Funding for Day Centres

Case for Support Guidance

About this document

This document is a guide for writing a template case for support for day centres. It aims to help you to conceptualise and explain your service delivery model. It is intended to be used as a tool to create an accurate account of the work that the day centres do, which can then be used as a template for funding applications and information documents. You don’t have to use this particular model and structure - the most important thing is to form a coherent vision of the work you do and the difference that it makes, and to communicate this vision with a message that is understood and consistent throughout your organisation. You will have to add details of your services, outcomes information and case studies as appropriate. If you would like any further support, please contact tasmin.maitland@homelesslink.org.uk or 020 7840 4451.

The guidance goes through the different sections in a case for support and provides details of what should go in them, as well as worked examples from a case for support for a fictional day centre, the X Centre. This document does not go into detail about how to use a case for support and when. To find out more, visit www.homeless.org.uk/funding-daycentres

Background to the Day Centre

The first section of a case for support should provide an introduction to what you do and the people you work with. You can provide some background information about your organisation and the area you work in as well as some information about your client group. You should try to keep this section as brief as possible – you want to draw the reader in and give them a quick snapshot of your centre, but the main purpose of this section is to get the reader on to the next section, which will go through your work in more detail, so keep it to one or two short paragraphs.

Worked example:

Provide a very brief description of who you work with and what you do.
“The X Centre is a day centre providing support and services for socially excluded adults over 16 years of age. In particular, the Centre focuses on clients who are homeless or vulnerably housed, and who may be experiencing problems in terms of their mental health or substance use, or who are socially isolated because of poverty and unemployment.”

Provide some history or contextual information to your centre, your area and your work.
“Established as a community centre in a church 26 years ago, the X Centre became a registered charity in 1998, and moved to purpose-built premises in Z Area of Y Town in 2000. Today, the centre sees over 65 people a day from the community. Z Area is ranked as one of the poorest areas in Y Town, and the clients accessing X’s services can range from the most chronically excluded rough sleepers to those marginalised by poverty and needing support to find work or maintain a tenancy. Many of the beneficiaries of the centre have multiple needs and find it difficult to access mainstream services.”

Overview and Objectives

This section will be your key summary of what you aim to achieve and how you go about achieving it. In the next section, you will provide more in depth analysis of your service delivery model, so this section is meant to introduce your work and provide the key points: your objectives, your interventions and your outcomes. For some purposes (for example, flyer information) this summary
will be all that you need, whereas for others (for example, more thorough funders and venture philanthropists), the next section will have to accompany your overview.

A good idea is to start with a presentation of your objectives – you should not really have more than three or four overall objectives, and these should always include action terms like ‘to motivate’, ‘to support’, ‘to improve’, rather than more passive terms like ‘to provide services’, ‘to be a welcoming space’. These last terms, which are often seen in day centre objectives, are more about how you deliver your service rather than what your service aims to achieve.

You will then need to explain, briefly, what you are doing to achieve those objectives (normally a list of your services, preferably broken down into categories such as basic services, meaningful occupation, advice etc), and why it is desirable that your organisation work to achieve your objectives with your client group. You may also want to include information about how your service operates or its ethos if you feel it is important to an understanding of your centre. For example, if your centre has a strong Christian ethos, or if you are driven by the principle of getting people into work, you may want to talk about these, or you may simply want to talk about some of the guiding principles of your work (e.g. non-discrimination, confidentiality etc). Remember, though – this section is meant to be a summary of key points, so should not be too long.

**Worked example:**

**State objectives:**

“The X Centre works with socially excluded people in the community to:

- motivate and enable them to build self-esteem and self-confidence;
- and to support them to take greater responsibility for their lives.”

**Describe interventions to achieve objectives:**

“To this end, a combination of several different types of interventions are available on site: basic services such as nutritious food, showers and laundry; health services including a visiting nurse, doctor and chiropodist; advice, advocacy and referral services to provide solid practical advice and help on issues such as housing, benefits and substance use; social and emotional support, such as counselling and befriending; and meaningful activities, to build people’s ‘soft skills’, or their self-confidence and self-efficacy.”

**Explain briefly why your interventions will achieve your objectives and why it is necessary to achieve them:**

“This type of supportive and progressive work is vital to helping people to move forward who have spent long periods on the street, who have suffered a life crisis such as family or relationship breakdown or unemployment, or who have been limited by a mental health condition or substance use issue. These types of clients are not likely to have the motivation or coping mechanisms to make and sustain positive life changes without support and without building their skills, their self-confidence and their sense of self-efficacy first.”

**Other information about the ethos of the centre:**

“The work at the centre is underpinned by certain key aims and principles that reflect our ethos and mission – we operate on the basis of equal opportunities for all; we work in partnership with other services to enhance and not duplicate provision in the community; we aim to constantly monitor and evaluate our service together with our service users and to expand and innovate to ensure that we best meet their needs; and we operate an open door policy.”
The Work You Do

This section should be a relatively detailed presentation of your service delivery model. The section above will have already covered what your objectives are and why they are desirable, this section should conceptualise for your reader how the services you provide achieve outcomes that deliver your objectives. Before you write this section, make sure you have a clear idea in your head of how your model works – it may be helpful to fill out your own service delivery model diagram modelled on the example below to see how your services achieve outcomes that relate to your objectives.

First, you should introduce your services and recall your objectives. You may want to describe how you see your service functioning overall before you go on to break it down into the different interventions. Is it a holistic service that looks to address the many needs of people, or are you trying to look at one aspect (e.g. getting people into education and employment) in particular? Given that you provide a range of services, how are people guided through – do they have caseworker, or do staff float in the centre and engage people more informally?

Next, you should break your services down into categories of intervention, and describe the function of each in helping your service to attain your objectives. You can use the diagram to help you write this section. Depending on your intended audience, you would also want to integrate information about your outputs (e.g. number of people signing up to support plans, number of people participating in activities etc) where relevant, in order to demonstrate that people are accessing your service. You could also include more specific details about particular projects that perhaps warrant being singled out of the more general categories.

Once you have explained the concept of your model, you will need to show that it works, so you should also include some information about your successes – i.e. outcomes information. You can put this in a separate section at the end or integrate it into this section. Important numbers could be the number of people supported into employment, people receiving health treatment and being registered with a GP, people completing support plans, progress on soft outcomes etc. If you do not have a soft outcomes measurement system and you have the space, you could also include some testimonials from service users to evidence improvements in self-esteem, motivation, etc. Secondary sources and research from the sector can also be used. See the diagram below for some more ideas about how to model your service in an outcomes-focussed fashion.

Worked example:

**Introduction to your model and overall service provision:**

“We propose to achieve our objectives through a combination of interventions aimed at addressing the varying and changing levels of need in the different people that use our centre. Recognising that people are more than just a sum of their problems, the X Centre aims to provide a holistic range of services, whilst assigning a case manager to each person who uses the centre. The services provided at X can be divided into 5 categories, all of which work together to improve people’s self-esteem and self-efficacy and connect them to resources to allow them to take control of their lives.”

**Breakdown of different interventions with descriptions of their function in the overall model and how they relate to your objectives:**

“Basic services: cheap, nutritious meals, showers, laundry, clothing and a postal address.”

**Function:** “These services cover the primary needs of those accessing our services, and are especially for those who are rough sleeping and cannot access facilities elsewhere. Services like these are not only vital to improving the health and hygiene of those who need them, at a very basic level they help to raise service users’ self-esteem and self-image. These services, and in particular the low-cost meals available, also help to draw people in and begin to engage them with the centre’s other services.”
**Success:** “In a recent survey, 83% of service users who were engaged in an activity said they originally came to the centre primarily to access basic services, and have since engaged in one or more of the centre’s other services.”

“Health services: doctor, nurse, dentist, chiropody, TB screening.”

**Function:** “People who are socially excluded especially by homelessness or poverty often have serious health needs but limited access to even primary medical care. Ill health is directly related to homelessness, largely due to poor nutrition, long periods of exposure to outdoor conditions, drug and alcohol dependencies and mental health needs, and lack of access can be exacerbated by chaotic lifestyles which affect people’s ability to access health services, or cope with formal processes such as registration forms, appointment systems and waiting rooms\(^1\). The X Centre, in partnership with the Y Town Primary Care Trust, provides access to medical care on site. This allows many people to have health problems treated or prevented which might otherwise have gone unseen by a doctor or nurse and required emergency care.”

**Success:** “Last year, there were 438 visits to the on site medical service, 126 individuals were assisted to register with a GP, and 72 were referred to a specialist for further care.”

“Advice, advocacy and referral: housing advice, benefits advice, education and career advice, legal advice, asylum and immigration advice, HIV counselling.”

**Function:** “The X Centre provides a range of practical advice and advocacy sessions aimed at helping clients to access the right provisions and services for their housing, benefits, employment and other needs. Referral is also provided to other agencies, for example for drug and alcohol services. Many of the clients that X works with will have lived relatively ‘chaotic’ or unconventional lifestyles and may have a wide variety of issues that make it difficult for them to receive fair treatment from mainstream services without some support. X aims to help service users to access the services that are appropriate for their needs and to help them to make positive life decisions.”

**Success:** “In 2007-08, the X Centre assisted 89 rough sleepers to access accommodation, 32 of whom have now moved into more suitable supported accommodation.”

“Social and emotional support: one to one counselling, pastoral care, befriending sessions and crisis recovery support.”

**Function:** “The X Centre recognises that many individuals do not have just one issue to solve, but require holistic support that looks at their mental and emotional needs as well as their practical needs. More than one third of homeless people spend their days alone\(^2\) – X provides a safe space for social interaction that will be an invaluable support for many homeless people. Currently, we are supporting 39 service users who have recently moved into their own accommodation.”

**Success:** “One client who moved to a new flat 2 months ago recently said, ‘The X Centre gives me purpose - if it weren’t for the centre, I wouldn’t be involved in anything, and I definitely wouldn’t be studying for a qualification!’”

“Meaningful activities: literacy and numeracy classes, recreational facilities, gardening club, art therapy, hearing voices, and IT classes.”

**Function:** “A vital part of helping to build service users’ self-confidence and self-efficacy is to engage them in activities that they can enjoy and that allow them to learn and apply skills. For some, activities like IT classes will give them skills they can use in a job; for others, the more

---

\(^1\) Lane, R., *The Road to Recovery: A feasibility study into homeless intermediate care*, Homeless Intermediate Care Steering Group (2003), p.1


\(^2\) Crisis 2003 Homelessness Factfile
therapeutic art or gardening activities might open their eyes to new possibilities. X combines therapeutic activities with classroom type learning, so that a wide variety of needs can be addressed and all service users can get involved in activities that allow them to form more positive images of themselves and their abilities. Support workers in the centre help service users to transfer positive achievements in an activity to other aspects of their lives – for example, helping people to make the link between what they have done and what they can do. Showing people that they are capable of accomplishments in art, or gardening, or reading or on a computer, which they may have never seen themselves doing before, allows them to see new possibilities for their future, like employment or a stable family life, as attainable.”

**Success:** “Last year, 62 X Centre service users gained nationally recognised qualifications, and 19 moved into full or part-time employment.”

### Strategic Relevance

This section is probably not necessary for a case for support for the purpose of general information, or even for most non-statutory funders, but it is useful to keep in mind for statutory funders. It can also be useful for some non-statutory funders, such as venture philanthropists, as it will help to show how you plan to continue with their investment by tendering for public service contracts. It is also very important for you to know how your service meets a public need, and how you can demonstrate that to local and national government, not only to access contracts, but also for the purposes of lobbying for change for the better for your service users.

There are many ways to analyse how your service meets a public service need. For help, go to the Homeless Link website and visit the Policy and Information pages, or go to the Funding for Day Centres pages (www.homeless.org.uk/funding-daycentres), and have a look at the Public Service Funding section. Look at your Local Authority’s homelessness strategy and other relevant strategies and documents. For further guidance on showing your strategic relevance, you can also contact your Homeless Link Regional Manager – see www.homeless.org.uk/regional-contacts.

### Worked example:

**Frame your work and your outcomes in terms of contributions to local strategies and aims.**

“The X Centre provides a valuable service that meets a real need in the local community. The Department for Communities and Local Government’s (DCLG) communities agenda, for example, currently promotes the development of local services that are based in the community. The X Centre is rooted and based in the local community, and delivers services in partnership with individuals and organisations locally. X is also on board with and oriented towards the DCLG’s Places of Change agenda, aiming to provide services that develop people’s skills and promote positive change in their lives.”
Worked Example:
*X Centre Service Provision Model*

**Objectives**
- Clients have increased self-esteem and self-confidence
- Clients achieve positive steps towards independent living

**Interventions**
- Basic services
- Health services
- Social/emotional support
- Advice, advocacy and referral
- Meaningful activities
- Education and training

**Soft Outcomes**
- Clients engage with service
- Improved health and well-being
- Clients show improved self-esteem
- Clients form positive relationships
- Clients are supported psychologically and emotionally
- Clients access correct services to make positive steps
- Clients show improved ‘soft skills’
- Clients show improved self-efficacy

**Hard Outcomes**
- Clients take on activities and agree to support plans
- Clients are receiving health care and are registered with a GP
- Clients access substance use and mental health services
- Clients into suitable accommodation
- Clients receive appropriate benefits
- Clients into employment
- Clients receive qualifications and professional skills
Try your own!

Objectives

Interventions

Soft Outcomes

Hard Outcomes