

### 3.5 'Wet shelter' becomes home for street drinkers

**Findings** After an uncertain start, an experimental project in London's East End safely housed long-term rough sleepers unwilling to stop drinking, connecting them to medical and other services whilst allowing drinking on the premises.

Providence Row opened in 1995 as a direct access 'wet' hostel in an area with a highly visible street drinking population. Its evaluation is based on staff and resident interviews, on-site observations, and project records. Usually full, from the start the hostel attracted and retained clients more often associated with very short stays. Close working with local benefits agencies helped stabilise residents' financial situations while basic care such as meals and dispensing medication improved health. Nuisance from street drinking and begging were reduced. However, in its first phase the project never became a safe environment which residents saw as home, and did not provide services to further improve health and tackle drinking. This was partly due to unsuitable premises and understaffing, but partly to management style. Some other agencies disapproved of the project's approach and staff retreated into a 'siege mentality' which further impeded liaison with services important to the clients' welfare. Tension, arguments and occasional violence led residents to leave and deterred applicants. A non-interventionist stance on drinking spilled over into facilitating it, into a dangerously laissez faire attitude to issues such as taking medication, and into a failure to provide opportunities for residents to consider routes out of dependence on alcohol.

Improvements rapidly followed a move to more suitable premises. Residents had greater privacy, the layout encouraged natural friendship groups, and a high quality, non-institutional design fostered a sense of ownership. 'Drop in' stayers (responsible for much of the previous disruption) were banned. Rather than excusing residents as unable to control themselves, the disciplinary code was enforced. Key working – the axis around which more proactive care might have occurred – was properly instituted. Relationships were forged with external alcohol agencies. A service agreement with a local GP practice allowed residents to register on a permanent basis, markedly improving health care. Compared to its previous phase, twice as many residents (half the total) stayed for at least three months and more moved on to treatment and alternative housing. Nevertheless, 'bed blocking' became a problem. With no structured in-house alternatives to drinking and a remaining reluctance to initiate discussions about rehabilitation, opportunities for tackling drinking and encouraging a more ordered lifestyle were still missed. Few female clients were attracted into a male environment.

**In context** Visible homelessness and street drinking (especially in London) are government priorities which overlap in Providence Row's client group. Despite common and acute health and substance abuse problems, access to primary care is blocked by GPs' reluctance to register homeless patients, whose mobility impedes continuity of care. The consequence is an increased load on emergency services due to untreated complaints. Common requirements that hostel applicants are sober on entry, that residents do not drink on the premises, and that they address their alcohol problems, act as barriers to housing and retaining these clients.

**Practice implications** High-support wet shelters can operate safely, enable enhanced care of residents, and reduce street drinking and related nuisance. Achieving a balance between accepting risky drinking and poor behaviour and trying to address them requires clear guidelines endorsed by staff and clients. Taking long-term responsibility for a medically compromised group who continue to drink heavily demands a high level of medical care and staff training. Successful projects could quickly find themselves unable to accept new referrals. Move-on accommodation is often predicated on residents' having controlled their drinking. For this and for health reasons, opportunities must be provided to tackle drinking without making this a requirement. At Providence Row, such issues are being addressed by volunteer support and long-term counselling.

**Main sources** May J. *The accommodation and care of homeless street drinkers: an evaluation of Providence Row's wet shelter programme*. Providence Row, September 1999. Copies: apply Providence Row, phone 020 7375 0020, fax 020 7377 6432.

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