

Day Centre Services in Glasgow: Recommendations and Considerations for Future Development

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Contents

A INTRODUCTION	4
B PRESENT GLASGOW DAY CENTRE PROVISION COMPARED WITH DAY CENTRE PROVISION ACROSS THE UK	5
B.1 Introduction	
B.1.i) The History And Nature Of Services	
B.1.ii) The Location Of Services	
B.1.iii) Premises	6
B.2 The Extent of Day Centre Services in Glasgow compared with UK Services	7
B.2.i) Opening Hours	
B.2.ii) Basic Service Provision – Food, Clothing, Washing And Laundry Services	
B.2.iii) Benefits Advice	8
B.2.iv) Budgeting And Money Management	
B.2.v) Housing And Tenancy Support	9
B.2.vi) Health & Substance Misuse Services	
B.2.vii) Training & Meaningful Occupation	11
B.3 The Quality of Day Centre Services in Glasgow compared with UK Services	13
B.3.i) Record Keeping	14
B.3.ii) Assessment And Support Planning	16
B.4 The Use of Day Centres in Glasgow compared with UK Services	17
B.4.i) The Numbers Of People Using Day Centres	
B.4.ii) The Accommodation Status Of Day Centre Users	
B.5 The Funding of Day Centre Services in Glasgow compared with UK Services	18
C THE ROLE OF DAY CENTRES	20
C.1 The Role of Day Centres– Responding to need	
C.1.i) Defining Day Centres’ Roles – Day Centres And The Hierarchy Of Need	
C.1.ii) Defining Day Centres’ Roles – Physiological Needs	21
C.1.iii) Defining Day Centres’ Roles – Safety Needs	22
C.1.iv) Defining Day Centres’ Roles – Belongingness And Love Needs	23
C.1.v) Defining Day Centres’ Roles - Esteem Needs	24
C.2 The Role of Day Centres– Issues and Models	25
C.2.i) The Role Of Day Centres- Deficiency Needs And Being Needs.	
C.2.ii) Do Day Centres Create Dependency?	
C.2.iii) Waters’ Model Of Types Of Day Centre Provision	27
C.2.iv) Who Should Use Day Centres?	29
C.2.v) Characteristics Of Housed People Attend Day Centres	30
C.2.vi) Housed Day Centre Service User’s Issues	31
C.2.vii) The Services Offered To Housed Day Centre Users	
C.2.viii) Housed Day Centre Attenders And The Use Of Other Services	32
C.2.ix) The Link Between Social Isolation, Unsatisfactory Resettlement And Housed Day Centre Attenders	34
C.2.x) Differentiating Services – The Enabling Services Model	38
C.2.xi) The Role Of Meaningful Occupation	41

D THE ROLE OF DAY CENTRES – ARTICULATION WITH OTHER INITIATIVES AND STRATEGIES	44
D.1 Articulation with other Local and National Strategies	
D.1.i) Role In The Prevention Of Alcohol Related Brain Damage (ARBD)	
D.1.ii) Role In Harm Reduction For Substance Misuse	
D.1.iii) Articulation With The Proposed Hepatitis C Action Plan For Scotland	45
D.1.iv) Information & Advice Strategy	
D.1.v) Housing Support	
D.1.vi) Integrated And Single Shared Assessment	46
D.1.vii) Role in the development of a Crisis response system in Glasgow	
D.1.viii) Role In The Development Of Community Health Social Care Partnerships (CHSCPs)	
D.1.ix) Articulation With Safer City Centre, The City Plan And The Location Of Services	47
D.2 The Role Of Day Centres Within The Homelessness Strategy	48
D.2.i) More Than A Safety Net	49
D.2.ii) Monitoring The Success Of The Strategy	
E THE FUTURE DEMAND FOR DAY SERVICES IN GLASGOW	50
E.1 The Impact Of The Glasgow Homelessness Strategy On The Demand For Day Services	
E.1.i) The Number Of People Rough Sleeping	
E.1.ii) The Number Of People Resident In Hostels And Accommodation Projects	51
E.1.iii) The Number Of People Resident In Temporary Accommodation	53
E.2 The future development of services	54
F REFERENCES	56
G ACKNOWLEDGEMENTS	62

A) INTRODUCTION

This report has been developed and produced by Glasgow Homelessness Network (GHN) at the request of representatives of the day centre services in Glasgow and the Glasgow Homelessness Partnership.

In January 2005, GHN brought representatives of the day centre services and the Partnership together to discuss the future development of day centre services. After a brief meeting, it was decided that the day centre representatives should meet together as the Day Centre Working Group and that the work of the group should be co-ordinated by GHN. The Partnership requested that a report be developed which would make recommendations which would be considered for inclusion in the updated Homelessness Strategy. It was agreed that the report would be ready for October 2005.

The Working Group met regularly until June 2005 and organised focus groups for service users to be asked to discuss issues about day centre services. These focus groups were conducted by the GHN Service User Involvement Team in July and August 2005.

The Working Group also decided that the report should respond to and develop some of the points made in early discussions with the Partnership. The report therefore aimed to -

- Set the work of Glasgow homelessness day centre services in a UK context;
- Create models for the role of day centres in delivering services to people affected by homelessness;
- Discuss the issue of whether day centres create dependency and the appropriate use of day centres by people with different accommodation status and make recommendations;
- Differentiate types of services delivered through day centres;
- Discuss the definition and role of meaningful occupation and make recommendations;
- Illustrate and suggest developments in the articulation of day centre services with the strategy of the Homelessness Partnership and with other strategies and initiatives;
- Discuss the future role, demand for and location of day centre services and make recommendations.

B) PRESENT GLASGOW DAY CENTRE PROVISION COMPARED WITH DAY CENTRE PROVISION ACROSS THE UK

B.1 Introduction

There are four day centres in Glasgow working with people affected by homelessness. These are the Wayside Day Centre and the Lodging House Mission, both independent charities and The Shielling run by the Glasgow City Mission and The Laurieston Centre run by the Salvation Army.

Using recent national research it is possible to draw comparisons between the history, level, extent and quality of services and their funding situations of Glasgow services and other such services across the whole of the UK. This section of the report bases these comparisons on two recent national research studies (Johnsen et al. 2004 and Crane et al. 2005), information on the Glasgow services which was provided by the services themselves to GHN through the work of the Day Services Working Group and the experiences and opinions of service users as recorded at the focus groups.

B.1.i The history and nature of services

In a survey of 165 day centres for people affected by homelessness, researchers found that 2% of the projects dated back to the Victorian era or earlier, 82% had developed since 1980, and 61% since 1990. (Johnsen et al. 2004) In Glasgow the same spread of histories exists. Although organisations can trace their existence back to the nineteenth or early twentieth century, the four services have been in their present premises and delivering services to homeless people more recently. The oldest service, thus defined, is the Lodging House Mission which dates from 1929 whereas the other services, in their present premises are newer The Laurieston (19X??), The Shielling (1980) and The Wayside (1982)

The same survey found that UK provision is strongly dominated by the voluntary sector – with 85% of survey projects being run by churches and other voluntary/charitable organisations, 6% by housing associations, 2% by statutory bodies, and 1% by private individuals. 88% of the projects had registered charity status, and 48% were part of or linked to a larger organisation or partnership (e.g. the Salvation Army, YMCA, Foyer Federation).

In Glasgow the day services are provided by voluntary sector organisations that are, or have their origins in, faith-based organisations. Two of these, The Shielling and The Laurieston, are run by larger organisations. The Lodging House Mission was originally managed by The Church of Scotland and The Wayside developed from the work of the Legion of Mary. Both are now independent charities.

It should be noted that two services are run from the premises of the Laurieston and the Wayside which do not form part of this report. The Laurieston runs a night service as part of a pilot funded through the Glasgow Homelessness Partnership and Legion of Mary volunteers run a basic evening service at the Wayside.

B.1.ii The Location of Services

The physical location of services for people affected by homelessness is an issue which has been identified in research as reflecting the status and value of these services and, by extension, of people affected by homelessness. (Dear and Wolch (1987); Dear et al. (1994) and Ruddick (1996)).

In Glasgow, two services are within the city centre and two are outwith the city centre and located in communities in the South Side and the East End. The location of day centres is discussed elsewhere in this report. However, for the purpose of comparison, services in the UK tend to be sited in areas “characterised by high levels of crime, prostitution and illicit drug use” (Johnsen 2004). It is debatable whether the Glasgow services are based in such areas. Certainly all four of the services are based in areas which have and are being “regenerated” and subject to “environmental improvement”. This in itself has raised issues for day centres and those who use and fund them. These issues will be discussed elsewhere in this report.

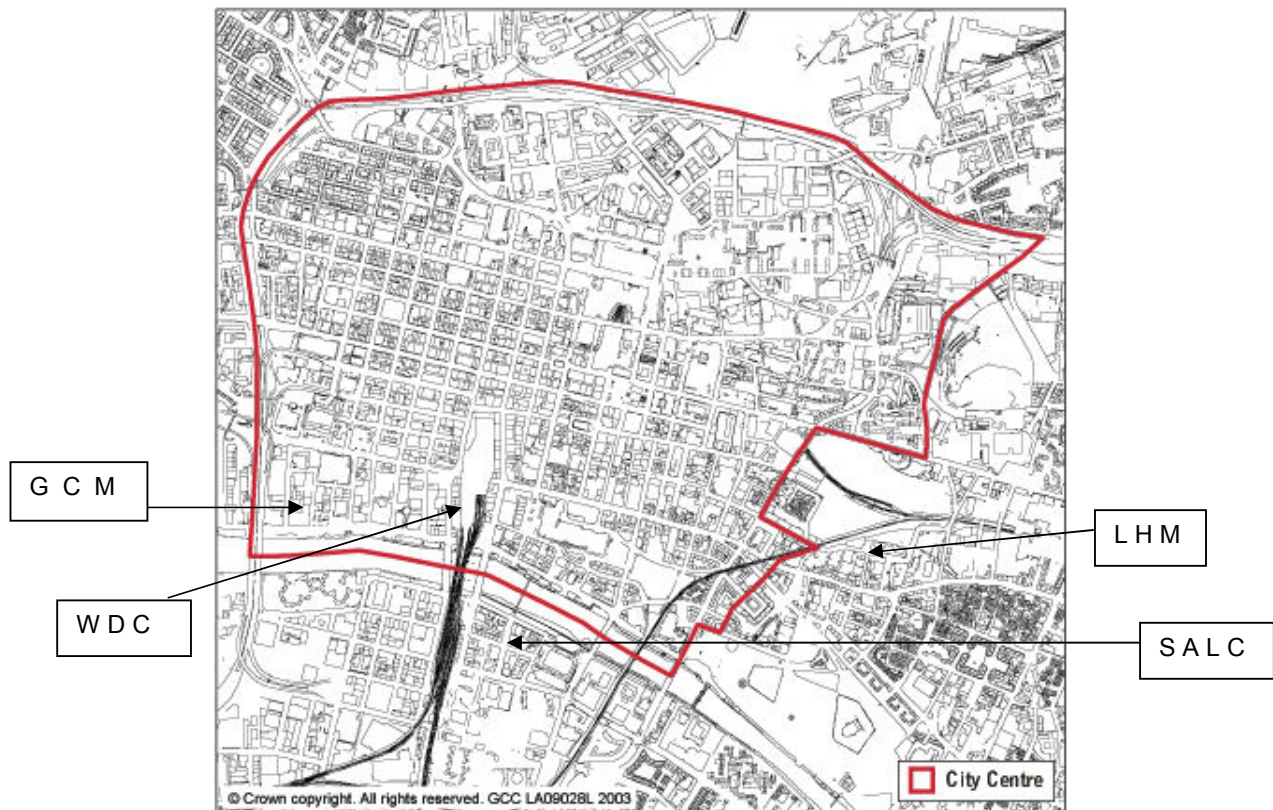


Fig 1 – The City Centre as defined by The City Plan with the location of day centres

Source The City Plan Glasgow City Council

Key

GCM – Glasgow City Mission The Shieling

LHM - Lodging House Mission

WDC – Wayside Day Centre

SALC – Salvation Army Laurieston Centre

B.1.iii Premises

Nationally, 52% of services are housed in converted buildings and 27% were ‘new’ purpose built premises. 55% of managers described their premises as ‘homely’ as opposed to ‘institutional’. 42% regarded their centres as ‘spacious’.

In Glasgow, there has been no work undertaken to gather such opinions from centre management but the premises would seem to reflect much the same spread of premises as is found nationally.

B.2 The Extent of Day Centre Services in Glasgow compared with UK Services

A recent study (Crane et al. 2005) surveyed 124 day centres for people affected by homelessness across the UK. Using this data it is possible to define the Glasgow services in comparison to other UK day centre provision.

B.2.i) Opening Hours

The research shows that 80% of day centres open 5 or more days per week, 15% open 7 days and 22% open at least one evening. (This and following data is from Crane et al. 2005)

At present across Glasgow, day centre services are available Monday to Friday during the day, as well as on 4 evenings and on a Sunday for 3 hours. This excludes the 7 evenings per week the volunteer service is available at the Wayside Centre and the service which runs all through the night at the Laurieston.

Glasgow services, therefore, compare favourably with day centre provision across the UK. Although none of the services are open 7 days per week, all services are open more than 5 days per week.

The extent to which services are open will be dictated by not only their capacity, financial and otherwise, to be open but also the type of service they are seeking to deliver. This issue will be examined later.

B.2.ii) Basic Service Provision – food, clothing, washing and laundry services

In national research it was found that 87% of day centres provided clothing and

- 76% provided sandwiches
- 68% provided lunch
- 67% provided showers
- 56% provided laundry services
- 34% of day centres provided breakfast

In Glasgow these services are available across the four services. Likewise, showering and laundry facilities are not available at all centres but are available. This, and the varied opening times partly explain why some service users use more than one service. This should not necessarily be viewed as demonstrating dependency. It should be noted here that there is good evidence that people using more than one service is unusual. Fieldwork by the Glasgow Simon Community Street Team and the Wayside, for example found that less than 10% of clients were shared between the two services. This issue will be discussed later.

It should also be noted that the way in which food is distributed is not noted in the research. This is an important issue. It should not be assumed that day centres give away free food or that they would if they could afford to. Different motivations and methods lead to significant differences between services as will be discussed later.

Day services also provide a whole range of services around support, information and advice. The national research focussed on the following areas -_benefits advice, budgeting and money management, housing and tenancy support, health and substance misuse services, training & meaningful occupation. It is possible then to compare the results of this UK study with the services provided in Glasgow under these headings.

B.2.iii) Benefits advice

In the UK, 58% of centres help with benefit claims and applications for benefit. This can involve help with form filling or more detailed information and advice on the benefits system. However, only 20% of centres have specialist benefit advisors and fewer input from legal advisors. 33% of centres do not offer advice or support but signpost services. 7% of centres offer no advice, support or signposting.

In Glasgow, all services have staff who have particular knowledge and experience in dealing with benefits and service users are directed towards these members of staff. These staff are able to take on an advocacy role and to signpost specialist services for the most complex cases.

Service Users' Experiences

In the Glasgow Day Centre Working Group Focus Groups participants identified benefits advice and advocacy when dealing with the Benefits Agency as important aspects of their experience of day centres. However this was not to the exclusion of other services as people reported using Welfare Rights Officers.

“Social Security lie to you – it’s better if staff help you, -it sounds a bit official”

“If it wasn’t for the (named day centre) I wouldn’t have got paid for 8 weeks after I moved to my flat”

“Welfare benefits – help with appeals” (is a support I get through the day centre)

“Advocacy” (is a support I get through the day centre)

“Staff make phone calls and help with applications / forms”

“Staff help to deal with benefits and applications”

“help to use the phone/ access to a phone / phone people for you”

“they go to things for you”

“staff contact other groups for you, other support groups”

B.2.iv) Budgeting and money management

In the UK, staff at 50% of day centres work with clients to help with financial crises, budgeting and other financial issues. Many offer training in money management. At most other centres the staff signpost services offering support with financial advice or support (Citizens advice bureaux). 10% of services offer no advice or support and do not signpost services.

In Glasgow, all services are commonly asked to give advice and support around money management and budgeting. Staff are able to give advice and take on an advocacy role and to signpost specialist services for the most complex cases.

Innovations include joint working with an outreach worker making weekly visits to one centre as part of the Financial Inclusion strategy and a system for micro-banking which allows very vulnerable people to store small amounts of money at a day centre to allow them to budget and to keep them away from loan sharks and other exploitative and predatory relationships. One centre offers a money management and budgeting scheme which allows clients to develop some of the stability necessary to move on through and out of homelessness.

Service Users' Experiences

In the Glasgow Day Centre Working Group Focus Groups participants identified budgeting and money management as services they received through day centres. However this was not to the exclusion of other services as people reported using Money Advice Centres.

“They are holding money for me that I would otherwise spend.”

B.2.v) Housing and tenancy support

In the UK 40% of centres have specialist housing advice workers or have such workers visit the centre. 25% of day centres provide home visits to clients in their homes.

In Glasgow, one service does have a specialist worker and another service has developed a working relationship with one of the housing support provider agencies in the city which does outreach work to the centre.

Home visits are made to individuals who have been resettled.

Service Users' Experiences

In the Glasgow Day Centre Working Group Focus Groups participants identified housing and tenancy support as part of the services they received through day centres.

Access a housing support worker

help accessing accommodation “they drive you about until you find something”

get and move furniture

joinery

“help me put my blinds up”

B.2.vi) Health & Substance misuse services

In the UK, 46% of day centres provide primary health care. 27% of centres have direct input from mental health professionals. 49% have specialist drug services and 43% alcohol services (Crane et al. 2005)

The crucial importance of all homelessness services including day centres' role in delivering health services and more generally contributing to the health and well-being of clients through health promotion and other means should be borne in mind. Morrison (2003) summarises Penrice (2001) –

As regards mental health –

- Homeless people are eight to eleven times more likely than the general population to report mental illness (depression anxiety or nerves) (Kershaw et al. 2000 and Bines 1994)
- Between 25% and 50% have a severe mental health problem (Carling 1993 and Allen 1993)
- 50% of hostel dwellers have a mental illness (Holland 1996)
- 66% of older homeless people reported having, or were demonstrated as having, mental health problems (Crane 1997)

- 57% of rough sleepers have some form of mental health problem (Gill 1996) and 8% of them suffer from psychosis (Reed et al. 1992)

As regards substance misuse -

- Up to two thirds of 25-34 year olds single homeless have drug misuse problems (Yanetta et al. 1999 and Owen and Henry 2001) for half this group the main drug of misuse is heroin (Kershaw et al. 2000)
- One third to one half of rough sleepers and hostel dwellers (Kershaw et al. 2000; Randall and Brown 1999 and Connelly and Crown 1994)

As regards general health -

- As well as the physical health consequences for those involved in substance misuse, people affected by homelessness also suffer high levels of musculoskeletal problems, skin problems, poor dental health and infectious diseases including respiratory illness and infection, tuberculosis, gastroenteritis and skin infestations (Ambrosio et al. 1992, Bryant 2002 and Bines 1994) especially in the older homeless population (Connelly and Crown 1994)

In Glasgow, the day centres are used to provide health services to people who would otherwise not engage with health services or who would be more 'hard to reach' through outreach work. It should be noted that there is a concerted effort by day centre staff to link their clients with mainstream services where possible. This follows the Glasgow policy of providing specialist services to engage patients but moving them on to mainstream services whenever this can safely be done.

One of many innovations in this area involves the offering of incentives to men to take up the Men's Health MOT offered by the specialist services this has included meal vouchers for day centres which have a positive health impact in themselves as well as encouraging men to prioritise their health needs.

Service Users' Experiences
In the Glasgow Day Centre Working Group Focus Groups participants identified health-related services as services they received through day centres. (Service users' accounts of barriers to accessing mainstream services are discussed later) These ranged across the following –
“Access to a doctor”
Dentist
“The chiropodist who comes in”
Nurses
Drugs advice
Alcohol support
Men's Health Group
“An optician and a dietician come in”

B.2.vii) Training & meaningful occupation

In the UK 50% of day centres offer lifeskills training around daily living tasks- e.g. cooking and budgeting. 44% of centres have education programmes e.g. literacy and computer courses, woodwork and gardening 36% have structured social activity programmes including sports, creative arts, music and drama (Crane et al. 2005)

In Glasgow, meaningful occupation is a focus of work at the four centres. All services were involved in some training and education as well offering 'activities'. Some of this meaningful occupation was delivered through partner organisations through joint working.

Whether these activities are necessarily meaningful occupation will depend on what service users 'get out' of these activities. Useful definitions of meaningful occupation will be discussed later. However, there is evidence that these activities are regarded by service users themselves as diversionary i.e. they have the positive effect of occupying time which may be spent on more destructive behaviours, as well as serving as meaningful occupation.

It should be noted that for the purposes of comparison, it has been possible only to compare service in Glasgow with services in the UK where national figures are available. It should not be assumed that the services outlined above is an exhaustive list of services available through day centres in Glasgow.

Service Users' Experiences

In the Glasgow Day Centre Working Group Focus Groups participants identified the following activities and training as being services they received through the day centres -

Joinery and woodwork class

Computer classes

Get to use internet & computers – build up IT skills to move on / access course

Looking for jobs

“(named day centre) are good at helping you access education”

Bus runs to Blackpool

Tickets to football matches

Football games & training

Football “keeps me away from drugs”

Pool

Table tennis

Hill Walking

Cinema trips

10 pin bowling

Canoeing
Bus trips
Photography

Service Users' Experiences	
In the Glasgow Day Centre Working Group Focus Groups participants identified 53 responses to the question of what support service users received through day centres. Those not included in discussion above include -	
Basic Support	Sleeping bags, clothing, food, showers & toilets,
Personal Hygiene	Hairdresser, toiletries, showers.
Social Networks & Supports	“Someone to talk to’, company, friendship”, “social elements” Women’s Group; Family mediation “They help you get back in touch with your family”
Practical support	“Use centre as a care of address”, Access to a phone,
Other services	Access to Victim Support,
Other service users	company, advice from other people,
Other services	opportunity to worship
Note: <u>This list should not be seen as exhaustive as it represents the first answers service users chose to give in response to the question “What services do you receive at day centres?”</u>	

Conclusion
Using the most extensive national research as a means of comparison, as regards the extent of their services, their range and nature, the day services in Glasgow are amongst the most extensive services in the UK. Service users’ own accounts show a range of services and more informal supports. From the service users’ responses, it is clear that there is significant joint working with other agencies which bring the most ‘difficult to reach’ clients in touch with other statutory and non-statutory services. There is clearly significant advocacy and support of clients. In their history and approach, the day centres are representative of day centres in the UK.

Recommendations
The Homelessness Partnership should familiarise itself with, and acknowledge, the extent of the services provided by day centres. The Homelessness Partnership and those planning statutory sector services should consider what services can be delivered through day centres by joint working with day centre services.

Points For Consideration

The Homelessness Partnership should consider how it can best work with day centre services to the benefit of the services and the Partnership but most importantly to the benefit of service users and people affected by homelessness.

It is hard to imagine a group of four projects which offer such a range of services to such an excluded client group. There are clearly issues here about the funding of these projects and how their capacity can be built to consolidate this work.

Do day centres want to continue to offer the same or similar services to the same groups of people or do individual services want to begin to differentiate their service from others by having alternative or additional services?

The differentiation of services would avoid duplication, allow service users to engage at an appropriate 'level', allow the specialisation of staff and volunteers. Allow, where appropriate, services users to 'progress' from one service to another.

Do services want to increase their opening hours? Who would be willing to fund this?

Do services want to offer specialist service at hours when they are presently not open – for example services for women only or for women and children only or services for housed people only? Who would be willing to fund this?

B.3 The Quality of Day Centre Services in Glasgow compared with UK Services

Across the UK, systematic evaluation of day centres and their services are rare (Crane *et al.* 2005) "... some of the services ... have not been the subject of very much evaluative research, meaning that we do not have a clear picture of their effectiveness. There has still been relatively little work that has examined the efficiency and effectiveness of services that seek to promote meaningful activity, education, training, or the formation of social support networks among potentially homeless people during the day. This is particularly the case for many day centre and drop-in services. Only a limited amount of research has been completed on training and education programmes for homeless people, with what research there has been suggesting only very limited effectiveness among groups like rough sleepers (Jones & Pleace (2005); Squirrell (2001). The reasons for this lack of success are discussed later.

At this stage it should be noted that evaluative comparisons of the quality of day centre services simply do not exist. One of the reasons for this is that day centre projects across the UK have not collected enough data to allow comparison of their services. This is partly explained by the nature of these services and the clients they seek to serve but it is mainly to do with their long history and the fact that they have kept what records as have been requested by their funders. It should be noted that good practice guides do exist, notably Bradley (2004).

Service Users' Experiences

In the focus groups, service users were not explicitly asked about the quality of services but one of the most striking things was the extent and consistency of positive feedback about staff and ethos which emerged through a range of non-staff specific questioning-

"They treat you with respect",

“always make you feel welcome”,
 “make you feel like a human being”,
 “listen to you”,
 “help you out with your problems”,
 “if you want help, you can ask for it”
 “They help you if you need it or ask for it”
 “They can’t do more than they already do”
 “Staff support is confidential”
 “You get a quick response”
 “The staff don’t exclude you”
 “I like it here - the staff are helpful”
 “Staff treat you like an equal & relate to you – so that you can relax”
 “Staff deal with you respectfully and quickly”
 “When you go to other projects you realise how different staff here are”
 “Non-judgemental”
 “There’s no discrimination”
 “Don’t turn you away”

There was one acknowledgment that whatever qualities staff may have, ultimately the motivation to change may be a personal choice - “they can’t tell you what to do – you have to do it yourself”

B.3.i) Record Keeping

Before judging the quality of service it would be necessary to generate sufficient data. A potential source would be the services’ own records.

“Many centres now collect basic details about attenders but few comprehensively record all aspects of their work or monitor the outcomes of interventions... Most centres (72%) record the names of attenders, although 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 centres to attract clients. It is now generally accepted that details about the users of services are necessary if they are to be given support, and if risk within the centre is to be minimised.”

“Most (day centres) collect statistics for funders and trustees on the practical help that they give, for example the number of meals served in each month. Many are unable, however, to produce evidence of the ways in which their service improved the situation of clients or effectively tackles their problems. Nor can they demonstrate the medium or long term impacts of interventions, such as dealing with rent arrears or thwarting eviction” (Crane et al. 2005)

“On the whole, day centres have tended to adopt the approach of measuring their achievements by outputs, that is, if people are coming to use their services they must be doing something right. This is reasonable in that nobody has to use a day centre users go there by choice – they can leave whenever they want and they never have to return. This is, though, too simplistic. People in difficult circumstances are likely to use whatever is available, whether or not they think it is a good quality service. While being very helpful in engaging someone and ensuring they get access to the basic services they need to keep themselves alive and healthy – services which are not responsive to their clients’ needs are unlikely to assist people in making helpful changes to their life circumstances.” (Cooper, A 2001)

It is important to note that day centres in Glasgow have produced what records are necessary to satisfy their funders and developed adequate systems to collect data where required. There is no question of the ability to collect data. Furthermore there are examples of day centres in Glasgow collecting more data than is required by funders. This includes voluntary use of the Common Monitoring System and extension of this facility through joint working with GHN. Another Glasgow service has developed recording systems for outcome measures judged important by staff rather than external stakeholders or funders.

There is however a question of their capacity to collect much more data than they do at present without a proportionate increase in their resources to do so. Future day centre development may be based on measuring the effectiveness of new services for which record-keeping systems would have to be developed.

Conclusion

Where they have been asked to by funders day centres have collected appropriate data and kept appropriate records. There is evidence that in Glasgow, more extensive record keeping and assessment is done than in UK day centres generally. This is in spite of the fact that as a group of services, with one exception, they receive very small amounts of funding which is dependent on record keeping.

Recommendations

Adequate records should be kept to ensure -

- the quality of the work done within day centres
- the safety and well-being of service users, staff and volunteers
- the efficient use of resources

Those funding day centres should make stipulation of what records are to be kept and for what purposes. This should be negotiated with the services and other stakeholders. Record-keeping and the attendant administrative work should be properly and adequately funded as an integral part of any funding

Services should ensure that the data they are collecting is put to best use including ensuring that management and staff as well as stakeholder agencies and others understand the work being undertaken and its effect on individuals as well as its cumulative effect.

Services should audit their present practices and their information needs and consider the most efficient method of record keeping and data collection.

Points For Consideration

Day centre management may consider the insight of Bradley (2004) –

“Day centres may currently struggle to demonstrate that what they do makes a difference to the service users they work with. You may find measuring outcomes a helpful way to measure the usefulness of your work. Outcomes are increasingly being used by... services to demonstrate what they achieve. They also help staff to understand what their work achieves and gives teams a sense of shared understanding”

Management should consider what data could be shared across the four services. Such sharing may make opportunities for service development and joint or complementary working more obvious.

B.3.ii) Assessment and support planning

Figures for assessment of attenders at day centres in the UK are not available. However, research is available on the assessment of housed attenders at day centres. These are of interest as this “more stable” group may be more likely to receive formal assessment.

63% of centres did not regularly assess the needs of “housed attenders” as “some rely on attenders to make their needs known and ask for help”. When dealing with housed clients, 26% of centres had case files on clients and 18% did a 6 monthly assessment of need. Only 8% of services had written support plans for clients.

The figures for assessment and support planning of clients resident in hostels, bed and breakfast or rough sleeping will be lower as some services offer only the more basic services to users they view as more ‘chaotic’ or those who have urgent and pressing need for food, clothing etc.

In Glasgow, assessment and care planning is carried out where it has been agreed with funders as a suitable procedure. Elsewhere, where there is less or no funding from the statutory sector there is less assessment and care planning. However, assessment and action planning is carried out by day centre services and there are serious attempts to keep accurate records which help service users and the planning of services.

Recommendations

Day Centre services should aim to implement assessment, care planning and key working for service users who engage with the service and receive any more than the most basic of services. The right to remain ‘anonymous’ and ‘unassessed’ should be extended to those who use the service to address basic physiological needs.

The services should use a good practice model such as the Bradley (2004) as a template for this work.

Those funding day centres should make stipulation of what methods of working they would expect and agree these as a condition of funding. Realistic assessment of the skill levels required of workers and administrative work should be properly costed and adequately funded as an integral part of any funding.

Day centre management’s views on any danger of assessment proving a barrier to engaging with services should be considered and assessment should not be introduced in such a way as to ‘scare off’ potential users of the service.

As a priority, services should aim to have all housed service users assessed and adequate support plans agreed, established and recorded.

Funders should further encourage the innovative development of assessment and recording procedures which services have initiated.

B.4 The Use of Day Centres in Glasgow compared with UK Services

B.4.i) The numbers of people using day centres

10,000 people use such centres a day in UK including many who are not in contact with the Community Care system (Llewellyn and Murdoch 1996:5)

In the UK average daily attendance at day centres ranges from 10 to 300. 28% have more than 60 clients / day

All Glasgow services have more than 60 attendees per day meaning they are amongst the top 28% of UK services in this regard. Because it is possible for a service user to move from one day centre to another in the same day, double counting may exist. However, day centre attendance in Glasgow will average around 400 people each day.

B.4.ii) The accommodation status of day centre users

In the UK more than one-half of the attenders at some centres are housed, with a high proportion being middle-aged or elderly men (Bhugra et al. 1997; Crane and Warnes 2001; Evans and Dowler 1999)

There is currently a debate at centres across the UK as to whether people who are housed should be allowed to use day centres. (Crane et al. 2005) We will return to analyse this debate later.

In Glasgow day centres, the accommodation status of service users is most accurately recorded at the Wayside Day Centre as they record the accommodation status of all of their clients. Other centres keep accurate records for part of their client group with whom they are doing particular kinds of work. Services can use their own figures and estimates for this data but it can be agreed that, across the four services, the accommodation status of attenders is approximately as follows -

Accommodation Status	%
Rough sleepers	9
Bed & Breakfast	10
Commercial Hostel	2
NFA – but not Rough Sleeping	9
GCC Hostels residents	19
Voluntary Sector accommodation projects	9
own tenancies including temporary furnished flats	36
Other	6

Fig 2 - Glasgow day centre client group by accommodation type (percentage)

(Note: These figures are those of the Wayside day centre. They should not be regarded as accurate for Glasgow day centres as other services may well have a different client group profile)

Conclusion

Day centres are used by a cross section of the population of people affected by homelessness including people who are presently housed. In this respect they are

B.5 The Funding of Day Centre Services in Glasgow compared with UK Services

Johnsen (2004) argues that the finding of previous research into the perception of homelessness day centres, that they are “viewed as the unprofessional and Cinderella subsidiary of direct housing provision” (Waters 1992), continues to be valid. This is partly a consequence of their funding regime and partly a consequence of their working with a specific client group. “...providers typically struggle to deliver services in the face of severe funding constraints, fragile staffing bases, inadequate buildings and, often in the face of public opposition’ (Johnsen 2004).

For the provision of basic services, in the UK 13% of day centres were reliant on donations for their entire food supply, 54% were reliant on donations for their clothing supply, 88% used volunteer staff. (Johnsen et al. 2004) In Glasgow, the figures for clothing supplies and the use of volunteers is nearer 100%. Although Glasgow day centres use donated food for varying purposes and to varying degrees, they also purchase food.

Across the UK, statutory funding is very important to a number of projects, contributing at least 75% of the total income of 28% of projects and being the sole financial provider for 13%. This is not the case in Glasgow where statutory funding is very low, in comparison. Three of the four Glasgow projects receive between 0% and 15% of their funding from statutory sources. The remaining project is almost wholly reliant on statutory funding.

Glasgow services are far more independent of public funds than day centres in other parts of the UK. This situation has arisen in Glasgow because historically, day centres have been financed wholly or largely through church, religious organisations and personal donations through charitable giving. At present these sources of funds remain a whole or substantial part of their funding.

As a consequence of this, in times of limited public finance and when there has been a lack of political response to homelessness, the Glasgow day centres have been able to maintain their services’ existence. More than this, they have been able to expand their services in times of raised demand and to develop their services in response to need. The services themselves are rightly proud of the sustained interest they have shown in delivering services when public bodies have consistently failed to develop adequate responses to homelessness. To date, three have survived as largely financially independent organisations to varying degrees. They have the capacity to maintain this level of financial independence in the future. In this respect they are unusual as most voluntary sector projects addressing homelessness in Glasgow are more or less dependent on public sector finance and short-term funding through grants and trusts. They tend, therefore to be a short duration or to have more secure funding, the terms of which are dictated by statutory sector funders.

The Glasgow day centre’s comparative independence means that while they can exist outwith the political fashions of the day and whether or not these seek to address homelessness as an issue, these day centres have also missed opportunities to receive funding to develop their services and to build capacity to respond to changing political initiatives and changing needs of the clients they serve.

Two further points are worth noting. Firstly, any public funding for these services offers a large added value. Reasonably small public investment can be used to make significant change in the development of services that impact directly on

service users. Secondly, to varying degrees, the day centres find themselves in a stronger position than other projects to maintain some independence and may therefore seek only such public finances as they see as making a useful contribution to the development and delivery of services while allowing them to maintain their independence, should they desire. Public funders should understand that this position has allowed them to maintain services for very vulnerable people in times of scarcity of public finance or political will and that in this context such financial independence is wholly desirable.

Any strategy that seeks to include the day centre services in Glasgow must acknowledge that the services themselves have a significant contribution to make in terms of investment of resources and that the strategy will be delivered best where the services have a useful input and are able to agree the strategy between themselves and policy-makers.

Conclusion

Because, with one exception, the Glasgow day centres receive very little statutory funding, they are far more financially independent than services in the UK generally.

Paradoxically, a lack of statutory funding has not affected the extent of the services offered by day centres in Glasgow. There is no evidence that the quality of services is affected by this lack of statutory funding. However, this finding is restricted by the fact that record-keeping and the presentation of data is not funding-led. Where this data exists, services understandably use it for their own purposes rather than to demonstrate efficiency or effectiveness to others. This does not mean that this efficiency or effectiveness does not exist.

Funders should take a realistic view as to what changes they can make to services they do not substantially fund. However, funders should also explore the possibilities for capacity building with organisations to enhance their capacity to make mutually beneficial changes

Points for consideration

Funders can make a significant contribution to the development of services using relatively small amounts of money. However funders must recognise that they cannot control or determine the existence or non-existence of projects in the same manner as they can with projects that they wholly fund or for which they almost wholly responsible.

Funders and planners and services with an independent funding stream have to learn where they can share objectives and learn from each other.

The day centres should recognise that the Partnership's strategy will affect their services and their service users. They should recognise that to the extent that the strategy is successful, it will help many people affected by homelessness who use or have used the day centres lead more fulfilling lives. They should consider what useful contribution they can make to the strategy's implementation.

The day centres should support the aims of the Partnership's strategy and consider in what ways they can best contribute to its success. The Partnership should consider what roles the day centres can play in the delivery of their strategy. This issue is discussed later

C) THE ROLE OF DAY CENTRES

C.1 The Role of Day Centres– Responding to need

Day centres' work is varied. Much of their work is in responding to the needs of their attenders. In this section this work is examined in some detail. However it should be borne in mind that much of the work done by and through day centres is more pro-active and engages with other agendas and programmes. These are examined in more detail elsewhere.

Johnsen et al. (2005) point out that day centres have been an important feature of homeless services for many years (Llewellyn and Murdoch 1996) and it has been acknowledged that they are relied upon heavily by not only 'visible' but also 'hidden' homeless people, (Reeve and Coward 2004, Robinson and Coward 2003). However, the centres have received far less research attention than accommodation-based responses to homelessness (Fitzpatrick et al. 2000). Their role, then, is not clearly and definitively developed within the research and it is necessary here to use a model to define their role in Glasgow.

C.1.i) Defining day centres' roles – Day Centres and the hierarchy of need

According to Maslow (1954), human needs exist in a hierarchy and one 'level' of need must be addressed before the next level can be addressed. Applying Maslow's work in the differentiation of types of needs to working with people affected by homelessness, Morrison argues that "in formulating any service or policy, it is worth remembering that homeless people's major concerns are rooted in Maslow's deficiency needs, and that interventions to provide, for example, education and training, will only be successful when these lower-order needs are met satisfactorily." (Morrison 2003)

By whatever means, day centres have been drawn to Maslow and Morrison's conclusion that when working with homeless clients who have the most basic needs, satisfactorily addressing these needs is a prerequisite of providing any more sophisticated intervention or service.

There are three important caveats that should be borne in mind:-

Firstly, the levels within Maslow's hierarchy would be best viewed as more a fluid than a rigid structure. In providing services addressing one level of need, other 'higher' needs may also begin to be addressed. For example day centres "offering services as seemingly basic as showering and laundry facilities... also provide a means of mitigating the stigma associated with life on the street" (Johnsen 2004). This activity, therefore, also addresses, or begins to address, esteem issues.

Secondly, from Maslow we can derive an explanation of why people, all people and not only people affected by homeless, experience dissatisfaction no matter what level of need they are experiencing. The satisfaction of one level of need inevitably creates a realisation of the lack or need at the next level and a desire to address these needs follow.

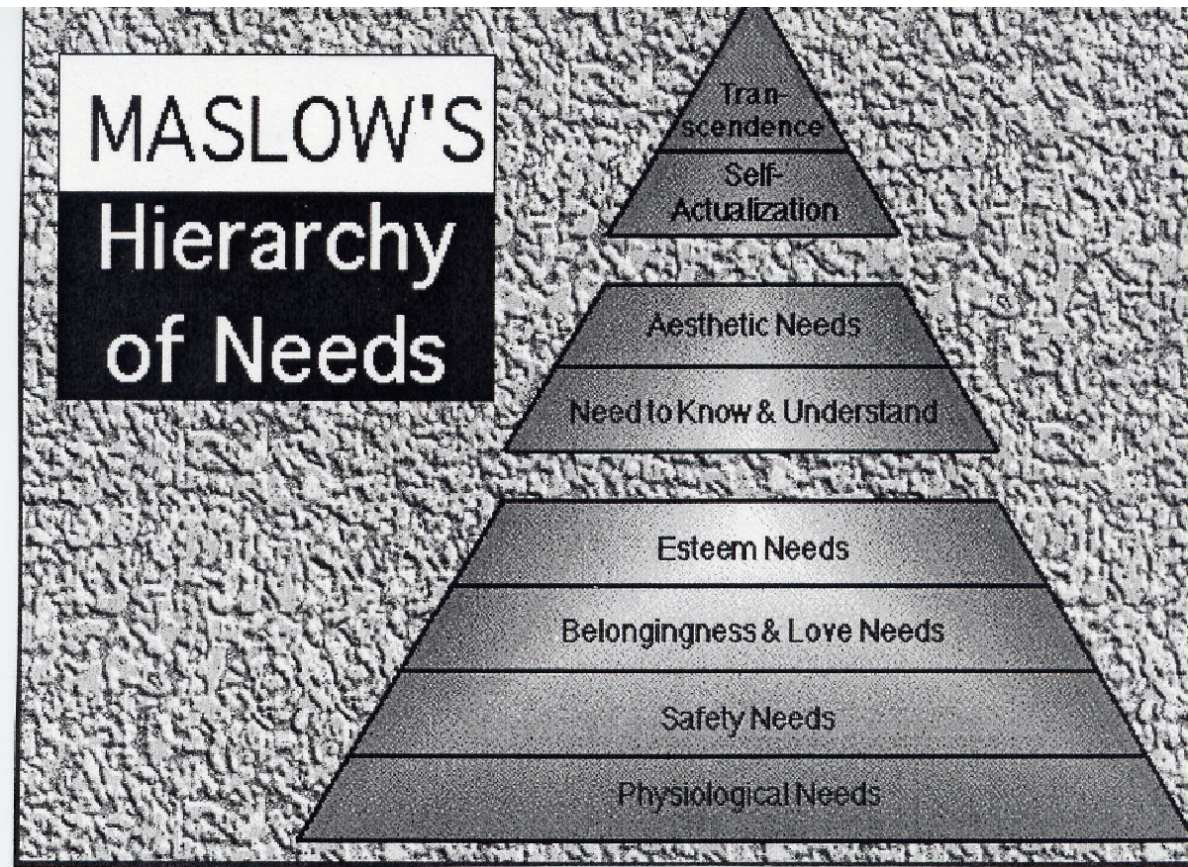


Fig 3 Maslow's hierarchy of needs as produced by Morrison
Source Morrison (2003)

Thirdly, it is possible for people to move down as well as up Maslow's hierarchy and to do this quickly. For people affected by homelessness, for example, who are living in cash poverty physiological needs, for example hunger, may dominate much of their day. However, having eaten they may address their need to belong by using their social networks. However, physiological needs will soon dominate again. This is true for all people. However the difference that poverty makes is that these basic physiological needs, like hunger for example, become more problematic and more difficult to address for people experiencing poverty than for other people.

C.1.ii) Defining day centres' roles – physiological needs

The first and most obvious role of day centres is in addressing the most basic needs of their service users. The provision of shelter and food, clothing and washing facilities forms a primary part of all day centre provision. The common perception of day centres' role is based on this most obvious and visible service.

Using Maslow's model, these services are clearly addressing physiological needs. While these services are sometimes dismissed by other service providers and others as "Cinderella services" (Waters (1992)) it is worth noting that unless these needs are addressed, more sophisticated interventions will be unsuccessful, according to Morrison's application. (Morrison 2003)

Day centres have also supplemented this range of services through joint working to provide healthcare and more sophisticated interventions which still address physiological needs.

C.1.iii) Defining day centres' roles – Safety Needs

In whichever way safety is defined, living in homelessness is not safe. Whether or not people are involved in homelessness as a result of being a victim of violence, people affected by homelessness are more likely to be victims of violent crime than others especially those who sleep rough (Dean 1999) and are more likely to fear crime within their own home, especially those who live in hostels (Garside et al. (1990), Ham (1996), Harrison (1996) and May et al. (2005))

But safety is a more intangible state than the mere absence of violence or even the threat of violence. Day centres provide a place of safety and security. Recent research in the UK and the United States has analysed this function and nature of this place of safety. This is worth summarising here because this informs debate about the location of day centre services.

There is evidence that across societies people who are deemed to be 'homeless', i.e. those whose physical appearance and or behaviour conforms to people's expectations of a homeless person, are 'rendered out of place because their presence disturbs the aesthetics and orderliness associated with the environment' (Johnsen et al. (2004) see also Cresswell (1996), Snow and Anderson (1993)).

The exclusion of people from 'prime space' (Duncan 1983) and the consequent 'purification' of this space (Sibley 1995) has taken two forms – the criminalisation of street survival behaviours and activities (Mair 1986, Mitchell 1995 and 1997, Ruddick 1996 and Smith 1996) and the manipulative design of the city space combined with policing to exclude people. (Davis 1992 and Soja 2000).

These tendencies have been noted across the world and are one of the consequences of so-called regeneration. This has led to what is termed the 'revanchist city' marked by the "vengefulness of the middle class against the poor where the victors are increasingly defensive of their privilege... and increasingly vicious defending it". (Smith 1996) This tendency has been noted in Glasgow (Macleod 2002).

It is worth noting that the most famous UK example of the "revanchist" city is Westminster. However, this has not led to the suppression of day centre activities. In Westminster the use of day centres by statutory agencies has been increased. Street work has recently been replaced with work through day centres. (See Brody 2005) Likewise in New York City where, the most explicit and extensive "revanchism" was carried out during the Giuliani mayoralship, day centres actually opened in Manhattan and other boroughs.

For our purposes here, it is worth noting that Maslow's 'safety needs' may be addressed by providing spaces where people do not fear harassment from the representatives of the state or business or from the general public who police public spaces.

They will also provide spaces where homeless people can 'be' and 'belong' when they have no place to call their own. "In so doing they offer an environment where homeless people may drop the pretence so often adopted to justify their presence in other environments (e.g. pretending to read in libraries or sipping water from Styrofoam cups in coffee shops" (Johnsen et al. 2004) (see also Cooper, R. 2001; Knowles 2000a; Knowles 2000b; Ruddick 1996.)

C.1.iv) Defining day centres' roles – Belongingness and Love Needs

Belonging, let alone love, does not lend itself to scientific research methods. However, in the research that exists on homelessness day centres, a sense of acceptance and belonging, service ethos, the attitude and behaviour of staff appear frequently. For service users, these issues and addressing these needs are a key part of their experience of using day centres and a reason why they return to the day centre. According to Maslow's model, this is because their lower order needs - physiological and safety needs have been successfully met.

Conversely the absence of a sense of acceptance and belonging, let alone love, is often given as a reason for not attending more mainstream services. This will be examined later.

"The day centre is a place where an individual's homeless status – conferred 'other' in most contexts – becomes the norm." (Johnsen 2004) However, to ensure the safety of service users, staff, and others, in reality there is also social control within and around day centres. Centres have developed rules and policies to exercise this control and physical changes have been made to buildings including CCTV, ultra-violet lighting, reception areas where people sign in and are vetted. Therefore, although the day centre can be seen as a 'space of licence' (Goffman 1961, Sharp et al. 2000) in comparison to other semi-public places, this is not unproblematic, it forms the basis on which people can begin to feel that they can be accepted and belong.

Ethos and staff attitudes and behaviour are crucial in developing relationships between staff and service users which can form the basis of a sense of belonging, acceptance, even love. "Such interactions proved to be key in shaping the experiences of people using day centres. It is within this relationship that homeless people receive support to move towards independent living, but equally importantly, that feelings of self-worth might be fostered during what is inevitably a tremendously stressful period of life. For service users, the most positive interactions with staff would seem to be ones that construct the day centres as a genuine space of licence that minimises difference and provides an environment free from the stigma experienced elsewhere." (Johnsen et al. 2004)

These relationships are crucial to people affected by homelessness because part of the cause of homelessness can be poor personal support groups and the process of homelessness, mental health and or substance misuse can strip a person of their networks. "It is no surprise to learn that a larger percentage of homeless people than the general population have fewer people in their primary support group." (O'Leary 1997)

"Practically everybody, including homeless people, find friends where they can." (Lemos and Crane 2000). Consequently it is crucial that homeless people have people within their social support networks who are not themselves experiencing crisis and homelessness. The opportunity to make positive relationships with people outwith the homelessness scene is important. Few opportunities exist for many people and the day centres offer the chance to meet staff and volunteers and form positive social relationships with them.

It has also been established that extended periods of homelessness can change people's behaviour in a way that exacerbates and prolongs homelessness as it strips people of the ability to maintain or acquire social or life skills and to establish and maintain social networks in a way which would allow them to address their homelessness (Snow and Anderson (1987); Grigsby et al. (1990); Boydell et al. (2000)). Therefore, these social interactions in the day centre environment are the

beginnings of recovery of their ability to cope and to address their homelessness and other issues.

C.1.v) Defining day centres' roles - Esteem Needs

Stigmatisation of those who experience homelessness and the consequent poor treatment by others leads to a lowering of self-esteem which leads to a withdrawal from society which is subtly different from social exclusion as it is a 'voluntary' withdrawal which results in isolation and ultimately alienation. (Carlen (1996); Platt (1999); Pleace (2000); Lemos (2000); Lemos and Durkacz (2002))

This research has been summarised thus "homeless individuals can be in a position in which self esteem and social skills have deteriorated to a point at which normal social interaction has become difficult. A devalued self image makes the 'normal' social interactions to get the services they need to access education and training, or secure a job, too much for some homeless people. This alienation may create barriers to services, employment, training and education, as well as to establishing friendships, sexual relationships or re-establishing family relationships." (Jones and Pleace (2005))

All day centre services can help improve self-esteem by addressing basic needs mentioned in the previous sections. However, there is a huge difference between this level in Maslow's model and the next. As we approach this level we begin to see how limited day centre services are. To improve self-esteem in a way that would be recognisable to most people, service users would need a home, an income, a job, a group of friends and, or relatives, perhaps a partner. The reason for the transition from what we may think of as basic needs to more complex issues is explained in the next section.

Conclusion

The Homelessness Partnership have previously used Maslow's hierarchy as a way of differentiating services and interventions with people affected by homelessness. With three important caveats, the model can indeed be used to analyse day centre's work.

The most obvious services provided by day centres address physiological needs.

The issue of the safety needs of vulnerable people and people affected by homelessness are complex and have implications for the location of services. In a city characterised by revanchist attitudes, day centres still have a role, even within the revanchist discourse.

Day centres are important mechanisms for developing and maintaining social networks.

Day centres can improve the self-esteem of their clients who include some of the stigmatised people in society.

Recommendations

The Glasgow Homeless Partnership should support efforts to regenerate Glasgow, improve the physical and social and economic environment and the development of opportunities for learning and employment. The Partnership should make a contribution to the debate around the use and development of the city centre and environs by correcting misguided thinking and misperceptions of issues around homeless and people affected by homeless and resist the simplistic revanchism which has accompanied regeneration elsewhere.

The day centres should understand their work in terms of Maslow's hierarchy and use this as a means, among other means, of describing and explaining their work.

The Homelessness Partnership should understand day centres' contribution to addressing the needs of their service users.

C.2 The Role Of Day Centres– Issues And Models

C.2.i) The Role of Day Centres- deficiency needs and being needs.

The lower half of Maslow's hierarchy are referred to as deficiency needs. They arise out of some lack or need that must be satisfied. (Morrison 2003). By contrast, the top half of Maslow's hierarchy are referred to as being needs, which arise out of people's drive to self-actualize and fulfil their inherent potential. Being needs do not stem from a lack or deficiency; rather, they push forward to self-fulfilment. Their goal is to enhance life by enriching it.

There is a clear role for day centres to be addressing and satisfying deficiency needs. However, whether day centres have a role or are suitable places to provide services beyond those addressing deficiency needs is debatable. The answer partly depends on addressing two separate but related issues. Do day centre services create dependency? And who should use day centres?

C.2.ii) Do day centres create dependency?

All services offering support to vulnerable people are liable to create some level or form of dependency. This issue has been a cause of debate amongst services and their funders. An understanding of the dependency argument is crucial in understanding the different perceptions of day centres.

At its extreme ends, the debate around dependency is the opposition of those who view attendance at a service as the sole measure of its effectiveness and value and those who view high attendance at a project as suspicious and as opening the service to the potential criticism that it is allowing people, who may otherwise resolve their homelessness issues, to become 'stuck' in homelessness and thus the service supports a damaging lifestyle to the detriment of the client and others. Between these two extremes lies a whole spectrum of views.

It may be argued that dependency can serve as a positive basis on which resettlement can be achieved and ultimately promotes independence. For people affected by homelessness, dependency on a service is "a natural process" exacerbated by the fact that "many homeless people typically have few [family or friends]" and "have, in fact, never experienced a dependable and supportive environment". This has prevented them from moving "on in their lives with an inner security that enables a level of independence." (Wyner 1999)

Those isolated and others vulnerable due to mental health problems, in particular personality disorder, have identified social isolation and lack of trusting relationships as a cause of their housing and other problems. "... the lack of such relationships (including non-engagement with services) increased their risk of becoming homeless... Quite apart from the human misery that loneliness produces, it was identified by service providers and (more strongly) by service users as a factor contributing to drug relapse and housing breakdown... The social isolation of this group of service users needs to be tackled as a problem in its own right" (Ferguson et al. 2005)

“For a significant section of the homeless population, there is a need to experience and enjoy a positive period of dependence, in a reliable and secure environment where they can feel heard, and contained, before taking steps to move on into their own individual accommodation and for that move to be a successful one.” (Wyner 1999)

Day centres, therefore, are working with some people who may need to create this dependence as a positive influence on their future resettlement. Many of these people will have experienced unsuccessful resettlement in the past or will be experiencing difficulties in tenancies and be using the service for the very reason that they can depend on it. Instead of dependency we may talk about learning and developing trust.

Dependency, then, is not an unambiguous relationship between a service and a client. Where that client lacks other supports and may also have a long history of unreliable relationships or failure to engage with mainstream services, dependency may be a necessary step towards resettlement.

Day centre services tend to judge their success on the level of attendance at their service and uptake of different services within the centre. If a new service is introduced, its popularity will determine whether it is regarded as successful. In the context of faith-based organisations, services will be used to reporting back through management or trustees the number of people who have been given shelter, fed, bathed etc. This measure of success is likely to have been used for a considerable time, perhaps since the inception of the service.

On the other hand, statutory funders and others may put more emphasis on what interventions were made and in demonstrable progress recorded. This may seem alien to the management of some day centres.

Good practice suggests that dependency is a possible outcome of providing day centre services however this should not be a measure of their success. “Although there will always be a proportion of clients who need to use the day centre on a regular basis, and for whom it will have a central part in their life, accumulating clients who never move from the day centre cannot be their (day centres’) primary goal. Day centres have to start measuring their success with clients not by how many times a week they attend, but how much they achieve” (Bradley et al. 2004)

There is evidence in unpublished research undertaken by the Wayside in Glasgow that frequent use of their centre, which is not necessarily the same issue as dependence but is relevant is restricted to a small group of service users who use the centre more than once a week. They represent 4% of all service users.

It is important to examine different cultures within day centre provision before going on to address the issues of dependency, who should use day centres and what they should use them for.

Conclusion

The dependency argument is a sterile and hypothetical debate unless more sophisticated analysis is employed. Here it can be concluded that the demand for a service is not necessarily the only measure of ‘success’. However, neither can high demand simply be dismissed as a measure of dependency. The dependence of the client on a day centre must have a purpose beyond the satisfaction of the most basic and recurring needs – hunger, hygiene and social contact. This purpose may be found in the articulation with other strategies and in joint working outlined later. Also, day centres have striven to offer more profound interventions and supports to promote independence and address more sophisticated needs.

There is some evidence that frequent use of the centre (more than once a week) only occurs in a small minority of cases.

Recommendations

The day centre services should continue to discourage clients from developing a dependency on services but recognise that the importance to some service users in building trusting relationships may be a balancing item in the consideration of what the dangers in reliance may be.

If a small minority of service users are very frequently using services then this group should be considered for intensive work to assess their needs and help them to begin to move on to engagement in other services.

C.2.iii) Waters' Model of Types of Day Centre Provision

Waters (1992) provides a useful model of types of day centre provision. The best summary of this is in Bradley et al. (2004). Here a brief account of the model and some of its implications is worth outlining.

Waters proposes three models of service delivery in day centres across the UK. These are –

1. The spiritual / missionary approach

The main aim of this project type is to 'provide sanctuary or to provide a tolerating community for people'. Services tend to be provided anonymously and unconditionally.

2. The social work approach

The main aim of this service, as perceived by those who deliver it, is to offer targeted, professional intervention to assist and encourage clients in achieving their goals. Services are more likely to be offered on a one-to-one basis and through keyworking.

3. The community work approach

The main aim is to encourage the client to develop their skills and capacities and to work with peers to change and improve their lives and the lives of others.

Like all models there is an inadequacy in these definitions that cannot portray the complex reality of much day centre work. Individual services are unlikely to adopt only one of these approaches. Also, even within a single project different workers may adopt slightly different approaches to different aspects of their work. However, the analysis has become popular because it explains different approaches and the consequence of these approaches. It may also be used by day centre management to consider the work that they do, the way they do it and what the consequences are for clients and for the service itself.

	The Spiritual / Missionary Approach	The Social Work Approach	The Community Work Approach
Access	Open access for all.	Restricted access for a targeted group means that people have to be assessed before involvement or referred from other agencies.	The project may not actively recruit but draw recruits in through their work and carry out informal vetting as well as creating 'degrees' of membership.
Rationale	Everyone 'deserves' a service. An anonymous and open service allows all to participate – no one is 'screened out'	The services on offer will only 'work' with particular types of client – all others should be excluded from these particular services	The community should grow organically. Degrees of membership replace assessment – people 'serve their time'
Provision of basic services – e.g. food	Food is free	Food may be subsidised but there will be a charge	Food may be free or there may be a small charge but the clients may select and cook the food themselves
Rationale	Clients are poor and it is our duty to feed them. This is the only way to ensure all can eat and equality amongst clients.	A charge is more realistic – more like 'real life'. Reduces the chance of dependency.	Service users can build skills & confidence and create and strengthen their own community
Meaningful Occupation / Activities	Voluntary recreational (perhaps educational – computers e.g.)	Targeted, goal-oriented tasks (resettlement training, training for employment)	Communal activities & individual activities identified by 'clients'.
Rationale	Open to the broadest number of clients. Likely to be taken up by clients. 'Realistic expectation' e.g. that clients probably will not be able to attend regularly. Skills often accumulated as a by-product of the activity	Preparing people for the 'real' world. Targeted at certain clients but excludes others because they, or the activity, are 'unsuitable' in professional opinion of staff.	Builds sense of community and community capacity through skills acquisition. Individual clients teach and learn from peers and organise the activity themselves.

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Fig 4 Model of Day Centre Provision

Source Waters (1992) developed in light of Llewellyn and Murdoch(1996); Cloke et al. (2005) and Johnsen et.al (2004)

This model of types of services is simplified. For example, services which are quite clearly adopting a spiritual / missionary approach will not necessarily have open access. The reality of day centre management and the protection of service users' safety and that of staff and volunteers, means that exclusions will be placed on people, in the form of bars which may be temporary or permanent. Also clients may be expected to sign in and out. So these services are not entirely anonymous or open to all. (Llewellyn and Murdoch 1996; Cloke et al. 2005;)

However, having recognised the simplification involved in developing the model, it is useful as it fairly starkly shows differing *and legitimate* approaches to work, their rationale and consequences.

Where services are developing or where problems arise with services, or services are faces changing patterns of homelessness, this model serves as a starting point for discussion.

Recommendation
Services and others should familiarise themselves with this model and consider what approaches they take to their work and the consequences of these approaches. Services, the Homelessness Partnership and others should understand the legitimacy of different approaches to work and find ways to better communicate with people who take a different approach to work

C.2.iv) Who should use day centres?

A variety of people in different accommodation and with no accommodation, use day centres throughout the UK and Glasgow is typical in this respect.

There is no record of any debate or dispute, either within UK day centres or amongst those who fund them, that people who are rough-sleeping or living in bed & breakfast accommodation, hostels or other temporary accommodation can legitimately use day centres.

However, there has been some debate amongst services throughout the UK, and those who fund them, about whether people who are housed should use day centres and, if they are to use centres, how these services should respond to people who have different needs than other, non-housed, service users. (Crane et al. 2005) The debate about who should use day centres then is really a debate about whether and, if so, how housed people should receive service at and through day centres.

Evidence of high rates of attendance at homeless day centre by housed service users are evident in a wide range of research (for example, Bhugra et al. 1997; Crane and Warnes 2001; Evans and Dowler 1999 and Horton Housing Association 2004). The evidence for Glasgow is given in earlier.

However, the role of homeless day centres in supporting people who are housed has only recently been the subject of specific research (Crane et al. 2005) as opposed to a theoretical debate. This research, based on interviews with 83 housed service users at various day centres throughout the UK, is worth some detailed examination as it gives an insight into this kind of work. Firstly, to examine the nature of 'housed' day centre service users as a population and secondly to examine why they use day centres.

C.2.v) Characteristics of Housed People Who Attend Day Centres

“There is a growing recognition that factors other than accommodation and resettlement support are important in ensuring that formerly homeless people resettle in their new homes and communities. A range of needs and characteristics including social and economic exclusion, emotional poverty, boredom, lack of meaningful activity and poor social networks are associated with homelessness. These ‘daytime’ needs may be found among people who are homeless, those who are potentially homeless and those who are housed but have one or more past experiences of homelessness” (Jones and Pleace 2005)

It is important to point out that, as a group, housed day centre service users have characteristics which differ from the average member of the housed population *and* from that of day centre users as a population and are therefore a unique group. The nature, scale and needs of this population should be understood by day centre staff and management as well as funders.

In the research the following characteristics of the sample were identified -

- 90% were in rented accommodation (local authority or a housing association)
- 82% lived alone
- 78% had previously been homeless
- 60% were over 50 years of age
- 42% had no contact with relatives and no close friends
- 41% saw a relative or a friend once a week
- 31% had a tenancy support worker
- 23% had been homeless for more than 10 years
- 21% had had an alcohol problem in the last five years
- 15% had an illegal substance misuse problem
- 12% had a current alcohol problem

The research was able to identify three broad sub-groups of people who are housed and use day centres. These groups may be useful to bear in mind as pen-portraits of common characteristics of groups of service users rather than as individuals -

Group One - Have been homeless and recently rehoused; visit centre briefly for advice & support and to get cheap food as they have problems budgeting; more likely to be engaged in other activities.

Group Two – Have been homeless but have been rehoused for several years. Struggling in their tenancies, have financial problems including rent arrears, are likely to have been threatened with eviction or to have considered giving up their tenancy. They are unsettled at home, they circulate around different day centres for company, to relieve boredom and escape home.

Group three – Have never been homeless, but are lonely and isolated, are not involved in any other activities and spend long periods on frequent visits to day centres looking for company. They find it hard to manage household tasks and are unsettled in their homes but have not considered abandonment and are unlikely to have been threatened with eviction.

Research suggests that 94% of staff in UK day centres believe that housed people should be able to attend day centres. The most common view given by 86% of staff was that being re-housed forces formally homeless people to face their own incapacities which may have contributed to their initial homelessness. In addition to

these incapacities, many housed attenders also had mental health problems and or were involved in substance misuse. (Crane et al. 2005)

C.2.vi) Housed Day Centre Service User's Issues

In the national research, the following issues were raised -

Issues with living at home

- 42% had never cooked a meal at home (of these, 50% reported that they were receiving help at home from paid staff or volunteers - this was more likely with women than men)
- 30% had problems with cooking and cleaning at home

Money concerns

- 70% reported difficulties with budgeting and finances
- most had had Benefit problems
- 35% ran out of money weekly
- 30% had rent arrears in the last year

Dissatisfaction with resettlement

- 42% felt unsettled in their present accommodation
- 39% had considered giving up their tenancy in the last year

Reasons for being unsettled in tenancy included -

- 25% poor condition of house
- 18% loneliness & isolation (all of whom had been previously homeless but housed in their present accommodation for more than 2 years)
- 13% problems with neighbours

(All from Crane et al. 2005.)

C.2.vii) The services offered to Housed Day Centre Users

Housed service users had the following patterns of day centre use and gave the following reasons for attending day centres –

	Formerly homeless (months rehoused)		Never Homeless	Total
	Up to 24 months	Over 24 months		
	%	%	%	%
In last seven days -				
Attended centre on 4+ days	38	43	61	46
Used centre at least 18 hours	8	16	33	17
Reasons for attending				
Company and to socialise	65	76	83	74
Help & support from staff	62	75	50	57
Cheap food	54	49	28	46
Pass time / relieve boredom	15	43	39	33
Escape problems at home	8	38	28	26
Involvement in other activities				
Involved in other activities	46	38	22	36

Fig 5 The respondents' use of day centres and reasons.
Source - Abridged from Crane et al. (2005)

These issues are broken into two categories – practical and emotional. Whether day centres are best placed to provide the resulting emotional and practical support within a Glasgow context will be addressed later.

According to research day centres can and do provide the following services to housed clients – Basic needs, welfare support, housing and tenancy support, health and substance misuse services and activities and training and opportunities for social contact

Other research suggests that “almost all respondents mentioned the problems of isolation and boredom and the ongoing need for support and companionship. (Jones and Pleace 2005)

C.2.viii) Housed Day Centre Attenders and The Use of Other Services

Service users' views and experiences

In the Glasgow Day Centre Working Group Focus Groups participants (not only housed participants) were asked to identify which services, not specifically designed for homeless people they had used while they were homeless. Participants generally struggled to name services. In total the following 14 services were named –

Health Services - General Practitioner, Drug counsellor, Psychologist, Sappho

Employment & benefits – DSS, Benefits Agency, Job Centre

Education - Colleges

Advice - Citizen's Advice Bureau, Welfare Rights Officer, Money Advice Centre

Other – Prison, Taste The Art (a project run by Govan SIP), Princes Trust, Base 75

Of these, service users are likely through their benefit/employment status or through their health status or as their status as an offender, to have been forced to attend 8 of these services. Therefore only 6 non-homelessness projects or services could be identified by 41 participants.

Participants were asked how they had 'got on' when attending non-homelessness services. This question was asked of those who had identified services and those who had not.

- Badly
- Couldn't get a GP
- Colleges – rent issue
- Always get a different worker and have to retell your story
- You have to deal with all different people. It's better in a day centre cause they are all in one place

Others had particular needs which they felt were not or would not be addressed –

- I'm highly dyslexic and don't get the support
- I don't like using the phone

Staff in mainstream services were viewed as being unhelpful and prejudiced against people affected by homelessness –

- I have tried to use (name money advice service) but they've been degrading towards me and brush you off.
- It's horrible to be brushed off
- I don't want to go there if I don't get treated well
- It's hard to get a prescription from your GP if you have no fixed abode
- Other places don't listen to you
- Social workers are not interested
- Left to your own devices
- If you are homeless they think you sell the stuff
- There's nothing you can do if you fall out with the services so you come to the day centre for support

As well as the experiences of such behaviour, there was the perception that such prejudice would exist and therefore mainstream services were best avoided –

- Won't fit in
- Nobody would entertain me
- This is about class differences
- Even if we all got together as a group, there is nothing we could do to change people's attitudes
- You feel excluded having to sit at a health centre

This anticipation of prejudice extended to GPs despite the new contract making it difficult for registration to be refused, participants still felt that "They would rather send you somewhere else". The previous experience of prejudice, or knowing of someone else's experience, therefore, is more 'real' than a reassurance that this 'will not happen again'.

People who had not engaged with non-homelessness services were asked why not

- "You get better support from homelessness services"
- "Not heard of them"
- I don't know about them
- There's a lack of information

There were also examples of poor articulation between specialist and mainstream services –

- Hunter Street are supposed to be supporting me to get my own GP but they haven't

- Using the HAT so I don't use the local service

More profoundly, some participants simply questioned whether if resident in temporary accommodation or in an area from which you want to move, engaging with mainstream services was worth the effort.

- It's easier to use services you know
- If flats and moves are temporary what is the point in using local services and going to that effort?
- If you don't get a home in the area you want what's the point in using local services if you are trying to move?
- Might need to travel to get there

There is good evidence within Glasgow that such experiences are common across various groups of people and these experiences are certainly shared by drug service users who are trying to engage with mainstream services (Smith and Howes 2003)

Recommendations

The Homelessness Partnership should take a realistic view of the likelihood of service users being able to quickly engage with mainstream services in communities into which they are resettled. The lack of motivation to use mainstream services amongst people who are living in temporary accommodation or in areas they view as temporary stays because they want to move elsewhere should be recognised.

The role of the day centres in helping such people engage with mainstream services should be recognised.

Day centres' work with housed clients should be based on a recorded assessment and action plan created with the client to identify their needs and desires and practical measures to achieve these and linked back to the housing support provider and other mainstream services. This will involve joint working. The day centre's contribution should be based on the philosophy of providing the safe minimum of support and maximise the support from mainstream services.

While services may be based in the city centre, day centre services should work on an outreach basis and seek to support people within the communities into which they are resettling where possible. They should be adequately funded to work in this manner.

C.2.ix) The link between social isolation, unsatisfactory resettlement and housed day centre attenders

Jones and Pleace (2005) quote research by Dant and Deacon (1989) and Vincent et al. (1993) on lack of social supports contributing to the inability of people affected by homelessness to sustain tenancies. This included friendships and partners as well as familial support which was a particular issue for young people, as well as experience of a disrupted childhood or interrupted education or experience of care (Van der Ploeg and Scholte (1997); Pleace and Quilgars (1999) Fitzpatrick (2000) and Biehal et al. (1992)).

Housed day centre service users can have poor social networks and little or no contact with relatives or friends. Family and marital breakdown or estrangement are common causes and effects of homelessness. Rehousing in unfamiliar areas mean they have no community ties and are disadvantaged further by the difficulty they find in integrating and making new friends. Long histories of homelessness suggest that they have social networks around homelessness with other people affected by homelessness and with staff and volunteers in projects. Traditional community centres are less accessible and tolerant and less likely to offer male company. (Crane et al. 2005)

Importantly research demonstrates that clients who are able to form social networks and engage in activities after resettlement are more likely to be housed two years later than clients who have few social ties or interests. The development of social networks and meaningful occupation has a significant role in maintaining tenancies and in preventing homelessness (St Mungo's 2003).

It may be argued that attendance of more stable housed attenders at day centres encourages them to mix with people who are more 'chaotic' in terms of their lifestyles which are developed as a coping strategy to deal with homelessness. A danger of 'relapse' would exist were this to create peer pressure which would drag people back into this lifestyle and into homelessness. However, it has been argued by service users themselves that as housed attenders seeing and spending time with homeless people reminds them of how far they had come and that they should not abandon tenancies.

Also, there has been some confusion of a 'homelessness' culture and a 'drugs' or 'addiction' culture. People with a history of problematic substance misuse may 'relapse' after a period of abstinence or moderated substance misuse. One of the risk factors for this is keeping the company of substance misusers. This model is well known and common currency in models of "addiction" (Jones & Pleace 2005). However, there simply is no evidence of 'relapse' into homelessness by formerly homeless people simply due to their being exposed to the company of homeless people. This contagion model misrepresents homelessness and should not be used.

Service Users' Views and Experiences

In the Glasgow Day Centre Working Group Focus Groups participants made the following points with regard to social isolation

Services users were asked to identify what they valued about day centres. 63 responses were recorded. Of these, many mention the contact with other service users as the most valued aspect of the day centre. Excluding the many who mention the quality of their relationships with staff and the environment or culture of the day centre generally, people mentioned -

- "word of mouth support"
- " I don't know everybody here but I feel like part of a team",
- "Talking to people who have been through it themselves"
- "to combat loneliness"
- " mingling with people"
- "you can chat to people"

- “it’s a regular crowd that use the day centre”
- “company”

as things they most valued about day centres.

Service users were explicitly asked why people who were housed continued to use day centres. These responses come from people who are presently housed as well as people who have been housed in the past and continue to use day centres.

Similar answers were given by a large number of respondents. These identified the root cause of people attending as being about loneliness and boredom -

- loneliness, boredom
- company
- to break the boredom
- occupying your time
- looking for a girlfriend
- stuck in the house all the time
- “I wouldn’t use this if I had a job”
- financial situation
- companionship
- loneliness – four fucking walls
- I want out of the house
- nothing in the house but the TV
- frustration

However, this does not answer the question of why people attend day centres rather than mainstream community-based services.

The transition to a new tenancy was recognised as being a ‘big step’ for people who had been affected by homelessness –

- If you get a house sometimes your problems escalate
- “There’s a big void between being homeless and being in your own flat. Day centres are a bridge between this – act as a confidence builder”

Respondents also felt that the difficulty of establishing networks in a new area was an issue –

- Lack of information of the local area where I am staying
- Feel I don’t fit in

While another questioned whether it was worth the effort putting down roots in a community that he was only likely to be in temporarily. Many people affected by homelessness have long histories of temporary resettlement in different areas.

Others identified practical support from the day centre staff as important –

- workers continue to support you
- staff have got the skills and knowledge here
- if it was not for the (day centre name) I wouldn't have got paid for 8 weeks after I moved flat
- The social security lie to you – it's better if you get the (day centre) staff to help you – it sounds a bit official.

Others identified the availability of cheap or free food and other basic services as a motivating factor in continuing to use services. Sometimes this is a motivation because of low income but for others it may be to do with skill levels or isolation -

- Food – don't want to cook for yourself
- Food – some people can't cook for themselves
- Food parcel
- Cheap food
- Access to clothes
- To use the phone

Two respondents saw day centre attendance as part of a 'routine' or a habit.

- Habit – you become addicted to them
- Routine

However it is not recorded as to whether this was a positive routine, giving structure to someone's day or a negative habit.

People housed in supported accommodation who are not allowed visitors are driven to seek company and to arrange to meet people in day centres and other venues. "Day centres are the only place you can take your pals."

Service users said that day centres are playing a role in family mediation and , "they help you get back with your family".

Conclusions

Housed day centre service users are a distinct sub-population of people who are housed and of day centre service users.

Housed people attend day centres for the following reasons

- to receive the same basic services as other attenders as required AND
- to engage in activities which help maintain their tenancy and increase their support networks.

Housed attenders at day centres may explain their attendance at a day centre by saying they attend so as they can 'enjoy the company' or because they are 'bored'. The attender's motivation should be used to encourage them to expand their social network and address other needs which contribute to their isolation. Some of this work will involve engaging with other services as well as the day centre.

Recommendations

Working with housed people in a day centre context entails the assessment of the housed attender's needs and their desires. These needs and desires should be recorded and a written plan made with the attender of how these needs and desires are to be addressed.

This action plan is likely to involve joint working with other agencies.

The action plan should consider –

- 1) Ways to engage with other services – including advocacy, accompanying & shadowing attendance at other services
- 2) A home visiting service
- 3) The services available within the community.
- 4) Housing support referral.

To facilitate this work, day centres need to further develop networks with community-based organisations offering a full range of services.

Housed service users should be encouraged to use mainstream services where available and appropriate. This may involve advocacy, accompanying clients to projects and services. This work will be facilitated with appropriate joint working. This may involve the development of protocols.

The motivation for housed service users attending day centres should be assessed and consideration given to as to whether this motivation may be appropriately satisfied in another context.

Further research should be carried out into status of people in supported accommodation as regards visits from friends and family. Bans on such visiting can be damaging and blanket bans on such visiting seem a crude method of minimising risk where better assessment and support may allow visiting.

C.2.x) Differentiating Services – The Enabling Services Model

Bearing in mind the Waters Model, another model which may be useful in differentiating types of service is the Enabling Service Delivery Model that was developed by the Audit Commission and the Social Services Inspectorate as part of the Joint Review process.

The model shows the trade-off between different levels of risk management and attitudes to dependency. It may be most useful in the context of day centres work to explain why day centres are often involved in what are classed as 'rescuing' activities in this mode

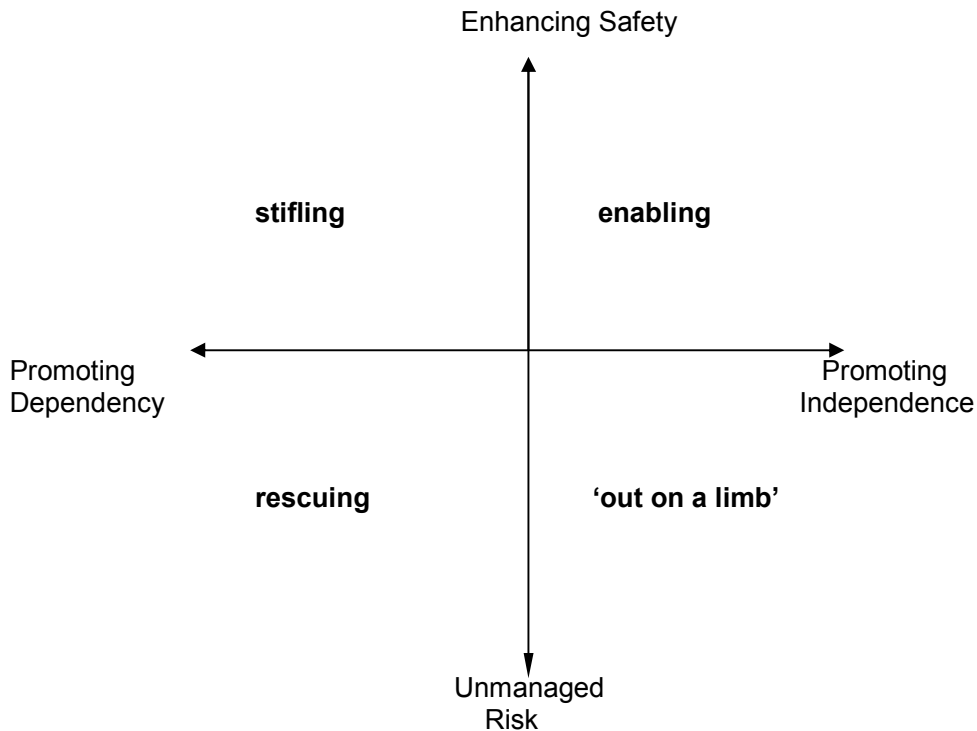


Fig 6 Enabling Service Delivery Model

Source : Audit Commission and the Social Services Inspectorate Joint Review Process

The meeting of Maslow's basic needs demands, particularly those for food and warmth, cannot be based on an assessment of need and the service must be given immediately. There is little time for systems to be developed that would manage risk or enhance safety. All that can reasonably be done is for service users to be asked to identify themselves by signing in and for staff to be aware of techniques to promote safety in the immediate face of risk and violence.

Likewise, the service must be uniform because there is not the opportunity to assess individual needs and wants.

The term 'unplanned care' can be used to define services which are given without assessment or individual planning. This type of care is appropriate in certain contexts. It has the clear advantage of being open to all potential clients, being unconditional and anonymous therefore people are less likely to exclude themselves. This is why day centres attract and retain clients who are not engaged with other services although the need they have for other services can be very apparent.

The provision of these services, therefore puts day centres in a 'rescuing' mode according to this model. To understand day centres and their function within a range of homelessness services, it is important to understand this model and the unique approach that day centres have brought to this work which is the basis of their success.

The term 'unmanaged risk' should not necessarily be seen as derogatory or judgemental as to the quality of the service. "If no risks are ever taken at a day centre then it is unlikely to be helpful to a large number of people who need to use it." (Bradley et al. 2004).

However, this model is simply not suitable for more sophisticated interventions. Meaningful occupation, for example, cannot be delivered on this basis.

The model allows us to see how this can be achieved – by promoting independence and by managing risk.

Risk management is “essentially part of the overall assessment and care planning process and should not be seen as something separate or more important” (Bradley et al. 2004). It is possible then to include all individual assessment and planning as well as risk management on the Y axis thus-

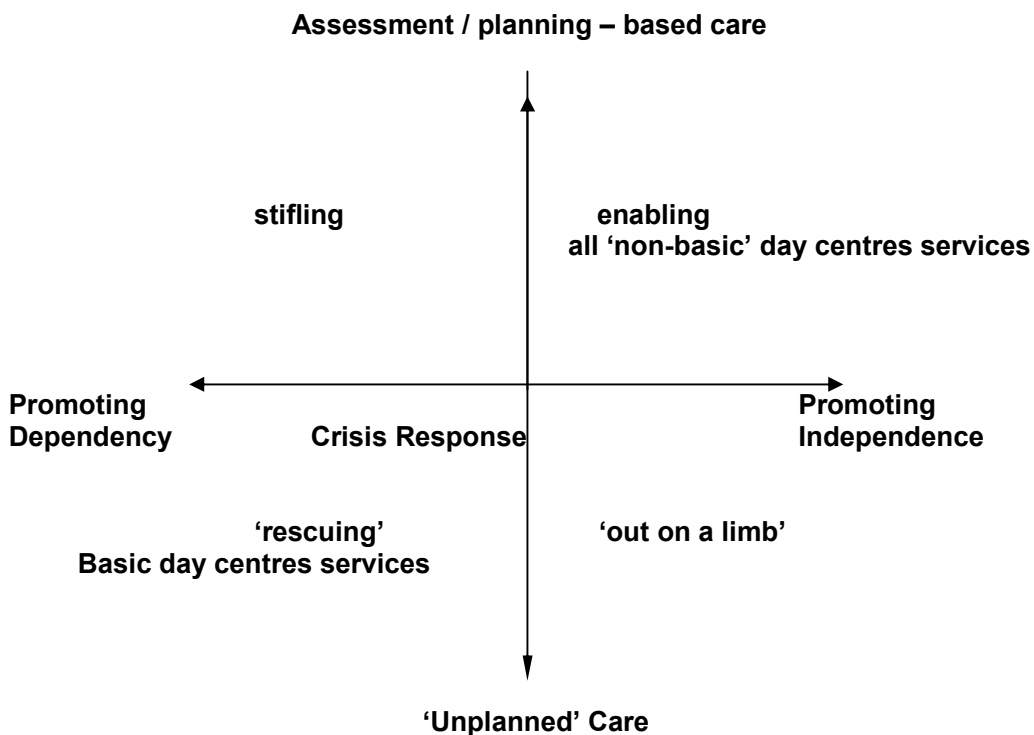


Fig 7 The distinction between basic and non-basic services using the Enabling Service Delivery Model

Source : Adapted from Audit Commission and the Social Services Inspectorate Joint Review Process

All interventions with service user apart from the most basic – providing meals and washing facilities for example, should involve planned care based on assessment and action planning. These include such activities as benefits advice, budgeting and money management, housing and tenancy support, health & substance misuse services, training and meaningful occupation.

The only exception that some day centres may wish to make is in pastoral care. The spiritual support to an individual in providing ‘someone to talk to’ is an important element in some day services and should not necessarily be subject to written assessments and planning.

It should be a clearly stated aim of all non-basic services that they promote independence. Things should be ‘done for’ individuals only in the most extreme circumstances. The objective should be to ‘teach how’ to do these things.

Conclusion

Some services within day centres will inevitably be 'unplanned'. This is legitimate and desirable for some of the services.

More sophisticated interventions should be planned and based on assessment. Good practice suggests that this assessment should be written and a mutually agreed action plan developed with the client.

Recommendations

Day centre management should consider use of the Enabling Service Delivery Model or similar model to differentiate their services and to explain their services to others.

The Homeless Partnership should familiarise itself with the work of day centres in Glasgow and how elements of their service are differentiated.

C.2.xi) The Role of Meaningful Occupation

Meaningful occupation is a label now given to a whole range of activities undertaken at and through day centres. It has no set definition. It is necessary here to create and agree a definition,

Meaningful Occupation is a term used to describe activities organised for and by and undertaken by people who are otherwise underemployed which not only 'occupies their time' but consciously and in a structured manner, seeks to improve their range of skills and experiences in a way likely to help them address the root causes of their underemployment.

As defined here, meaningful occupation in day centres is not necessarily the same thing as 'activities' – painting, playing board games, playing football, going on trips, visiting the cinema etc. Such activities can only be counted as meaningful occupation if they are provided so that individuals can address some of their needs. For example, board games may be part of a programme of activities undertaken to improve social interaction and social communication or playing a card game may be a means of improving numeracy.

It should be noted that 'activities' can be useful in themselves. They may serve a distinct and useful role which is different from meaningful occupation. For example, they may act as a diversion from more destructive behaviours. It is also important to note that the same activity will serve different roles for different people. It is impossible, therefore, to draw up a list of activities and a list of meaningful occupations.

In any case, meaningful occupation is an activity undertaken with a specific and stated intended outcome which allows participants to gain skills or experience which help them address their own assessed needs. Participants should participate in the full knowledge of why the activity is being undertaken and the intended outcome. The activity and learning will be evaluated and reviewed with each participant.

Although activities may be serve as meaningful occupation for some participants, meaningful occupation can only be said to have taken place and be demonstrated when it is undertaken with clients who have had an assessment of their needs as part of an agreed action plan.

In saying all of this it is obvious that meaningful occupation is not an activity that can be undertaken with all service users. Day centres may simply be too busy to carry

out this intensive work and provide basic services to the most excluded of client groups.

Meaningful occupation activities could be used to address people's education, employment and training needs. However, day centres would have to have assessed the needs of their client and drawn up with them an action plan which was mutually agreeable. The action plan would include prioritisation of activities and a plan for how actions would be delivered and by whom. The action plan would clearly state the responsibilities of all parties and the objective of activities. This plan would also seek to avoid duplication of services and the delivery of services by the most appropriate authority.

For example, the reason an individual cannot attend a college one afternoon a week, may be because of their self-image and self-confidence. This is the issue most appropriately addressed through meaningful occupation within the context of a day service known to them and whom they trust. However, the college course itself is best delivered by the college.

However, if the issue is more structural to do with the culture of a local college, for example, the day centre may want to consider joint work with other organisations, in this case the college, the appropriate use of outreach and the development of 'bridge programmes' creating links between the day centre and other organisations.

In this regard, the importance of support to clients, including accompanying them to services and developing key working should not be underestimated, nor should the amount of labour intensive work involved.

Much meaningful occupation undertaken by day centres involves the acquiring of basic soft skills e.g. social communication and confidence by people who have been stripped of these skills and assets. These skills can be acquired in a huge range of activities. However, the activities should be subject to the same planning, review and evaluation as more sophisticated interventions.

The Skylight Project is based in London and run by Crisis. This service is a 'graduate' service to which people affected by homelessness and who previously used day centres 'move on'. The service is largely user led and includes small social and commercial businesses and learning and training opportunities. The service is dependent on a network of day centres working with people affected by homelessness from which they draw their own clients.

Conclusion

Meaningful occupation can be clearly defined and differentiated from activities, diversionary activities and other services offered through day centres.

Good practice suggests the recording of assessment and action planning used when offering meaningful occupation to clients

Recommendations

There is a place in day centre work for 'activities' for their own sake. However, these should not be counted as meaningful occupation. Meaningful occupation requires to be based on assessment, have desired outcome which helps a client progress towards an agreed goal. Good practice suggests that this assessment and subsequent actions should be written and recorded and be part of an action or care plan, agreed and reviewed with the client.

Services should consider what meaningful occupation they can undertake with clients

given their scarce resources.

Services should consider working together so that individual centres specialise in types of activity e.g. arts, crafts and art therapy, sport & healthy lifestyles, basic skills – literacy, numeracy, ICT. Services should also create systems whereby clients could be referred from one service to another specifically for meaningful occupation.

Day centre services should work with The Partnership to consider where meaningful occupation, the revised Homelessness Strategy and the Equal Access Strategy and the lessons learned from the New Futures funded projects can begin to address the training and employment needs of people affected by homelessness.

Points For Consideration

Should services be doing more meaningful occupation as described in this section? and What resources are required to do this properly?

If so, should services be creating a real or virtual, 'graduate service' for people who have used day centres and now have enough stability in their lives to be addressing issues around employment, education and training? Does Crisis' Skylight project constitute a reasonable model for Glasgow?

D) THE ROLE OF DAY CENTRES – ARTICULATION WITH OTHER INITIATIVES AND STRATEGIES

D.1 Articulation with Other Local and National Strategies

D.1.i) Role in the prevention of Alcohol Related Brain Damage (ARBD)

Easy access to a reliable source of nutritious food is important in promoting general health. For particular client groups this can be vital. For example, people who use alcohol heavily can develop alcohol-related brain damage (ARBD). In Glasgow hostels, 78% of hostel residents over 34 years of age drink hazardously. It has been estimated that 110 hostel residents have ARBD (Morrison et al. 2003).

This condition is wholly preventable, causes suffering and distress to the individuals affected and their broader support networks and can be a large financial burden on health and care services. At its extreme, sufferers can experience permanent physical and mental disability and require permanent nursing and care.

In Glasgow, ARBD has been recorded in people in their late teens. As ARBD does not affect life expectancy, those commissioning services have to address the needs of people needing a lifetime of care. Strategies which prevent the development of ARBD are therefore highly cost-effective.

In Glasgow, there is evidence that heavy drinkers who maintain a thiamine-rich diet avoid developing ARBD and that this is most successful where such people are comfortable eating in communal facilities. The evidence is that the social atmosphere in which food is consumed is more important than what food is simply made available. This is why GCC hostel residents involved in heavy drinking are more likely to develop ARBD than such residents of the Bellgrove Hotel (Morrison et al. 2003).

Day centres have a role to play in creating an atmosphere in which such people are able to consume food in comfort and safety.

Recommendations

The day centres should receive support in building capacity to promote the prevention of ARBD and in the wider healthy eating agenda. This should take the form of advice and support to kitchen staff and management as to the best ways of providing thiamine-rich food. If necessary, financial support should be given to purchase such food and in promoting good eating & ARBD prevention messages to clients.

The support to kitchen staff and management and the purchase of food should be extended as necessary to ensure that day centres are providing the most nutritious food available.

D.1.ii) Role in harm reduction for substance misuse

Day centres have always worked with people who harm themselves through substance misuse. In this they have developed a harm reduction approach to their work. This forms the basis of their work. However a proactive role in harm reduction is lacking.

Point for consideration

Day Centre management should consider along with the health board and other parties whether suitable harm reduction advice, information and practical support

should form part of the service. This may include the provision of a needle exchange and or safer injecting room.

D.1.iii) Articulation with the Proposed Hepatitis C Action Plan for Scotland

The draft Action Plan has been recently published. Day Centres may want to consider how they respond to the following elements -

- Advertise availability of Hep A & B vaccination for 'close family contacts' of people at high risk of Hepatitis C infection
- Improve education and awareness training of people at high risk of Hepatitis C infection
- Provision of needle (and paraphernalia) exchanges
- Promote reduction in initiation into injecting
- Work with CHSCP's to promote information on local services for people at high risk of Hepatitis C infection
(Scottish Executive 2005)

Note some or all of these activities will apply to people as volunteers and staff as well as to people who are service users.

Recommendation

Services should work to contribute to the delivery of the Hepatitis Action Plan.

D.1.iv) Information & Advice Strategy

The Housing Information and Advice Strategy recognises that the provision of advice and information for people affected by homelessness plays an important role in alleviating homelessness as well as responding to crisis situations. Current work towards meeting the Homepoint Standards can be aided by the input of the four day centres in Glasgow as they are in the position to signpost and refer those using the centres to other statutory and voluntary resources or services within the city to enable them to move on and work towards resettlement back into communities.

Recommendation

The day centres should familiarize themselves with the Glasgow Information and Advice strategy and consider their part in delivering the strategy.

D.1.v) Housing Support

Housing support services play a crucial role within the delivery of the Glasgow strategy. They are involved in resettlement and prevention work. There is an obvious link between their work and that of the day centres. In other areas, where there are no dedicated services, day centres carry out the functions of housing support providers (Crane et al. 2005)

Recommendations

In Glasgow, where specialist housing support providers have been contracted to do this work in the city, the day centres should working closely with these services to contribute to this work. Closer formal working links should be established between day centres and housing support providers.

Housing support providers should have staff based in day centres

Point for consideration

A measure of the success of a housing support service may be the client's reduced use of day centres. However this should not be used as a measure of the success of individual workers who should be encouraging clients to use such services as they require or can engage with.
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D.1.vi) Integrated and Single Shared Assessment

Day centres are sometimes the only services engaged by particularly vulnerable and/or isolated individuals. Day centres in Glasgow have thus regularly been used by researchers undertaking research on 'hard-to-reach' client groups. As 'hard-to-reach' clients are in touch with day centre services, it is appropriate that day centre staff are able to carry out a basic assessment of need to contribute to the Single Shared Assessment with clients who volunteer to be so assessed. This will both allow the client to engage with other appropriate services but, in the accumulation of data, allow the planning of appropriate services for the most vulnerable service users.

Day centres have shown commitment to this process for sometime by freeing staff to participate in joint training.

Recommendations

Day centres should participate in the training for the Homelessness Integrated Assessment and should be involved in the early roll out of the assessment tool in January 2006.
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D.1.vii) Role in the development of a Crisis response system in Glasgow

Given the fact that they have open access and have the ability to engage people furthest from other services, day centres inevitably work with people in crisis. These services should form part of any proposed crisis response system. They would provide a safety net by which people could re-engage with services.

Recommendation

Day centres should have an explicit and agreed role as part of the crisis response system developed in Glasgow.

D.1.viii) Role in the development of Community Health Social Care Partnerships (CHSCPs)

The development of Community Health and Social Care Partnerships allows the day centres to view their work within a community setting. It also allows the management of day centres to make contact with a range of professionals from outwith their normal networks and to share ideas about the development of their services.

As locally based services, day centres can contribute to the expertise on homelessness within a community.

Recommendations

Day centres should develop a working relationship with their local CHSCP. The services should have a clear idea as to what their service offers and in how this articulates with other local services to meet the needs of the local community. This may involve assisting the resettlement of people affected by homelessness and in preventing homelessness by supporting people resident within the community.

Day centres should consider and discuss with local service planners what data and records it would be most useful for them to collect for the purpose of developing services to better serve their clients.

D.1.ix) Articulation with Safer City Centre, the City Plan and the Location of Services

All Glasgow residents and visitors to Glasgow should be able to enjoy the city centre and its amenities in safety. Glasgow city centre is a focal point for social and cultural activities and for working and shopping. Glasgow rightly prides itself in the maintenance of its vibrant city centre. Other cities have struggled to maintain city centres as out-of-town retail developments have emptied retail spaces. There have also been issues in cities where transport infrastructure has been inadequate and urban de-population have created large empty city centres.

In Glasgow the city centre is used by residents across the city for legitimate purposes that contribute to the vibrancy of the area. This is a marked tendency in Glasgow. Reasons for the tendency of residents to congregate in the city centre may include

1. Low levels of car ownership.
2. Poor suburban retail and other facilities
3. A lack of 'things to do' especially for young people in communities
4. The fact that many Glaswegians have been displaced within their own conurbation.

To assert that a city-centre based homeless 'scene' exists because of the existence of the city-centre based hostels would be inaccurate. People resettled in communities return to the city centre in the same way that people from those communities do. It would also be inaccurate to postulate that such a 'scene' may now or in the future be sustained solely by the existence of city-centre based day centres. Glaswegians congregate in the city centre whether they are homeless or not.

The problem of isolation within communities when people's mental or physical health and lack of money for transport prevents them coming to the city centre is a cause for concern. "In the Greater Glasgow context, there is a danger that the problem (of social isolation and loneliness) may increase, rather than decrease, as services are moved to the localities, since coming into the city centre is probably one of the few ways in which people can achieve some sense of connectedness." (Ferguson et al. 2005)

While there are legitimate concerns around crime and behaviour within the city centre, it should be borne in mind that people affected by homelessness are far more likely to be the victims of crime than other citizens and that day centres have a role in providing a place of safety and security for their clients.

Two day centres are located within the city centre and two are located near the city centre in communities to the south and east. Given the scarcity of resources and the desire to offer the service as widely as possible there is little useful argument in moving the services further from the city centre. Poor transport links across the suburban areas of Glasgow means that non-city centre based services will always be inaccessible to some potential service users. It makes sense then that day centres should be based in the city centre or near the city centre on the main arterial routes into the centre.

Given scarce resources it would be hard to justify day centres being established to serve small communities. Transport across Glasgow is poor and moving away from the city centre by any distance that is not 'walkable' has a dramatic effect on the size

of the area a service can claim to serve. Arterial routes and city centre locations (as current services occupy) are the only practical and suitable locations.

Recommendations

The day centres should be based in or near the city centre.
 Day centres should have the backing of the Homelessness Partnership and other key stakeholders in defending the right of all of Glasgow’s citizens and visitors to enjoy a safe and vibrant city centre.

Stereotypical views of homelessness and of people affected by homelessness should be challenged by day centre staff and management, their funders and by the Glasgow Homelessness Partnership.

Points for consideration

Services may want to consider whether they may wish to serve communities. One way of dividing the work with housed service users, for example, would be for each of the services to work with people who were housed in one quadrant of the city.

The advantage of this would be that in establishing networks of services and in joint working with local community-based services, each service would be able to establish more links more quickly if they did not have to work across the whole of the city.

D.2 The Role Of Day Centres Within The Glasgow Homelessness Strategy

The work of day centres has a contribution to make to The Strategy for the Prevention and Alleviation of Homelessness as developed by the Homelessness Partnership. As demonstrated the work of day centres shares the foci of the strategy.

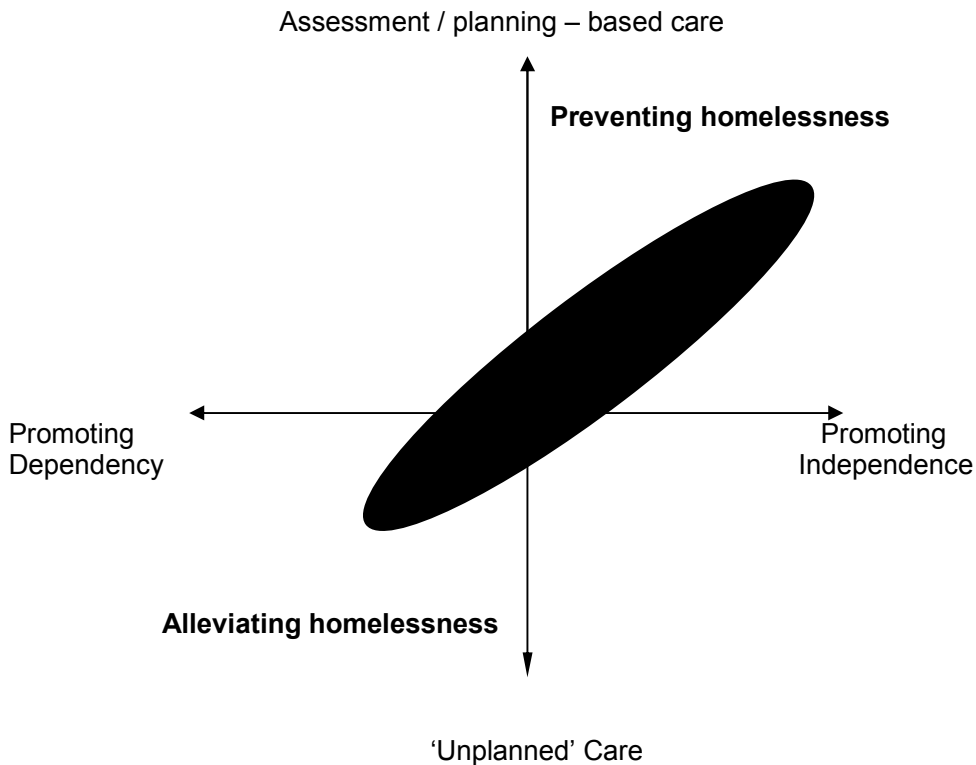


Fig 8 The role of day centres in the Glasgow Homelessness Strategy is represented by the shaded area

Source: Adapted from Audit Commission and the Social Services Inspectorate Joint Review Process

D.2.i) More than a safety net

Day centres act as a safety net for people falling out or through the systems designed to prevent and alleviate homelessness.

Day centres also help re-engagement with other homelessness and mainstream services and offer information, advice, support and advocacy on behalf of service users which contribute to the resilience of services users.

For housed service users support may involve the development of skills and the giving of information and advice regarding services available within communities. This may involve outreach working and home visiting. The development of this work can only come about when working with housed service users is acknowledged as a legitimate part of day centre work.

Recommendations

This role should be formally acknowledged and day centres should be encouraged to improve their services in respect of the 'bouncebackability' they offer service users.

Working with housed service users is acknowledged by day centres themselves and their funders as a legitimate part of day centre work.

Day centres are sufficiently resourced to provide these services and make this contribution to the strategy.

D.2.ii) Monitoring the success of the strategy

Day centres are frequently the only service that some homeless people engage with. The delivery of basic services and their inclusive and supportive environment mean that they keep some people affected by homelessness 'on the radar' rather than them disappearing altogether.

Day centres can also work as an 'early warning system' which monitors the working of the strategy overall. Day centres should be encouraged to report back clients' issues which show flaws or gaps in the systems developed through the strategy.

Recommendation

The Glasgow Homelessness Partnership should establish a formal mechanism for feedback as to 'what is happening on the ground' as part of an early warning system and as barometer of trends. The day centres should be an integral part of this process.

E) THE FUTURE DEMAND FOR DAY SERVICES IN GLASGOW

E.1 The Impact of the Glasgow Homelessness Strategy on The Demand For Day Services

In England and Wales, central government has agreed that day centres should be “part of an overall strategy to prevent or alleviate homelessness” (DTLR 2002). In Scotland, the Scottish Executive has not issued such detailed policy and it has been left to local authorities and their partners to develop and deliver local strategies. This work has been overseen by the Executive. In Glasgow, the local strategy (Glasgow Homelessness Partnership (2003)) makes no mention of day centres. In this respect, Glasgow is not unusual. Half of London boroughs likewise make no mention of day centres (Woods et al. 2004).

However, the implementation of the present strategy and its successors will have an effect upon the size and profile of the population of people affected by homelessness in Glasgow and therefore it is in this context that the future development of day services can be delineated.

In brief, Glasgow’s strategy involves ending the need to sleep rough; a reduction in the use of bed and breakfast accommodation and the eventual closure of all Glasgow City Council run hostels within the city. These services will be reprovisioned so that people can be adequately supported to live in appropriate accommodation in the city’s communities. This accommodation will include permanent and temporary accommodation and supported accommodation, accommodation with support and unsupported accommodation. Specialist services will be developed to meet the needs of those with complex needs where necessary.

These measures are already being undertaken and will eventually greatly reduce the city centre population of people affected by homelessness. This population has made up the majority of service users at the city’s day centres for many years. The future development and implementation of the strategy will seek to further develop community responses to reduce the number of homelessness presentations through prevention and develop community-based responses to ensure homelessness is a short-term situation for people who will be more quickly and appropriately re-housed

The population presently using day centres include the following groups of people

- people who are rough sleeping
- people who are accommodated in hostels and accommodation projects
- people who are accommodated in temporary accommodation
- people who have their own tenancies but have previously experienced homelessness
- people who have their own tenancies and have not (recently) experienced homelessness but are vulnerable to homelessness

Changes in the sizes of these populations will affect demand for day centre services. Also, changes in the composition of the population will affect the nature of services. Future changes in the sizes of these populations and the composition of the population who are affected by homelessness are examined in this section.

E.1.i) The number of people rough sleeping

The number of people rough sleeping in the city has been addressed through the Rough Sleepers Initiative since 1997. Official figures are recorded through the Common Monitoring System, managed by Glasgow Homelessness Network. These

may be an underestimate as no recording system will capture the entirety of such a population.

Period	Total number of new rough sleepers
Oct 00 – Mar 01	306
Apr 01 – Sep 01	295
Oct 01 – Mar 02	228
Apr 02 – Sep 02	236
Oct 02 – Mar 03	192
Apr 03 – Sep 03	218
Oct 03 – Mar 04	170
Apr 04 – Sep 04	212
Oct 04 – Mar 05	166

Fig 9 No. of rough sleepers in Glasgow.
Source: Common Monitoring System (CMS)

Rough sleeping has been reduced from around 300 to around 150 in 5 years. There is reason to hope that the number of rough sleepers will continue to fall as it has done more or less consistently for the last five years. However there is also some cause for concern that factors beyond local control could easily increase these figures considerably.

For example, the elimination of local connection coupled with the changes in priority need may increase the number of people who come into Glasgow to present as homeless who will need to be re-housed.

Conclusion
The number of people rough sleeping in Glasgow cannot be forecast beyond the short-term. Local control over this phenomenon may be limited. Any response is likely to be reactive rather than proactive.

Recommendations
The day centres should continue to work with rough sleepers in the long term.
Day centres should act as an early warning system for increases in the number of rough sleepers and should be supported to collect accurate data in a manner acceptable and appropriate to service users to monitor rough sleeping.

E.1.ii) The number of people resident in hostels and accommodation projects

The figure below shows the scale of the population resident in hostels and other accommodation projects. The total number of people resident in these projects will fall in the medium term. Hostel reprovisioning will continue to have an impact on these figures. The closure of all the City Council hostels, including Inglefield Street, will reduce the figure by 25% reduction to 1332. The actual figure may be slightly larger as services will be commissioned in future as part of the reprovisioning programme.

Aspire, Ashfield Project	9
Aspire, Garscube Road Project	10
Talbot Association, Belmont House	23
The Mungo Foundation, De Paul House	9
The Mungo Foundation, Fair Start	5
Barnardos 16+	13
Belgrove Hotel	215

Blue Triangle, Gallowgate Project	13
Blue Triangle, Holland Street Project	25
Blue Triangle, Shettleston Project	7
Blue Triangle, Somerset House	8
Blue Triangle, Sauchiehall Street Project	22
Church of Scotland, Kirkhaven	14
CHYP Project	13
Clyde Place Resettlement Project	53
Drumchapel Women's Aid	6
Elder Street Resettlement Project	23
ELPIS Centre	9
ELPIS Outreach	9
Glasgow Simon Community, Castlemilk Project	6
Glasgow Simon Community, Tollcross Project	10
Glasgow Simon Community, Denniston House	6
Glasgow Simon Community, Maryhill Project	7
Glasgow Simon..., Govanhill Women's Project	15
Glasgow Simon Community, Newland Project	7
Glasgow Simon Community, Parkhead Project	9
Glasgow Women's Aid	56
Greater Easterhouse Women's Aid	5
Hemet Gryffe Women's aid	9
Hillhead House Hostel	9
Inglefield Street Hostel	77
James Duncan House	242
James McLean Project	6
Merken House Resettlement Project	18
Peter McCann House	144
Quarriers, James Shields Project	37
Quarriers Project/ Stopover	14
SACRO	60
Salvation Army, Hope House	101
Salvation Army, Wallace of Campsie	52
Salvation Army, William Hunter House	37
Say Women	8
Southside Housing Association, Saffron Project	21
Talbot Association, Kingston Halls	66
Talbot Association, Dalhousie Street	21
Talbot Association, Bob McTaggart House	49
Talbot Association, Buchanan Lodge	40
Talbot Association, Riverside Project	12
The Arch Resettlement Project	6
The Arch Resettlement Project	11
The Fire Station project	40
The Mungo Foundation, Rachel House	10
The Mungo Foundation, Arcaladh Project	8
Turning Point – Link Up	18
Turning Point – Link Up	36

Turning Point – Link Up	18
Turning Point Drugs Crisis Centre	12
Turning Point – Melville Street	5
Turning Point – Midway Project	30
YMCA	21
CURRENT TOTAL	1795
TOTAL AFTER ALL HOSTELS REPROVISIONED	1332

Fig 10 – Size of population resident in hostels and other accommodation projects (correct at Oct 05)

Source Glasgow Homelessness Partnership (2005) and Morrison (2003) updated in light of GHP (2005b)

The factor which is more difficult to predict is the nature and needs of the population resident in such accommodation. Residents in some accommodation projects are far less likely to have contact with day centres than people resident in City Council hostels. This is evidenced in the data collected by projects at present.

Conclusion
The number of people resident in accommodation projects will certainly fall.
The nature of this population and the services they receive will change more dramatically than the change in numbers suggests.

Recommendation
Day centres should be aware of and make preparations for this change which will occur over the medium term at a steady rate.

E.1.iii) The number of people resident in temporary accommodation

The number of temporary furnished flats at present is 1400. The strategy includes proposals that this will rise to 2000.

Previous research by GHN has suggested a possible connection between the use of day centres by housed people and an increase in the demand for day centres during and after hostel reprovisioning. “Although the fact that people who are no longer homeless use day and evening services for homeless people is a well-recognised and well-documented phenomenon in Glasgow, it would be useful to carry out a more in-depth examination of the reasons underlying this client group’s use of drop-in homelessness services..the potential for the local hostel closure / resettlement programme to bring about an increased demand for day and evening services should be flagged up at the earliest opportunity” (GHN 2002)

Conclusion
The number of people resident in temporary accommodation will rise.
As this group have always been well represented amongst day centre service users, it can be predicted that there will be an increased demand from this client group.

Recommendation
Day centres should take note of recommendations made elsewhere about working with people who are housed and bear in mind that this work is likely to be a larger part of their work than at present.

Points for Consideration
The day centres should consider what their attitude is to a change in demand. The

spiritual / missionary approach may suggest that if the doors of the day centre are opened one morning and there is no one there demanding a service then the service can safely close, but is this a realistic measure of success? In reality, this approach can be argued for by day centres, safe in the knowledge that the chances of nobody attending such a service are remote. Day centres should therefore consider the more profound issue of what interventions they can offer to allow people to move on through and out of homelessness to lead more fulfilling lives. This will include assisting people to more quickly re-engage with other services and to work jointly with other services for the good of the service user.

Day centres should take a proactive stance, as they have in the past, and develop new and appropriate services which meet the changing needs of people who remain vulnerable and needy.

Demand for a service is not a reflection of its quality. The Homelessness Partnership has consistently and correctly argued that demand is not necessarily a reflection of the quality or appropriateness of a service. Day centres should consider their aims and the needs and wants of their service users and decide how they should measure their success.

E.2 The future development of services

This report has developed models for service delivery and has made recommendations and raised points for consideration as to the future development of services. Finally consideration should be given to the strategic development of the services. It is for services to develop as they see fit. Consideration of these issues will include the ethos and history of services and the motivations of those who work and volunteer in them as well as consideration as to what service users' needs and desires may be. However it seems clear that one of the fundamental questions is the way in which services differentiate their services from each other and whether and how they can work together to develop the services across the city

At present all services offer a similar service to similar and sometimes over-lapping client groups. Given scarce resources, one way to produce innovation is for centres to specialise at least part of their work. This specialism may focus around the service offered and/or the client group worked with. Services should consider how more specialist services should be developed. One form of specialism would be the development of services designed for one particular client group. Services could be developed for families, women, young people, older people, people in crisis, housed people.

An alternative differentiation may be around types of service – crisis, 'Dry' and 'Wet' services, 'graduate services' on the Crisis Skylight model, services moving people toward training, education and employment

Alternatively services may differentiate themselves from each other by developing services which are open at different times of the day and night or different days of the week.

In whatever way the services are differentiated, or not, ultimately the four present service providers have to decide whether they can work together to achieve agreed common goals. The benefits of working as closely together as possible are obvious for the services and their service users. Achieving joint working or partnership is difficult and services will have to understand both the commitment and the resource implications of this working.

Recommendations

To make the best use of scarce resources and to encourage potential funders where desired, the four day centres should differentiate their services and develop their services to meet explicit identified needs of sub-groups of the population of people who are affected by homelessness or specialise in a particular type of service.

The services should immediately open discussions to explore how they can best further develop their joint working and form partnerships with agreed and stated purposes. These partnerships may extend beyond the day centres to involve other services and stakeholders.

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