondents' profiles*

The characteristics of the 83 informants are shown in Table 2.1. Almost three-quarters (73%) were men. Their ages ranged from 22 to 82 years, although three-fifths were 50 or more years. Only three people were less than 30 years of age. Most were white and born in the UK; just over one-fifth were from minority ethnic groups. Almost four-fifths had been homeless at some time, and one-quarter had been homeless for at least 10 years. Some had recently been rehoused (13% within the last six months), while 18% had been rehoused for at least 10 years. The men were more likely than the women to be from minority ethnic groups and to have previously been homeless.

**Table 2.1 Profiles of the housed attenders**

<b>Characteristics</b>	<b>Men %</b>	<b>Women %</b>	<b>Total %</b>
<i>Ages (years):</i>			
Up to 39	17	22	18
40-49	22	26	23
50-59	33	30	33
60+	28	22	27
<i>Ethnic groups:</i>			
White English / Welsh	53	91	64
White Scottish / Irish	17	9	14
Other	30	0	22
<i>Health / substance misuse problems:</i>			
Physical illnesses	60	74	64
Depression / other mental illness	48	70	54
Current alcohol problems	13	9	12
Alcohol problems in past 5 years	23	13	21
Illegal drug use	13	17	15
<i>History of homelessness:</i>			
Previously homeless	85	61	78
Homeless for 10+ years	27	13	23
<b>Total number</b>	<b>(60)</b>	<b>(23)</b>	<b>(83)</b>

Health problems were common among the respondents. Two-thirds had physical health problems, including some with serious illnesses. One-half reported depression or other mental health problems. One-fifth had had alcohol problems in the past five years, although fewer admitted current alcohol problems (Table 2.1). All with alcohol problems said that heavy drinking had led to financial problems or difficulties coping with everyday tasks, and almost one-in-ten had lost a tenancy through excessive drinking. 15% used illegal drugs. The women were more likely to report mental health problems, while the men were more likely to have a history of alcohol misuse.

### *Present accommodation*

Most (90%) respondents were in accommodation rented from a local authority or housing association; only a few were owner-occupiers or in private-rented accommodation (Table 2.2). Four-fifths (82%) lived alone and most others lived with a spouse, cohabiting partner or relatives. The men were more likely than the women to be living alone, and women more likely to be living with a partner. The length of time that the respondents had been in their current accommodation varied. Seven people had been in their housing for less than three months, and 22% for 12 months or less. In contrast, 23% had been in their accommodation for at least 10 years, including one person for 50 years.

**Table 2.2 The respondents' housing**

<b>Housing characteristics</b>	<b>Men %</b>	<b>Women %</b>	<b>Total %</b>
<i>Type of tenure:</i>			
Owner-occupier	5	4	5
Rented from council	37	65	45
Rented from HA	50	31	45
Private-rented	3	0	2
Other	5	0	3
<i>Household composition:</i>			
Lives alone	88	65	82
Lives with partner	3	22	8
Lives with others	9	13	10
<i>Duration of stay:</i>			
Up to 12 months	20	26	22
10+ years	25	17	23
<b>Total number</b>	<b>(60)</b>	<b>(23)</b>	<b>(83)</b>

Just over one-half (52%) of the respondents said that their accommodation was in good condition, adequately furnished, and that the utilities were working. The remainder reported that their housing was in a bad state or lacked essential items of furniture. More than one-third (37%), and a higher percentage of those in council tenancies, said that the accommodation needed decorating or repairs. In five cases, the heating was not working properly. One man, for example, had been in a council flat for 2½ years. There had been a fire in the flat before he moved in, but the accommodation had

not been refurbished. Several who lived alone said that they could not afford to decorate the accommodation or that health problems prevented them undertaking the task. One-quarter lacked basic items of furniture, such as a bed, cooker, table or chair, and some had no carpets. There were differences in the housing problems by whether or not people had previously been homeless, and by whether they had been rehoused for more or less than two years. Those who had never been homeless before were more likely to report that their housing was in need of repair or decoration (Table 2.3).

**Table 2.3 The respondents' housing problems**

Characteristics	Formerly homeless: months rehoused		Never homeless	Total
	Up to 24 %	25+ %	%	%
<i>Current accommodation:</i>				
In need of repair / decoration	19	38	61	37
Lacks essential furniture <sup>1</sup>	31	22	22	25
<i>Problems with managing at home:</i>				
Difficulty with household tasks <sup>2</sup>	23	24	56	31
Runs short of money for essentials <sup>3</sup>	46	32	22	35
Difficulty sorting out bills	23	35	22	28
Has rent arrears <sup>4</sup>	31	40	11	31
<i>Settledness at home:</i>				
Feels unsettled	35	43	50	42
Thought of giving up tenancy <sup>4</sup>	35	43	33	38
Threatened with eviction <sup>4</sup>	19	38	17	27
Number of subjects <sup>5</sup>	(26)	(37)	(18)	(81)

*Notes:* 1. One or more of the following: bed, cooker, table or chair. 2. Cooking and cleaning. 3. For food, rent or bills most weeks. 4. In last 12 months. 5. The length of time that two formerly homeless subjects have been rehoused is unknown.

## Managing at home

Many respondents described problems with managing household tasks and finances. Three-tenths reported difficulties with cleaning and cooking, and 42% said that they *never* cooked a meal at home (45% of men and 35% of women). Those who had previously been homeless were more likely to report problems with household tasks. The men tended to say that they did not know or could not be bothered to cook and clean, while the women said that they found the tasks difficult because of health and mobility problems. Nearly one-half who reported difficulties with household tasks received help from relatives or paid workers. Those who received help tended to be the women – few men had this support.

Seven-in-ten of the informants described difficulties with budgeting and finances. More than one-third said that in most weeks they ran short of money for essentials such as food, and 30% had

problems paying bills. A similar proportion had had rent arrears during the preceding 12 months. For some, their financial difficulties were made worse through outstanding debts. Many had also experienced problems with Social Security and Housing Benefit claims. Similar proportions of the men and women reported financial problems.

The respondents were asked whether they felt settled in their accommodation, and whether during the last 12 months they had considered giving up the tenancy or been threatened with eviction. 42% said that they were unsettled, and 39% had thought about giving up their tenancy. The most commonly reported reasons for unsettledness and a wish to leave the accommodation were its poor condition (25%), loneliness and isolation (18%), and problems with neighbours or local youths (13%). All except one who reported being lonely had been homeless before, and most had been in their accommodation for more than two years. They had therefore had time to settle and become acquainted with the neighbourhood. Only a few said that financial problems caused them to be unsettled.

During the previous 12 months, 23 respondents (28%) had been threatened with eviction, all but two from local authority or housing association tenancies. Many were over the age of 50 years and all except three had been homeless before. The most common reason for the eviction threat was rent arrears, and in many cases problems with Housing Benefit payments had been a factor. A few people had been threatened with eviction because of anti-social behaviour – they were mostly people with mental health problems and few were heavy drinkers. In total, more than one-half of the informants (53%) had thought about giving up their tenancy or been threatened with eviction during the preceding 12 months.

Those who had been homeless and rehoused within the previous 24 months were the most likely to have had budgeting problems and to have run short of money for essentials such as food (Table 2.3). Those who had been homeless and rehoused for longer were the most likely to report difficulties with paying bills and to have had rent arrears during the previous 12 months. They were also more likely to have thought about giving up their tenancy or been threatened with eviction. Only a few of the respondents who had never been homeless reported financial problems, but more than one-half described difficulties with household tasks: although they were the most likely to report being unsettled, few had thought about leaving their accommodation or had been threatened with eviction.

### **Informal and formal support networks**

Many of the interviewees had weak informal and formal support networks. Most lived alone and 42% had no contact with relatives and no close friends. Several others had infrequent contact with their relatives, and only 41% saw a relative or friend at least once a week. The women were more likely than the men to have this weekly contact (56% v. 35%), as were those who had never been homeless (83% compared to 29% with a history of homelessness).

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The respondents were asked about activities during the day apart from attending day centres. Thirty (36%) said that they had hobbies or other interests. Twelve attended college or training courses, and some were involved in sports and leisure activities. The men were more likely than the women to participate in these activities (43% v. 17%). Many who had been homeless and rehoused within the previous two years were involved in activities outside of the day centre. This suggests that they had taken advantage of the numerous training and activity programmes that have been developed for homeless people over the last five years.

Many people had no contact with formal support services other than the day centres. Just under one-third (31%) had a tenancy support worker, but only 16% saw the worker at least once a month. A few received help with housing and financial problems from a support worker attached to a mental health or substance misuse team. In total, 42% were on the caseload of a formal support team. The respondents who had been homeless and rehoused within the previous two years were more likely to have a support worker than those who either had been rehoused longer or had never been homeless before.

### **Use of the day centre**

Details were collected about how often the informants attended the day centre, how long they stayed, the reasons they used it, and other day centres that they visited. During the seven days prior to being interviewed, 46% had attended the centre on four or more days, and 17% had spent at least 18 hours at the centre. Three-fifths had been attending for at least five years. One-third lived locally (within one mile of the centre), while one-tenth lived more than five miles away. They gave various reasons for using the day centre, the most common being for company and to socialise (73%), to get help and support from the staff (55%), and for cheap food (47%). Other reasons were: 'to pass the time and relieve boredom'; 'it is a safe place to relax and feel accepted'; and 'for cheap clothing'. Some were living with partners but experiencing relationship difficulties, and used the centres to escape the problems at home.

There were differences in the frequency of, and reasons for, attending the day centre by whether or not people had previously been homeless, and by whether they had been rehoused within the previous 24 months or earlier. Those who had never been homeless attended the centre on more days and stayed longer than those who had been homeless (Table 2.4). Their main reason for attending was for company or socialisation, while few said that it was for cheap food. Those who had been homeless and rehoused for less than two years made the least frequent visits to the centre and stayed the shortest time. Their main reasons for attending were to get help from the staff, for cheap food, and for company. Very few of this group said that they attended to 'pass the time' or to escape from problems at home. Yet these were the two most commonly reported reasons among formerly homeless people who had been rehoused for more than two years. This suggests that besides seeking company, recently-housed homeless people use the day centres primarily for help and support, while those who have been in their tenancies for some time also attend to get away from their home environment.

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Two-thirds of the respondents regularly visited other day centres, and several attended at least two other centres (Table 2.4). This applied to both people who had been homeless before and those who had never been homeless. There were, however, differences in their patterns of attendance. Formerly homeless people tended to use multiple centres and to circulate from one to the next as the centres opened and closed. This movement around the centres was rare among those who had never been homeless before – they tended to visit just one other centre.

**Table 2.4 The respondents' use of day centres and reasons**

Characteristics	Formerly homeless: months rehoused		Never homeless	Total
	Up to 24 %	25+ %	%	%
<i>In last seven days:</i>				
Attended centre on 4+ days	38	43	61	46
Used centre at least 18 hours	8	16	33	17
<i>Reasons for attending:</i>				
Help and support from staff	62	57	50	57
Cheap food	54	49	28	46
Company and to socialise	65	76	83	74
Pass time / relieve boredom	15	43	39	33
To escape problems at home	8	38	28	26
<i>Use of other day centres:</i>				
No other centre	38	30	33	33
One centre	35	38	56	41
2 or more centres	27	32	11	26
<i>Involved in other activities<sup>1</sup></i>				
Number of subjects <sup>2</sup>	(26)	(37)	(18)	(81)

Notes: 1. Apart from attending homeless sector day centres. 2. The length of time that two formerly homeless subjects have been rehoused is unknown.

## Conclusions

The findings of the study suggest that housed people who use day centres tend to be aged in the late forties or older, white and born in the UK, which corresponds with the results of other surveys (Crane and Warnes 2001; Evans and Dowler 1999). By their accounts, many had problems coping in their accommodation and were vulnerable and needy. For some, their difficulties were practical, such as the poor state of their housing, or an inability to cook or manage finances. For others, their difficulties were emotional states, such as loneliness, isolation, unsettledness, inactivity and boredom. For both groups, the precariousness of their housing situation was indicated by the high percentage who had contemplated giving up their tenancy or been threatened with eviction. Most had previously been homeless, had no contact with relatives, and did not have a tenancy support worker. For many, day centres were their only source of support.

Different groups of housed people use homeless people's day centres. Some have been homeless and recently rehoused, and tend to visit the centres briefly to get help from the staff and for cheap food because they find it hard to budget and make their money last. Many are also engaged in activities other than attending day centres. A second group have been homeless but rehoused for several years. They tend to be struggling in their tenancies, have financial problems and rent arrears, and are most likely to have been threatened with eviction or to have thought about leaving their accommodation. They are unsettled at home, and spend their time circulating around the day centres to find company, relieve boredom and escape from problems at home. A third group have never been homeless but are lonely, isolated, not involved in activities, and spend a great deal of time at one or two day centres. Their main reason for attending is to seek company and socialise, although many find it hard to manage household tasks and have accommodation which is in need of repair or decoration. Although they are unsettled, thoughts of abandonment or threats of eviction are uncommon.

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### 3

## Services and support for housed clients

This section describes the services and support that are given by homeless sector day centres to housed people. It begins with the findings from the postal survey of 124 centres throughout England. The second part describes in detail the help that was given by the three centres that were studied in-depth. Information about the help provided was collected through interviews with both housed clients and the staff, and inventories compiled by the centres over two months.

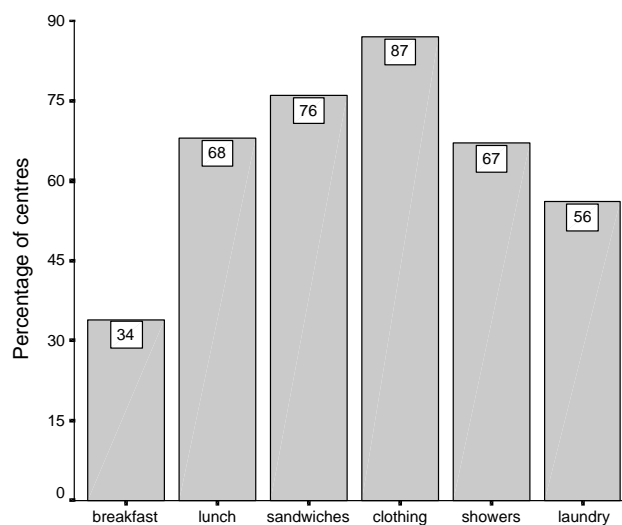
### Survey of day centres

Using directories and the Internet, 183 homeless sector day centres were identified throughout England that allow housed people to use the service. A request for information was posted to each one, and 124 responded. One-in-ten of the centres were established before 1980, while many started during the 1990s (55%) or later (17%). Twenty-one are in purpose-built premises, 34 in church crypts or halls, and the remaining 69 in converted buildings. The majority are run by voluntary sector homelessness organisations (43%) or religious organisations (27%). Only one-quarter employ six or more paid staff, and several rely heavily on volunteers. Most depend on charitable funding, and only 17% received more than £20,000 from health, local government or other statutory agencies during the 12 months to March 2004. The services that they provide are described below.

#### *Basic services*

Four-fifths of the centres open five or more days a week, and 15% open seven days a week. Most open only during the day, but 22% open at least one evening each week. Nearly all have a minimum age restriction of 16 or 18 years but no maximum age. Average daily attendances range from 10 to 300, and 28% have more than 60 clients each day. To comply with fire regulations and avoid

**Figure 3.1 Basic services available at the day centres**



Source: 2004 survey of 124 homeless sector day centres in England

overcrowding, 49 centres limit the number of people who can access the centre at any one time, with 24 (19%) giving priority to homeless rather than housed people. Most centres provide free or cheap meals or snacks and sandwiches (Figure 3.1). Many also have showers, and laundry facilities, and provide cheap clothing.

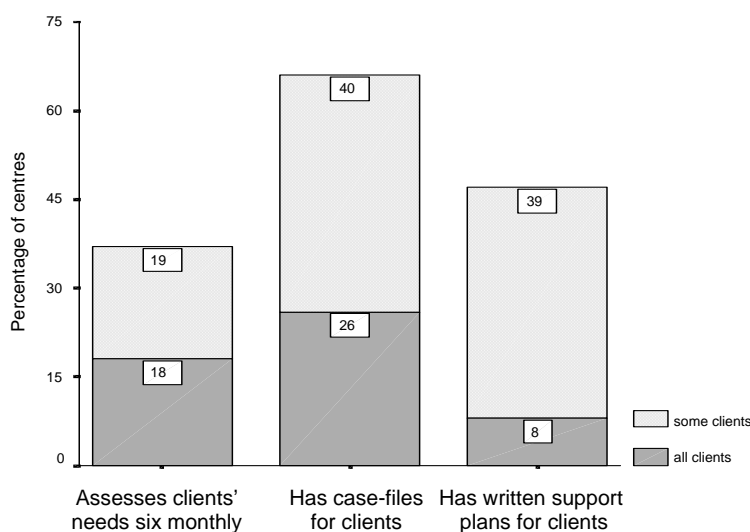
#### *Assessments and case-work*

The extent to which the day centre staff collect information about housed clients, carry out assessments of their needs, and offer individualised case-work varies greatly. Most centres (72%) record the names of attenders, although for some this is a fairly recent procedure. In the past, some centres did not collect any information from users as they believed that anonymity was important to attract clients. It is now generally accepted that details about the users are necessary if they are to be given support, and if risk within the centre is to be minimised.

Only 18% of the centres carry out formal assessments with *all* their housed clients at regular intervals (at least every six months), and 19% do so with *some* clients (Figure 3.2). Some centres have designed comprehensive assessment forms which cover housing, finances, health, addiction problems, and support networks. Key-workers are allocated to clients who are responsible for the assessments. In some large, busy day centres, there is a two-tiered approach – front-line workers collect brief information from attenders to identify the clients with problems, and then refer them to specialist workers at the centre who make a fuller assessment.

More than three-fifths (63%) of the centres do not regularly assess the needs of the housed attenders. Some rely on the clients to make known their needs and to ask for help. During the staff interviews, it was acknowledged that some clients who attend day centres are not formally engaged with the service, and little is known about their circumstances. The staff explained that they are busy dealing with attenders who have requested help, and that it is easy for people who are not forthcoming about their difficulties to be overlooked.

**Figure 3.2 Individual case-work with *housed* clients at the day centres**



Source: 2004 survey of 124 homeless sector day centres in England

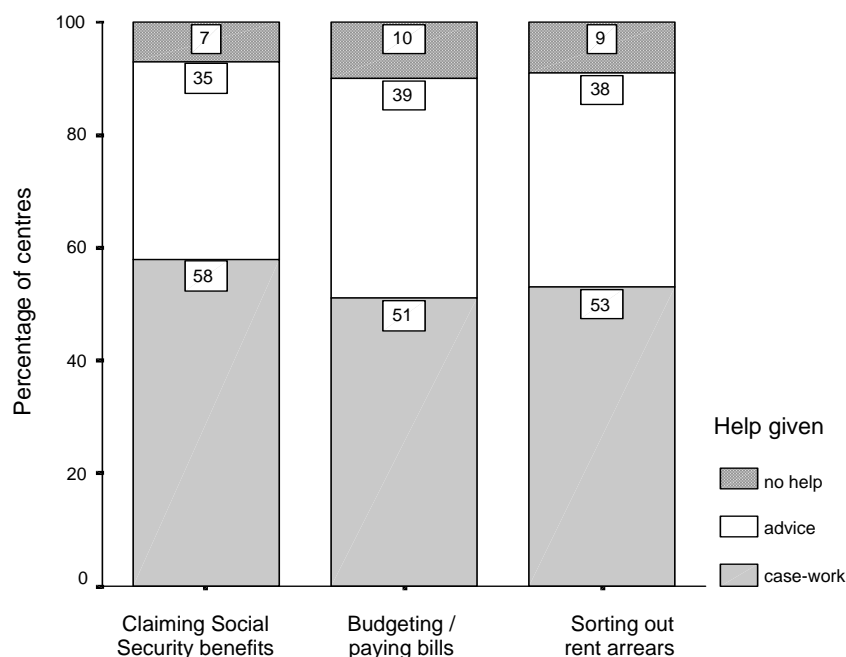
Several day centres maintain case-files for some or all of their clients, and some carry out individualised case-work (Figure 3.2). A key-worker is responsible for assessing the clients' needs, drawing up 'support plans' (also referred to as 'personal development plans'), and for ensuring that they receive the help required. Less than one-in-ten centres, however, practice this for *all* their housed clients. Those with a high number of daily attenders are as likely to have the system in place as those with few attenders. The centres with a high number of *paid* staff are more likely, however, to carry out this work than the centres that rely heavily on volunteers. Some centres do not provide structured case-work and key-working, but nonetheless give intensive help to clients at times of difficulties.

### *Help with welfare benefits and finances*

At 58% of the day centres, the staff help clients to claim Social Security (SS) Benefits and apply for grants. They give advice about the SS Benefits to which clients are entitled, help with obtaining ID so that they are eligible for SS benefits, assist with filling in forms to claim benefits and grants, and help with appeals when necessary. The staff also liaise with Benefit Offices about unpaid SS Benefits and Housing Benefit on behalf of the clients. Twenty-four of the centres (20%) have sessions by specialist benefits advisers, and a few have input from legal advisers. Several provide specialist benefits training for their staff. At *The Fireside Day Centre* in Birmingham, regular training on welfare benefits is available for all staff.

At one-third of the day centres, the staff do not help clients with welfare benefit issues but advise them of where they can get help, and some make referrals on the clients' behalf. Only 7% of centres give no assistance (Figure 3.3).

**Figure 3.3 Help given by the day centre staff to housed clients**



Source: 2004 survey of 124 homeless sector day centres in England

At one-half of the day centres, the staff work individually with clients to help them manage their finances and sort out rent arrears and other debts (Figure 3.3). This includes reviewing income and expenditure and drawing up budget plans; giving weekly reminders about the payment of bills; setting up bank accounts; and negotiating with landlords, utility companies and other creditors to arrange the repayment of debts. Many of the centres offer training for the clients on budgeting and paying bills. The staff at most other day centres do not work with individual clients on their financial problems but advise them where they can get help or refer them to *Citizens Advice Bureaux*. One-tenth of centres give no assistance with budgeting and managing debts.

#### *Housing and tenancy support*

Many day centres provide assistance to clients who have tenancies but are experiencing housing difficulties. Among the most common problems are the condition of the accommodation, difficulties with accessing or maintaining it, and relations with the landlord, other tenants or neighbours. The staff provide help with obtaining furniture, mediating with landlords, chasing up outstanding repairs, and referring clients who need home support to appropriate agencies. Some clients have insecure or sub-standard tenancies, and the staff negotiate with housing providers for a move to more suitable accommodation. Two-fifths of the centres have specialist housing advice workers or sessions by external workers. At the *Passage Day Centre* in central London, there is a dedicated Housing and Advice Team, with a team leader, five housing, advice and support workers, and a welfare rights worker.

Staff from one-quarter of the centres visit clients at home, *e.g.* a worker from *The Shakespeare Centre* in Kendal, Cumbria, visits vulnerable clients at home and advises them on hygiene and safety issues. Formal tenancy support services funded by statutory agencies have recently been introduced at some centres. *Emmanuel House* in Nottingham, for example, has a worker who provides tenancy support to five housed clients, while the *Handel Street Centre* in Nottingham has 12 supported housing workers who work three days a week at the centre and on the other two days support clients in their tenancies.

#### *Help with health and substance misuse problems*

Primary health care services are provided at 46% of the day centres – some have trained health workers based at the centres while at others visiting nurses and doctors provide the sessions. The services include health screening, treatment for illnesses and injuries, referrals to mainstream health services and hospitals, and immunisation programmes. Health promotion work is a feature at some centres. For example, the staff at the *HOPE* day centre in Worksop, Nottinghamshire, run workshops for clients on healthy eating, sexual health, and drug awareness. The ‘Healthy Activities Programme’, developed by the *Booth Centre* in Manchester, is described in Box 3.1. Several centres also have sessions by chiropodists and opticians, and a few offer alternative therapies such as homeopathy, reflexology and acupuncture.

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The help that is given at day centres for people with mental health problems is less straightforward. Fewer centres (27%) have direct input from mental health workers, but several provide support to people with mental health problems who are under the care of psychiatric services. The day centre staff monitor the progress of these clients, and alert mental health professionals of changes in their mental state or circumstances. The centres also support people with emotional problems who are unknown to psychiatric services.

Many day centres now offer specialist help to people who misuse drugs or alcohol, while a few were set up specifically to work with these groups (Crane and Warnes 2004). Among the 124 centres surveyed, 49% have specialist drug services and 43% alcohol services. Some have trained substance misuse workers based at the centres, while others have sessions by specialist teams. The help that is given includes the promotion of healthy living and harm minimisation for people still using substances; linking people into detoxification and treatment programmes; needle-exchange services; and counselling and group therapies.

#### *Activity and training programmes*

Education, training and structured activity programmes have grown rapidly since the late 1990s within the homeless sector, including at day centres. It is now widely recognised that many

#### **Box 3.1 Examples of innovative activity and training programmes**

*The Booth Centre* in Manchester has developed a 'Healthy Activities Programme', with the aim of encouraging people to make positive changes to their lives, reduce the harm caused by their use of alcohol and drugs, and address their general health needs. The programme focuses on a healthy diet, taking regular exercise, and developing recreational activities. In 2003-04, 71 clients participated in the scheme. (<http://www.boothcentre.org.uk>)

*St Wilfrid's Day Centre* in Sheffield has a workshop that offers training in woodwork and workskills. It is an income-generating activity and produces goods for sale, including clocks for local football teams, and hand-crafted goods such as bird-boxes, cribs and dolls' houses. (<http://www.stwilfridsdaycentre.org>)

*The Shakespeare Centre* in Kendal, Cumbria, runs courses in 'Confidence and Self-Esteem' and 'Budgeting and Cooking', with assistance from *Kendal College* and *Dallam Training and Education Centre*.

*The Haven Day Centre*, part of *Watford New Hope Trust*, has a greenhouse and market gardening project whereby clients gain experience in growing and harvesting garden produce, and in running a small business. (<http://www.watfordnewhope.org.uk>)

*The Steppin' Stone Centre* in Oxford has a café and allotment, and clients can train for a NVQ in Catering and an ONC in Gardening. (<http://www.theporch.org.uk>)

In partnership with *North Nottinghamshire College*, the *HOPE Day Centre* in Worksop, Nottinghamshire, has set up the 'SPEED' Project (Special Project for Essential Education & Development). It provides training and education to 18-24 year olds who are current or former drug users, with the prospect of gaining qualifications and employment skills. (<http://www.hopeforthehomeless.org.uk>)

homeless people need encouragement and assistance to build skills, motivation, self-esteem and confidence if they are to settle and cope once they are rehoused and lead a purposeful and meaningful life. One-half of day centres now offer life-skills training programmes through which participants learn about daily living tasks such as cooking and budgeting; 44% have education and ‘sheltered’ work training programmes, such as literacy and computer courses and woodwork and gardening projects; and 36% have structured social activity programmes including sports such as football and fishing, creative arts, gardening, and self-development groups such as music and drama. Some programmes have been developed in collaboration with adult and further education colleges and local businesses, and participants gain qualifications and other competency-based awards. A few examples of the many schemes are in Box 3.1.

### **Support at three day centres**

#### *Interviews with housed clients*

Eighty-three housed clients were interviewed at the three day centres that participated in the in-depth study, and information was gathered about the services that they used at the centre and the help that they received from the staff. More than one-third (37%) had meals at the centre at least four days a week, mainly those who reported difficulties with either carrying out household tasks or managing financially (Section 2). One-quarter of the informants occasionally used the centre’s laundry facilities, but very few used the showers. Most attended to their personal hygiene at home. Eleven per cent relied on day centres for their medical care – two had been refused GP registration, but the rest said that they found the day centre service easier to access than a GP surgery. Most people were, however, registered with a GP from whom they received treatment. Twenty of the 44 respondents who reported depression or other mental health problems were under the care of psychiatric services, and seven were being treated by their GP. Only a few saw a mental health worker at the day centre.

Among the 83 informants, 55% had during the previous 12 months received help from the day centre staff with housing or financial problems or with accessing health or alcohol services (Table 3.1). The most common help was with sorting out rent arrears, other financial problems, and Social Security (SS) Benefit claims. Many were given help with completing forms – some had literacy difficulties while others could not understand the forms. Sixteen received assistance with housing problems or with obtaining furniture. Most of the latter had recently been rehoused. A few were given food parcels because they had run short of money. Those who had been homeless and rehoused within the last two years were the most likely to have received help from the staff with housing or financial problems or with accessing services (69%). In contrast, 54% who had been homeless but rehoused for longer than two years received similar help, and only 39% of those who had never been homeless.

Besides receiving welfare support from the staff, almost one-half (47%) of the interviewees participated in activity programmes at the day centre. One-in-ten were involved in a life skills programme, 14% in an education or work training programme, and 38% in structured social

activities. Fewer people who had recently been rehoused (during the last two years) took part in the social activities (15%): they were predominantly the group who were engaged in life skills and other training sessions.

**Table 3.1 Help given to 83 housed clients during previous 12 months**

Types of help	Number	%
With housing problems	8	10
Furnishing the accommodation	8	10
With rent arrears / financial problems	9	11
Claiming social security benefits	12	15
Completing forms	23	30
Obtaining grants	9	11
Given food parcels	6	7
Obtaining ID / bus passes	3	4
With family or legal problems	5	6
With accessing medical care	5	6
With accessing mental health services	4	5
With accessing alcohol services	3	4
People helped with any of the above	46	55

Notes: Some gave multiple answers.

Some respondents described personal problems but had not informed the day centre staff nor had help. A few said that they wanted to sort out their own difficulties or were unaware that the staff could help, but several could not explain why they had not asked for assistance. Some were in contact with a tenancy support worker, but many received no other support. Among those who did not receive help, 18 people described housing problems (mainly its condition or disputes with neighbours), eight difficulties claiming SS Benefits, 14 rent arrears or other financial problems, and 17 untreated mental health problems.

Boxes 3.2 and 3.3 summarise the backgrounds of two men who were interviewed. Both were vulnerable, had long histories of homelessness, multiple problems and support needs, and no informal social network. Both were struggling to manage a tenancy and were at high risk of becoming homeless again. The day centre was their focal point and main source of help and support. Both had mental health problems and displayed difficult behaviour that makes it hard for them to comply with the rules and regimes of mainstream day centres and community centres.

### Box 3.2 The support John receives at the day centre

John, aged 34 years, has attended the day centre for 15 months. He has lived alone in a housing association tenancy for three years since being released from prison following an assault charge. He has been homeless intermittently since he was a teenager, when he left home because of family difficulties. He is physically fit but has mental health problems, and has been admitted to psychiatric hospitals. He is under the care of a psychiatrist and has a probation officer. He does not drink or take illegal drugs. He has never married and has had no contact with his family for years. His only friend is his dog.

He is unsettled at home. He has no heating or hot water because the boiler has broken, and he is waiting for it to be repaired. His flat is also damp because the tenant above him had a flood and the water seeped into John's flat. He rarely cooks at home and instead has meals at the day centre. He finds it hard to budget and manage financially, and often runs short of money. He said that most of his money is spent on bills. Because his dog barks, John has had arguments with his neighbours, and the housing association has threatened to evict him because of his aggressive behaviour. He has also thought about giving up his tenancy because of financial difficulties and the problems with the neighbours.

John attends the day centre five days a week and gets a great deal of help and support from the staff. Over the last 12 months, they have advised him about his entitlement to Social Security Benefits and helped him complete the forms to make a claim. They also wrote a letter on his behalf when his claim was rejected. They contacted his housing provider when his flat was flooded and "helped me to keep cool and not lose my temper". The day centre staff liaise with John's psychiatrist and probation officer when problems occur, and he has a community psychiatric nurse who regularly sees him at the centre to monitor his progress. He has also been given food parcels and free meals at the centre when he has been without money.

John has no friends and is not involved in any activities apart from attending the day centre. He finds it beneficial to attend as he has company and can rely on the staff for support. He believes that coming to the day centre has helped him cope with the problems he has recently had with his housing, and that without this help he would have given up his accommodation. He used to attend another day centre but was barred because of his aggressive behaviour.

#### *Information from the Inventory Sheets*

The staff at the three day centres completed 'Inventory Sheets' over two months that recorded the help given to housed clients. The record excluded routine services such as meals, but noted problems that in the judgement of the staff made a client vulnerable to losing or abandoning their accommodation, and required the staff to carry out one or more of the following interventions: providing advice or support; giving practical assistance; or linking a client to other services. A separate sheet was used for each client, and 39 were completed.

The records illustrate the diversity and intensity of the help that is given by day centre staff to housed attenders. As with the interviewed clients, many of the presenting problems were financial, mainly difficulties with Housing Benefit or other social security benefit payments, and arrears with rent and utility bills. Twenty people presented with these problems over the monitoring period. Other problems included: disputes with the landlord and neighbours, the filthy condition of tenancies, an inability to understand or complete forms, and difficulties accessing medical care. Eviction proceedings had started for five of the 39 clients.

### Box 3.3 How the day centre helps Harry

Harry, aged 59 years, lived on the streets for 20 years following the breakdown of his marriage. On the grounds of his serious health problems, he was allocated a council flat nine months ago. He has been a heavy drinker for years, and this has damaged his health. He has heart and stomach problems, cirrhosis of the liver, poor mobility at times, and is incontinent of faeces. He also has mental health problems and is under the care of a specialist team that works with people with mental health and alcohol problems. He has four children but has had no contact with them or any other relative for 20 years. His only friends are other drinkers, who visit his flat. Apart from attending the day centre where he was interviewed and one other, he spends his time "drinking or walking about".

Harry lives alone and said that his flat is in good condition. It has the essential furniture and was newly-decorated before he moved in. He is settled and has not thought about leaving the flat or been threatened with eviction, although he finds it hard to manage laundry and cooking because of his health problems. He sometimes uses the laundry at the day centre, because he cannot afford a commercial launderette. He rarely cooks for himself but eats at the day centres. Harry receives his SS Benefits every two weeks but, because he spends the money on alcohol, has difficulty budgeting and paying bills. He runs short of money for essentials such as food, and has not paid the water rates or television licence fee. He used to have a telephone but this was disconnected because the bill was not paid. A tenancy support worker visits Harry fortnightly, and is helping him to sort out his debts.

Harry has been coming to the day centre since he first became homeless and attends 2 or 3 times a week. He attends to get advice and help from the staff when he has problems, and to get cheap clothing (his clothes are quickly ruined because of his incontinence). He only stays for a short while, has some food, and unless he requests assistance from the staff promptly leaves. Over the last 12 months, the staff have helped him to sort out his SS Benefit claim (his Benefit book had been sent to the wrong address). He said that he values the day centre because "the staff have known me for a long while, show me respect despite my heavy drinking, and are always there if I have a problem ... I could not manage without them".

Some were given short-term help for a problem that was quickly resolved. For example, a female client had her purse stolen which contained all her money: she was extremely distressed. The day centre staff reported the incident to the police, helped her complete a form to claim a Social Security Crisis Loan, and gave her emotional support. In another case, the staff helped a 61 year old woman on two occasions to complete forms for 'Assisted Prison Visits'. She visits her husband in prison each month but is unable to fill in the forms unaided. The first person needed help in a crisis, while the second one has an intermittent support need. In both cases, the help that they required was straightforward, and its resolution did not require professional skills or expertise. Many people in similar circumstances might have sought assistance from family or friends, but as described in Section 2, many of the housed clients who were interviewed did not have an informal support network to which they could turn.

Fifteen of the 39 clients had multiple problems and received a great deal of help from the staff during the two months. Mental health problems, for example, meant that some clients could not manage at home, that their accommodation became filthy and a health and safety hazard, and that they did not renew SS Benefit claims and so accumulated rent arrears. The staff had to seek the

assistance of several agencies, including mental health workers, housing officers, and welfare benefits officers. For some clients there was joint case-work with community mental health teams, housing teams, and local authority social services staff. In a few cases, trained day centre staff are legal appointees for clients with severe and enduring mental health problems and are responsible for collecting their SS Benefits and ensuring that the bills are paid. The case studies in Boxes 3.4 and 3.5 illustrate the different ways in which the day centres supported housed clients over the two months, and the different levels of support that they required.

#### Box 3.4 The day centre as a crucial link for Michael

Michael is a 69 year old man who lives alone in a council flat. He has had long-standing difficulties with managing the accommodation, which is filthy and in an appalling state, and he has rent arrears. The day centre staff work jointly with the local authority housing and social services departments to resolve the situation. In early September 2004, a meeting was held with the local housing officer, Michael's social worker, and a member of the day centre staff. It was agreed that arrangements would be made to clean Michael's flat and clear the rent arrears. An application for a Community Care Grant (CCG) was made.

Michael's CCG application was rejected, but the Benefits Advice Worker at the day centre lodged an appeal. He arranged to see Michael at the day centre, but Michael failed to keep the appointment. The Benefits Advice Worker therefore contacted Michael's social worker who said that, following the appeal, the CCG had been awarded. Michael received £700 and the day centre staff spoke to him about opening a bank account for safekeeping. Michael agreed to this and it was arranged.

The day centre staff also spoke to Michael about his maintenance of the flat. He acknowledged that he had no interest in looking after a flat, and would prefer to be in supported accommodation where meals are provided, there are fewer responsibilities, and he would have company. With Michael's permission, the staff liaised with his social worker and conveyed his wishes. The social worker will make enquiries about supported housing projects that suit Michael's needs, and then discuss the options with him before making a referral. The case-work continued when the monitoring period ended. Although Michael has a social worker, the day centre staff see him regularly and provide ongoing support. In effect, they co-ordinate his care by liaising with the different agencies.

Michael's case is of special interest (Box 3.4). He is a man with multiple frailties and vulnerabilities, but is intricately linked with several support agencies. Each of these provides specialist, defined support, but none can substitute for his underlying weakness – he has no personal or social support whatsoever. He is completely on his own. The day centre in effect partially fills this gap. The staff act as a supporter, almost in a *loco parentis* role. More instrumentally, they supply a holistic view of his situation, and co-ordinate the care and support that the specialist agencies provide. They also act as his personal advocate, and cover for his lack of compliance with the normal 'rules and procedures' of care delivery and receipt.

### Box 3.5 The intermittent help given to Bill

Bill, aged 62 years, has lived in a council flat for years and does not receive any support at home. When he needs help, he approaches the day centre staff. He had been receiving a twice-yearly grant from a local charity, but had not received a payment for 12 months. Bill asked the day centre staff for assistance. A Benefits Advice Worker at the centre telephoned the charity on Bill's behalf, and discovered that his cheques had been returned to the office. The charity had tried to contact Bill but without success. There was uncertainty about what had happened. It was agreed that his grant would in future be sent to the day centre.

Bill returned to the day centre a few weeks later because he had lost his birth certificate. The staff ordered a replacement copy. He had also received a letter saying that he was in arrears with the water rates, about which he was very anxious. The day centre worker rang the company to find out more details, and then spoke to Bill about paying the arrears. He discussed with Bill his income and expenditure, and agreed an amount that he could pay back each month. The worker then wrote to the company for Bill, enclosing a financial statement of Bill's income and outgoings and offering an amount each month to pay the arrears.

Three weeks later, Bill approached a worker at the day centre because he had not received the renewal form for Housing Benefit. He did not want to accrue arrears, and was worried that the form had gone astray. Bill was reluctant to speak to the local council. Such interactions make him nervous and he finds it difficult to communicate with official agencies. The day centre worker telephoned the council and found out that the rules had changed and that Bill no longer needed to complete a renewal form. He explained the change to Bill and reassured him.

Bill is relatively independent and does not need a great deal of help. He does, however, require low-level support from time to time with paying bills and sorting out his paper-work. He becomes anxious when dealing with correspondence from official agencies and sometimes ignores the letters. He therefore turns to the day centre when having difficulties. In many instances, the help required is short-term and Bill then settles until he receives another enquiry.

Bill's problems are fewer and less intractable (Box 3.5). Nonetheless, the day centre provides vital support in one area of normal existence in which he is not competent – financial transactions and responding to the information and authorisation requests of official agencies. The small and time-limited inputs that the day centre provides amount to highly effective 'homelessness prevention' interventions. If the day centre's interventions had prevented even the beginnings of eviction or debt-recovery legal actions, they have prevented not only considerable expense but also a major threat to Bill's well-being. In this sense, day centres are plugging a critical gap in the country's welfare safety-net. The 'benefits' that they bestow to the clients are appreciated explicitly in the clients' statements. The 'benefits' created for the statutory agencies, landlords, the utility companies and other organisations are unmeasured and for the most part unrecognised.

### Conclusions

This section has described the diverse help that housed clients receive at day centres for homeless people, which ranges from basic services such as meals, to help with housing and welfare problems, health and addiction problems, training programmes, and intensive case-work. The day centre staff provide both practical and emotional help to people who are housed but isolated and have no other

support network. Their tasks include linking the clients into statutory and community services, escorting them to appointments, advocating for services and resources on their behalf, helping them manage everyday tasks that many people take for granted such as completing forms, and supporting those with serious personal and behaviour problems who are not having help from mainstream community care services. Such a broad array of services and support is unprecedented at most mainstream day centres and community facilities.

The common thread among all the clients whose cases are described in this Section is that they are completely on their own. Their situation is quite rare: few of us have ever thought about the implications of being totally without friends or relatives who take an interest in our welfare, or who can 'plug the gaps' in our competence even for routine daily tasks. Outside of residential institutions, no formal statutory welfare agency will supply the roles of mentor or supporter. We have no idea what percentage of the population living in the community is entirely bereft of personal support or a 'champion'. Nor can we envisage what our society would be like if all the facilities and charities that provide this 'back-stop' role were removed. It is absolutely clear, however, that not only would many more people become homeless and sink into degradation, the trouble and expense imposed on all manner of agencies, including the police, the emergency services and local authorities, would be immense.

Many of the day centres have become more interventionist in their approach in recent years. They have elaborated their services in response to the high number of attenders who are living in conventional housing but struggling to manage. Despite the crucial help provided, questions have been raised among some funders and service providers about whether the centres should continue to work with *housed* clients. It is not easy to provide support services at a day centre. Many centres have insecure funding and low staffing, and some centres are very busy and it is difficult for the staff to identify clients who are unassertive but having problems. As a result, some attenders have needs which are not always recognised by the day centre staff. Nevertheless, the day centres provide a vital service to a large number of housed clients who are marginalised, isolated or vulnerable. The roles of day centres for these clients are elaborated and evaluated in the next section.

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## 4

### The roles of day centres for housed people

This section describes and evaluates the roles of homeless sector day centres for housed people. It takes into account the findings of the previous two sections, of the characteristics and needs of housed attenders, and the services and support that they receive at the day centres. As mentioned in the previous section, there is controversy about the roles of day centres and whether they should be providing a service for housed people. This section therefore begins by reviewing the opinions of the day centre staff and the clients about the benefits and disadvantages of the centres for housed people. It then describes four roles that the day centres are performing for this client group.

#### The views of staff

During the survey of day centres, the staff were asked whether they believed it was appropriate for housed clients to attend their centre, and to give the reasons for their answer. Nearly all (94% from 124 centres) said that it was appropriate for housed people to use their centre, 3% were uncertain, and only 2% said it was unsuitable. The main reason, stated by 86%, was that the clients need advice, assistance and support to manage in their accommodation (see Box 4.1). The staff explained that many housed clients have been homeless in the past and, for some, being rehoused renews problems and incapability that initially contributed to them becoming homeless. Many rely on Social Security benefits, have a low income, and are struggling to manage financially, while some

#### Box 4.1 The benefits of day centres for housed clients: comments from the staff

Our day centre is in the middle of 'bed-sit land' and near a large housing estate. Our clients are mainly lonely, sick men and young people being supported through addiction. Some do not have a social circle or the money to join clubs.

People's needs go much deeper than having a roof over one's head. Many of our clients need help filling in forms, or resolving issues around paying bills, managing their money, problems with landlords, neighbours or other occupants of their living space. There may be issues such as unemployment, substance misuse, loneliness, low self-esteem and mental health problems which need to be addressed over a long period.

Housed people need our services as much as homeless people. They need continuity as they move on. Their housing situation may change but the issues that led to homelessness are often still there.

Many people that have lived in hostels or on the streets find it hard to suddenly have the responsibility, cost and isolation of having their own place. The change is often very difficult and traumatic, and the start of a number of problems. In many ways, housed clients need more support than others, else their tenancies will fail and they will return to the streets.

Housed clients attend because of their isolation and loneliness, and many have poor literacy and social skills. There are few facilities for men where they feel 'comfortable'. Social contact is important to maintain well-being. Isolation leads to mental illness or relapse into drink or drug-taking, and tenancy failure. Some are also in shared housing or bedsits and lack cooking facilities, or do not have the skills to cook or spend money on things other than food.

have outstanding rent arrears and debts to utility companies from previous tenancies that have to be paid when a new tenancy starts. In addition, many have mental health or substance misuse problems that can affect their ability to cope, and several have never lived alone or not had the responsibility of a tenancy for years. They thus need a great deal of guidance and support if repeat homelessness is to be prevented. Other reasons given by the staff were: the clients are isolated and do not have social networks (22%); there are no other suitable services locally or the clients are excluded from these services (11%); and several are living in marginalised housing conditions with inadequate facilities (10%).

Several staff believed that it was appropriate for homeless people who are rehoused to attend day centres for the first few months while they settle in their accommodation and build skills and networks, and that those who are capable should be encouraged to move on from the centre (see Box 4.2). This would promote progress and help them to gain independence and build community links. The staff explained that continuing to mix with homeless people may reinforce problematic behaviours, such as heavy drinking. Some may invite homeless people back to their accommodation, which may cause a disturbance and put their tenancies at risk. There is also concern that the clients will become dependent on homeless sector services and not be motivated to engage with mainstream agencies.

#### **Box 4.2 The role of day centres in supporting housed clients long-term: staff opinions**

We like to see clients moving on from our service. This involves different levels of support for different lengths of time for each client.

The question of housed people using the day centres is complex. It is only appropriate for certain individuals at certain times. It is crucial that clients are proactively encouraged to move on and utilise other services when they are ready in order to promote progress.

People who are permanently housed need to move away from the homeless environment in order to move on in their lives.

We allow housed clients to use our services for the first three months – they can access the counselling services, life-skills and training programmes, and anger-management groups. These all help them to sustain their tenancies.

It is clearly helpful for housed clients to attend in the short-term, but probably unhelpful in the longer-term. They become dependent on the service, and continue to associate with homeless people. This may encourage problematic behaviour, pressure is put on them to 'share' tenancies, and there is no sense of 'moving on'.

### **The views of housed attenders**

Section 2 described the reasons given by the 83 housed clients who were interviewed as to why they attended the day centres. They were also asked whether their attendance helps them to sustain a tenancy and, if so, to explain how. Three-fifths said that it helped them to continue living at home, mainly because of the emotional and practical support that they receive from the day centre staff.

Many commented on the difficulties of living alone, the absence of social networks and support, and the invaluable help and encouragement that they receive from the day centre staff (see Box 4.3). They described the centre as a safe and familiar environment where the staff take an interest in their well-being and give them moral support. Many also said that attending the centre helps financially as they are on a low income and can get cheap food, and that it helps to structure their day and relieve boredom and isolation. Several said that seeing homeless people reminds them of their former circumstances, and discourages them from abandoning their accommodation when they experience difficulties.

#### **Box 4.3 The role of day centres in helping to sustain tenancies: views of housed clients**

It is a starting point for getting information and it is good health-wise. It helps you gain confidence and get back into the community.

The centre is good for me financially. Most of my [Social Security] benefits goes on bills. If I wanted to, I could have a cup of tea for 30p and sit here for 4 hours. I couldn't do that in a café. I don't have anywhere else to go.

It helps to break up my day and the staff help me sort out problems. When I see other homeless people, it makes me realise how lucky I am and prevents me from abandoning my flat when things go wrong.

I could not live in my flat if I did not have the support from the staff here. I was suicidal, had a breakdown, and was in hospital. When I came out, I suffered from panic attacks. The staff supported me through the crisis. I had a child taken away from me and the staff helped me come to terms with it.

I know a lot of people here and I feel secure. Coming here gives me a life. If I did not have this day centre, I would have either walked away from my flat or killed myself by now.

I feel accepted here. I see friends and get a lot of moral support from the staff. When I feel down, the staff persuade me to look at things more positively.

It helps me to feel better about living on my own. I have a chat with staff when I feel bad. They know my situation and always take an interest in me.

This is the first flat I've had and managed on my own. If it wasn't for this centre, I would not have coped or survived financially. I get a lot of advice and encouragement from the staff.

### **The roles of day centres for housed people**

The survey and in-depth studies revealed that homeless sector day centres have diverse roles for their housed attenders, perhaps more than many unfamiliar with the centres would anticipate. Four distinctive if overlapping roles with housed attenders can be described: providing for basic needs; providing opportunities for sociability; providing welfare support; and rehabilitation.

#### *Providing for basic needs*

Most centres provide shelter, warmth, food, clothing and showers. Many were established during the 1970s and 1980s, with the prime purpose of providing basic services for rough sleepers and for the residents of hostels, Reception Centres and lodging houses, most of who had to leave the

premises during the day. Few hostels now require their residents to leave during the day, and most provide for basic needs. To that extent, the role of providing for basic needs has reduced, but it continues for rough sleepers and some housed but vulnerable people. Many housed attenders are unemployed or retired, rely on Social Security Benefits, and have a low income. Although most do not need (and do not use) the laundry or showers at day centres, they depend on the service for cheap food and some for cheap clothing. Several have said that they could not manage financially without this provision. Some also have meals at the centres because they lack cooking skills or the facilities to prepare food, or because they live alone and are unmotivated to cook. The basic needs role of day centres is widely accepted, and many centres provide statistics on this element of their work (although these often refer to the number of meals served over a period rather than the number of *individuals* who are helped).

#### *Providing opportunities for social contact*

Another well-recognised function of day centres is the opportunity that they provide for those who are lonely, isolated or bored, to meet and talk with others. Some people attend the centres because they want to socialise, while some seek company without intimacy or commitment. As described in Section 2, three-fifths of the 83 housed clients had weak informal social networks, little or no contact with relatives, and no friends. The breakdown of family or marital relationships and estrangement is often the start of homelessness. Many formerly homeless people are rehoused in an unfamiliar area and have no community ties. Some have poor social skills and find it hard to integrate and make new friends. Some have long histories of homelessness, and for years their principal networks have involved homeless people and the staff of homeless services. Many are men who do not feel comfortable in 'traditional' community centres, and who find homeless people's day centres more accessible and tolerant. There tends to be a predominance of women at luncheon clubs and day centres that serve the general population.

#### *Providing welfare support*

In recent years, some day centres have elaborated their 'welfare service delivery role' and have become an important element of the welfare 'safety-net' for severely disadvantaged and socially excluded people. They are playing a crucial role in the prevention of homelessness. The staff carry out formal assessments of the clients' needs, and offer intensive and individualised case-work. They provide practical help with housing and debt problems, rent arrears, Social Security Benefit claims, and health and substance misuse problems, and offer emotional support to people who find it hard to cope with everyday stresses and adverse events. They work closely with housing officers, mental health teams, welfare benefit advice workers and other agencies. In some cases (as with Michael, Box 3.4), they act as a supporter or guardian, almost in a *loco parentis* role – they have a holistic view of a person's needs, co-ordinate the care and support that other agencies provide, and alert the specialist workers when that person's circumstances change.

Day centres can offer more intensive, continuous, individualised and flexible support than many statutory and advice services. The staff can help clients access services and entitlements, escort

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them to appointments, visit them at home, and monitor the outcomes of interventions and ensure that actions have been sanctioned. Some clients are hard to engage or refuse to comply with the normal 'rules and procedures' of care and support agencies, or feel threatened and intimidated by 'official services'. A day centre can build trust over time, work creatively to engage with a client, and address problems when the client is ready. This is not possible at most advice centres, where appointments systems are used, and many staff have little experience of advising people with difficult or chaotic behaviour. Day centres can provide numerous advice, contact and helping services at one site, so a vulnerable person does not have to arrange and keep appointments with multiple agencies at many locations. Unlike most other agencies, day centres can respond promptly when a client runs into difficulties.

Through the 'welfare support role', homeless people's day centres fill a gap in the provision of community support services for vulnerable people. Some homeless people require low-intensity help after they are resettled, while some are highly vulnerable, have ongoing or recurring problems, and require long-term support. There is insufficient domiciliary or community support, however, for either group. Among the 83 interviewed clients, slightly fewer than one-third had a tenancy support worker, and for many the day centre was their only source of help. The welfare delivery role of day centres is not adequately recognised, and it is constrained by insufficient resources and staff. One reason for this is that few centres have procedures for recording their work and demonstrating their achievements: they cannot make a strong case to either charitable or statutory funders.

#### *The rehabilitation role*

The fourth and newest role performed by some day centres is that of rehabilitation and training to help people build skills, motivation, confidence and self-esteem so that they can sustain tenancies and rebuild their lives. Several day centres now offer life-skills training, meaningful activity programmes, and education and work training programmes. The provision of this help in a supported environment is unavailable at most traditional day centres and community facilities. Some people have always lived with others until they became homeless and have never been responsible for daily living tasks, such as cooking and budgeting. Even while in hostels, some do not have the opportunity to practise these skills. Hence, difficulties may only become apparent when a person is resettled and has to manage alone. Life-skills training programmes at day centres provide an opportunity for people to address problems they are experiencing at home, and to learn how to cope more effectively by, for example, introducing sessions on preparing low-cost meals.

The educational and work histories of homeless people are diverse. Some have been employed for years, but others have few qualifications and little work experience. Even among the former, only a few remain in employment while homeless. They become trapped in a cycle of 'no home, therefore no job, therefore no home'. When eventually they are resettled, they may have been unemployed for several years. The education and work training programmes at day centres enable people to gain elementary knowledge, such as literacy and numerate skills, and to learn new skills in preparation for work. The 'sheltered' work projects developed by some day centres are beneficial

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for people who are unable or not ready to return to conventional employment. Besides building skills and confidence, the participants learn self-discipline and become accustomed to the routine of working.

### Day centres as surrogates for informal support and a welfare back stop

Although most homeless sector day centres were initiated to provide for the basic needs of homeless people, since the 1980s many have elaborated their services in response to the more widespread resettlement of homeless people. Two decades ago, resettlement had a low success rate, and returns to homelessness were common. In response, voluntary and statutory agencies elaborated 'follow-up support', and latterly central and local government have implemented specialist homelessness prevention measures, as among care-leavers and people discharged from prisons and the armed services, and established widespread life skills training and tenancy sustainment. Homeless people's day centres have spontaneously adopted supportive and complementary roles, from linking rough sleepers to advice, treatment and residential services, and supporting recently rehoused and long-term housed but isolated people.

Compared to other community, tenancy support and advice services, homeless sector day centres provide a wide range of services and fulfil several roles (Table 4.1). Both the staff and the clients that we have interviewed believe that the most important role of the centres for housed clients is that of providing welfare support for those who are experiencing difficulties in coping at home. They are convinced that this prevents unsettled people losing or abandoning their tenancies. As this role has refined, not least through the accumulation of experience and expertise among their staff, the day centres have become the source of many different services and types of support.

**Table 4.1 The services provided by community centres and support teams**

Services	Day centres		Luncheon clubs	TSTs <sup>1</sup>	Advice centres
	Homeless	Generalist			
Snacks / meals	✓	✓	✓	X	X
Showers / laundry facilities	✓	X	X	X	X
Company / socialisation	✓	✓	✓	X	X
Individualised holistic needs assessments	✓	Some	X	✓	X
Short-term welfare advice / help <sup>2</sup>	✓	Some	X	✓	✓
Long-term case-work	✓	Some	X	✓	X
Help with substance misuse problems	✓	X	X	✓	X
Structured activity programmes	✓	✓	X	X	X
Education, life-skills and work programmes	✓	X	X	X	X

Notes: 1. Tenancy support teams. 2. With housing, financial and other welfare problems.

Generalist day centres and luncheon clubs provide for basic needs and the opportunity for sociability, but do not offer rehabilitation programmes and only some day centres carry out casework. Tenancy support teams offer welfare advice and support to clients at home, but they do not meet the social needs of clients who are isolated nor have the capacity to teach skills such as cooking. Advice centres usually undertake short-term or intermittent casework with clients on a particular issue, rather than providing holistic help to people with multiple problems.

Not all formerly homeless people require the intensity of help that is available at homeless sector day centres. Some may need the support for a few months after being rehoused, until they have settled into their accommodation, adjusted to their new responsibilities, and built community links and the skills to gain employment. Some are fairly independent, able to create social networks and job opportunities, and visits from a tenancy support team or short-term help from an advice centre are sufficient. For some people who have never been homeless but are isolated, luncheon clubs and generalist day centres meet their needs. Some formerly homeless people are however vulnerable, have multiple problems and poor daily living skills. They are unable to sustain tenancies without the various forms of help that are available at homeless sector day centres.

### **Summary**

Homeless sector day centres provide a distinct and broad set of services to homeless and housed people who are marginalised and isolated. Many of the housed clients are vulnerable and receive a great deal of support from the centre staff. Undoubtedly, without this help, a fraction would have lost their tenancies. In this way, they make an important contribution to the homelessness prevention agenda among housed but isolated and exceptionally disadvantaged people. They have the potential to elaborate this role. There is, however, uncertainty and contention among some centre staff, other service-providers, policy-makers and funders about whether the centres should provide for housed people. Partly because the work that many centres do with housed people is not recorded sufficiently, their crucial role of supporting vulnerable people and preventing tenancy breakdown is not formally recognised. The final section recommends ways in which this can be achieved.

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## 5

### Developing the role of day centres for housed people

#### Refining the objectives of the work with housed clients

There are both advantages and disadvantages to housed people attending homeless people's day centres. They receive the help that they need to sustain tenancies in a familiar environment by staff who are skilled at working with the client group. Long-term use of the centres, however, does not encourage learning how to be independent or the building of social and community links. It also creates dependency and can reinforce problematic behaviours, *e.g.* for people with alcohol problems who socialise with other drinkers. Moreover, most day centres are very busy and have insufficient resources to provide an 'open-ended' service for housed people.

For these reasons, there is a strong case for day centres to refine both their target clientele and the objectives of their work. They need to be clearer about which groups of housed people they should serve. Explicit admission criteria and policies should be in place, and sensitive diversion or move-on practice developed. As one example, people who are settled and managing at home should be weaned away, and long-term support targeted to the most needy. Weaning people away from the day centre when they no longer need the service should be gradual, and involve careful planning by the day centre staff with the client. Some clients are unaware of other options or lack confidence, and need assistance to engage in external activities. As noted in *Homeless Link's* 2004 good practice guide for day centres:

although there will always be a proportion of clients who need to use the day centre on a regular basis ... accumulating clients who never move from the day centre cannot be [the day centre's] primary goal ... to be effective, day centres have to see part of their work as encouraging, where possible, service users to gain the confidence and skills they require to access services and activities away from the centre (Bradley *et al.* 2004: 13).

#### Improving assessment practices

Only a small proportion of day centres regularly assess the needs of housed attenders. As a result, some clients who use the centres have difficulties but are unassertive, do not ask for help, and are not formally engaged with the service. At many centres, the staff are normally engaged with attenders who have requested help, and it is easy for those who are unforthcoming about their problems to be overlooked. To prevent this happening, day centres need to develop ways of routinely assessing the needs of housed attenders, and of identifying those with problems. The staff need to be skilled or trained to assess needs, to detect problems and to respond accordingly. In centres with few staff and many clients, it is difficult for the staff to find out about the circumstances of every attender. One possibility is to administer a few questions that identify whether a person is experiencing problems at home.

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During the study, a 'Housing Assessment Form' was designed as a short, easy-to-administer instrument with questions about common problems that can lead to tenancy breakdown. The questions were seen as signposts: they raised broad domains of potential difficulties. If the reply indicated the presence of a problem, then further details needed to be collected. The form was piloted by staff at the three centres in the study and at the *Booth Centre* in Manchester. Most staff found the instrument easy to administer, and the questions brought out issues and problems even among those who had been settled in their accommodation for a considerable period. The clients responded positively to the exercise and did not find the questions too intrusive. The practicalities of a similar form being used at day centres that do not currently carry out needs assessments should be explored.

### **Improving recording and monitoring procedures**

One of the major obstacles facing day centres is that few systematically and comprehensively record their work with housed clients and monitor outcomes, and cannot therefore demonstrate their achievements. Most collect statistics for funders and trustees on the practical help that they give, for example the number of meals served each month. Many are unable, however, to produce evidence of the ways in which their service improves the situation of clients or effectively tackles their problems. Nor can they demonstrate the medium and long-term impacts of interventions, such as dealing with rent arrears and thwarting eviction. The completed Inventory Sheets indicate that the centres carry out a considerable amount of welfare support and homelessness prevention work. In just two months at only three centres, 39 housed clients received help, including five for whom eviction proceedings had commenced. This type of information was easy to gather, and produces strong evidence about the work of day centres.

Day centres should improve their recording and monitoring procedures so that they can demonstrate more effectively their work. This would help them to identify both the strengths and weaknesses of their service, and the gaps in the provision or delivery of services that need to be addressed. It would promote their cause when applying for funding, particularly from statutory agencies such as the local authority and the NHS. It would also provide the evidence for their services to be more closely linked to local authority homelessness and *Supporting People* strategies.

### **The funding conundrum**

Many day centres have insecure and minimal funding. This may be partly explained by the marginal, powerless and unassertive attributes of their clientele, but structural and bureaucratic factors also play a part. Some centres rely on short-term funding from charitable trusts and donations. Only a small proportion receive substantial grants from statutory agencies, and this normally derives from a programme for homeless people. This can lead to concerns if some of the help goes to those who are not homeless. Yet the centres are working with housed but needy people, and providing 'community care' services that are not offered by health providers or personal social services.

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One of the problems at the homeless people's day centres that we have studied is that neither the centres nor their funders have sufficiently defined or specified their role with housed but isolated and exceptionally disadvantaged clients. It is manifest that their funding does not reflect the diverse work that they do. It should however also be recognised that the funding deficiencies will not be entirely solved by even the most fastidious attendance policies and performance monitoring systems: there is also a systemic problem of which budgets, agencies and programmes should fund the various components of their services. In other words, they are hybrid services, and in the absence of a dedicated programme or fund, they need hybrid or mixed funding. The immense difficulty of putting this in place means that few day centres achieve the mix and that most are under-funded.

Currently day centres support and serve both homeless and housed people, and some of the latter are prevented from becoming homeless. Logically, therefore, day centres should be supported by budgets and philanthropy intended both to support homeless people and to prevent homelessness, *and* by funds for the support that they provide to exceptionally disadvantaged or vulnerable people who, while not at immediate risk of homelessness, are not supported by any other agency or service. The support that they provide to this otherwise unserved group ranges from basic tenancy support (which legitimately can be funded by *Supporting People*), through facilitating access to primary health care, mental health services and alcohol and drug abuse services (clearly a call on NHS funds), to training in daily living skills and independence (currently supported by the *Learning and Skills Council*).

A few centres have sought funding from various agencies, and some have developed education and training programmes in partnership with training providers and secured funding from the *Department for Education and Skills* or the *Learning and Skills Council*. This is not, however, widespread, which is not surprising given the complexity of defining and monitoring what day centres are providing and for who, and of making applications to and negotiating with multiple funding agencies and charities.

## Conclusions

Statutory funding is available for voluntary organisations that work with marginalised and excluded groups. The government's agenda for modernising Britain's welfare system will for the next 10 years create many new sources of funding for the next generation of services. They will be associated not only with housing-related support, but also with programmes in health, learning and skills, environmental improvement, and the good order, supportiveness and sustainability of local communities. Day centres should take advantage of these opportunities. To obtain such funding, they would need to adopt procedures to record their work and demonstrate their achievements. It would enable them to increase their resources and thus offer more help to homeless and housed clients. This point was echoed in a Briefing Paper in January 2004 by the *Association of London Government*: 'the current range of funding available to day centres does not reflect the diversity of services delivered. There is now a challenge to engage other funders and agencies such as the NHS to support the work of day centres' (Johnston 2004).

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The current situation of homeless people's day centres that provide valued and vital services to a very needy but housed group of people is unsustainable and an unreasonable imposition on the organisations and individuals involved. The legitimacy of what they do is questioned and undermined, and a component of their welfare role is unrecognised and therefore not funded. The practical problems of making the conversion to a valued and adequately supported 'back stop' in Britain's welfare service are however immense. Few of the organisations that run homeless day centres have the management capacity or knowledge to effect the transition from their present situation to one with multiple defined roles and small diverse grants. There is therefore an underlying requirement for management and administrative support. There is an immediate need for regional or local agencies that are funded to provide this support while respecting the independence of the organisations and avoiding excessive or insensitive control. If central government truly wishes to cultivate a rich mixed-economy of welfare provision, in which charitable organisations work alongside and with the support of statutory agencies, improving the 'back stop' role of day centres would be a good place to start.

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## Appendix: The research methods

This appendix provides further details of the research methods that were discussed in Section 1, and gives brief descriptions of the three day centres that were involved in the in-depth study.

### The contextual survey

The day centres for the contextual survey were identified through various sources and searches.

Two starting points were:

- *Homeless Link's National Directory of Day Centres* (1998); and
- *The Day Centres and Drop-ins Directory* compiled by the ESRC-funded *Homeless Places Project* at Queen Mary, University of London (2001).

Additional centres were identified through Internet searches of:

- *Homeless London*, a website for advisers and homeless people, which outlines the services available to homeless people in London, and includes a comprehensive directory of day centres and drop-in centres in each London borough.
- The *Charity Commission* – which regulates and registers all charities in England, and *CharitiesDirect.com*.
- A search for homeless day centres from *do-it.org.uk*, a national website for volunteering opportunities.
- The *Community Fund* and 'New Lottery Opportunities Fund' website, which has a database of the awards and grants allocated to projects.
- The *Oultwood LG web index* of English council websites, to search for local authority homelessness strategies under each county district. Relevant housing managers were emailed to find out if any new day centres were being developed in their area.
- *Shelter's* advice services directory.
- General searches for day centres for homeless people.

### The in-depth study at three centres

The selection of the three centres for the in-depth study was intricate. Because of restricted resources, it was initially decided to carry out the study at one centre in London and at two in towns and cities close to Sheffield. Meetings were held with the managers of the *Passage Day Centre* in central London and *Emmanuel House* in Nottingham, and both agreed to participate. The *Padley Day Centre* in Derby, the only day centre in the city for homeless people, was also approached but the staff were unsure if they met the study criteria (*i.e.* 50 housed attenders a week). The manager agreed to record the number of housed attenders for a week, and this amounted to just 28 (most of their clients were homeless).

The manager of *St Georges's Crypt* in Leeds was then approached. This centre opens seven days a week and offers services and activities for disadvantaged and vulnerable people, and staff were keen to be involved. Five visits were made during the day and evening to interview clients,

which revealed that the centre had fewer housed attenders than first thought. Information from *Homeless Link* staff and from recent surveys by Mary Carter (2003a; 2003b) revealed that the *Dellow Centre* in east London saw many housed attenders each week. This centre was therefore approached and the staff agreed to participate in the study.

#### *Centres included in the study*

The **Dellow Centre**, in Aldgate to the east of the City of London, is part of *Providence Row Charity*. It opened at its current premises in 1994 and has a hostel attached. It opens every weekday from 1 pm to 4 pm for rough sleepers, people in temporary or insecure housing, and housed people who are vulnerable. It operates an 'open access' policy and only requires people to give their name on entry. Approximately 130 people attend each day. It has seven paid staff and 30 volunteers. It offers free food, showers, clothing and laundry facilities. There is a housing advice worker, a substance misuse worker, and sessions by a mental health team. Help is also given with accessing welfare benefits, obtaining identification, and with legal issues.

**Emmanuel House** day centre is an independent charity in Nottingham. It was set up in 1976, and opens seven days a week. The day centre is attached to a charity shop, which is open to the public. During the day, the centre serves all vulnerable groups, and on four evenings it is for people aged 35 or more years. Approximately 70 people attend each day. The centre offers cheap hot meals, showers, haircutting and laundry facilities. It has welfare rights and tenancy support, a drug and alcohol worker, and regular drop-ins are provided by the outreach staff, mental health team, and a nurse. There is also a training and education room, which provides computer training and other courses.

The **Passage Day Centre** is one of the busiest day centres in London, and is open seven days a week. Each weekday morning, the centre opens from 7.30 am for rough sleepers, and provides housing advice, breakfast, showers, clothing and access to medical care. From 10.30 am, people in temporary and permanent housing are admitted. The centre closes at 2.00 pm. Approximately 150 people attend each day. It has a health team, of primary health care, mental health, and drug and alcohol workers, and a housing and advice team. It emphasises training, education and employment, and employs life skills workers, a vocational guidance worker, an IT tutor and a literacy worker.

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