DRUG & ALCOHOL FINDINGS

# Care Control Challenge

A wet day centre can only cohere into an effective force for change when seemingly contradictory elements are made to interlock – when challenge and control promote care rather than exclusion and care enables challenge rather than encouraging stagnation.



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**WET DAY CENTRES** offer drinkers a place to stay during the day where they don't have to stop drinking, a vital first point of contact for people who would otherwise be excluded from services. But these centres are inherently fragile and difficult to run. They must be welcoming, yet proactively address anti-social and self-harming behaviour, and do both with low paid and at times inexperienced staff.

Part one of this series (◤ issue 12) dealt with how to plan and set up a service. This final part takes up the story when a centre has become a reality, and its management and staff face the demanding task of maintaining order yet retaining focus on the more challenging objectives: helping clients control their drinking, and maintaining good community relations. First we describe how centres engage and work with their clients, then the management structures needed to keep the work on track.

## Working with the clients: safety, welcome and challenge

To describe the work that needs to be undertaken with wet-centre users we draw on interviews with clients and staff at the four British centres that we studied closely and the experiences of other centres ◤ *The research behind the report*, p. 20.

### EMBRACE NEWCOMERS (BUT NOT TOO TIGHTLY)

It is important that a centre's environment is attractive, safe, free from intimidation, and welcoming to new clients. Ideally rooms are bright and spacious, so clients who normally have little close contact with others do not feel cramped. Front-line staff should welcome new clients (one might be designated for this role), explain what the centre offers, and take every opportunity to sit with and get to know them. Staff at the Booth Centre find the wet garden a relaxing 'half-way step' in to the centre for the more wary. Volunteers can play important roles in engaging clients and making them feel at ease.

First contacts have to be handled tactfully, eliciting any pressing problems without probing so insensitively that the client is scared off. Some wish to talk, others initially to be left alone. Staff need to be aware and respond accordingly. More information can be collected once they have engaged with the centre. Women may have particular issues they wish to discuss, and a women's group might be useful.

### CONDUCT A BROAD, PHASED NEEDS ASSESSMENT

Most centres collect basic personal information from a client when they first attend, but not all later undertake a detailed assessment of problems and needs. To best help a client, information is required about:

- recent housing, including tenancies, temporary accommodation, or rough sleeping; recent and current problems with tenancies, including rent arrears; and experiences of homelessness;
- family and social contacts, and contact with drinkers and non-drinkers;
- income, state benefits, and financial problems;
- physical health problems and nutrition;
- morale and indications of depression, mental illness, unresolved stresses or memory difficulties;
- alcohol consumption, including types, drinking pattern, drinking history, reasons for heavy drinking, and involvement in alcohol treatment;
- use of illegal substances and involvement in drug treatment programmes;
- recent history of offending and contact with the probation service;
- daily living, personal care, literacy and social skills;
- activities and engagement in community, work and training schemes.

Given this list, the assessment cannot be completed at a single interview. Moments will have to be sought when a client is fairly sober and willing to talk. Mental health or cognitive problems will leave some unable to give accurate details, while others will be reluctant or deliberately mislead. If the client consents, information should also be sought from other agencies. Needs, abilities and attitudes will change as problems are resolved or ameliorated, so assessments have to be frequently updated. There needs to be a thorough assessment of a client's daily living skills as a basis for determining their suitability for different types of housing. Even among those who are housed, many struggle to cope at home.

### PROFILE RISK TO SELF AND OTHERS

Most clients are vulnerable and some have challenging behaviour, so it is essential that risk assessments are undertaken and updated. These assess whether someone poses a risk to themselves or others and whether the risk can be managed within a service. A

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Background text

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comprehensive guide, *Risk Management Policy and Procedure*, is available from www.serviceaudit.org. Such assessments are not normally used to exclude people but to ensure they receive the best possible service.

Risk assessments need to consider:

- behaviour, including violence, abuse, harassment, likelihood of dangerous accidents linked to substance misuse or smoking, and persistent provocative behaviour;
- physical health, and risks from mobility, weight, self-neglect and substance misuse;
- mental health, and the risks of self-harm and of bizarre behaviour;
- daily living skills, including risks while preparing food and using appliances at home;
- the condition of clients' accommodation, including outstanding repairs, infestation, faulty appliances, furniture and flooring.

### FIRST THINGS FIRST: FEED AND CLEAN

Many heavy drinkers have poor diets, partly because they spend their money on drink, and partly because they are prone to health problems which affect appetite and digestion. Most wet centres provide a free cooked breakfast or dinner, and the Brighton centre also gives out vitamin tablets. Meeting nutritional needs is important. Free hot and cold drinks should be available at all times and nutritious food served at least once a day. If there is a charge for food, it should be discretionary and dependent on circumstances. Some staff believe free food encourages attendance and ensures at least one meal a day, others that it enables clients to spend more on alcohol. Attention should also be paid to whether clients are eating; some may need encouragement. If there is cause for concern, clients should be referred to a primary care nurse or GP.

Some heavy drinkers neglect personal hygiene, do not launder clothes, and become incontinent when drunk. Skin infestations, especially lice and scabies, are common among those sleeping rough or in neglected tenancies. Most wet centres have showers and laundry facilities or are close to centres which do. Staff need to encourage personal hygiene. Clean clothing and toiletries may prompt some clients to shower and change, and leaflets about hygiene may encourage interest. A clear policy is needed for managing clients with skin infestations. For example, at Leicester's Anchor Centre, nurses treat clients with lice.

### PLANNING FOR THE FUTURE

Only a few wet centres carry out individual casework with clients by a named worker, but most staff we interviewed recognised the value of assigning each client a named keyworker who is responsible for seeing they get the help they need. It ensures that interventions with clients are followed through and that the needs of the withdrawn or undemanding are not neglected.

Keyworkers assess needs, design a care plan with realistic goals, refer to specialist agencies, and coordinate the client's care. Care plans should be prepared and agreed with the client when they are sober and coherent, and regularly reviewed. They must address immediate problems, such as lack of income, poor nutrition, untreated illness, poor hygiene, and lack of accommodation, and more complex issues such as alcohol abuse and long-term housing and support needs. They should also seek to build confidence, self-esteem and motivation. What comes first will depend on the individual. Some rough sleepers will not consider temporary accommodation until their confidence and self-esteem has been boosted, and some heavy drinkers will not attend to personal hygiene until their drinking is controlled.

**CENTRES MUST BE WELCOMING YET PROACTIVELY ADDRESS ANTI-SOCIAL AND SELF-HARMING BEHAVIOUR**

Many clients have long-standing problems. Working with them will be slow and should be paced to the individual. The keyworker will be able to complete some agreed actions, such as filling in benefit forms. For others they will need the inputs of primary care nurses and mental health teams. In such cases, care plans should be coordinated by the keyworker with regular reviews and liaison across agencies.

Despite their problems, clients have often had little or no contact with services for some time. To address health and welfare problems, it is imperative that such contacts are made. At some wet centres, outside agencies hold regular sessions, and the keyworker should ensure that their clients are seen by these workers. In other cases they will need to arrange for the client to attend an outside agency – no easy task, as some fail to keep or forget appointments, or leave if they are kept waiting. Early appointments (before the person has drunk a lot) and escorting the client have proved useful.

### HELP HOUSED CLIENTS STAY THAT WAY

Many heavy drinkers with tenancies live alone and find it hard to manage. They neglect to pay bills and clean and some live in squalid conditions. Rent arrears and tenancy failures are common. Home care services are difficult to arrange because staff refuse to go to flats where there are several drinkers, and the clients are often not at home or refuse to answer the door. To combat loneliness, some have their friends round, host 'drinking schools', and allow those without accommodation to stay. This can lead to noise, disruptive behaviour and complaints from neighbours. Some clients do not report problems or seek help until taken to court and evicted.

Given these problems, many housed clients need tenancy support – some for a long time – if homelessness is to be avoided. Centres have to decide whether to undertake this or to refer clients to tenancy support teams (if available). The advantages of wet centres being directly involved are that clients already know and are in frequent contact with the staff. Sorting out rent arrears, helping clients pay bills, intervening in neighbour disputes, and arranging for cleaning and furnishing, is, however, time-consuming work, and joint home visits may be necessary when there are safety concerns.

### TAKE ACCOUNT OF THE SOCIAL DYNAMICS

There are many social relationships among clients at wet centres. The significance of these relationships is heightened among a group of people who in general lack

**GOLDEN BULLETS** Key points and practice implications

- A key management task is to provide a welcoming and reassuring service which does not neglect the more challenging role of prompting clients to move forward in their lives.
- It is essential to maintain order within the centre by enforcing clear boundaries, to minimise local nuisance, and to respond to community concerns.
- Detailed assessments of problems and needs should incorporate assessments of risk to self and others and of whether and how these can be managed by the centre.
- To address health and welfare problems, it is imperative that contacts are made and sustained with external agencies including (unless this is done in-house) those providing tenancy support.
- Clients who wish to tackle their alcohol problems commonly require detoxification followed by several months of rehabilitation.
- Staff should monitor clients' alcohol intake and intervene if someone drinks at unsafe levels.
- Meaningful activities provide opportunities for the constructive use of time and a platform for building skills, confidence and a sense of achievement and self-esteem.
- Staff have exceptionally challenging roles and require a high level of guidance and support. Job satisfaction is improved when they are enabled to witness client progress.
- Given attention to these priorities, wet day centres can make an impressive contribution to reducing unmet need among the most vulnerable people in our society.

intimate relationships and family contacts. Some have socialised for years on the streets and in hostels, and group camaraderie is usually strong. They share alcohol, lend each other money, visit each other at home, and generally support one another, if not always in constructive ways. Their lives are interlinked. When planning care, consideration has to be given to the individual's relationships with peers and how this might impact on the help that is given.

## HOW TO ADDRESS ALCOHOL PROBLEMS

Little is known about how best to tackle alcohol problems in this client group. Most staff we interviewed believed that allowing clients to drink at wet centres is a positive move. It encourages people excluded from other services to use the centre, and it reduces tensions and facilitates communication between staff and clients, who no longer have to conceal their drinking.

It can, however, be extremely difficult (though not impossible) for clients to stabilise their drinking while attending a wet centre. They attend for just a few hours a day and mix with other attenders who drink heavily, and life away from the centre tends to revolve around other drinkers they have known for years. To control or reduce their drinking, they may need to stop attending, break away from drinking friends, and be referred elsewhere for help.

### DETOXIFICATION AND REHABILITATION

Clients who wish to tackle their alcohol problems commonly require detoxification followed by months of rehabilitation. However, multiple episodes of alcohol withdrawal may (the evidence is contested) risk neurological damage and cognitive dysfunction. If this is the case, clients should be very carefully selected. Helping to control and reduce drinking may be more appropriate for those unlikely to sustain abstinence.

In some cities the wait for a detoxification place is up to 10 weeks but in Nottingham, Framework Housing Association runs both a wet centre (Handel Street) and a residential treatment project for heavy drinkers with a detoxification bed, providing a fast and efficient alcohol treatment service for wet centre users. Elsewhere, home detoxification services are available. These can start promptly and are more accessible than inpatient treatment, but are only suitable for stably-accommodated clients with strong social support.

Ideally, rehabilitation starts straight after detoxification, but this is difficult to arrange. Detoxification is funded and arranged by the NHS, rehabilitation by social services. Places are scarce (waits of six to nine months in some areas) and costly (£400–550 per week per client). Inadequate move-on services mean some return to a wet centre and resume drinking after detoxification.

### RULES AND RESTRICTIONS

Wet centres have different rules about drinking on the premises. Some allow drinking only in a designated room or garden, others anywhere. Some restrict the amount of alcohol brought in, others monitor neither quantity nor types. It is important to remember that whilst monitoring can limit the 'import' of alcohol on to the premises, it cannot restrict the amount of consumed throughout the day. Many clients have drunk alcohol before arriving, some share drinks in the centre, and others go outside to drink.

On this issue, staff views were diverse. Some opposed restrictions because these affect relationships with clients and place staff in a 'policing' role. They also feared some clients might stop coming, though no instances were reported. Instead, they preferred other strategies for controlling alcohol consumption, including engaging clients in activities. Those in favour of restricting alcohol argued that:

- It improves behaviour and makes the environment more welcoming and safer for clients and staff. Some needy clients stay away if a centre becomes rowdy and volatile.
- The centre should aim to reduce the damage clients do to themselves through alcohol. It should not communicate that it is acceptable to drink irresponsibly.
- It is impossible to work constructively with highly intoxicated clients.
- It is irresponsible to allow clients to drink liberally on the premises. Their drink and drug use before coming to the centre is unknown, and heavy drinking can be lethal. Moreover, if clients become intoxicated, when the centre closes there are health and safety implications for neighbours and the public as well as for clients.

Despite mixed opinions, most staff agreed that it is irresponsible to allow clients to use the centre simply as a social drinking venue and to permit consumption of large amounts of alcohol. They also believed that there should be activities at the centre and other interests to engage the clients, so they do not drink because there is nothing else to do, and that staff should keep an eye on the amount being drunk and intervene when there is cause for concern.

In summary, if rigid alcohol restriction rules are not imposed (and we do not recommend they are), then it is essential that staff integrate with the clients, observe their alcohol intake, and intervene if a person drinks excessively.

## SOMETHING MEANINGFUL TO DO

The value of 'meaningful', structured activities for people with mental health problems has been well documented, stimulating the development of sheltered workshops and clubhouses to help build skills, confidence and self-worth.[1] These have spread widely in day centres for homeless people, particularly since the Rough Sleepers Unit was established in 1999.

Several wet centres promote activities, as exemplified by the Booth Centre. It has four activity workers and has secured education and health funding, the latter for sports and outdoor pursuits. Other activities include basic education and skills training (such as cookery and literacy courses), recreational and developmental pursuits (including computer use, art and gardening), and work and volunteer training schemes such as conservation projects. The Anchor Centre has secured education funds for an external agency to run activities. At Tollington Way, local college tutors run a literacy group.

Activities should be central to wet centre provision. They provide opportunities for

**Years of heavy drinking and homelessness mean progress can be slow.**


JOHN CHALMERS, ANCHOR CENTRE, LEICESTER

**Recreation, rest and referral at the Anchor Centre in Leicester.**

the constructive use of time, a diversion from drinking, and a platform for building skills, confidence, self-esteem and a sense of achievement. They promote decision-making, planning for the future, and social interaction and integration through group work. Activities may also compensate for the cognitive deficits and poor physical coordination suffered by many chronic drinkers.

Running activities is a complex task on which wet centres should seek expert help. Success depends to some extent on the ability of tutors or leaders to engage and inspire. A useful guide for working with homeless people has been commissioned by the Learning and Skills Development Agency.[2] It recommends that staff initially contact the community education coordinator at a further education college and the local authority's adult and community learning service.

## Managing a wet centre: facing in, facing out; containing chaos, staying focused

Wet day centres have two linked and demanding roles: to engage with street drinkers and help them deal with their problems; and to reduce street drinking and associated anti-social behaviour and negative environmental impacts. This section details the most apparent problems of running a centre, how they arise, and how they have been contained and solved, drawing almost entirely on the experiences of the centres which contributed to this study.

### ENOUGH OF THE RIGHT PEOPLE

A wet centre requires enough staff to:

- provide a safe setting for users and workers;
- provide basic services and constructive, rewarding activities;
- facilitate individualised work that involves care planning, support, monitoring, and liaising with other agencies;
- induct new staff and volunteers and cover for holiday and sickness absence;
- undertake routine performance recording and reviews;
- enable managers to develop and maintain contacts with other services, professionals and the local community; and
- allow time for staff to attend appraisal, supervision and training sessions.

At least one should be a trained first-aider as accidents and seizures are common, and one responsible person should have detailed, up-to-date knowledge about how to enlist emergency support from primary care and mental health services and police.

### BALANCE FRONT-LINE AND CASE WORK

There are two main kinds of work with clients in wet centres. 'Front-line' work includes the day-to-day running of the centre and supporting clients when they first attend – delivering basic services such as drinks, meals, standard information and advice, and engaging, getting to know and building trust with attenders. Front-line workers need to be able to develop rapport with distrustful and disturbed clients, manage boisterous exchanges, and control unruly, threatening or disallowed behaviour. Staff and volunteers need a clear understanding of the situations in which they should intervene alone, only with support, or not at all. They also need a general awareness of what is happening on the streets and in the clients' lives.

The other type of work is individualised 'developmental' work with established clients to help them make positive changes in their lives. It includes assessing needs, and formulating, implementing and reviewing care plans. Workers require skills in carrying out these tasks but also in gaining the client's trust and cooperation. Caseworkers also need wide-ranging, up-to-date knowledge of the local welfare system and the roles and referral procedures of specialist agencies. Implementing care plans requires a great deal of work, not only to persuade other agencies to take on the clients, but also to promote the client's compliance, keep records, and to monitor and review progress.

There are also valuable forms of intermediate work with both 'front-line' and 'developmental' functions, primarily the activities provided and promoted through the centre. Many are organised as group activities and initially presented as such, but provide settings in which individualised 'assessment', advice, encouragement and plans can gradually be introduced, an approach specially suitable for wary clients.

Every wet centre needs staff who can deliver front-line work, gradualist engagement and casework. At some, all core staff take on these roles, at others, some are dedicated to front-line work and refer clients who have been engaged and who consent to dedicated caseworkers.

### INTENSIVE STAFF SUPPORT IS ESSENTIAL

Working with this client group is intrinsically challenging; tensions, aggression, non-compliance and rejection are common – why many mainstream services bar the clients. To counter this, it is unusually important that, alongside a strong client-oriented ethos, line management functions are vigilantly applied. These have a vital role in supporting and retaining staff and ensuring that the more ambitious but difficult aims of the centre are pursued.

Challenging roles demand a high level of guidance and support for staff who in turn require an exceptional degree of professional responsibility and dedication. Persuading and enabling clients to make positive changes is far more difficult than being welcoming and reassuring. Without support and supervision, the former can lose out.

The temptation is to drift from optimal working methods in at least two ways. First, building relationships with clients can eclipse more reflective exchanges about problematic behaviour, leaving alcohol-dependent lifestyles and dependence on the centre unchallenged. Second, unsupported

staff may react to aggressive or argumentative clients by allowing an 'us' and 'them' ambience to develop, retreating to 'the office' and shunning maximum contact. They may come to see their jobs as primarily to maintain order and 'keep the lid' on latent problems.

### TRAINING AND PEER EXCHANGE

Training is essential for staff and volunteers. They need to understand alcohol dependence and the needs of heavy drinkers, develop skills in managing aggressive and challenging behaviour, and learn how to work with people who have drug and mental health problems. Casework staff will also require training in assessment and care planning, those involved in activity groups will need group-work skills, and those undertaking tenancy support will require skills in assessing housing vulnerabilities and responding to difficulties.

*Drugs and Alcohol National Occupational Standards* (DANOS) describes the performance, knowledge and skills required of substance misuse workers and forms the basis of national vocational qualifications (NVQs). A government-sponsored handbook recommends that all staff working with homeless drug users are trained to DANOS standards;[3] the same could be said of staff working with alcohol misusers. Key skills relevant to wet centre workers include: assessment; helping individuals access services; supporting them in difficult situations; educating about substance use, health and social well-being; coordinating care; supporting rehabilitation; and providing a healthy, safe, secure and suitable environment for the delivery of services.

Training is one way to develop skills, peer contact is another. Wet centres are in their infancy, yet staff report little opportunity to meet and discuss working practices. It is strongly recommended that resources are made available to enable staff to share good (and bad) practice.

### SEEING SUCCESS IMPROVES MORALE

Some wet centres have problems recruiting and retaining staff. Low wages, weekend work, and challenging and abusive clients are among the deterrents. Moreover, the work involves supporting people who have been drinking heavily for years. Some will make little or no progress. Clients who do make major progress are likely to stop attending and break away from the drinkers' network, while the less improved and more resistant stay in contact. Hence, staff may not see their successes. Not surprisingly, they describe their work using phrases such as: "emotionally draining"; "depressing to see the wasted skills of clients"; and "constantly faced with difficult behaviour; after a while it takes its toll". Job satisfaction is likely to be greater when staff are enabled to witness client progress.

To improve job satisfaction and staff retention, and to provide continuity of care, Handel Street extended the roles of its staff to tenancy support. It added variety to the work and enabled staff and volunteers to witness satisfyingly concrete client benefits. As a result, job applications increased. At the Booth Centre, job satisfaction is associated with being involved in activities, helping clients change, and seeing the changes. Staff support sessions are essential for discussing the positive and negative aspects of the work and improving morale.

### MIXED VIEWS ON VOLUNTEERS

Wet centres vary in their use of volunteers. In addition to external volunteers, the Booth Centre's Supported Volunteering Project recruits clients to work at the centre one session a week. Staff believe that volunteers have an important role in engaging with clients for they have the time to talk to them. The Nottingham and Brighton centres also use volunteers, many of whom later obtain jobs working with homeless people. The Anchor Centre initially had volunteers but found them unreliable and the arrangement did not work.

**AN IMPRESSIVE CONTRIBUTION TO THE REDUCTION OF UNMET NEED AMONG THE MOST VULNERABLE PEOPLE IN OUR SOCIETY**

Three important considerations should govern the use of volunteers. First, they should not replace salaried staff but extend and improve service provision. Second, because of the nature of the clients, an unusually high level of systematic training, supervision and support is essential. This extra burden on staff needs to be carefully weighed against the benefits.

The third is about engaging clients or former clients as volunteers, potentially complicated if they are still involved in street networks. They require a great deal of training, supervision and support to establish clear boundaries around confidentiality and roles. The Booth Centre trains clients to help with activity programmes but not with drop-in sessions; they are involved in practical tasks, but not in giving confidential advice or decision-making with clients. They benefit from playing a constructive role in a safe and familiar setting while gaining confidence and skills, ideally an interim step to voluntary work or training outside the centre.[i]

### DON'T LOSE CONTROL

While working supportively with people who have challenging behaviour, wet centres must also provide a safe environment. It is essential that the centre is well managed, that staff maintain control, and that clear boundaries are set. If this does not happen, the likely results are bullying, intimidation and attempts by the clients to control who comes in to the centre.

These problems occurred at Tollington Way and the Anchor Centre, creating a volatile and intimidatory atmosphere which some vulnerable clients preferred to stay away from. Since introducing stricter regimes and barring policies, arguments and violence have decreased. Moreover, barred clients have returned and their behaviour has improved. Staff believe barring gives clients a reason to control their behaviour and sends a message to other clients about what is unacceptable.

Control in the current centres is maintained by:

- restricting the number of clients admitted at any one time, particularly if the centre is small, and having staff at the entrance to admit clients;
- stipulating rules about behaviour in and around the centre;
- adopting a policy of barring, generally in response to violent or threatening behaviour which risks the safety of clients or staff, or infringements of the rules which have serious implications for the service, such as dealing illegal drugs on the premises; and
- challenging clients who are abusive or threatening (not that day but later if they are intoxicated) and working with them to control their behaviour, rather than impos-

THE RESEARCH BEHIND THE REPORT

This article was based on research which included an in-depth study of four wet day centres:

- Tollington Way, north London;
- Booth Centre, Manchester;
- Handel Street Centre, Nottingham;
- Anchor Centre, Leicester.

These were selected to represent different ways of working with street drinkers. Tollington Way allows drinking on the premises, while the Booth Centre permits drinking in the garden and provides a service to drinkers alongside an activities-based day centre. The Anchor Centre works with street drinkers together with drug misusers, while the Handel Street Centre (managed by Framework Housing Association) also provides a tenancy support service.

Download **Wet Day Centres in the United Kingdom: a Research Report and Manual** from www.kingsfund. org.uk or purchase hard copy from Kate Smith, Sheffield Institute for Studies on Ageing, Community Sciences Centre, Northern General Hospital, Herries Road, Sheffield S5 7AU, price £12.50, cheques payable to University of Sheffield.

ing long-term bans.

People who are intoxicated and behave in a threatening manner are barred for that day, while bans of a week or more are imposed for more serious incidents. The Anchor Centre has a 'behaviour contract' which barred clients have to sign before they are readmitted.

### NURTURE LINKS WITH OTHER AGENCIES

In part one of this series we stressed the need to establish links with external specialist agencies at the planning stage. Once the centre is operating, these contacts should continue and develop, not least to explore the most appropriate and cost-effective ways of working together. For example, when the Anchor Centre first opened, a social worker came one day a week, but the workload was insufficient. Hours were reduced to a half a day, but staff can contact them any time to arrange for clients to be seen.

Regular meetings should be held with all relevant agencies, including street outreach workers, to discuss the centre's impacts on the locality, its effectiveness in targeting street drinkers and other street people, its contributions to local homelessness strategies, the services it provides, and gaps in service provision.

### KEEP THE NEIGHBOURS ON SIDE

Clear procedures are essential for managing the area adjacent to the centre and minimising impact on the neighbourhood. Ways of initially gaining local support and reducing opposition were discussed in part one. Regular meetings with the community should continue once the centre has opened, providing opportunities to air views and raise concerns. After opening, Tollington Way allowed these to lapse, now seen as a mistake. Even centres open for years still hear intermittent concerns and complaints from the local community.

It is important that centre managers and staff respond when concerns are expressed. After complaints about client behaviour outside the centre, staff from Tollington Way met with the clients and agreed a code of conduct. At the Anchor Centre, council and centre staff worked with the theatre next door to overcome problems. At the Specialist Dependency Service in Camden, one of the manager's roles is to liaise with local residents and businesses. They have the centre's phone number and can ring, for example, if someone is sitting in their doorway; staff respond by coming to talk to the person. The centre's neighbourhood policy stipulates that:

- staff will ensure that there is no disruptive behaviour in the vicinity during the half-hour before opening and after closing;
- one team member will carry out health and safety checks every 30 minutes while the service is open, including the area immediately outside the entrance, and collect litter discarded by clients;
- the service will not accept people who are disorderly or aggressive and ensure that they leave the vicinity, calling police if necessary.

### KNOW AND SHOW WHAT YOU ACHIEVE

Many voluntary homeless people's services devote little time and effort to setting standards and targets and monitoring performance. Doing so is hard for day centres, particularly those which attract many attenders and have a high client turnover. Consequently, they have great difficulties in demonstrating achievement and securing competitive funding.

Progress has recently been made in developing standards relevant to the homeless sector, though implementation in this sector is still in its infancy. *Quality in Alcohol and Drug Services* (QuADS), commissioned by the Department of Health, offers measurable minimum and good practice standards for the provision of drug and alcohol services and has been widely adopted by drug treatment services in England. The Leicester wet centre is participating because of its work with drug users. Commissioners of alcohol services increasingly expect alcohol agencies to meet the QuADS standards.

Funded by the Association of London Government, the Service Audit Partnership aims to improve the quality and safety of projects for homeless people through peer audits. For day centres, a sub-group is adapting the auditing methods and tools of the *National Housing Federation Framework for Housing with Support*.[ii] Their work can be downloaded at www.serviceaudit.org.

#### OUTCOMES AS WELL AS ACTIVITY

For wet day centres, measuring prevention and rehabilitation outcomes is unusually difficult, partly because there is no way of counting *non*-events (*not* becoming homeless, *not* causing a disturbance), and partly because clients who break free of problem substance use may also break contact with the centre. Some centres record what they do, such as the number of clients helped by staff and linked in to other services. The Anchor Centre also uses an assessment form to track individual changes in substance misuse and monitors housing outcomes. Both kinds of indicators can in fact readily be recorded and compiled ◤ *Performance indicators*, above.

### IT'S NOT EASY, BUT IT IS WORTH IT

The challenges facing wet day centres are truly daunting. Relatively intensive and continuous supervision and staff support are required, yet a centre's management (or its parent organisation) must also work hard at developing and sustaining the collaboration and support of external agencies. Maintaining the effectiveness of these links is a continuing and demanding task.

But if the 'internal focus' and 'external network' are well maintained, wet day centres directly provide and establish access to a remarkable range and volume of treatment, support and services, making an impressive contribution to reducing unmet need among the most vulnerable people in our society – in very real ways, changing people's lives.

LINKS Nugget 3.5

#### PERFORMANCE INDICATORS

**Activity indicators**

- ☐ Referrals to temporary accommodation.
- ☐ Clients rehoused in permanent accommodation.
- ☐ Rough sleepers referred to outreach teams.
- ☐ Helped by substance misuse workers.
- ☐ Helped to register with a GP.
- ☐ Helped to claim (additional) social security benefits.
- ☐ Assessed by mental health services.
- ☐ Birth certificates and other identity papers obtained.
- ☐ Helped to make arrangements to pay rent arrears or utility debts.
- ☐ Participated in a tenancy support programme.
- ☐ Helped to budget weekly income.
- ☐ Participated in activities.
- ☐ Started education, training, employment or voluntary work.

**Outcome indicators**

- ☐ Tenancy outcomes after six and 12 months for clients who are rehoused.
- ☐ Improved eating habits, eg, more cooked meals.
- ☐ Changes in alcohol use (amount or type consumed).
- ☐ Reduction in street drinking.
- ☐ Changes in morale and motivation.
- ☐ Learned or rebuilt life-skills such as budgeting or cooking at the centre.

#### NOTES

**i** Managers can turn to national bodies for guidance and research on using volunteers. The National Centre for Volunteering, established in 1973, offers a range of services to support managers and organisations that work with volunteers, including practitioner networks, publications, and information services ◤ www.volunteering.org.uk. This body in association with the Centre for Institutional Studies at the University of East London has established an Institute for Volunteering Research ◤ www.ivr.org.uk.

**ii** Topics covered include the extent to which day centres have: clear aims and objectives; strategies that encourage targeted groups to attend; procedures for collecting participation data; written information for service users and referral agencies; procedures for the formal assessment of clients' needs and for planning care; procedures to manage and reduce risk; referral arrangements with other services; respectful and supportive relationships between staff and clients; staffing levels that reflect an appropriate workload to provide a safe service that meets users' needs; clear staff appraisal and supervision procedures; appropriately trained staff and volunteers; and buildings fit for their purpose with the facilities required by clients.

#### REFERENCES

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