



The Shoreline Project

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The Shoreline Project became operational in 1996 and as far as we can ascertain was the first example of “wet” accommodation for street drinkers in the UK. To understand why it is seen as a hugely successful project it is important to understand the research and thinking that went into the design of both the project and the properties in which the street drinkers would be accommodated.

Background:

Prior to 1996 street drinking “gangs” were evident on the streets of Cardiff and the commonly held view was that it was impossible for these individuals to maintain accommodation without first stopping drinking. At the time Steve James, the manager of Tresillian House the local authority direct access hostel, was studying for an MSc and decided to base his dissertation on the needs of this client group. He had a long history of involvement with the most problematic of the street homeless population in Cardiff having campaigned for many years for improved access to high quality accommodation and services for street homeless. He knew the client group intimately and more importantly they knew and trusted him. He took the view that it was not the service users who were failing to maintain accommodation but that the accommodation available was failing to meet the needs of the service users. His work was one of the first examples of Action Research, certainly in Wales, if not in the UK. As part of his research he conducted interviews with the individuals in the street drinking “gangs” to find out what they saw as the reasons for being unable to maintain accommodation.

The following is a synopsis of his findings.

Direct Access Provision:

Interviews revealed that the service users did not like the rules in direct access provision and they did not like the attitudes of staff who were continually telling them they would have to stop drinking before they would be able to access and maintain accommodation.

At the time many hostels in Cardiff did not allow drinking on the premises, although Tresillian House and the Wallich hostel were exceptions to this rule. Street drinkers were renowned for smuggling alcohol onto the premises.



The individuals among the street drinkers were usually in their late 30's to early 40's and took the view that staff, in particular younger members of staff, had little knowledge, experience or understanding of their needs and that the only assistance on offer was to be told to stop drinking. Perhaps their views can best be summed up by a quote from one of the individuals who was interviewed:

"Hostels have too many petty rules. I'm a grown man and don't want some young c..t telling me how to run my life! If I want to drink, I'll f.....g drink. Stupid rules make me f.....g angry! You don't have to sit there and listen so some f.....g teenager telling you you're killing yourself. You f.....g know that. You know that if you break the rules, or abuse a member of staff, you'll get thrown out, but you can't f.....g help it, they make you so mad. You actually feel relief when they tell you to go. Soon regret it though. Why can't they understand? B.....ds!!"

It should be noted that there is no criticism of hostel staff implicit in the research. All hostels were generic in nature and would provide a service to all who came to them. It also has to be acknowledged that this client group caused management problems in hostels, a fact that the drinkers themselves acknowledged. They could be loud, aggressive, lewd and, occasionally, violent. Indeed, all who have been involved in delivering direct access accommodation have experience of having to evict someone from this client group.

Supported Housing:

Supported housing proved inappropriate to the needs of this client group with the necessity to be able to share accommodation and facilities. Most of the same problems as occurred in hostels also featured in attempts to maintain accommodation in supported housing. Street drinkers suffered frequent abandonments or evictions.

Tenancies:

All the service users had experience of their own tenancies and of being evicted or abandoning them. The biggest factor revealed in the research was loneliness. Many were offered tenancies some distance from their usual haunts and friends. All stated that their original intention on gaining a tenancy was not to have other drinkers calling. The isolation usually resulted in them inviting others around although with every intention of asking them to leave. In reality once their friends were in the property they found it very difficult to ask them to return to the streets, plus the fact that by the time they had had a few drinks the resolve to ask others to leave had dissipated. Problems then began with noise, litter, neighbour nuisance, etc, usually resulting in eviction or abandonment before the eviction was actioned.

Service users also expressed their inability to deal with what they saw as bureaucracy. This usually resulted in any communication they received which looked like a bill being left unopened. As a result they experienced difficulties with utility bills, housing benefit and council tax. Again the accumulation of debt resulted in eviction or, frequently, abandonment before eviction was enforced.

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Other Factors:

The research also revealed the cost caused by this group to other services, in particular, the criminal justice system, emergency medical services and de-tox facilities. All of the client group had experienced arrest for drunk and disorderly, fighting, petty offences, etc. One of the client group had been arrested 8 times in a fortnight prior to accessing the Shoreline project. The cost of an overnight stay in cells, appearance in magistrates' court plus the cost of the work involved to individual police officers was huge. Convictions usually resulted in fines, which remained unpaid, or in short prison sentences.

Few of the group had access to GP services and used local A & E departments as the means of primary health care. In addition, it was not unknown for the client group to access A & E departments simply because they were warm and dry. They could often be disruptive in these environments. It should be noted that the service users were also often involved in fights and beatings on the streets which resulted in them having to access these services for treatment usually with the added cost of having to call an ambulance and, in turn, police having to turn up with the ambulance. The ambulance involved would frequently have to be withdrawn from service for a period to be cleaned.

The research demonstrated that the client group used de-tox facilities not with the intention of stopping drinking but as a means of respite care. Many of those interviewed stated that they needed a break from life on the streets and would access de-tox as a means of attaining this. The facilities themselves were attractive to the client group on a short-term basis. They would be in the company of other people with alcohol problems, receive three good meals a day and could access healthcare. However, after leaving the facility it was back to the reality of life on the streets and inevitably to drinking.

Group Dynamics:

Among the most important finding of the research was the importance to individuals of the "gang". The individuals in the "gang" were their friends and provided their support network. The "gangs" had their own system of justice and control, usually involving black eyes and cut lips. However, when justice had been delivered no grudges were held. A frequent comment among the group was that:

"I got what I deserved, I asked for it".

Usually each member of the "gang" had a particular expertise, eg: one would be a good beggar, another could be trusted to go to get drink and return with it, one was usually the "top dog" and would look after the others if there was a conflict. In addition, most received their benefit payments on different days and thus the "gang" could finance drinking throughout the week as each contributed on his/her payday.

The recognition and importance of this group dynamic was essential to the development, design and running of the project.

Accommodation Need:

Interviews with the service users indicated that all wanted to be able to have permanent accommodation but that existing accommodation was not meeting their needs. They indicated strongly that they had no desire to stop drinking. Most indicated that they wanted their friends to be able to call but that the accommodation would be too small to allow them to stay and it should be easy to look after. They indicated that although they wanted some support to be able to maintain their accommodation they wanted to access this support when they sought it and not at the convenience of staff. It was apparent that staff support in maintaining accommodation should not extend into interference in the way they lived their lives.

Development:

Street drinking "gangs" were highly visible in Cardiff and the cause of complaints by businesses and the public as well as the emergency services. The needs of this client group had been acknowledged in Cardiff's Single Homeless Strategy at the time. There was the political will to do something about the issue of street drinking and the local authority agreed to trial a project although they did not wish to run the project directly. The Wallich was approached to deliver the project and Steve Gamgee, the Chief Executive of The Wallich at the time, agreed and jointly with Steve James they designed the Shoreline project. It was agreed by all involved including the local authority that the project would need to provide accommodation to the client group on a long-term basis.

Properties:

The evidence from the research heavily influenced the design and siting of the properties.

It was obvious that the service users did not want to be far away from the areas with which they were familiar and, therefore, the properties would need to be located close to the City centre.

Design:

The original intention was to build 2 blocks of purpose built flats that would meet the requirements expressed in the research. Each block of flats would consist of 5 fully equipped studio apartments with a communal lounge. The communal lounge would enable the "gang" to get together while the individual flats allowed the privacy that had also been desired, an area where they did not have to let others in. Other considerations were taken into account to provide as safe an environment as possible. Furniture was required to be high quality but at the same time hard wearing and easily washable. Cupboard doors were required to open 180° as doors that only opened 90° were liable to be ripped off the hinges. Walk in showers were provided to help prevent tripping and non-slip flooring was essential. Ovens with drop down doors were avoided as service users had a propensity for placing heavy items on these when open and running the risk of toppling the cooker. Deep fat fryers were provided to cut down the risk of chip pan fires. All properties have a payphone on site with free access to staff office, staff mobile and emergency services.

It was also the case that the blocks of flats were designed to cut down on potential abrasion points between members of the "gang". They could retire to their own flats at times of conflict.

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Siting:

Given that this client group had frequently been responsible for causing problems with neighbours it was agreed that the flats would need to be built where they caused the minimum disruption to others. The Wallich was fortunate in that 2 such sites existed on land with planning permission in close proximity to the City Centre. One block is positioned approximately 15 yards from the nearest neighbour and the other has 3 feet separation from the next door property.

The original intention was to provide only 10 units of accommodation in the flats but while waiting for these to be built temporary accommodation was provided in two shared houses. Here service users would have lockable individual rooms but would have to share facilities. Again siting was an important element and the two properties identified as most suitable were end of terrace houses with front doors around the corner from the next door neighbour's, again to lessen the possibility of any disruption to neighbours (See attached photographs of one block of flats and one shared house). In addition, there are no residences at the rear of the properties as they back onto lanes or industrial units.





Staffing and Method of Working:

Again taking account of the research it was agreed that staff would have to operate a low-key approach to working with the service users with the minimum of interference. This was, at the time, a new concept for many staff working in the sector but we were fortunate in that for the first 12 months the local authority manager who conducted the research was seconded to the Wallich on a part-time, 3 days a week, basis while the project was established. His knowledge and insight were invaluable in guiding staff in their work with the client group. It was important that staff accepted the client group for who they were and did not impose their own values or expectations on the service users.

The Wallich had long held the view that it was stability of accommodation that was a key element in the process of changing behaviour and at the time was developing a method of working consistent with this philosophy. The method of working was based on principles of the Cycle of Change, Motivational Interviewing and Solution Focussed Brief Therapy. This low-key method of working proved extremely effective with the client group and continues to the present. In addition, staff had to adapt their attitudes to some of the more bizarre aspects of the service users' behaviour. For instance, the traditional response of instructing service users to go to bed to avoid disruption to others was wholly unsuitable to this project. Instead staff would be expected to allow service users to sleep off the effects of alcohol in some unusual places, on the floor in communal rooms, etc. Attitudes to violence among the client group also required staff to adopt different outlooks. The traditional response to violence was warnings and evictions. However, given that the "gangs" had their own system of justice staff had to adjust to seeing service users who had obviously experienced violence. It should be noted that while some level of violence was expected it was made clear to the service users that if staff should witness violence they would have no alternative but to take action. They would not however act on suspicion or assumption that someone was responsible.

Rules were kept to a minimum and it was established early on that if service users kept transgressing house rules there was probably something wrong with the rule. House rules were, and still are, consulted on and negotiated with service users and, in the main, deal with upsetting other service users, staff or neighbours. In addition, staff and service users negotiated and drew up expectations of each other about how they want to be treated.

Service users are fully consulted on all aspects of the project including development of policies, decorations and refurbishments and, most importantly, new service users entering the project. This is in acknowledgement of the importance of the group dynamic and how unsuitable this type of accommodation is for someone who does not fit in with the already accommodated group.

Perhaps the approach to delivering the new service is best summed up by the following quote:

"Traditionally, hostels had rules to which residents had to adapt. Shoreline starts with the assumption that street drinkers have their own rules and group dynamics to which the management of Shoreline must adapt".

It is interesting that the development of the Shoreline Project had similarities with both the Housing First model and with Co-production despite pre-dating the introduction of both concepts in Wales by at least 10 years.

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Initial Difficulties:

It would be fair to say that the project met with initial hostility in the local community. People feared that the project would attract street drinkers into the local area despite the fact that this was the area that had been inhabited by street drinking gangs for the previous 20 years. People feared an increase in crime, in particular burglaries, and there were fears for the safety of local children. To overcome these fears regular meetings were held with local schools, neighbours, councillors, community police, etc. and the manager attended the local Residents' Forum for the first two years of the running of the project. In addition, all neighbours were given a mobile phone number they could contact at any time in the case of an incident.

After this initial period we have had few problems with neighbours, indeed the local Residents' Forum recorded that they saw Shoreline as part of the solution to the problems of street drinking. Our most ardent critic in the early days, who had written to the First Minister, Welsh Assembly Government and to the Prime Minister to try to get the project closed actually provided us with a letter of support for the establishment of the Shoreline project in Swansea.

We can in all honesty say that the main reason for this turnaround in attitude was due to the service users themselves. They got to know the neighbours and local traders. People learned that they were not a danger and many now welcome the "character" they have brought to the area.

The police have been consulted throughout the establishment and development of the project and there are no ongoing issues. There have been incidents at our properties from time to time but the local police have stated that the project causes them no problems that they do not experience elsewhere in the community. We enjoy excellent relationships with both the local police and the South Wales police as a whole.

Outcomes:

Below are some brief details of the changes in drinking and associated behaviours of service users since Shoreline began.



Drinking:

Drinking habits change with service users normally opting to drink lower strength drinks, eg: lagers instead of white cider.

Service users begin drinking later in the day.

Service users exercise more control over their drinking. Although some may still drink all day they are now pacing themselves and not getting drunk first thing in the morning and then just "topping up" all day.

All service users have periods of abstinence. For some this may only be days while for others it can last for months.

Some service users have refrained from drinking altogether, moved on to their own tenancies and returned to work. Given that this was never an intended outcome for the project, it is a remarkable testimony for the change that is possible given some stability in accommodation.

It should be noted that some service users still continue to drink despite the obvious danger to their lives. This was something that was expected from the start of the project and staff will continue to support those who are obviously in danger of dying from an excess of alcohol. Service users respect the fact that they are allowed to live their lives and to die with some measure of dignity and not in some gutter.

Health:

All service users have experienced health gains and all are registered with GPs. This allows for early interventions rather than the previous experience of the service users when health would deteriorate to the crisis point before an intervention. All now receive regular health checks.

Service users are no longer living on the streets with all the health challenges that this poses. They are no longer subject to the beatings that many experienced while living on the streets.

Service users are open with staff about health. This again allows earlier interventions and also allows staff to better monitor the health of individuals.

Service users all have access to dentists, chiropodists, optometrists and other health care specialists.

A&E departments are no longer used for primary health care.

De-tox is now a planned process and as the result of client requests rather than for respite care.

The project enjoys excellent working relationships with statutory substance misuse agencies who provide treatment services to the client group.

All service users now access health and treatment provision in the same way as the general public.

It is undoubtedly the case that many of the service users would have died prematurely and without a degree of dignity if they had not been able to access the Shoreline project.

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