

DAY CENTRES: MODELS, THEMES AND RESPONSES

Working with drinkers

Alcohol consumption is a common support need among day centre clients. Most day centres are dry and alcohol is not permitted on-site. In some services, particularly where drunk people are also excluded, drinkers do not access the centre at all. Elsewhere there is flexibility around drinkers managing their drinking when using the service, and greater engagement with support as a result. There are also a small number of wet day centres or sessions where drinking is allowed on-site.

It's important that day centres find ways of working with drinkers. Support can help people to reduce or stop drinking, while those who are not yet ready to address their drinking may still benefit from support with tenancy sustainment, budgeting, nutrition, health and activities.

Drinkers are often highly visible in the street population and are often assumed to be part of the local day centre's client group. Day centres can strengthen their role and reputation locally by finding ways to work with street drinkers, for example through partnerships with police, outreach and alcohol services.

Day centres have 'no alcohol' policies for good reasons e.g. to reduce the risk of incidents, to promote healthy lifestyles and to support other clients who are in recovery. However, a simple, strict policy can have unintended consequences:

- Drinkers feel judged and choose not access the service
- Drinkers binge by downing their drinks before arriving at the centre, which is more damaging to their health and more likely to lead to exclusion for being drunk
- Dependent drinkers at risk of alcohol withdrawal fits may be too anxious of fitting to come into a dry service.

Working flexibly can help to engage drinkers within a safe environment, for example:

- Satellite sessions from alcohol services, or posters advertising services elsewhere, are visible signs of a non-judgemental approach
- Allowing drinkers to leave their cans at reception, or to carry an unopened can with them, can prevent bingeing and reduce anxiety about withdrawals
- Training staff and volunteers, for example in risk assessment, conflict management and motivational interviewing, increases confidence and ability to work with drinkers.

Concerns about aggression and incidents are often raised by day centre managers in relation to working with drinkers. The case studies in this document demonstrate that it is possible to work with drinkers, including those drinking on-site, and manage risk effectively. Each service takes a different approach, but managers often emphasise the importance of

flexibility around access and exclusions; the value of training staff and volunteers in conflict management techniques to defuse potential incidents; and using activities to engage service users and reduce their alcohol consumption.

This guidance features case studies from day centres working with drinkers in different ways, and aims to help other day centres to question, review and develop their practice.

Homeless Link thanks the day centres that have contributed case studies: Aquila Way Basis@336, Spectrum Day Centre, April Centre, SIFA Fireside and the Anchor Centre.

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Working with drinkers in a dry day centre

SIFA Fireside, Birmingham

A key service at SIFA Fireside are open access drop-in sessions for those who are homeless, vulnerable and often in temporary accommodation, rough sleeping or squatting. A high proportion of our clients present with alcohol misuse problems.

Many of our clients are alcohol dependent so it is not uncommon for them to begin drinking very early in the day. For some clients the consumption of alcohol may be necessary to prevent potentially dangerous withdrawal symptoms.

We do not, however, permit the consumption of alcohol on the premises as this would quickly become unmanageable and intensify issues of risk with such a chaotic clientele. We have clear notices in the reception and drop-in area in English and Polish advising clients of our Alcohol policy and asking that they hand in alcohol at reception as they enter the building; it will be returned to them as they leave.

Should a client not observe this rule they will be politely asked to hand in the alcohol to Reception or asked to leave, depending on their response. Ongoing or persistent disregard of the non-drinking rule will usually result in a period of exclusion to reinforce the seriousness of the issue. It is important that staff feel confident to manage and deliver the service in an environment that is as safe as possible.

In general, once the policy has been explained clients will readily hand in their alcohol when asked and they understand the need for the procedure. Should a client attend when they are clearly intoxicated to such a degree that they pose a potential risk (to self or others) they will not be permitted to use the service that day.

The drop-in service also provides the staff team with the opportunity to identify problem drinkers so that appropriate support can be offered. Clients who present with challenging behaviour in the drop-in as a result of their drinking (and who may have been excluded from the drop-in sessions) will be offered support on an individual basis with a view to re-inclusion back to the open access sessions. In some cases, engagement with alcohol support may be a condition of the client being permitted to use the drop-in service or engage with the group activities and sessions delivered. A key priority is that we encourage the client to begin to engage with the service.

We offer support in line with the Recovery model, with programmes tailored to meet an individual's need. All clients are offered one-to-one key working appointments and/or group sessions. Clients may be seeking abstinence or detox, while others may be looking for support to reduce their alcohol intake to a safer level. Peer-led support is also recognised as an invaluable intervention for our clients as part of a Recovery plan.

In addition to our Policy & Procedure, all staff and volunteers have access to a Drop-In Handbook. This is reviewed annually and provides, alongside personal supervision, guidance on good practice when delivering support at SIFA Fireside.

Piloting support for street drinkers

Basis (Aquila Way), Gateshead

Aquila Way's Basis project is a small drop-in centre in Gateshead. They were approached by the Housing Options Service, Northumbria Police and Gateshead Housing Company in light of complaints from residents about an increase in street drinking and anti-social behaviour. They began to look at how best to engage this group of people and offer them solutions to resolve their housing needs and drug and alcohol issues.

Initially a four week pilot offered outreach sessions in partnership with NECA (the local addiction support service). The idea was to engage street drinkers, make them aware of Basis and encourage them to access services provided by NECA.

After a number of weeks a change in approach was agreed due to lack of engagement. Dedicated sessions were provided at Basis on a day that the service wasn't open to the public. The clients were identified through the police and Housing Options, and this was a much more targeted & effective approach.

Not all the sessions were well attended and on occasion it was apparent that people who attended the sessions did not have the desire to reduce their alcohol intake and take the offer of support seriously. However, developing the project in a targeted way did provide a more effective service. It also created a positive partnership approach to the issue of street drinking.

Further developments of this approach have recently taken place. The police identified an additional group of clients that were beginning to cause further nuisance and anti-social behaviour. One group was identified as sleeping on private property and causing alcohol-related anti-social behaviour, drawing complaints from business owners and members of the public. A meeting was convened with the police, Housing Options and South of Tyne NHS substance misuse team. It was agreed that this group needed a specific and direct approach due to levels of DTL (directions to leave) the police were issuing.

The partners agreed a targeted approach, opening Basis on a Tuesday between 10am and 1pm. Police would direct those on the list to Basis and representatives from Basis, Housing Options and South of Tyne NHS substance misuse team would offer options and support. This included obtaining detox bed spaces and agreeing that, if this was completed successfully, Housing Options would provide temporary accommodation at the end.

After the first two sessions there had already been positive engagement with clients, which had achieved real outcomes that had not been possible previously while working in isolation.

Case Study

"David* has been rough sleeping for a number of months following the breakdown of his relationship. We have tried a number of options to see David move on from rough sleeping, even at one point funding his coach fare back to his home town. All of our efforts have fallen short, largely because David had been unable to get his alcohol and substance issues under control. His chaotic lifestyle, coupled with him being heavily intoxicated on a daily basis, meant he was often one of the main causes of anti-social behaviour and street drinking on the high street. David was the first to arrive on the first of our pilot sessions and

when the offer was put to him he became very emotional as he was so touched at the support he was being offered. David recognises his issues and the steps he needs to take to address those issues and is prepared to change his lifestyle and his behaviour. David arrived early for his subsequent appointments and is doing really well in detox. If this pilot had not taken place David's situation would have continued to deteriorate."

April Centre, Colchester

Planning

A group of between 15-20 street drinkers had been regularly occupying 'hot spots' around Colchester for the past 8 years. They were notoriously difficult to engage and police enforcement resulted in moving the problem rather than tackling the more entrenched issues of reducing alcohol consumption and improving access to services.

In January 2011 a steering group was formed made up of partners to look at the issue. The group took evidence from other 'wet centres' around the country to see whether it was a realistic option. In particular, police and other agencies in Ipswich gave evidence to the group about their efforts to address the same issue.

The working group decided to run a 3 month 'wet session' pilot which consisted of an offer of a safe and comfortable environment where the street drinkers could go, away from the current 'hot spots'. We wanted to offer a support network and a new gateway into support services to help the street drinkers to address their self-harming behaviour.

The April Centre was chosen to run the pilot for the wet sessions. The April Centre is a charity that has worked with homeless people in Colchester for over 15 years and run a day centre for homeless people two days a week. They work closely with other organisations in the town and already have a positive relationship with most of the street drinkers in town who have accessed their services in the past. They can also provide a route into a more stable life through its advice and housing services.

Implementation

The three month pilot at the April Centre Day Centre opened on one day a week from 9.30am to 3.30pm. The Centre offers a first point of contact for street drinkers not engaging with other services in a safe, non-judgemental environment.

There is a focus on nutrition and health care. Two nutritionally balanced meals are provided and a nurse practitioner from Beacon House (another day centre) attends the Alcohol Project 10am - 12pm, with alcohol counsellors from NEEDAS attending 1pm - 3pm.

Clients are encouraged to get involved in activities such as table tennis and pool, as well as arts-based activities to benefit their health and self-esteem.

Project workers from the April Centre are trained in Alcohol Awareness, Alcohol Intervention and Conflict Management Resolution.

Following advice from NEEDAS and the Anchor Project in Leicestershire it was agreed that clients would be allowed to bring a limited amount of alcohol (14 units) to the sessions and be allowed to drink it in the Day Centre. This was agreed to be a safe level and prevent

withdrawal symptoms without encouraging the centre to be known as a place just to come and drink.

The Alcohol Project in progress

Initially the street drinkers were cynical about the project. The April Centre distributed maps and cards to street drinkers, the police and street wardens. They also used their Outreach service to talk to street drinkers about the project and went out specifically on Tuesdays to the usual 'hot spots' to invite people to the Project.

The Project has been regularly attended by six known street drinkers and around six others would come from time to time. The project workers have developed a close relationship with the individual clients, who have been encouraged to play table tennis and pool, increasing their fitness levels and self-esteem. Many of the street drinkers told us that it was the first exercise that they had done for years! Feedback from the clients: "it is great to have a place to go where we don't feel judged".

All clients that attend the Alcohol Project have at least one wholesome meal. They are encouraged to eat fruit and rehydrate with water regularly, particularly after playing table tennis. Often clients refrain from drinking for the first hour or so and would not drink openly in the centre, preferring to drink more quietly in the garden area.

Many of the street drinkers are attending the Day Centre on "dry" days where they have to remain sober for the duration and are widening their social network (as well as honing their table tennis skills!). The April Centre has been able to assist the street drinkers with a range of issues including housing, benefits and CV preparation.

Learning from the pilot

The Alcohol Project initially opened at 9.30am but we realised that this had to change as many of the clients did not turn up until 12pm, which meant that they missed their opportunity to engage with the nurse practitioner from Beacon House. Opening time is now noon.

The Alcohol Project was a new environment for the counsellors from NEEDAS who are used to clients proactively seeking their service. Their approach was to sit and chat informally with clients, gradually gaining their trust and then talking about their services and the benefits of them. They were mindful of not pushing their services.

Initial outcomes from the Alcohol Project

➤ *Changes to street drinkers*

Although some results are difficult to quantify as our numbers have remained relatively small (the highest number of street drinkers attending a session is 12). We have seen positive changes in all of the street drinkers that have attended the Alcohol Project. They all really enjoy having somewhere to come that they feel part of and tell us that they look forward to the sessions and are always reluctant to leave at the end. They value the one to one attention that they get from the project workers. The continuation of the Project for a longer period would mean that more quantifiable data can be collected.

➤ *Alcohol consumption*

Six of our regular clients reported that they try not to drink too much before arriving at the Project and often have a cup of coffee as a first drink. One of our clients has remained sober for the duration of the project.

➤ **Increased sporting activity**

All of the street drinkers love playing table tennis and the table is always busy. Many of the street drinkers reported that this is the only exercise that they get and build up quite a sweat! We have asked them about other activities that they would like to get involved in and we are going to look into starting a vegetable garden and purchasing a badminton net.

➤ **Healthy eating**

All of the street drinkers have at least one healthy meal and the project workers try to sit with the drinkers and eat with them. There is always fresh fruit available and all clients are told about the importance of healthy eating to liver function and recovery. Clients always comment on how good the food is and how much they enjoy it.

➤ **Engagement with services**

The street drinkers that attend the Alcohol project have not previously engaged with other services such as Beacon House and NEEDAS so we are reaching a previously unserved client group.

One client has enrolled in a pre-detox programme with NEEDAS and is attending group sessions. Other clients have told us that they are considering engaging with NEEDAS and we will encourage them to do so when they are ready.

At the end of the pilot period NEEDAS have decided to reduce the amount of time that they spend at the project to one visit every four-six weeks. Training is being provided by NEEDAS to project workers on motivational interviewing and the referrals process to enable project workers to help clients make changes at the appropriate time.

We have changed the time of the Alcohol Project to later in the afternoon in the hope of engaging clients for longer and giving them the opportunity to see the nurse from Beacon House.

➤ **Reduction in antisocial behaviour and petty crime**

There is anecdotal evidence from the police and street wardens that antisocial behaviour and petty crime has reduced. Although at present there is insufficient quantifiable evidence to prove that there is a direct correlation in reduction in ASB with the Alcohol Project but there seems to be fewer drinkers in the usual hot spots. This could be due to the time of year as street drinking is more prevalent in summer months. More robust data needs to be collected from the police in this area.

➤ **Drama sessions**

Three of the street drinkers are attending drama sessions run by the Mercury Theatre at the Day Centre. The focus will be on building confidence, self-esteem and having fun. The street drinkers will have to remain sober for the duration of the sessions.

➤ **Improved relationships within the Street Drinkers working group**

Being able to work closely with, and gain an in-depth understanding of other agencies involved in the project has been invaluable.

Limitations of the Alcohol Project

- Of the street drinkers that do not attend the Alcohol Project on a regular basis some have commented that the Day Centre is too far out of town to walk.
- There is a feeling that clients have been unwilling to engage with NEEDAS enough to warrant NEEDAS' attendance at the Alcohol Project on a weekly basis.
- More quantifiable data needs to be collected. This could be achieved by having structured interviews with clients when they first attend the project and then again after three months. It would be helpful to measure alcohol consumption, types of drinks, levels of drinking etc. Outcomes Star could be used to measure changes in client's self-esteem and wellbeing.
- There are some known street drinkers that are still not engaging with the Alcohol Project. More needs to be done to try to reach this group.

Steven's story

Steven had been hanging out with a group of street drinkers for a number of years, some of whom he has known since he was a child. He had been a carer for his mother for five years and when she died in 2010 Steven "hit the bottle hard". He increased his alcohol intake, drinking all day, sometimes up to 18 cans of strong lager in one day. All Steven's friends were drinkers and he found it very hard to admit that he had a problem with alcohol but decided it was time to make a change. After attending the Alcohol Project Steven has started a pre-detox programme with NEEDAS and regularly attends group sessions. He also comes to the Day Centre without his street drinking friends on "dry" days and is starting drama sessions with the Mercury Theatre at the Day Centre.

Since the pilot...

The Alcohol Project has continued and the number of drinkers attending has increased.

Supporting drinkers in wet day centres

Anchor Centre, Leicester

The Anchor Centre is a wet day centre working with a mixed client group, predominantly older drinkers and, in the past few years, an increasing number of EU nationals. A new service, Niebo Project, has been established to meet the needs of these clients.

The Anchor Centre's key concerns are:

- Balancing people being allowed to drink in the centre to keep them off the streets, with encouraging them towards reduction/maintenance and other constructive work.
- Avoiding development of over dependency on the centre (especially with EU nationals)
- Doing constructive work with older entrenched drinkers with complex needs

Alcohol use in the centre

Though people can drink in the centre we monitor what they do and every effort is made to encourage harm reduction and maintenance. We did try limiting what was brought in originally but this proved unworkable due to people buying drinks for other people, sharing etc. However staff do use discretion, and also take into account how drunk someone may be. In some cases we ask that someone puts their drinks in the fridge for another day, and large quantities such as a 12-pack would not be allowed. Occasionally we might put a strict limit on someone trying to reduce. All spirits are banned from the centre.

Alcohol-related support

All staff have completed parts 1 and 2 of basic alcohol training and have attended Motivational Interviewing training. In addition they have done various other forms of relevant training and understand units etc. One part-time staff member also works as a Tier 2 worker at the Alcohol Advice Centre at our main office. Formal appointments from the alcohol service weren't effective, so we now have alcohol advice workers from our main office to work on an informal basis. They aim to motivate people and encourage them to be referred to alcohol services. This sort of approach is essential in addition to conventional appointment services, and the day centre staff have little chance to do this themselves use to staffing cuts. A Tier 3 Alcohol health worker also visits the day centre.

The older entrenched drinkers are not in a position to move on much, but we are determined that they are not just left to drink themselves downhill. There is a very good intensive support team run by the Housing Dept and we work closely with them. In fact, as older clients' health worsens, their drinking usually decreases. They require care type support and a key part of our role is joint working, especially over issues such as capacity and also providing a long term service (in total contrast to our work with the EU group).

The improvement in alcohol service co-ordination has only recently been introduced so it is too early to see if this will improve take-up. However monitoring has shown levels of drink reduction, especially amongst EU nationals who are no longer rough sleeping and also a marked reduction in service users' street drinking.

Work with older drinkers has no target figures as yet and this work remains long term. For example, it has taken 3 years' intensive inter-agency work for one person to gain access to a care home. Developing outcomes for this client group is a priority for the service.

Engaging with clients who have been drinking

Specific skills are required in engaging with drunken people – it is no good just refusing to deal with them. Handling incidents correctly means instances of violence in the wet centre are rare. It is not possible to do structured work with someone who is drunk, but almost all drinkers will have periods of comparative sobriety/reduction and it is important to choose this time to engage with them.

Spectrum Day Centre, London

Managing substance use

At Spectrum, we actively work with and support our service users to engage with harm minimisation strategies in order to foster a low drink zone. There are clear expectations that service users will engage with this process as part of the conditions of access to Spectrum services. The process is communicated at referral and assessment stages where it is fully reiterated.

Managing substance intake is integral part of our ongoing comprehensive case management processes (key work, support planning etc). On entry to Spectrum, referred service users who are permitted to drink on site are encouraged to leave their drink at reception and work with staff who will monitor the amount and frequency of drink being consumed.

Staffing presence in the main client areas during operational hours provides an essential support mechanism for both service users' safety, as well as helping the service to manage intake and reduce risks. Service users' progress is evaluated during support plan reviews, as well as during one-to-one consultation with partner treatment agencies who provide additional support to our service users. Where there are issues that may have an adverse impact on the service and its users, these are discussed during daily staff debriefs.

Service users are supported to engage with the review and development of harm minimisation processes within the service at service users' monthly forum.

Managing the risk of aggression

All service users' support packages are subject to regular reviews to ensure that they are service user-led and relevant. This includes a review of risk assessments with individual service users as part of support plan reviews and case conferences. Regular communication with partner agencies (e.g. task and targeting forum, police liaison meetings, locality and hostels meetings etc) is also included in the discussion of risk management with regards to the individual's substance use. In addition, Spectrum staff carry out daily locality management checks near the service, and service users who engage in street activities are monitored and supported to access and engage in a positive way. Spectrum's twice daily debriefs and robust incident reporting procedure provide additional tools to record, monitor and manage known service users who pose a risk to themselves and others, whether within or outside Spectrum. Finally, staffing presence in the main client areas (e.g. smoking area,

IT suites) helps the service to monitor and manage risks. Service users who find it more challenging to comply with the service requirements are supported with, for example, increased one-to-one consultation and key working, as well as behavioural contracts.

Managing the type or amount of alcohol on site

Spectrum restricts the amount of alcohol being consumed on-site, but not the actual type of alcohol, although the service doesn't allow glass containers (e.g. wine bottles) for obvious health and safety reasons. Service users are consulted on this key matter regularly during monthly forums to ensure that the H&S aspect of this issue is fully understood by all.

Engaging drinkers in activities

We have found that appropriate service user-led activities have a great impact in terms of engagement, even when service users are under the influence. We do this by consulting with our service users on a regular basis – via key work sessions, service user forums, surveys etc – about the range of activities to ensure that it is wanted and led by service users. Service users are actively supported to take part in the development and facilitation of activities to promote ongoing interest and motivation. Service users' feedback is requested at various points.