



SNAP 2011

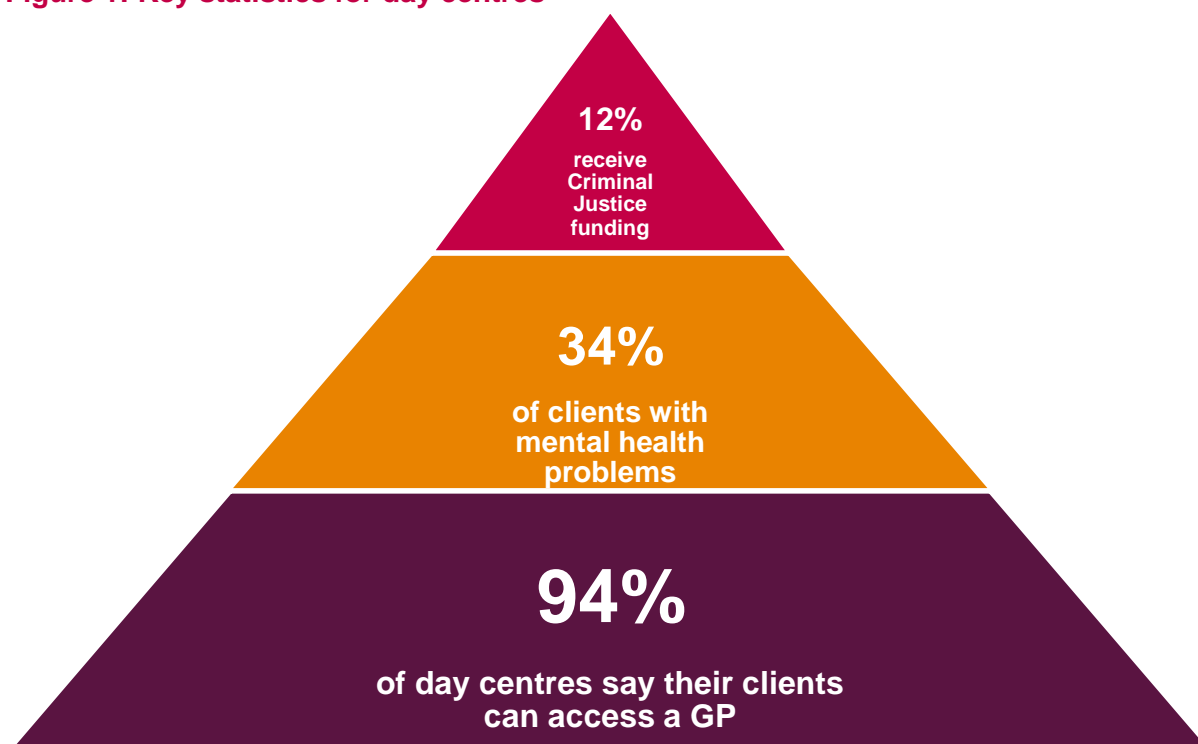
FOCUS ON: DAY CENTRES

SURVEY OF NEEDS AND PROVISION 2011

Homeless Link's Survey of Needs and Provision (SNAP) provides an overview of the homelessness sector, offering insights into the range of services available in England and their sustainability. Each year the survey is carried out to look at the needs of single homeless people and the service provision they receive. The survey is in its fourth year and to collect the data, 500 projects were surveyed including day centres, direct access hostels and second stage accommodation. More detailed information, including on methodology, can be found in the full report.

This briefing focuses on the services provided through day centres and the needs of clients using this project type. Day centres work with people with a range of complex problems; 1 in 3 clients are rough sleepers and half have problems with alcohol use. Relying mainly on a volunteer workforce, day centres enable homeless people to access a variety of services, primarily through external providers. Most centres have limited financial resources and are experiencing changes in their funding streams.

Figure 1: Key statistics for day centres



DAY CENTRES IN ENGLAND

Data extracted from the Homeless UK website database show that in November 2010 there were 201 day centres in England, an increase of 14 since 2009¹.

In table 1 below it is clear that a significant proportion, 1 in 4, of day centres is located in London. The regions with the next largest concentrations of day centres are the South East and South West. The sample of projects interviewed for SNAP 2010 included 67 day centres.

¹ This increase against a background of challenging times for the homelessness sector as a whole may be the result of greater accuracy of the Homeless UK database rather than an actual increase in day centre numbers.

Table 1: Regional breakdown of day centres in England

Region	Number of day centres	% of total ²
EAST ENGLAND	15	7%
EAST MIDLANDS	21	10%
LONDON	48	24%
NORTH EAST ENGLAND	6	3%
NORTH WEST ENGLAND	21	10%
SOUTH EAST ENGLAND	34	17%
SOUTH WEST ENGLAND	24	12%
WEST MIDLANDS	15	7%
YORKSHIRE & HUMBERSIDE	17	8%
ENGLAND TOTAL	201	

USE OF DAY CENTRES

The 67 day centres interviewed for SNAP saw in total more than 3,000 clients on an average day, as shown by table 2 below. Using this figure it can be estimated that day centres in England together see more than 10,000 people on an average day³. The North East region is not shown in this table because no day centres from that region could be included in the SNAP sample.

Table 2: Number of clients using day centres on an average day, SNAP sample

	No. of people using DCs	No. of day centres	Average people per day centre
EAST ENGLAND	458	9	51
EAST MIDLANDS	578	11	53
LONDON	739	9	82
NORTH WEST ENGLAND	327	9	36
SOUTH EAST ENGLAND	311	8	39
SOUTH WEST ENGLAND	432	10	43
WEST MIDLANDS	265	6	44
YORKSHIRE & HUMBERSIDE	225	5	45
Grand Total	3,333	67	50

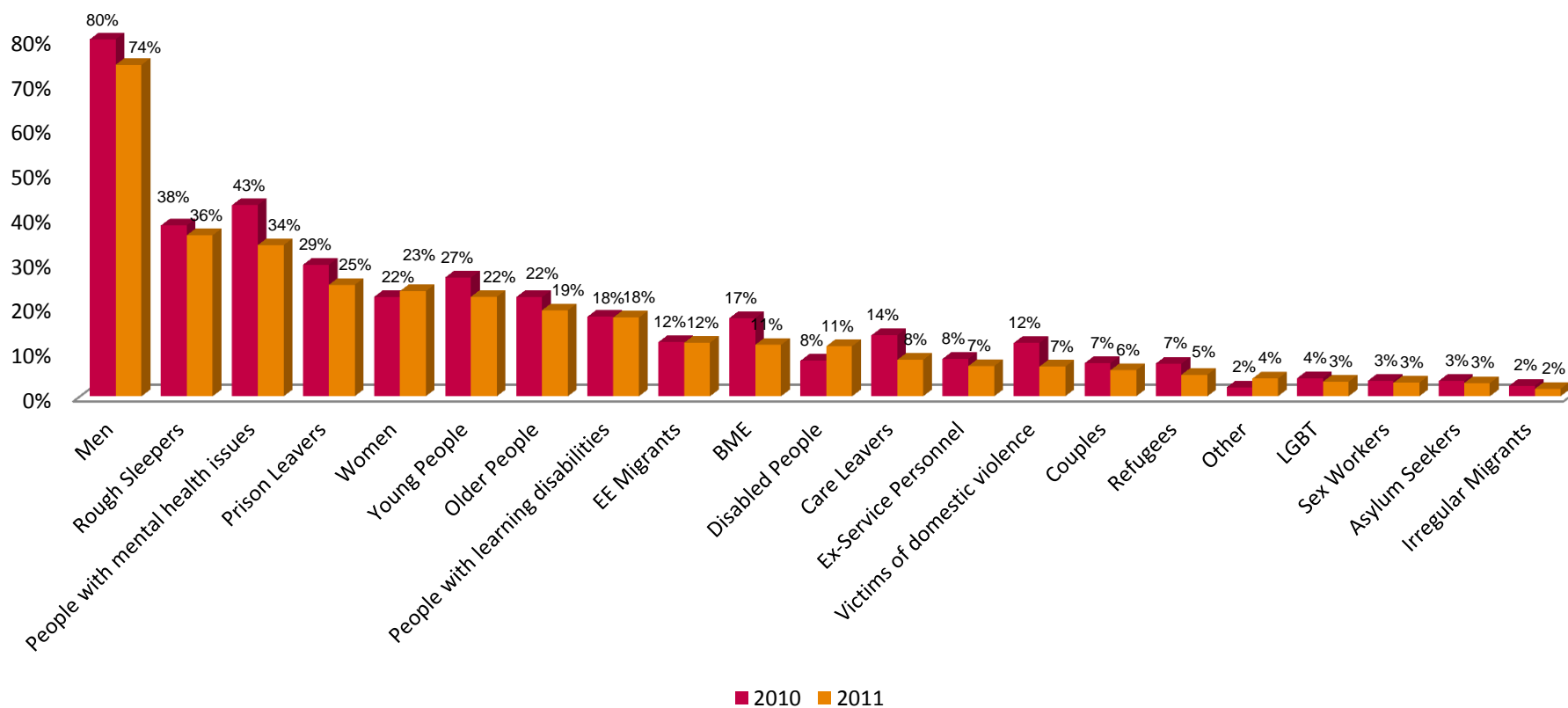
² Does not add up to 100% because of rounding.

³ When the total number of day centres (201) is multiplied by the number of people seen by the average centre (50).

CLIENT BACKGROUND

Day centres in England see people with a range of complex personal issues, including mental health problems, substance misuse and learning disabilities. As shown in figure 1 below, most day centre clients are men and a significant minority are rough sleepers (36% in 2010). The figures below indicate that there have not been great changes in the background of clients since 2009, however one change worth noting is that in 2010 there has been a decrease in the proportion of clients owed a statutory duty; people with mental health issues (9% decrease), care leavers (6% decrease) victims of domestic violence (5% decrease).

Figure 1: Average client background

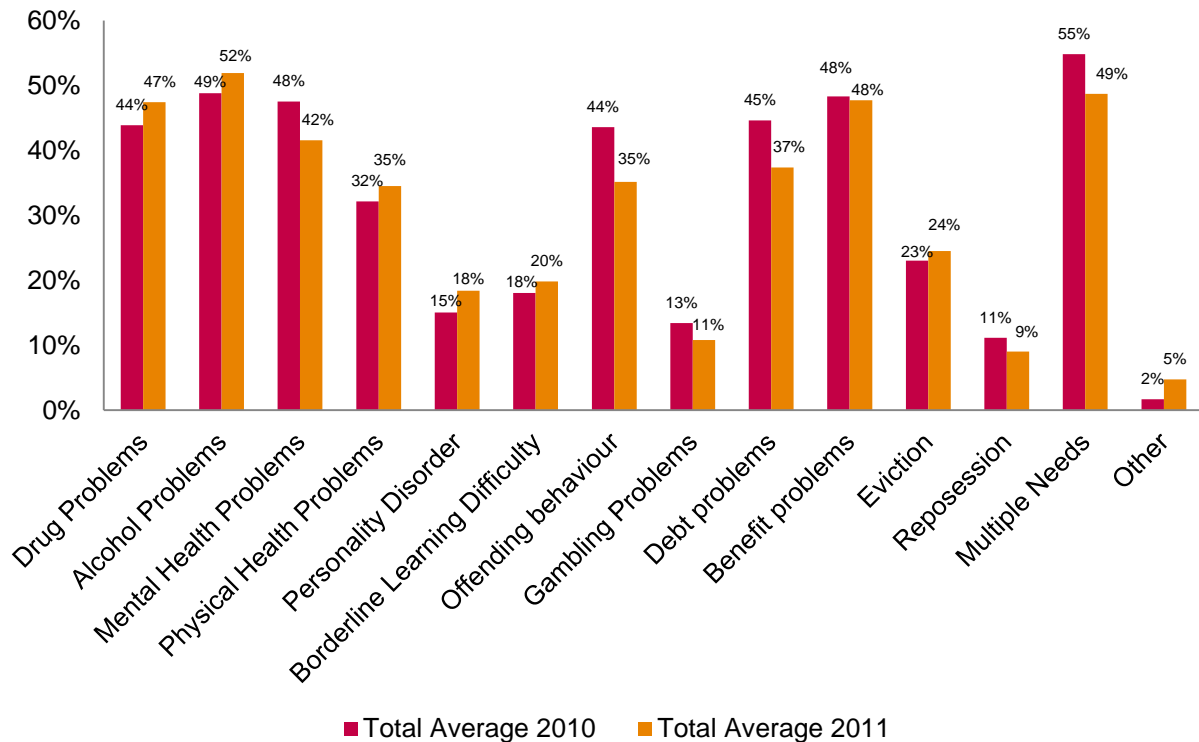


ISSUES AFFECTING CLIENTS

Day centre managers were asked about the issues affecting their clients. As can be seen in Figure 2 below, the issues clients experienced in the average centre changed from 2010 to 2011. For 2011 notable increases in percentage points can be seen in Drug problems (3 points), Alcohol problems (3), Physical Health problems (3) and Personality Disorder (3).

At the same time Offending Behaviour, Debt problems, Multiple Needs and Mental Health problems all became less prevalent.

Figure 2: Issues affecting clients in the average day centre



KEY WORKING

A key worker is a named person who gives clients support on a one-on-one basis. Slightly more than half of day centres (52.2%) reported that their clients have a key worker. The vast majority of key working sessions take place once a week or more, with only a small proportion of day centres reporting longer intervals between sessions (10.4%).

OUTCOMES FOR CLIENTS

Measurement

SNAP indicates that a significant majority of day centres measure the outcomes of their work with clients. Table 3 below shows that the most used measurement tools have been developed internally, with the Outcomes Star the second most used tool.

Table 3: Use of different outcome measurement tools

Outcome measurement tool	Day centres using tool	% of total sample (67)
Internally developed tool	32	48%
Outcome Star	18	27%
Other measures requested by commissioners/funders	10	15%
SP Additional Outcomes Form	5	7%
Another 'off the shelf' tool (not Outcome Star)	3	4%
Don't know	1	1%

Use of outcome data

A majority of day centres use the outcome data they collect. In most cases (60%), as can be seen from Table 4, this data is used to report back to commissioners or funders. Half of day centres use this data to conduct their own reviews of the services they provide and the impact they have on clients.

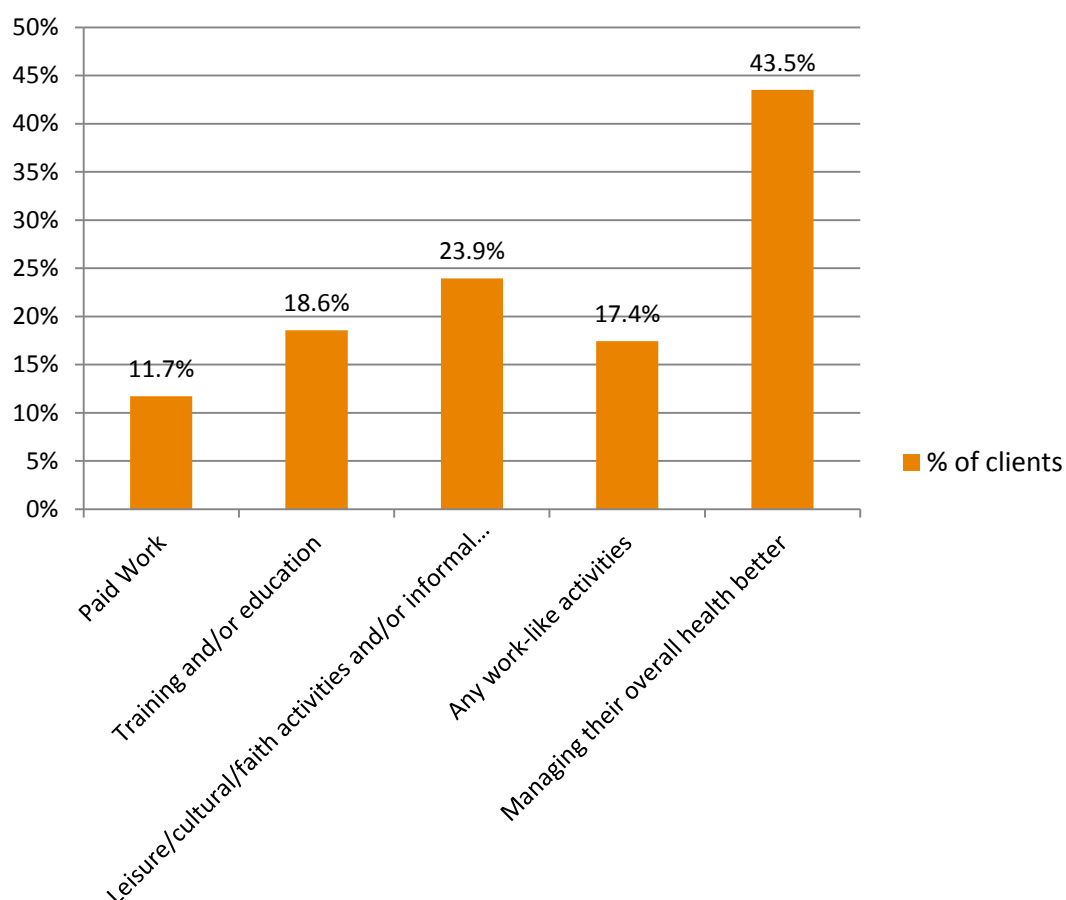
Table 4: Different uses of outcomes data

Use of outcomes data	Day Centres	
	N	%
Report to commissioner or funder	40	60%
Internal review of project	35	52%
Individual support planning	24	36%
Showing distance travelled	24	36%
Other use	3	4%

Outcomes achieved

Day centres supported their clients to achieve a range of positive outcomes. Table 5 shows that improved management of health was most often recorded as an outcome, for almost half of clients in the average day centre.

Table 5: Positive outcomes achieved by the average day centre



STAFFING

SNAP gathered information on staffing in day centres. Table 6 below indicates that between 2010 and 2011 there was a fall in the number of full time staff employed in day centres and a rise in the number of part time staff and volunteers. Previous SNAP surveys have shown a trend for day centres to have a high proportion of volunteers (much higher than in accommodation projects) and this proportion has been rising for several years. This trend may be the result of reductions in funding requiring reconfiguration of staffing structures. This table shows the reliance of day centres on volunteers, with nearly 3 in 4 staff unpaid.

Table 6: Staff numbers in sector and SNAP samples

	SNAP 2010		SNAP 2011	
	N	%	N	%
Sum of Full time staff	490	20%	421	17%
Sum of Part time staff	236	10%	265	11%
Sum of Volunteers	1,684	70%	1,825	73%
Total in Sample	2,410		2,511	
Projected number in Sector	7,854		7,532	

SERVICE PROVISION

Day centres provide a range of valuable services to their clients as well as referring to external specialist service providers. Table 7 below shows the availability of key services relating to drugs, alcohol and physical health. As the figures in the table show, the proportion of day centres reporting availability (whether services provided in-house or externally) declined between 2010 and 2011 for all service types apart from alcohol harm minimisation, which increased marginally. The figures indicate that the availability of structured treatment for both drug and alcohol problems declined significantly.

Table 7: Availability of services 2010-2011

	Service availability		
	2010	2011	Change
DRUG SERVICES			
Structured Treatment - Residential detox/Rehab	96.5%	86.6%	
Structured Treatment - Day programmes	98.3%	86.6%	
Harm minimisation	93.1%	88.1%	
Needle exchange	91.4%	88.1%	
Blood borne virus screening/vaccination	91.4%	89.6%	
ALCOHOL SERVICES			
Structured Treatment - Residential detox/Rehab	94.8%	85.1%	
Structured Treatments - Day programmes	94.8%	89.6%	
Harm minimisation	91.4%	92.5%	
PHYSICAL HEALTH SERVICES			
Nursing Care	98.3%	92.5%	
General Practitioner	98.3%	94.0%	
Dental Care	96.5%	94.0%	
Alternative therapies	91.4%	85.1%	
Eye Care	94.8%	88.1%	
Foot Care	96.5%	89.6%	
TB Screening/contact with TB Clinic	96.5%	92.5%	
Sexual Health Services	96.5%	94.1%	

67%

of day centres consult with their clients, including through focus groups and away days

Table 8 shows that most service provision involves a referral to external providers. Drug and alcohol harm minimisation services are an exception, with a higher proportion of day centres delivering these in-house with their own staff. The most specialised, and potentially less mobile, services have the highest proportion of external referrals (Dental Care and Eye Care).

Table 8: Service provision by delivery method

	Delivery method			
	In-house, by own staff	In-house, in partnership with external agency	Can refer clients to external services	Service not available
DRUG SERVICES				
Structured Treatment - Residential detox/Rehab	7%	9%	78%	13.4%
Structured Treatment - Day programmes	18%	12%	69%	13.4%
Harm minimisation	28%	18%	61%	11.9%
Needle exchange	15%	12%	72%	11.9%
Blood borne virus screening/vaccination	9%	16%	73%	10.4%
ALCOHOL SERVICES				
Structured Treatment - Residential detox/Rehab	10%	9%	73%	14.9%
Structured Treatmens - Day programmes	16%	4%	76%	10.4%
Harm minimisation	27%	16%	61%	7.5%
PHYSICAL HEALTH SERVICES				
Nursing Care	13%	24%	69%	7.5%
General Practitioner	6%	22%	76%	6.0%
Dental Care	3%	13%	84%	6.0%
Alternative therapies	16%	10%	72%	14.9%
Eye Care	4%	7%	79%	11.9%
Foot Care	12%	18%	66%	10.4%
TB Screening/contact with TB Clinic	12%	18%	69%	7.5%
Sexual Health Services	25%	15%	69%	5.9%

FUNDING

Day centres come in different shapes and sizes and figures from SNAP on annual turnover demonstrate this. In Table 9 below, it can be seen that half of day centres have an annual turnover between £100k and £500k, and a large majority have turnover less than £500k, making them relatively small charities.

Table 9: Annual turnover of day centres

	2011	
	N	%
£50,000 and under	4	6%
£51,000-£100,000	9	13%
£100,001-£500,000	34	51%
£500,001-£2,000,000	9	13%
£2,000,001-£5,000,000	1	2%
£5,000,001 or over	2	3%
Don't know	8	12%

Day centres receive funding to deliver their services from a variety of sources. As Table 10a shows, day centres have experienced changes to their primary funding sources between 2010 and 2011. Most notable are reductions in fundraising and local authorities as sources of income. Funding from 'other' sources and the health sector have increased.

Table 10a: Primary funding streams

	Day centre		
	2010	2011	Change
Supporting People	14%	15%	
Fundraising (e.g., charitable trust fundraising & individual donations)	38%	31%	
Other	9%	15%	
Other local authority funding (e.g. local grant)	19%	15%	
Don't know / can't say	9%	6%	
Social Services	9%	7%	
Health (NHS Trusts, Primary Care Trust, etc)	3%	9%	
Local Area Agreement (LAA)/Local Strategic Partnership (LSP)	0%	1%	

Many day centres provide specialist services to their clients but few receive funding specifically tied to this work. As Table 10b shows, only a small minority of day centres receive funding from criminal justice agencies (e.g. youth offending teams), substance misuse agencies (e.g. drug and alcohol action teams) or employment and education sources. These are a potentially untapped source of income that could replace declining Supporting People and Social Services funding for many day centres.

Table 10b: Funding sources

	Not a source of funding - % of centres		
	2010	2011	Change
Supporting People	65%	67%	
Social Services	70%	73%	
Other LA funding	39%	30%	
LAA/LSP	72%	80%	
Criminal Justice sources	88%	88%	
Substance Misuse sources	79%	82%	
Health	56%	67%	
Employment and education	74%	86%	
Fundraising	12%	4%	

