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Exploring the Accommodation Needs of Street Drinkers in Newport: The Case for a Wet House Service

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Definitions

For the purposes of this report the following definitions are used:

- **Homeless:** Where an individual lacks accommodation (or where their tenure is not secure; Shelter, 2014[a]).
- **Rough Sleeping:** People sleeping, about to bed down (sitting in/on or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations or “bashes” [makeshift shelters]; The National Assembly for Wales, 2000).
- **Street Drinker:** A person who regularly drinks alcohol, or is drunk, in public places and, while they may have accommodation, has led a street based lifestyle for a number of years (James, 1998).
- **Sofa Surfing:** Staying at friends or relatives on a temporary basis, switching regularly between locations (Adapted from: Shelter, 2014[b]).
- **Supported Housing:** Housing where the occupancy agreement contains a requirement to work with support staff to enable the recipient to live as independently as possible in the community (Adapted from: Shelter, 2014[c]).
- **Vulnerably Housed:** Living in accommodation where the risk of eviction is constant. This may be in the private rented, social housing or supported housing sectors. The primary factor being the accommodation provided does not meet the needs of the individual (Argintaru et al., 2013).
- **Wet House:** Supported housing which allows the consumption of alcohol. This type of housing takes a long term view and provides the stability to allow street drinkers to change their behaviour over a period of time by removing the threat of eviction simply due to alcohol use (Voussius, Testad, Berge, & Nesvåg, 2011).

Executive Summary

Background

In the UK, homeless people who are alcohol-dependent are often referred to as “street drinkers”. Street drinkers may alternate between periods of being homeless, housed, or living in supported accommodation (e.g. hostels, night shelters); though typically find it difficult to maintain long-term accommodation due to their alcohol use. Traditional abstinence-based accommodation models have proved ineffective at housing street drinkers, often leading to a “revolving door” of failed housing attempts. As a result, more recent models of accommodation have adopted a non-abstinence, harm-reduction approach to housing street drinkers (e.g. Housing First, Wallich Shoreline). Such housing schemes have become known as wet houses in the UK. Despite concerns that wet houses might enable, or facilitate, harmful drinking, research findings suggest that these approaches actually lead to decreased levels of alcohol consumption, along with decreases in the use of healthcare and judicial systems.

Based on the success of wet houses in other areas, the present research aimed to explore the case for a wet house in the City of Newport, South Wales. The research also aimed to gain more information about the street drinking population in Newport (e.g. numbers, ages, ethnicity, other substances used, services accessed).

Methodology

In order to explore the case for a wet house service in Newport, interview consultations were undertaken with the street drinking population, service providers and public services, allowing for a comprehensive assessment from multiple perspectives. A semi-structured interview approach was used to interview all three participant groups. Interviews with street drinkers aimed to explore their previous housing experiences, their views on current housing options in Newport and their thoughts on the development of a wet house service in Newport. Interviews with service providers and public services aimed to explore their experiences of working with the street drinkers in Newport and their views on the proposed accommodation. Thematic analysis was selected as a flexible method of analysing interview transcripts.

Field observations were used in the research to assist in establishing an estimate of the current number of the street drinkers in Newport. Field observations also helped the researcher to develop rapport with the street drinking population and to recruit participants for interview consultations.

A basic cost-benefit analysis of implementing the service in Newport was also undertaken by comparing the cost of housing a street drinker in a wet house with their costs to public services. Public service use was measured during interviews by asking street drinkers how many times in the twelve months prior to interview they had accessed various public services (e.g. ambulances, A&E).

Findings

Based on field observations it was estimated that there are currently a total of 27 street drinkers in the Newport area. Street drinkers were primarily male and between 40 and 60 years of age. Of the 27 street drinkers, eleven were selected for interview participation (*Mean age* = 45.5 years; *SD* = 10.2, *Age Range* = 27 - 58), eight male and three female.

Using thematic analysis to analyse interview transcripts from street drinkers, a number of themes were identified. Firstly, street drinkers reported numerous health issues, including a poor level of overall health, numerous accidents and injuries, and non-compliance with healthcare services. In relation to accommodation experiences, street drinkers recalled multiple supported housing failures, typically due to their alcohol use or non-compliance with rules and regulations. Street drinkers also expressed negative attitudes towards the existing supported housing options in Newport and issues with their current accommodation. Moreover, all street drinkers reported frequently using public services such as ambulances, court systems and police cells.

In relation to the development of a wet house service, the majority of street drinkers (*N* = 6) were supportive of its inclusion in Newport. These street drinkers felt that the facility would benefit them by providing them with stable accommodation. One street drinker stated the service would not be beneficial for them, though believed it would help other street drinkers in Newport. Only two street drinkers stated they would not wish to live in a wet house. The reasons given for this disinterest typically centred on the social problems that alcohol might cause within the house. The remaining two street drinkers gave mixed responses to whether they would benefit from the service. That is, stating they would benefit from its development, then later stating they would not like to live in a wet house.

Those street drinkers in support of developing a wet house suggested it was important for the service to have only a small number of residents (four to five). These street drinkers also emphasised the importance of being able to cooperate with the other residents within the service. Furthermore, street drinkers highlighted the attitudes and values of the staff within the

service as an important factor in its success. They suggested staff might have experience of alcohol issues themselves.

A total of twelve individuals from ten homeless service providers within Newport were also interviewed. Consistent with reports from street drinkers, service providers described how their street drinker clients often experienced difficulties in maintaining tenancies due to their alcohol issues. They also suggested the current supported housing options in Newport were not appropriate for them. Service providers were unanimously supportive of the development of a wet house in Newport, stating the facility would benefit street drinkers by providing them with stability, help them to decrease their alcohol consumption and reduce the harm associated with their current lifestyle. They also suggested developing a wet house might reduce the street drinking population's use of public services and the harmful social impact of street drinking on Newport City Centre. When questioned as to potential issues the service may encounter, many service providers suggested that the public may have negative perceptions of the service, though they believed these are likely to be underpinned by a lack of understanding as to its benefits.

In relation to service management, service providers suggested utilizing models from existing wet house facilities. In particular, several service providers recommended adopting the model used by the Wallich Shoreline Project due to its success in supporting street drinkers in other areas of Wales. Service providers also suggested the staff managing the service should be experienced and capable of managing challenging situations. In terms of location, service providers advised that the service be located near, but not within, the centre of town so that residents have access to services and are not isolated from others.

One police officer and two paramedics were interviewed from public services in Newport. Both the police and ambulance service workers noted how the street drinking population can be significantly time consuming for them. All public service workers viewed a wet house as a positive addition to Newport, suggesting it would help to reduce the time they spend dealing with street drinkers. Consistent with reports from service providers, public service workers also suggested that a wet house might serve to reduce the negative social impact which street drinkers have on Newport City Centre.

Findings from the cost-benefit analysis of the service were supportive in terms of financial value. The total cost of public service use during the twelve months prior to interview for all eleven street drinkers was calculated at £128,186 (£11,653 each). In comparison, the cost of housing all eleven street drinkers in a wet house for one year was calculated at

£117,832 (£10,712 each). Therefore, if as previous research would suggest, residents within the facility were to reduce their use of public services, implementing a wet house in Newport may save costs in public service use. What is more, although street drinkers' cost to public services during the last year was calculated at £128,186, this is likely a substantial underestimation of the actual figure as the use of several services, such as prisons and detox facilities, were not accounted for.

Conclusions

Overall, findings from interviews with street drinkers, service providers and public services support the development of a wet house service in Newport. All street drinkers reported experiencing issues with maintaining tenancies and a high usage of public services, such as police cells and ambulances, signifying the need for an appropriate accommodation model to support them. Most street drinkers viewed a wet house as somewhere they would like to live, suggesting this accommodation model would prove effective at supporting them. However, not all street drinkers were supportive of the service, indicating the need for additional services to support these individuals. This could be a form of floating support attached to a wet house in order to reduce additional costs.

Service providers and public service workers were also supportive of the facility's role in Newport. They suggested it would reduce street drinkers' public service use and remove the negative social impact of street drinkers on Newport City Centre. Moreover, a basic cost-benefit analysis found that the service may have positive financial implications for Newport. Street drinkers accumulated more per year in public service costs than the cost to house them in a wet house service.

Based on reports from street drinkers and public services, a number of factors should be considered if developing a wet house facility in Newport. Firstly, the cohorts of residents should be carefully chosen, taking into consideration group dynamics. The staffing and management of the service should also be carefully considered. In addition, the location of the facility should be selected with the aim of ensuring residents do not become isolated and their access to support services remains.

1. Introduction

1.1. Background

In the UK, approximately 380,000 individuals are reported to be homeless at any given time (Crisis, 2003). It is well documented that the mental health of the homeless is considerably poorer than that of the general population (Bassuk, Richard, & Tsertsvadze, 2014; Greenberg & Rosenheck, 2010; Madianos, Chondraki, Papadimitriou, 2013). Alcohol dependence has been highlighted as the most commonly reported mental health condition amongst the homeless population in Western Countries, with prevalence rates of 37.9% (Fazel, Khosla, Doll, & Geddes, 2008). In the UK, homeless people who are alcohol-dependent are often referred to as “street drinkers”. Street drinkers may alternate between periods of being homeless, housed, or living in supported accommodation (e.g. hostels, night shelters); though typically find it difficult to maintain long-term accommodation due to their alcohol use.

The poor health outcomes and chaotic lifestyles associated with street drinking often makes this population frequent users of healthcare and criminal justice services, burdening publicly funded systems (Larimer et al., 2009; McCormack et al., 2013). What is more, traditional abstinence-based treatment programs and accommodation services have proved ineffective at supporting street drinkers (Collins et al., 2012[a]; Glass & McAtee, 2006; Zerger, 2002). Collins et al. (2012[b]) found that homeless people with alcohol issues viewed abstinence based approaches as neither desirable nor effective options for them. Moreover, Collins, Malone and Clifasefi (2013) found that nearly half of their 111 homeless participants with severe alcohol problems believed they could not maintain housing if it required abstinence. This lack of interest in abstinence-based programs has been cited as one of the most substantial barriers to treatment and housing engagement (Collins et al., 2012[b]; Collins et al., 2012[c]).

1.2. Current models of accommodation

It has been suggested that traditional abstinence-based programmes may not engage the street drinking population as important factors, such as the larger contextual role of alcohol in their lives and overall quality of life, are eclipsed by the impetus for abstinence from alcohol (Collins et al., 2012[b]; Denning, 2000). Collins and colleagues (2012[b]) note how abstinence-based accommodation models can lead to a “revolving door” of failed housing attempts, leaving street drinkers continually unhoused and unsupported. Consequently, contemporary models of accommodating street drinkers have begun to adopt a non-abstinence, harm-reduction

philosophy (e.g. Housing First, Wallich Shoreline). Despite concerns that non-abstinence based housing schemes might enable, or facilitate harmful drinking, research findings suggest that these approaches actually lead to decreased levels of alcohol consumption (Collins et al., 2012[a]; James, 1998).

Arguably the most well-known and researched of the non-abstinence based accommodation models is the Housing First scheme. Housing First provides low-barrier, non-abstinence based, stable, and permanent housing for chronically homeless people with alcohol issues in America. Research findings have been highly supportive of Housing Firsts' ability to effectively support the street drinking population (e.g. Clifasefi, Malone, & Collins, 2013; Collins et al. (2012[a])). For example, Collins et al. (2012[a]) analysed the drinking patterns of 95 street drinkers allocated to Housing First projects over a two year period finding that participants' alcohol consumption significantly decreased with time, along with their number of alcohol-related problems. Research has also identified a negative correlation between time spent in Housing First projects and jail time, suggesting the scheme helped street drinkers to reduce their criminal activity (Clifasefi et al., 2013). Moreover, Larimer et al. (2009) found that Housing First tenancy was associated with reduced healthcare and public service use costs. They compared the healthcare and public service use costs of 95 Housing First residents with 39 wait-list controls by measuring the use and costs of emergency medical services, alcohol and drug detoxification and treatment, prison services, and shelter and sobering centre use. Larimer and colleagues found that over the first six month period of housing, residents' healthcare and public service costs were 53% lower than the wait-list controls.

Non-abstinence based housing schemes have also been implemented in the UK, where they are commonly known as wet houses. In Wales, the Wallich Shoreline Project has seen success in housing long-term street drinkers in Cardiff and Swansea Cities (James, 1998). The Shoreline model recognises the importance of the social aspect of street drinking, housing small groups of street drinkers together with the aim of providing stable, non-abstinence based shared housing. Following the opening of the first Shoreline Project in Cardiff in 1996, James (1998) conducted a two-year follow-up analysis of the project, finding considerable support for its efficacy in supporting street drinkers. For instance, James found that since entering the project 70% of residents ceased street drinking, with those who continued to drink on the streets doing so with less frequency. It was also observed that 58% of residents decreased their alcohol consumption and almost all had moved away from stronger forms of alcohol, such as strong ciders, to lower percentage drinks such as beer. What is more, since admission residents

showed marked reductions in emergency department admissions, ambulance usage and arrests, suggesting the service resulted in substantial decreases in public service costs.

1.3. Present research

In 2012/13, 2630 decisions were taken by local authorities in relation to homelessness in the Gwent area of South Wales (StatsWales, 2014). Nearly 40 per cent of these decisions were made in Newport. Findings from a recent healthcare needs assessment undertaken with the homeless population in Newport suggest alcohol dependency is a common problem amongst this group (Gwent Public Health Team [GPHT], 2014). The GPHT report found that service providers suggested their clients would benefit most from services relating to alcohol and substance misuse.

No specific service currently exists to support or accommodate the street drinking population in Newport. Consequently, based on the success of wet house services in other areas (e.g. Collins et al., 2012[a]; James, 1998), the present research aimed to assess the suitability of a wet house service in Newport. In order to achieve this, interview consultations were undertaken with Newport street drinkers, homeless service providers and public services. This allowed for a comprehensive assessment of the suitability of this service in Newport from multiple perspectives. A cost-benefit analysis of implementing the service was also undertaken.

1.3.1 Research aims

- To gain more information about the street drinking population in Newport, including demographic factors such as age, ethnicity, other substances used, services accessed, as well as information about their housing experiences and current accommodation needs.
- To provide an estimate of the number of street drinkers in Newport
- To assess the appropriateness of a wet house service in Newport via consultation with street drinkers, service providers and public services
- To carry out a basic cost-benefit analysis of implementing a wet house service in Newport.

2. Methodology

2.1. Field observations

Field observations were used in this research to assist in establishing an estimate of the current number of the street drinkers in Newport. Field observation also served to aid the development of rapport with the street drinking population and the recruitment of participants for interview consultations. Field observations typically consisted of visits to street drinking sites in Newport where the researcher would engage in informal conversation with the street drinkers. Following field observations notes were recorded relating to the number of street drinkers present and any significant observations (e.g. physical injuries).

2.2. Participants (selection and recruitment)

2.2.1. Street drinkers

Participants were recruited using purposive sampling. That is, participants were recruited based on their relevance to the population group under study and their ability to provide pertinent information (Flick, 2009). When recruiting participants, the following selection criteria were used to ensure each person met the definition of a street drinker:

1. The person must be homeless, vulnerably housed, or have recent experience of homelessness
2. They must regularly drink alcohol on the streets of Newport
3. They will likely have experience of living in supported accommodation in Newport
4. The person may use other substances, but alcohol should be their primary substance.

2.2.2. Service providers and public services

Selection of service providers for research involvement was based on the following criteria:

1. The service must provide support for homeless, vulnerably housed, or those with substance misuse issues
2. The service must have experience of working with street drinkers.

The public services selected for research involvement were those most likely to come face-to-face with the street drinking population in Newport. Accordingly, members from Newport

Police and Ambulance Service were selected as appropriate public service workers for research participation.

2.3. Street drinker interviews

A semi-structured interview approach was selected as a flexible method of gathering rich, detailed information from street drinkers (Diefenbach, 2009). An interview schedule was designed to guide the process containing a number of questions and probes used to elicit information from participants.

Questions within the interview schedule were divided into two sections; the first focusing on background information, and the second on the role of a wet house service in Newport. The first section of the interview aimed to explore each participant's background information and history of homelessness. For example, street drinkers were asked where they are from, how long they have/ had been homeless for and where they were currently staying. Next, questions focused on the participants' experience of supported housing in Newport and issues with their current accommodation if they were housed. Questions then moved on to explore participants' use of public services, with questions centering around their involvement with the police service, court systems, ambulance services and the local hospital.

The second section of the interview began by explaining the principles of a wet house service to the participants. Participants were then asked how such a service in Newport might impact them. Following this, participants were asked what type and level of support they would like to receive in such a service, where the service would be best located, and which cohorts of people they would like to live with if they were to be accommodated there. If participants stated that a wet house would not be beneficial to them, they were asked what alternative type of accommodation would best suit their needs.

Interviews with street drinkers were carried out in various locations, including cafes, restaurants and within service provider buildings. Interviews were recorded using a digital-audio device and transcribed verbatim immediately following the completion of each interview. Interviews typically lasted between thirty and sixty minutes.

2.4. Service provider and public service interviews

A semi-structured interview approach was also used to gather information from service providers. A separate interview schedule was developed containing questions which explored each organisations' experiences of working with street drinkers, how they felt current supported

housing options in Newport suit the needs of this group, and how they believe a wet house service would impact this group and Newport City.

Interviews with service providers and public services were also recorded using a digital-audio device and transcribed verbatim immediately following completion of the interview. The typically length of interviews was between fifteen and thirty minutes.

2.5. Data analysis

The first stage of analysing interviews from street drinkers involved extracting and quantifying demographic information such as age, place of birth, services accessed, ethnicity, additional substances used and current accommodation status. Following this, interview transcripts were analysed using thematic analysis. Thematic analysis was selected as a flexible approach to identifying, analysing and reporting patterns within the data (Braun & Clarke, 2006).

Three separate accounts of thematic analysis were used to analyse interview transcripts from the three participant groups (street drinkers, service providers, public services). The process of analysis, however, remained the same across all three participant groups and followed Braun and Clarke's (2006) guidelines for thematic analysis. The first stage of analysis, data familiarisation, began with the transcribing each interview and re-reading transcriptions in order to become familiar with the data set and provide a foundation for analysis. In the second stage, the researcher began generating codes by organising points of interest into meaningful groups. Next, the researcher began the process of collating codes into potential themes and allied sub-themes and gathering all the relevant quotations to support each theme. Following this, all themes were reviewed, assessing whether sufficient data existed to support their inclusion. Themes were also assessed for internal homogeneity and external heterogeneity. That is, the researcher ensured all data within each theme was meaningfully related, while ensuring themes were clearly distinguishable from each other (Braun & Clarke, 2006).

2.6. Cost-benefit analysis

In order to analyse the cost-effectiveness of a wet house service in Newport several steps were undertaken. Firstly, the annual cost of supporting a client in such a service was established based on current costs for the Shoreline project in Cardiff. This figure then allowed for comparison with the annual cost of Newport street drinkers to public services such as ambulances, hospitals and the police. Fortunately, Newport police were able to provide costings for their time spent dealing with the street drinking population during the past twelve months.

Additional public service use and costs was established during interviews by asking participants how many times during the past twelve months they had:

1. Spent the night in a police cell
2. Been to court
3. Received an Anti-Social Behaviour Order (ASBO)
4. Been picked up by an ambulance
5. Attended the Accident & Emergency Department
6. Spent the day in hospital.

2.7. Ethical considerations

A number of ethical considerations were undertaken both prior to and during the research project. Firstly, during field observations the researcher ensured that street drinkers were aware of the purpose of the research. Prior to commencing interview consultations, two separate consent forms were developed, one for street drinker participants and one for service providers and public services. Both versions of the consent form informed participants of their role in the research, their right to withdraw from the interview, their right to have any or all of the information they provided removed from the findings, and assured participants that the information they provided would be stored confidentially.

During interviews with street drinkers the interviewer took care not to build the expectations of participants by ensuring they understood that their involvement in the research in no way meant that they would be accommodated in a wet house service; or that such a service would be built in Newport. Instead participants were reminded that their involvement in the research was purely informative. Following each interview the researcher gave all participants the opportunity to ask questions and provided them with contact details should they have any further questions regarding their involvement in the research.

3. Findings

3.1. Field observations: Newport street drinkers

Overall, based on field observations it is estimated that there are currently a total of 27 street drinkers in the Newport area. Street drinkers were primarily male and between 40 and 60 years of age. In relation to street drinking groups, there appeared to be one large group consisted of approximately ten street drinkers, a smaller group of three street drinkers, and several further street drinkers who appeared to either drift between these two groups or were detached from any street drinking group.

It was observed during field observations that the occurrence of physical injuries sustained whilst intoxicated appeared to be a common occurrence amongst street drinkers. Injuries noted during the three month period included broken arms, large facial cuts from falling into fences and injuries sustained during drunken fights. One street drinker was also hit by a car whilst intoxicated, resulting in a lengthy stay in hospital.

During field observations the researcher also engaged with the street drinkers unwilling to participate in a formal interview with the view of exploring their views of developing a wet house in Newport. Overall, these individuals were supportive of having such a service in Newport, though many were currently housed privately and stated that they would not wish to leave their residency to live in a wet house service. However, they felt such a service would benefit their friends and other street drinkers in Newport. A smaller number of street drinkers (approximately three) viewed the service as something they would benefit from.

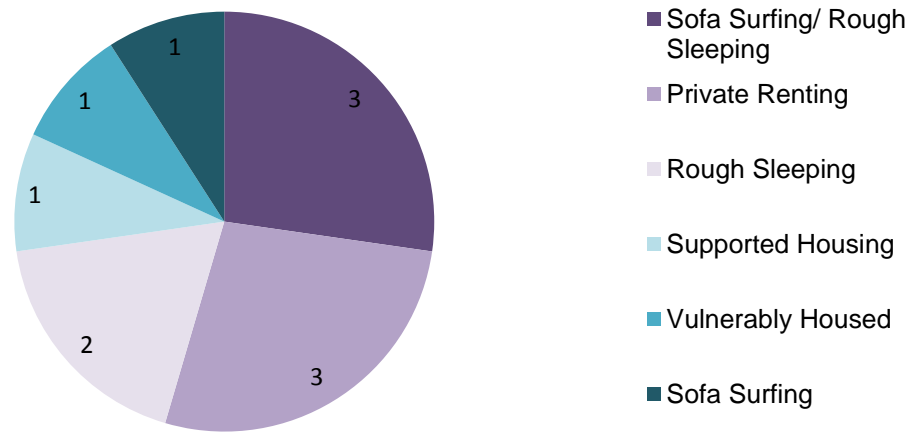
3.2. Street drinker participants

3.2.1. Demographic information

A total of eleven street drinkers (*Mean age = 45.5 years; SD = 10.2, Age Range = 27 - 58*) took part in the study, eight male and three female. All participants were born in the UK, excluding one born in the republic of Ireland. Of the ten participants born in the UK, six were born in Wales and four in England. Of those born in Wales, three were from Newport. All participants were of white ethnicity.

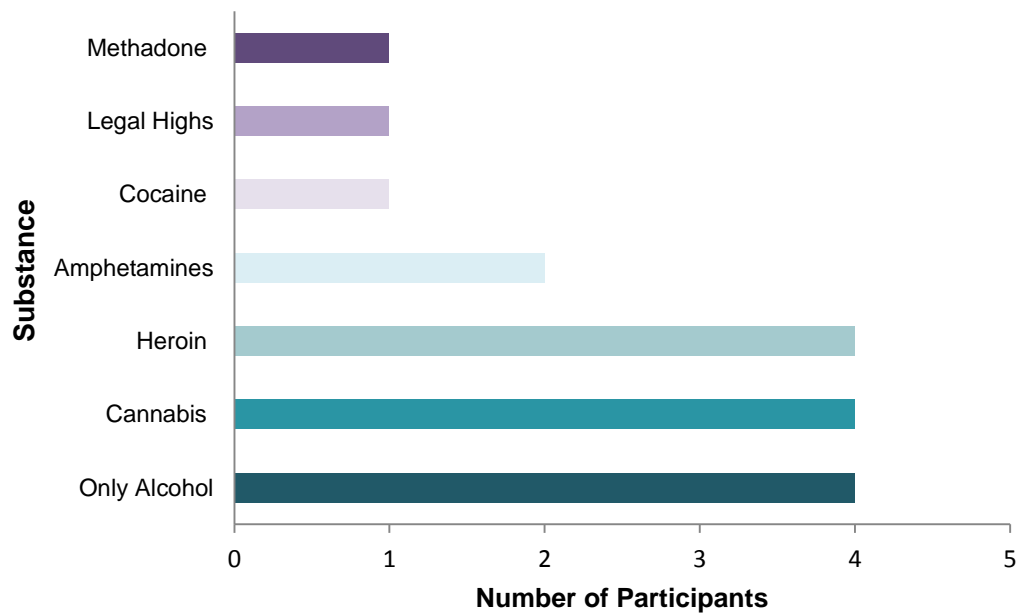
As can be seen in figure 1, despite all participants experiencing homelessness recently in their lives, the current accommodation status of participants varied.

Figure 1. Accommodation status



All participants reported alcohol as their main drug of choice, though 67% of participants also reported using additional legal and/or illegal substances. Figure 2 displays the additional substances used by the participant group.

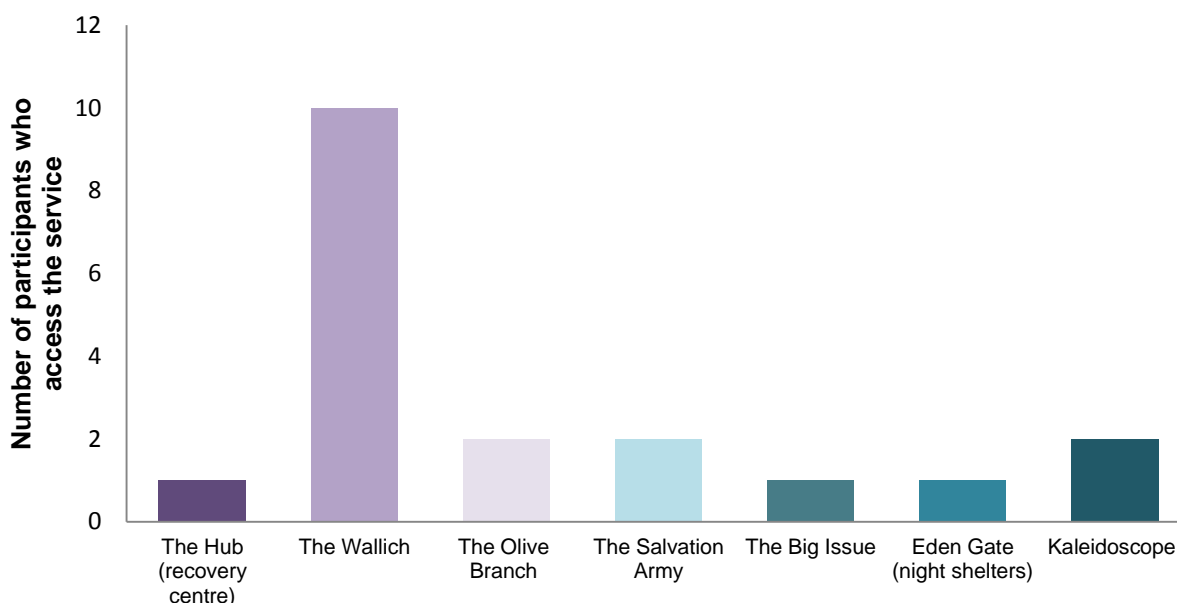
Figure 2. Additional substances used by participants



Of the eleven participants, ten reported that they were currently registered with a GP. The remaining participant expressed difficulty in finding a GP service and stated this was something they would like assistance with.

All but one participant reported accessing one or more service provider in Newport. The remaining participant stated that they were aware of the services available to them, though chose not to access them due to the stigma associated with homelessness. Services accessed by participants included homeless drop-in centres, alcohol-related recovery and treatment services and night shelters. Figure 3 illustrates the services currently accessed by participants.

Figure 3. Services accessed by participants



It is of note that several participants stated they had used most of the above services at some point during their time as homeless, though the above chart only displays those services currently accessed.

3.2.2. Description of participants

A brief description of each participant, including their current accommodation status and their history of homelessness, is presented below to contextualise findings. Names have been changed to protect the identity of the individual. To further ensure the anonymity of participants their place of birth has also been restricted to country of birth. For the purposes of

the report however, those born in Wales are either classed as born in Newport or outside Newport.

Thomas is a 52 year old male street drinker from Wales (outside of Newport). He has been homeless on and off for six years and is currently rough sleeping. Thomas regularly drinks alcohol on the streets with a large group of street drinkers including Scott, Connor and Lewis. Thomas suffers from post-traumatic stress disorder since leaving the army. At the time of interview, Thomas was rough sleeping.

Clare is 54 year old female street drinker from England. She moved to Wales fourteen years ago and was homeless for four years before recently being housed privately with support needs. Clare regularly drinks alcohol on the streets but does not appear to be a part of a larger group of street drinkers. During the interview, Clare hid a large bottle of cider under her coat so that the nearby police could not see it; though she continued to drink regularly from the bottle throughout.

Chris is a 37 year old male street drinker from England who moved to Wales four years ago. Chris has been homeless for six years and is currently staying on a friend's sofa. He regularly drinks alcohol on the streets with a small group containing himself, Jason and Fiona. Chris participated in the interview consultation with Jason.

Scott is a 49 year old male street drinker from Newport who says he has been intermittently homeless for most of his life. Scott is currently either rough sleeping or staying with a friend. Though, he states this friend is currently in the process of being evicted from his property. Scott regularly drinks alcohol on the streets with a large group of street drinkers including Connor, Thomas and Lewis.

Fiona is a 27 year old female street drinker from Ireland who moved to Wales six years ago. She has been homeless for four years and is currently staying on a friend's sofa. Fiona regularly drinks alcohol on the streets with a small group containing herself, Jason and Chris. Fiona reports experiencing physical symptoms of alcohol withdrawal when not drinking.

Lewis is a 44 year old male street drinker from Newport. Lewis is currently renting privately, though states he is being evicted soon. Lewis was homeless for eight and a half years before moving into his current property. Lewis regularly drinks alcohol on the streets with a large group of street drinkers including Connor, Thomas and Scott. Lewis also reports experiencing alcohol withdrawal symptoms, including seizures, when he does not consume alcohol.

Gail is a 52 year old female street drinker from Newport. She was homeless for fifteen years, but is now living in supported accommodation in Newport. Gail regularly drinks alcohol on the streets but does not appear to be a part of a larger group of street drinkers. Gail has recently been diagnosed with alcohol-related brain damage.

Jason is a 33 year old male street drinker from Wales (outside of Newport). He moved to Newport ten years ago and was homeless there for seven years, though is now currently private renting. Jason regularly drinks alcohol on the streets with a small group containing himself, Chris and Fiona. Jason allows his homeless street drinker friends to stay at his flat regularly. He suffers from schizophrenia. Jason participated in the interview consultation with Chris.

Daniel is a 36 year old male street drinker from Wales (outside of Newport). He has been homeless for eight and a half years and travels between Newport, Cardiff and Swansea, accessing various services in each location. Daniel is a peripheral member of numerous street drinking groups in Newport who drifts from one group to the next when in Newport. He was rough sleeping in Newport at the time of interview.

Emma is a 58 year old female street drinker from England. She was homeless for seventeen and a half years and was a part of a large street drinking group during that time. Emma is currently housed, renting a private property. She does not currently appear to be a part of a larger group of street drinkers.

Connor is a 58 year old male street drinker from England who moved to Wales eleven years ago. Connor has been intermittently homeless for eleven years and is currently either rough sleeping or staying with a friend. He regularly drinks alcohol on the streets with a large group of street drinkers including Thomas, Scott and Lewis. Connor reports drinking fifteen cans of lager on average per day and experiences withdrawal symptoms when not drinking.

3.3. Interview findings

3.3.1. Street drinkers

Using thematic analysis to analyse transcripts from interviews with street drinkers a total of eight themes and sixteen sub-themes were identified (*See Table 1*)

Table 1. Summary of themes: Street drinkers

	Theme	Sub-theme
Background information	Health issues	Poor overall health
		Accidents and injuries
		Non-compliance with healthcare
	Negative accommodation experiences	Previous accommodation failures
		Negative attitude towards current supported housing options
		Issues with current accommodation
	Use of public services	Police service
		Court systems
		Ambulance service
		Hospital/ A&E departments
The case for a wet house service in Newport	Positive support for a wet house service	Beneficial for them
		Beneficial for other street drinkers
	Negative views on a wet house service	Alcohol-related problems
	Support needs in a wet house	Low-restriction housing
		Appropriate staffing
		Staff with experience of alcoholism
	Appropriate cohorts of residents	-
Service location	-	

Results are discussed in two sections. Firstly, findings related to street drinkers' background information (e.g. health, accommodation experiences) are presented. Secondly, findings relating to the case for a wet house service in Newport are discussed. The names of people, places and organisations' are removed.

Background information

Health issues

Health issues were prevalent amongst street drinker participants. A poor standard of physical health, accidents and injuries, and non-compliance with healthcare services were all common issues reported.

Poor overall health

Street drinkers frequently reported physical health issues including “*dementia*”, “*pneumonia*”, “*pleurisy, liver problems*”, “*epilepsy*”, “*fits*”, “*alcohol-related brain damage*” and “*alcohol withdrawal*” symptoms. According to several participants, their poor physical health often resulted in regular hospital visits: “*I was in a three month coma from living out in the cold, and bloody cold it is.*”

Participants were less willing to discuss their mental health issues. Only three participants reported experiencing mental health problems, which included post-traumatic stress disorder, schizophrenia, depression and issues with self-harming.

Accidents and injuries

Accidents and injuries were also a common occurrence for street drinkers, particularly when intoxicated or due to fights. For example, Connor stated:

“I tripped over, went flying I did, bang. Hit my elbow on the floor like, and two old ladies pick me up, I didn't even know where I was, because my head hit the wall as well look, I didn't know where I was.”

While another street drinker reported experiencing numerous injuries in the past year:

“Daniel: Broke my ankle like I told you by the ambulance, I've got a big metal bar in my jaw by here where it snapped by someone punching me, cracked my skull, I broke all this side of my ribs”

Non-compliance with healthcare

Street drinkers also commonly stated that they did not engage properly with healthcare services, stating they would miss, or not go to, healthcare appointments:

Fiona: *It's appointments see, I don't do appointments, they make me go to court over appointments."*

Interviewer: You said you've got a bad foot at the moment; did you have to go to hospital for that?

Clare: *Hmm, no, I was supposed to."*

Other street drinkers stated that they would end treatments early by signing themselves out of hospital:

Interviewer: How long did you stay in hospital for?

Connor: *Only a week, signed myself out in the end, because I felt better. But I'm not better, I'm not better. My liver, it's killing me now."*

During one field observation exercise, Thomas reported that he had recently left hospital despite being sectioned by a doctor wanting to keep him in hospital for his own safety. He stated that the police were searching for him to return him to hospital at the time.

Negative accommodation experiences

Accommodation experiences reported by street drinkers were primarily negative, including several reports of failed accommodation attempts, negative attitudes towards the current supported housing options in Newport and issues with their current tenancy.

Previous accommodation failures

When asked about their experiences of supported housing schemes in Newport, several street drinkers described how they had being evicted from these services:

Clare: *I kicked up a bit of fuss and I was out. It was just I said to (Managers), 'what are you gonna do, I keep waiting and waiting'. So I lost my temper and I was chucked out."*

Chris: *Well everyone in (name removed) has a ten o'clock curfew, even though I'm a 37 year old fucking man, I had to be in at ten, but you gets hungry in the night don't you? So me and Fiona used to take it in turns to go out. I'd go out to get us some chips and cheese like and she'd do the same the next night. But there's staff there so she used to whistle up to me so I could go let her in, and this one night I whistled up like and this girl shouted out*

'stop whistling, shut up making so much noise'" so I told her to fuck off like and got a bit leary and that was it, they kicked us out the next day."

Many participants reported that when they were kicked out of supported housing schemes they had to spend the night on the streets:

Gail: *You had to be in at ten o'clock at night, you got drug tested on the way out, and drink tested, and the same on the way in. Obviously, I failed the test, because of drink, so you have to go.*

Interviewer: So where did you go, spend the night on the streets?

Gail: *Yeah course you did.*

Interviewer: How many times did that happen?

Gail: *Quite a few, they don't let you back in. It's like a police blow test. They do that and say you're coming in at ten o'clock at night, for a grown woman."*

Negative attitude towards current supported housing options

Unsurprisingly based on their previous experiences, many street drinkers had negative views towards the current supported housing schemes in Newport.

Emma: *They're the biggest rip off I've ever known. Biggest legalised scam I've ever known in my life... Yeah, that's my gods honest truth, waste of space they all are. Nothing."*

Connor: *I just want somewhere to stay, but I'm not going to go into that bloody (name removed), charge the bloody earth, the amount you pay for them."*

Fiona: *It's like that (name removed) Hostel, that's a joke as well... It's a joke, I dunno, I find it funny. I wouldn't even bother going into that situation because they can't even look after themselves, I'd rather stick on the street."*

Street drinkers suggested that these housing options were not suitable for them:

Chris: *Well you've gotta be in at a certain time, which for me, they put me in, it's not gonna work. I need to come and go as I please, I don't want to be in like a prison."*

Thomas: *There's nothing here, you've got the Wallich, kaleidoscope, there's no housing project for people like me.... I mean you've got that place around the corner, but you've gotta put your name down and that, and its rubbish."*

Issues with current accommodation

Issues with their current accommodation were also prevalent amongst street drinkers. For example, Fiona who was staying at a friend's house reported:

"I don't like staying, it's like staying with the Adams family, I just don't like being there sometimes. Unless I'm intoxicated enough I can't go to sleep."

While Scott reported that the friend he was staying with was in the process of being evicted:

"There's a big damp issue in there, and he is a full on alcoholic... I think he's got a month to get out like, which could cause me a few issues."

Likewise, Lewis stated that he was currently in the process of being evicted from his privately rented flat:

"At the moment I'm on (street name removed), but I'm having problems with the Landlady, well it's not a landlady really it's a letting agent... I'm virtually kicked out."

Gail, who was staying in supported housing, reported recently having "a row" with the scheme due to her partner's visits. She also reported issues with her alcohol consumption at the property:

Gail: *No, you're not allowed (to drink), I always sneaks a can or two in though and drinks them in my room.*

Interviewer: You still drink there?

Gail: *Yeah, they don't know about it, it's not much, just the odd one.*

Interviewer: So what happens if they catch you drinking?

Gail: *Either you gotta tip it out or I go on the street and drink it.*

Interviewer: So where do you end up drinking if they kick you out for having a can?

Gail: *Somewhere around town usually."*

Use of public services

Overall it appeared that street drinkers were frequently burdening public services such as ambulance services, accident and emergency departments, the police, court systems and the prison service. Participants were able to recall multiple experiences where they had either been arrested, picked up by an ambulance or visited court rooms for their crimes. These experiences are grouped into several sub-themes dependent on the service to which they relate.

Police service

The police appeared to be the most commonly encountered public service by street drinkers:

“Interviewer: Do you ever get much trouble from the police?

Fiona: *yeah, yeah a lot.*

Interviewer: For what?

Fiona: *For everything, like ‘why are you here? Why are you standing there?’ and you just think ‘because I’ve got fucking nowhere else to go’. Do you know what I mean, it’s stupid, and if you say that you get arrested, for section five, an imprisonable offence.”*

Encounters with the police were so common that, during the interview with Chris and Jason, Chris suggested that Jason had a good year with the police, only being arrested 15 times:

“Interviewer: So what about you Jason, how many times you reckon in the last year (arrested)?

Chris: *He’s been good he has.*

Jason: *Yeah I’ve done alright, I’ve been good. About fifteen times I’d say. I used to be a right little bastard, got arrested every day.”*

Reasons for arrests included “*peeing in public*”, “*drinking on the streets, drunk and disorderly*”, and “*begging*”.

Court systems

Following their arrests, street drinkers frequently reported visits to court systems, typically after spending the night in a police cell:

“Daniel: *you spend the night in the cells, then go to court, and because you spent the night in the cells the Judge will say, ‘we’re gonna fine you, oh I dunno fifty quid, ten pound court costs’, and the judge will say you haven’t gotta pay that because its time served from the night in the cells. So it was a bloody waste of time. Alright, you’re somewhere dry and warm to go to, but still it’s a waste of time isn’t it. They could have been out catching paedos and stuff like that instead of robbing you, know what I mean.”*

Others reported being summoned to court for their crimes, which were typically of an anti-social behaviour nature:

“Jason: Yeah I got had the other day up by the train station, I asked for twenty P and they came over, took my name and that, but they said because it was my first time it was just a warning. But three weeks later I had a letter through the door saying I’ve been summoned to court for begging... and it was in Cardiff magistrates court. I had to beg for twenty P like, how am I going to get the money to go on the train to Cardiff.”

Fiona even reported having to attend court on the day of the interview:

“Interviewer: You said you have court this afternoon, what’s that for?

Fiona: Section five.

Interviewer: What’s that for again?

Fiona: Um, it’s a, if your drunk I suppose, but I wasn’t even drunk, they just like to do it, they really do love to do it. If you just think, they know me, the police know me, so when they see me, they’re on me, know what I mean? And that’s it, I don’t get a say in it, they just say “right you’re pissed”, even if, I’ve got an ASBO now for five years, and, I can’t be around anyone that has a can.”

Despite her court summons, Fiona did not attend court that day.

Ambulance service

Ambulance call outs were also common amongst street drinkers:

“Chris: Well, I was in there the other night (hospital). Jason had to phone an ambulance, I dunno what happened to me really, I just started shaking all over, fitting like, couldn’t breathe properly.”

One street drinker even reported being hit by an ambulance while intoxicated, which later took him to the hospital:

“Daniel: I ran out, straight onto the road, BANG! SMACK! It was an ambulance, smacked me straight into the floor, broke my ankle.”

Hospital/ A&E departments

Street drinkers reported regularly accessing hospital and A&E departments in recent years for various physical ailments or injuries:

“Connor: This year, I’ve been the doctors, hospital, doctors, hospital, doctors, hospital, doctors, hospital, five times I’ve been to each one, and the hospital keeps saying ‘Well it’s not an emergency’. I said ‘Well I can’t bloody well walk’. When I sat down look I got up to

walk I fell on my face again. I said 'See what I mean! And you bastards don't give a fuck about me!', and I lost my temper then. It's do you know what, my legs fucked."

"Daniel: Once, I was in Cardiff, I was so dehydrated, had no money like for a drink, and I walks past this pub and there's a full bottle of coke there, just a swig gone, ooooh, I was like yes, drank it all in one I was so thirsty, only once I drunk it I realised it, thought that tasted a bit funny, I realised it was half vodka, boom I hit the floor as I tried to walk off, straight in the ambulance and woke up in hospital."

The case for a wet house service in Newport

Street drinkers' views towards the development of a wet house service in Newport varied. Perspectives could be loosely divided into four categories (See Table 2).

Table 2. Street drinker perspectives on a wet house service	
Perspective	Number of street drinkers (N)
<p>Positive support for them:</p> <p>These street drinkers felt that the service would be beneficial for them.</p>	N = 6 (55%)
<p>Positive support for other street drinkers:</p> <p>These individuals stated the service would not be suitable for them, though believed it would be beneficial for their friends and other street drinkers.</p>	N = 1 (9%)
<p>Negative view of a wet house:</p> <p>These persons felt that a wet house would not benefit themselves or others.</p>	N = 2 (18%)
<p>Unclear responses:</p> <p>These street drinkers gave mixed responses to questions (i.e. first saying that it would benefit them and later stating they would not like the service in Newport).</p>	N = 2 (18%)

Positive support for a wet house service

As can be seen in Table 2, views on developing a wet house service in Newport were primarily positive, with 64% of participants reporting positive support for the service.

Beneficial for them

The majority of street drinkers felt that the service would be beneficial for them:

“Fiona: I think it’s a brilliant idea. It’d help a lot of people, it would. Everybody’s got their own heads haven’t they, got their own shit, but I think it would be alright, I really do.”

Interviewer: So how do you think it would benefit you?

“Fiona: Well I’d have somewhere to stay then wouldn’t I? Like I wouldn’t be sleeping outside, and the public don’t like to see it you know, I’ve been asleep outside and they’ve walked by like ‘oh my god!’ You really don’t need that, because I’m the one on the floor, I’m the one that has to sleep there.”

“Daniel: The government should look at the statistics and look well yeah, yeah, most of these have died on the streets, we’re alcoholics, we’re drug addicts, right, one and one don’t make three, one and one makes two, oh we’ll build a wet house instead of building another frigging Asda’s, or a frigging Aldi’s or something... We absolutely need it, but no, if they get one million quid they’ll get two shops, two for the price of one, know what I mean.”

“Peter: I’d go for it, I’d go for the wet house you know...I just want a permanent place, it’s not a lot to ask for.”

Beneficial for other street drinkers

One street drinker felt the service would not be appropriate for him, but believed it would benefit his friends and other street drinkers:

“Lewis: Well, it wouldn’t benefit me, mainly in the way that I’m trying to get off it. But other people, likes of (name removed)... there is other people just like him that haven’t got a place, they need somewhere to live, so they’re drinking on the streets, getting arrested by the coppers every day... there’s a lot of people who get kicked out of the hostels cus they’ve been drinking. So you need somewhere where they can drink, so they don’t end up on the street drinking, freezing there, end up in A and E, costing the NHS thousands, millions.”

It is of note that, despite Lewis viewing himself as inappropriate for the service, he is a regular street drinker who was in the process of being evicted from his property at the time of interview.

Negative views on a wet house service

A smaller number of street drinkers felt that the service would not be beneficial for them or others. Reasons given for this typically related to the social issues associated with alcohol consumption.

Alcohol related problems

“Scott: In theory it sounds a good idea, but practically I just can’t see how a wet house will help a lot of alcoholic dependent people, I just think alcohol, and a lot of dependent people together will cause problems...Alcohol, full of people, very opinionated, I just thinks there’ll be fights, I just don’t see no good of it. I’d like to think I’m wrong, I’d like to be proved wrong, I just don’t think I will like.”

One street drinker stated that he would not want to live in a wet house service in case other residents stole his alcohol:

“Thomas: If you’ve got drink and the man next door hasn’t got any, are you gonna share your drink with him? So what would you do then? You’ve got your mate next door and he aint got no drink, but he knows you’ve got drink in your room, he’ll break into your room.”

When asked what accommodation they would prefer instead of a wet house, both street drinkers stated they would prefer to live in non-shared accommodation:

“Scott: Just somewhere I could call my own personally to be honest but. No drink or drugs involved in it. I don’t mind people having a drink; you can have a drink, but being an alcoholic like.”

Support needs in a wet house

Those street drinkers in support of a wet house were asked questions relating to the type and level of support they would like to receive if living in the service. These questions resulted in three patterns of responses: low-restriction housing, appropriate staffing, and staff with experience of alcoholism.

Low-restriction housing

Several participants stated that the accommodation should not be too restrictive:

“Gail: You don’t need staff telling you, ‘You’ve got to go to do these activities!’, ‘you’ve got to go to the allotments, plant flowers!’, ‘you’ve got to do this!’...if they asked me I’d probably do it, but don’t tell me to do it.”

“Daniel: When you’ve got someone in a wet house, they’re in there for a reason, they’ve got a big, big drink problem. You don’t need staff telling you what to do.”

Street drinkers also referred to their dislike for the restrictions they had experienced in previous housing schemes:

“Gail: You’re only allowed one visitor at a time, and he can come in till ten thirty, that’s it. So a 52 year old woman, is being treated like a ten year old kid.”

“Chris: A ten o’clock curfew, even though I’m a 37 year old fucking man, I had to be in at ten.”

Appropriate staffing

Having staff with appropriate attitudes and values managing the service was regarded by street drinkers as an important factor in its success:

“Emma: There’s gotta be people in there you can trust staff-wise, not people who get the job and suddenly fly ten miles up in the air. It’s there inside, but they bullshitted their way to where they wanted to get, don’t need people like that, self-inflated people.”

“Fiona: They’re just normal, they’d be alright, not all high up.”

“Chris: Yeah it’d have to be people you could talk to, people on a level. Like you, you’re on a level, no seriously you are, are you going to be working there?”

Interviewer: Probably not, no.

Chris: Well say there was four people like you as staff, you could talk to them, open up to them, you’re on a level, not like some of em. Some staff take their job too seriously, well not too seriously, but, like, they think they’re better than you, think they run the place.”

Staff with experience of alcoholism

Several street drinkers suggested staff with experience of alcoholism would be helpful to them as they may be better able to understand their needs:

“Emma: You need genuine people. Basically people who’ve been through it, who know what they’re going through, who’ve got the heart that they’ve got, that these people have got”

Appropriate cohorts of residents

Street drinkers also placed importance on the other residents living in the service with them:

“Chris: I think this wet house thing is a good idea, but it’s gotta be the right people, it’s a judge of character thing. Right, you stand ten people up in a line, you’ll know who would get on with who if you’re a good judge of character. But you gotta be a good judge of character”

No particular themes or patterns emerged in regards to appropriate cohorts, though one street drinker suggested the residents should be of similar age and not too young:

“Chris: Maybe age brackets, like 25 to 40 year olds in one, then 25 and younger in another, cus that’s where all the trouble’s gonna come from, under 25’s, thinking they’re top dog and hard an tha. Like, kids are spoilt these days aren’t they, you can see it, walking around in the Nikey trainers and Jacket on, their mums buy them everything, you can’t put people in who’ve got it all with people who’ve never had anything. Some fifteen year old kid who can ring his mum up and go for a dinner or borrow some money whenever he wants, in with us lot, no, just wouldn’t happen.”

Other street drinkers emphasised that the number of residents should be low:

“Jason: Yeah five or six at most, you can’t have like twenty people in there that don’t know each other.”

“Fiona: Five, four, not everybody gets in there.”

Service location

No particular themes or patterns were identified in relation to service location.

Participants were typically vague in their responses, stating for example, *“I don’t mind, as long as it’s in Newport”*. Other street drinkers gave responses such as *“Anywhere is fine”*.

3.3.2. Service providers

Overall, a total of twelve individuals from ten service providers were interviewed. Table 3 offers a brief description of each service and their role in supporting the homeless and vulnerably housed.

Table 3. Service Providers

Organisation	Information
The Olive Branch	The Olive Branch operates a day centre for rough sleepers and the vulnerably housed. They also provide opportunities for their clients to gain qualifications and offer counselling for individuals with addiction and their families.
Newport Rough Sleepers Intervention Team - The Wallich (three members of staff were interviewed from this service)	<p>The Newport Wallich team delivers a support and advice outreach service to rough sleepers in Newport, providing humanitarian aid in the form of hot food and drinks, sleeping bags, gloves, hats and toiletries. Their outreach service aims to put rough sleepers in contact with the services they require. They also run a drop-in centre where they offer clients housing and benefits advice and provide access to facilities (e.g. telephone, computer).</p> <p>One of the members of the team interviewed had also worked for the Shoreline wet house project in Cardiff.</p>
Eden Gate (night shelters)	A small charity organisation which supports those with substance misuse, working alongside rehabilitation services in the UK. They also help rough sleepers to find accommodation and organise a night shelter program with the local churches during the winter months.
Clarence Place Hostel (Solas)	A 20 bed medium-term hostel supporting those with mental health and/ or substance misuse challenges.
Albert Street Hostel (Solas)	A 21 bed direct access hostel providing support for the homeless.

Kaleidoscope	Kaleidoscope offer a substance misuse treatment service; providing medical assistance, counselling, outreach services and social support.
Gateway	Acts as a single point of access to and from supported accommodation in Newport. Ensures individuals are assigned to the most appropriate housing option for them based on their needs.
The Wallich Community House Team (Cardiff)	<p>The Wallich Community House Team provides accommodation for individuals with a dual diagnosis (mental health issues compounded by the use of alcohol and/or drugs).</p> <p>The current manager of the Wallich Community House Team conducted a piece of research into the accommodation needs of street drinkers in Cardiff which led to the development of the Shoreline Project. This individual was also involved in the design of the project, and became its first manager.</p>
The Big Issue Newport	Produces a publication that can be sold by the homeless or vulnerably housed, providing them with stable, long-term employment.
The Salvation Army Newport	<p>Supports Newport's rough sleepers by providing them with providing hot meals, showering and washing facilities, and food bank referrals.</p> <p>The individual interviewed had also been involved in the management of several shared living houses, many of which were wet houses for long-term street drinkers.</p>

Using thematic analysis to analyse transcripts from interviews with service providers a total of six themes and eleven sub-themes were identified (See Table 4). To ensure the anonymity of participants, quotations will not be linked to individual service providers.

Table 4. Summary of themes: Service providers	
Theme	Sub-theme
Inability to maintain long-term accommodation	Previous accommodation failures
	Unsuitable accommodation options
Benefits of the service for street drinkers	Stability
	Reducing alcohol consumption
	Harm-reduction
Benefits of the service for Newport	Reductions in the use of public services
	Social impact of street drinkers
	Providing an alternative accommodation option
Issues with the service	Negative public perception/ lack of understanding
Service management	Utilize existing models
	Appropriate staffing
Service location	-

All service providers had experience of working with street drinkers and were able to relate to the interview questions.

Inability to maintain long-term accommodation

Several services providers described how their street drinking clients have experienced difficulties in maintaining accommodation due to their issues with alcohol and/or their chaotic lifestyle. Two-sub themes were identified within this larger pattern of accommodation issues: accommodation failures and unsuitable accommodation options.

Previous accommodation failures

Failure to maintain accommodation was reported by service providers as a common problem amongst their street drinking clients. One cause of repeated accommodation failures cited by service providers was the requirement of abstinence to retain occupancy. For instance, one service provider stated:

“just the nature of supported accommodation, is they have got to show a motivation to change their behaviour or whatever issue they are presenting with so, prolific drinkers, long term street drinkers, you know, they have got no, very rarely have they any incentive to want to change that, you know, whatever has led them to become homeless whether it is alcohol, they don’t want to change it, so the support providers will give them a few chances and you might get several different support providers giving them a few chances, but once they have used up those chances, they are very quickly back on my list with nowhere to go again”

While a further service provider noted:

“The problem you have got there is that they find themselves going around in a circle, but they have often found themselves having to leave specific schemes, not necessarily this one but other schemes because of their alcohol consumption, because they are continually breaking regulation”

Additional reasons posited for street drinkers’ accommodation failures included a lack of support with their alcohol issues, failure to pay bills and non-compliance with the rules of supported accommodation:

“a lot of people will lose their hostel spaces because they are drinking, they are missing their curfew to go out drinking, they are staying out all night losing their spaces, you work really hard to get someone in and because they are not getting supported with their alcohol and are out all night they lose their space and you’re back to square one with them.”

Unsuitable accommodation options

All service providers viewed current accommodation options in Newport - whether supported accommodation, social housing or private renting - as inappropriate for this particular client group. When asked how they felt current accommodation options in Newport suited the needs of street drinkers, responses included *“They don’t suit them at all”*, *“I don’t find what we have currently got is suitable”*, *“Totally unsuitable at this time, every option”*.

The requirement of abstinence was cited as the primary barrier to engagement with supporting housing options:

"I think the thing with a lot of supportive housing is 'these are the rules, here they are, if you break them you're out' sort of thing. For people who are alcohol dependent, it's not an option to just stop so that they can move into a hostel."

"I go through with them what they have got to do to be able to get into supported accommodation, you know, address their drinking, they don't want to address their drinking, they don't see they have got an issue with it."

The lack of support associated with social housing and private renting was specified by service providers as the primary reason why these tenancies were perceived to be inappropriate for street drinkers. One service provider gave an example of a street drinker client to illustrate this point:

"There's one particular client, I won't mention his name... he would be a prime example. He's in accommodation at the moment, but I've got no doubt that he would have been evicted if it wasn't for the Newport Rough Sleepers Team, the numerous times... staff have had to help him, whether it's with benefits etcetera. He can't cope with it, it just stresses him out completely... but I've got no doubt that if we hadn't he would have been evicted and he would have been back on the streets. There's no support. Once you actually house somebody, I think people just think they need a roof over their head, and think that's the answer, but it's not."

A further service provider noted how the lack of appropriate support in these tenancies may explain why these individuals continue to drink on the streets, despite being accommodated:

"We get clients who get passed around the system as they can't sustain accommodation, then eventually the council sets them up with private renting, but they still access services and drink on the streets because they have no support there."

Benefits of the service for street drinkers

All service providers felt that a wet house service would be beneficial for the street drinking population in Newport: *"I think it's needed, there isn't anywhere else doing it", "It's a project that's long overdue, long, long overdue."* Service providers suggested a wet house would benefit street drinkers in multiple ways, including increasing overall stability, reducing their alcohol consumption, and reducing the harm associated with their current lifestyle.

Stability

A commonly cited benefit by service providers was the stability that a wet house would provide street drinkers with. For example, one service provider stated:

“I think it would benefit in terms of stability for those particular people, in terms of alcohol misuse, knowing they have got stability, they need to know they have got stability, if you create somewhere where they know they can drink, but it’s controlled, then we also have control over alcohol related illness.”

“If you created a service which would allow them to have the stability that they know they could drink but it was managed within that scheme, without the problems associated with having to mix with other service users who don’t drink, you may create a solution to a long term problem, rather than trying to put a band aid on a short term problem.”

Those service providers interviewed with experience of working within a wet house posited the stability provided by the service as an integral part of its success:

“What we normally found with the street drinkers is that when they came in and had a roof over their head, a bit of stability, um, their drinking would tend to decrease automatically anyway.”

“I think it was the stability really, and the regular meals as well because they are all encouraged to eat meals.”

Reducing alcohol consumption

Many service providers also stated that a wet house may positively impact the alcohol consumption of street drinkers, helping them to reduce their drinking or change their drinking patterns.

“I think the main part of it would be that they can go somewhere where they can have a drink and, like we were talking about, they can reduce safely, the amount they drink, the strength they drink, the type of things they drink, and that way they start to take ownership of the place. So they can gradually reduce it, but also they can get the support they need to do that”

Those with experience of working in wet houses stated that they had witnessed a reduction in alcohol consumption amongst the residents: *“What we always found is that people would naturally reduce anyway.”*

Harm-reduction

A reduction in the harm associated with street drinking and alcohol consumption was also viewed by service providers as a potential benefit of the service:

“It gives them constant staff support, ensures they're eating properly, looking after their health. They start cutting down on their drinking; they've got no need to drink so much. They can use harm reduction when they're in there”

“Their health issues are prevalent aren't they, and this sort of project is the only way to address it, because it's not stopping them from drinking, and most people say that in order to address your health issues 'you have to stop drinking, you have to stop doing that', and it's not about that, because they're afraid of that. And a project like this they can reduce at their own pace, they can still drink if they want to, but at the same time they're getting the support and attention to their health. It's a whole package as opposed to just addressing their drinking problem, because it's not just a drinking problem, it's a much bigger picture than that.”

Benefits of the service for Newport

In addition to supporting street drinkers, service providers also viewed a wet house facility as beneficial for Newport as a whole.

Reductions in the use of public services

Service providers noted how their street drinking clients were regular users of public services such as ambulances, court systems and police services. All service providers believed that a wet house would help to reduce the cost of street drinkers to these services:

“The more problematic drinkers, who as I said find themselves, not capable of, maintaining a tenancy or licensing agreement within the confines of somewhere where there is a very strict regulation regarding alcohol, if they find themselves on the street, then there is a lot more behaviour that causes issues to the police, with issues to the other emergency services, potentially it's more manageable if it's dealt with, within a well-trained environment.”

“Reduce the spending from the public purse I guess really, you know because there's these whole 'no drinking areas' in Newport and I guess the police are forever chasing them up for their behaviour, there's nowhere for them to go, they're in the town centre getting into trouble, they're having accidents, they're getting into fights, costing the NHS and the police services, and the impact it will have on the local shops as well. People will shoplift to try

and get food and clothing. That would all be addressed in the house because there would be budgeting going on in there, there would be budgeting plans in place.”

Service providers who had worked in wet houses previously corroborated this suggestion, stating that the street drinkers within the houses had reduced their use of public services:

“They stopped having to go to casualty to get medical attention. They stopped being picked up every five minutes, being taken to court and given a fine that they never pay, they stopped spending time in prison for fines that didn’t pay”

Social impact of street drinkers

The damaging impact of street drinkers on Newport’s attractiveness as a city was commonly discussed by service providers:

“People don’t like seeing homeless people; they don’t like seeing street drinkers in the city. They’re moved on all the time, given their little tickets, told to go to a different place, if they come back again they then have a warning or a fine. It’s a problem for the community, they don’t like it.”

A reduction in this negative social impact was frequently reported by service providers as a potential benefit developing of a wet house service in Newport:

“I know there is some that are going to spend all day in the library, causing disruptions in the library, so just sort of things like that, so if they have got somewhere to go that they can call home then it impacts less on other services.”

“The visibility, the problems you have in the town that get reported, the antisocial behaviour, congregating together, naturally that’s going to be reduced if people are housed in an appropriate environment.”

Providing an alternative accommodation option

Many service providers believed that there was a lack of variety in the current selection of supported housing in Newport, thus the addition of an alternative housing option was viewed by many service providers as a benefit of developing a wet house facility in the area:

“it just would be a benefit having another option for housing in Newport, we have very little options, we have only got one direct access hostel, the hostels that are available are always full... just having that extra option to refer people would be great.”

“The problem is that there is not enough variety in Newport... there is really one group that actually provide all the hostels, um, so they have a great sway on what happens, that

means they do a range of services in a range of hostels, so that means if they mess up in one, their banned from all of them.... And unfortunately the ones that tend to fall back the most are people with the alcohol problems”

Issues with the service

Despite all service providers reporting positive support towards the development of a wet house service in Newport, some were also able to recognise potential issues with the development of the service. These typically focused on negative perceptions of the service from the public. However, it is of note that some service providers were unable to think of any potential negative impact which the service might have: *“I like to remain optimistic and think there won’t be any negatives to it.”*

Public perceptions/ lack of understanding

Several service providers stated that, although they were in support of the service, they believed the community may be less accepting of its development. Service providers commonly referred to “NIMBY” (not in my back yard) as a public view that might be common amongst the community, should the service be developed in Newport:

“It could potentially be something quite controversial if people don’t understand what a wet house is and what the benefits are. You’ve kind of got your NIMBY brigade “oh it’s just a place where people can go and drink”. So I think it would obviously need to be explained, in whatever way.”

However, service providers noted that negative views of the service are likely to be underpinned by a lack of understanding in regards to the potential benefits of a wet house:

“I know that if you went to a ward meeting and said, right we’re going to be opening an eight bed wet house on blah, blah street, nine times out of ten what you would get is people saying “no you’re not doing that” for obvious reasons. But actually what they don’t realise is that, really the impact would be positive because you’re taking it from the street and putting it into a safe environment, but that’s not what people understand.”

Service management

When questioned as to their views on the management of the facility, responses from service providers primarily fell into two themes: the utilization of existing service models, and ensuring appropriate staffing.

Utilize existing models

Adapting service models which have been successful in other areas was frequently reported by service providers as an effective management strategy:

"I think it would be good to look at other models, what's working elsewhere and just pinch all the best stuff from all of it really."

In particular, several service providers suggested utilizing the existing Wallich Shoreline model:

"Well the best model is the Shoreline model in Cardiff, there's no two ways about it at all, in my opinion"

"Nobody's come up with anything better than the way the Shoreline project has been set up."

Appropriate staffing

Service providers also suggested that proper staffing of the service would be essential for its effective running, *"Needs to be staffed well, with experienced staff. That's the most important thing."* They stated that staff should be experienced and able to manage challenging situations:

"You simply can't bring random, untrained staff into a building like that. It demands a certain type of person."

"I like the idea of wet housing as long as whoever is providing it knows how to staff it and manage it. You need the right staff to be able to manage people who are under the influence without inflaming it, so I love the idea."

Service location

Views on service location were mixed among service providers. Though, the most commonly suggested location provided was in an area that has access to services and local amenities, though is not directly within the centre of Newport where residents are more likely to be drawn towards street drinking:

"Not too far out of town but not bang smack in the middle either, too far out of town would have access issues and to be honest if your used to just sleeping on the streets and you have got to walk up some great big hill, you would rather, probably just bed down where you are rather than walk up the hill, so, something local, something where there is other resources and other services, near other facilities"

"It can't be too far away because they need the services, but on the outskirts of the town centre so it's easy to get to services."

Other service providers suggested the service should be away from the town centre to aid the recovery process, while others believed the service would be effective regardless of location.

3.3.3. Public services

In total, one police officer and two paramedics were interviewed from public services in Newport. Using thematic analysis to analyse interview transcripts, a total of three themes and four sub-themes were identified (See Table 5).

Table 5. Summary of themes: Public services	
Theme	Sub-theme
Time and resource consuming	Substantial police time consumption
	Wasted ambulance usage
Benefits of the service	Social impact of street drinking
	Reduction in public service use
Negative aspects of the service	-

Time and resource consuming

Both the police and ambulance service workers interviewed described how they typically spent a significant amount of their time and resources dealing with the street drinking population in Newport.

Substantial police time consumption

The police officer interviewed repeatedly noted how the street drinking population were enormously time consuming for Newport's police service:

Interviewer: Do the street drinkers ever get arrested?

Police Officer: Oh god yeah.

Interviewer: I guess this will be difficult to estimate, but how much police time is spent dealing with street drinkers?

Police Officer: I'd say in a working day, the officers here, a third of their working day would be dealing with street drinkers."

Incidents involving anti-social behaviour of some form were cited as the most common reason for police involvement with street drinkers.

“Police Officer: I’ve worked over here now for at least five, six years, and the majority of antisocial behaviour, begging, petty theft is all generated by street drinkers.”

“Police Officer: Nine times out of ten with the street drinkers, it’s a drink related offence, drunken disorderly, or public order, and because they’ve got, 9 times out of 10 they’ve got no fixed abode, we’ve got no address to bail them to, so they stay in cells overnight, go into to court the following day and it would be time served for the time they spent in custody.”

Wasted ambulance usage

The paramedics interviewed noted how, in recent years, they are rarely called to true medical emergencies involving street drinkers:

“Paramedic 1: It isn’t that massive a problem around here anymore, certainly not in the last seven or eight years, it’s quietened right down, whether there’s more projects out there now to help these guys”

However, they described how street drinkers are regularly the focus of phone calls from the public who, seeing them sleeping in public places next to their alcohol, assume that they are in need of medical assistance:

“Paramedic 2: The, the majority of calls to homeless folk that are drunk, or have been drinking, are from members of the public who haven’t approached them... somebody lies down with a bag full of cans around them, and some, passerby will, will assume that they’re drunk and need help, and they won’t necessarily approach them and ask them, they’ll walk by and phone, um, that’s what you’ve got. So they haven’t sort of asked anyone for help, they haven’t initialized or called themselves, but they, they will be just laid there, minding their own business and an ambulance crew will turn up and and say, ‘we, we’ve been called for you because you’re, you’re asleep.’ You know because you’re lying down with your eyes closed and a bag full of cans. Um, which is an issue.

Paramedic 1: And nine times out of ten they are mortified that you have turned up and don’t want you, dismiss you.”

When asked how these phone calls impact Newport’s ambulance service, the participants suggested that these phone calls can be very time and resource consuming:

“Paramedic 2: The impact’s quite big really, because you will get either one or two resources. Once you’re there you have a duty of care to that person whether they want

you or not. So then you also have, um, the sort of standard procedure if the person doesn't want to come with you and doesn't need you. You still have to fill in a whole set of paperwork. Um, you have to do a full set of obs, twice, and that's sort of our legal requirement.... It's time consuming yeah. The impact is that that vehicle is tied up, doing nothing, if you like, um, to help anyone. When there are other calls in the stack waiting for an ambulance that need an ambulance."

Benefits of the service

Both the police officer and paramedics interviewed believed that implementing a wet house service in Newport would have positive implications. They stated the service would help to reduce the negative social impact of street drinking on Newport City Centre and result in a decreased level of public service use by street drinkers.

Social impact of street drinking

A reduction in the negative social impact which street drinkers have on Newport City Centre was frequently cited as a potential benefit of developing a service to support street drinkers in Newport:

"Police Officer: It would make the city centre a more attractive place for people to come and do their shopping without being harassed by people on the corners begging. It would just tidy the place up, because they would be in their community and leave the wider community to get on with their everyday life. Nobody wants to be harassed by people begging as soon as you get off the bus or walking to the cash point."

Reduction in public service use

Public service workers also suggested that a wet house service would serve to reduce the street drinking population's use of public services, including their own:

"Paramedic 1: Well if they have somewhere they can be safe and happy and warm and not feeding the problems of society then obviously our workload will decrease, but if you guys know where they are, it helps us know where they are."

Paramedic 2: from our point of view, we would know where they are."

Paramedic 1: And we wouldn't get the do gooder with the mobile phone passing, ringing."

Interviewer: What benefit would the accommodation have for you, as a police officer?

Police officer: Well it would reduce the time we spend on the streets."

Negative public perceptions

Despite reporting positive support for the service's inclusion in Newport, members from both public services believed the service might encounter negative perceptions of the service from public.

“Police Officer: it's getting the public on board, and the local press, once you've got the local press on board, to sell the benefits of it, that's the big thing.”

Public service workers also referred to the concept of NIMBY and how this view might lead to difficulties in identifying an appropriate location for the service:

“Paramedic 1: How do the neighbours take to that sort of thing on their door step? Because I know I would be gutted if it was in a house right next to me”

“Police Officer: I think it would work, the problem you're going to have is the NIMBY effect isn't it...it's getting the neighbours on board.”

3.4. Cost-benefit analysis

Research has suggested that, for every £1 spent supporting vulnerable adults, £2.30 is saved (Supporting People, 2014). This is due to the substantial financial burden which can be placed on public services when vulnerable individuals do not receive appropriate support for their complex needs. For example, an individual with schizophrenia and substance misuse issues who receives no support for their problems may accumulate significant costs to the public in the form of housing evictions, rent arrears, prison sentences, unemployment benefits, healthcare costs, police time and court appearances. However, if the person had received continuous professional support for their mental health and substance misuse issues, many of these costs may have been significantly reduced, if not avoided altogether (Supporting People, 2014).

In the present research, street drinking participants reported regularly burdening services such as the police, court systems, ambulances, and healthcare services. In other areas, the development of a wet house service to support street drinkers has substantially reduced their costs to these publicly funded systems (James, 1998; Larimer et al., 2009; Mackelprang, Collins, & Clifasefi, 2014). Thus, in order to calculate the cost-effectiveness of implementing such a service in Newport, the annual costs of running a wet house can be compared with the cost of Newport street drinkers' to public services.

3.4.1. Establishing costs

The following costs were established in order to conduct a basic cost-benefit analysis of implementing a wet house service in Newport:

- **Wet house costs:** In order to provide estimates for the annual cost of housing a street drinker in a wet house service, figures were sought from an existing wet house service in the UK. The Wallich Shoreline Project based in Cardiff was able to provide a figure of £206 per week per person to support a street drinker in their service. However, it should be acknowledged that the scheme has been operating in Cardiff since 1996 and does now benefit from economies of scale. The original scheme was designed to accommodate ten street drinkers and has now expanded to accommodate 33 with the addition of only one member of staff.
- **Police costs:** Fortunately, Newport police were able to calculate the total cost of dealing with the street drinking population. Using their records, they reported having dealt with street drinkers a total of 191 times during the past twelve months. They assumed that these dealings were primarily anti-social behaviour incidents, as opposed to crimes. An anti-social behaviour incident uses 1.67 hours of police time, costing £60 per hour, giving a total cost of £19,138 in police time. Based on the estimate that there are 27 street drinkers in Newport, this figure equates to £708 per street drinker and £7,796 for the eleven street drinkers involved in the present research
- **Nights stay in a cell:** Newport police were also able to place a cost on one night's stay in a police cell. For any service wishing to use their cells, they charge £185 for the first twelve hours, then £12.30 for each additional hour following this. Based on the assumption that street drinkers would typically spend one night in a police cell before appearing in court the following morning, a price of £185 was applied to one night's stay in a police cell.
- **Court appearances:** In consultation with a legal advisor, it was agreed that a Summary Guilty Plea within a magistrate's court is likely to be the most common legal proceeding in the case of street drinker crimes. Using guidelines provided by the Crown Prosecutions (2009), the average cost for a Summary Guilty Plea application is £135. Court appearances included in the cost-benefit analysis did not include those where the individual received an ASBO.

- **Anti-social behaviour orders (ASBO):** There are four types of ASBO. The most common of these is a stand-alone order, which is un-related to other legal proceedings and made by the magistrate's court. As this is the most commonly enforced ASBO, this was assumed to be the ASBO which street drinkers had received. The average overall cost enforcing a stand-alone ASBO is £3,200 (Home Office, 2005).
- **Ambulance call out:** The Welsh Ambulance Service was able to provide costings for ambulance mobilisation. They estimated that each ambulance mobilised costs an average of £238.
- **A day in hospital:** A member from the Aneurin Bevan University Health Board was able to provide a cost for hospital stays. Based on the assumption that the two most likely departments where a street drinker would stay whilst in hospital are the Gastroenterology or Medical Assessment Unit, the cost per day in hospital was estimated at £289.
- **A & E Admission:** The Aneurin Bevan University Health Board was also able to estimate that each admission to the Accident and Emergency Department costs on average £158.

3.4.2. Calculating the cost-effectiveness of a wet house service in Newport

Table 6 displays figures for each street drinker participants' use of various public services in Newport during the twelve months prior to interview, along with the costings of this use.

Table 6. Participant Costs to Public Services in the Past 12 Months

Participant	No. of nights in a police cell (£185 per night)	No. of court appearances (£135)	Stand-alone anti-social behaviour orders (ASBOs; £3200 each)	No. of ambulance call outs (£238 per ambulance)	A & E admissions (£158 per admission)	No. of days spent in hospital (£289 per day)
Daniel	-	-	0	3	3	5
Chris	30	30	1	1	1	1
Fiona	40	40	1	0	0	0
Clare	-	-	0	-	1	-
Thomas	35	35	0	6	6	8
Jason	-	15	1	2	2	2
Emma	-	-	0	-	0	-
Gail	34	17	-	-	-	-
Lewis	-	-	0	-	-	-
Connor	-	-	0	-	6	7
Scott	0	0	0	0	0	0
Total cost	£25,715	£18,495	£9,600	£2,856	£3,002	£6,647
Average cost	£5,143	£3082	£960	£476	£333	£950
Total cost when average extrapolated to all participants	£56,573	£33,907	£10,560	£5,236	£3,669	£10,445
Total police time cost	£7,796 (£708 per street drinker)					
Total annual cost to public services			£128,186 (£11,653 per street drinker)			
Total annual cost of housing eleven persons in a wet house			£117,832 (cost per resident = £10,712)			

As can be seen in Table 6, street drinker participants reported using public services numerous times during the twelve months prior to interview. Several participants were either unable to provide figures for their public service use or responded with statements such as “a lot” or “all the time”, hence figures for these individuals are absent. Instead, an average figure based on those who provided information has been calculated and extrapolated to all participants to produce an overall cost to each service.

The overall cost of street drinker participants to public services in Newport during the past year was calculated at £128,186, vs. a cost of £117,832 for housing all eleven street drinkers in a wet house for one year. Individually, this equates to a cost of £11,653 in public service use per street drinker vs. a cost of £10,712 to house one street drinker in a wet house. Therefore, the cost which each street drinker participant accumulated in public service use was greater than what it would have cost to support them in a wet house service. Although it cannot be said with certainty that operating a wet house service in Newport would eliminate these public service costs, previous research in the USA (Larimer et al., 2009; Mackelprang et al., 2014) and the UK (James, 1998) has shown a marked reduction in public service use amongst wet house residents.

3.4.3. Additional costs not considered

Based on the costings provided, positive support was found for the inclusion of a wet house in Newport in terms of financial value. Despite this, several public service costs were not considered in the cost-benefit analysis which may have substantially increased the participants overall public service costs; thus augmenting the cost-effectiveness of a wet house service. For instance, participants’ use of prison services was not measured. The average cost per prisoner per year to prison services is £37,163 (Personal Social Services Research Unit, 2013). Although street drinkers were not questioned as to whether they had been in prison during twelve months prior to interview, three participants recalled instances where they had spent time in prison. For example, Daniel and Scott recalled:

“Daniel: basically I had two and a half years for stealing a bus. That was in the paper as well.”

“Scott: between 83 and 98 I was constantly in and out, I wouldn’t, I was never, it wasn’t 83 to 98 in jail, the longest I think I spent in was twelve months, but I was constantly in and out of there during that period like.”

Street drinkers' use of detoxification services was also not considered in the cost-benefit analysis. Thomas, a street drinker who participated in an interview consultation, stated he had recently been an inpatient in a detox unit in Newport. He described how he had remained sober for seven days, which he appeared proud of, though was intoxicated at the time of interview. The cost of inpatient detoxification for those who misuse drugs or alcohol has been calculated at £152 per patient per day, equivalent to £1,061 per week (Personal Social Services Research Unit, 2013).

The cost of housing issues was also excluded from the cost-benefit analysis. During interview consultations, many street drinker participants reported experiencing evictions from their tenancies, or were currently in the process of being evicted. The average cost of eviction from a social tenancy is £1,119, whilst writing off rent arrears costs on average £1,900, and re-letting a property post eviction £2,787 (Shelter, 2012). Despite the possibility of street drinkers accumulating such costs during the twelve months prior to interview, these were not accounted for in the cost-benefit analysis

When providing costings for the time they spent dealing with street drinkers, Newport police noted how every day police interaction with street drinkers was not accounted for in these costs. As discussed earlier, the police officer interviewed in this research estimated that, on average, his department spend a third of their time dealing with street drinkers Therefore, although police costings were calculated at £19,138 for the past twelve months, the actual cost of police dealing with street drinkers in Newport is likely much greater than this:

“Police Officer: This figure will only account for a fraction of the interaction that the City Centre policing team have dealt with these persons, because everyday interaction is not recorded anywhere on our systems. ... This figure is a massive underestimation of the costs for the police to deal with these persons.”

During consultation with Newport Ambulance Service the staff members interviewed stated that when they are called to assist a street drinker they would typically send two ambulance units to the scene if available. This, they stated, is because calls to this client group by the public usually suggest the individual may have suffered a cardiac arrest, thus warranting two units. They also stated that the police are usually called to the scene with them due to the presence of other street drinkers and the possibility of violence. Despite this, only the cost of a single ambulance call out was included in the cost-benefit analysis.

The financial repercussions of non-compliance with healthcare services by street drinkers were also not accounted for. In this research, several street drinkers reported missing

numerous healthcare appointments, potentially accumulating costs in wasted medical professionals' time. Other street drinkers reported leaving hospital despite attempts from medical staff to persuade them to remain in hospital to continue their treatment. This non-compliance is likely to result in poorer clinical outcomes compared with the general population, resulting in greater healthcare costs at a later date. What is more, one street drinker reported leaving hospital despite being sectioned by a doctor for his own safety, resulting in numerous police units searching for him with the intention of returning him to hospital. The financial implications of this occurrence alone are likely to be considerable.

Finally, the social impact of street drinkers on Newport's economy was not accounted for in the cost-benefit analysis. The presence of street drinkers in any city centre is undesirable in terms of attracting shoppers, tourism and nightlife. Therefore, although it would likely be impossible to place a cost on the social impact of street drinkers on Newport's economy, it is important that this impact is considered when deciding upon the benefits of service to support these persons.

Based on the above discussion, it is likely that each street drinker's annual cost to public services is far greater than calculated in the basic cost-benefit analysis conducted. Thus, the cost-effectiveness of implementing a wet house service would be enhanced in light of these additional costs.

4. Discussion of findings

The primary aim of this study was to assess the suitability of a wet house service for street drinkers in Newport. This was achieved through interviews with street drinkers, service providers and public services with the aim of exploring their views on the development of the service in Newport. A basic cost-benefit analysis of the service was also conducted by comparing the cost of housing a street drinker in a wet house with their cost to public services.

A total of eleven street drinkers from Newport were interviewed. Using thematic analysis to analyse interview transcripts, a number of themes were identified within the data. Consistent with previous research (Fazel et al., 2008; Mackelprang et al., 2014), various health issues were prevalent amongst street drinkers, including a poor level of overall health, a high rate of accidents and injuries, and non-compliance with healthcare services. These patterns suggest support services should assist street drinkers with access to, and compliance with, healthcare services such as GPs and hospital appointments.

Reports of negative accommodation experiences were common among street drinkers. They were able to recall numerous instances where they had failed to maintain tenancies in supported accommodation schemes, typically due to non-compliance with the rules and regulations operated by these services. A strong negative attitude towards supported housing options in Newport was expressed by street drinkers, who suggested that they were too restrictive for them. These findings imply a poor level of compliance with high-restriction environments involving many rules. Consistent with this finding, wet house services in other areas typically adopt a novel approach towards rules and regulations:

“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.” (Wallich Shoreline Project Management Strategy).

Many street drinkers also described how they were experiencing issues with their current accommodation, including evictions, disagreements with supported housing agencies, and dissatisfaction with rough sleeping or sofa surfing arrangements. Overall, it appeared that participants' current residence, or lack thereof, was not suitable for them and lacked appropriate support for their needs.

A substantial use of various public services, including the police, ambulance and court services, was also prevalent amongst street drinkers. Almost all participants described multiple instances where they had been arrested, admitted to hospital, picked up by an ambulance or visited court. Consistent with this, previous research has shown street drinkers use of public services to be significantly disproportionate compared to that of the general population (Larimer et al., 2009; McCormack et al., 2013). Such high levels of public service use signify the need for an appropriate service to support the street drinking population in Newport in reducing their public service use.

Street drinkers were predominantly supportive of developing a wet house in Newport, with the majority of participants (N = 6) viewing the service as something they would benefit from. These street drinkers stated the facility would help them by providing them with a stable place to live. One street drinker stated they felt the service would not be beneficial for them, but that it would benefit other street drinkers in Newport. A further two street drinkers believed the service would not be beneficial for themselves or others. These street drinkers suggested that the social problems caused by alcohol consumption would make it difficult to live in a wet house with others. Consequently, additional services may be needed to support the street drinkers who would not wish to be housed in a wet house facility. The remaining two participants gave unclear responses. That is, they switched from stating that the service would be beneficial for them, to later stating they would not like the service in Newport. Again, additional services may be needed to support these individuals.

For those street drinkers in support of a wet house service, various support needs were reported. Several suggested that the service should not be overly restrictive. Others emphasised the importance of the values and attitudes of the staff working within the service, suggesting the staff should not be pretentious or untrustworthy. Street drinkers also believed staff with experience of alcohol issues may be able to better understand, and therefore support the residents.

The cohort of residents living within the facility was also viewed as an important factor by street drinkers, stating that the other residents living in the service would largely determine whether they would like to live there or not. Others stated that they would prefer to live with a small number of residents within the service. Consistent with these findings, current wet houses within the UK pay particular attention to the group dynamics of the residents within the service. For example, the Wallich Shoreline Project houses small street drinking gangs together in

groups of four or five, thus ensuring that residents do not continue to drink on the streets with their friends despite being housed.

In terms of service location, street drinkers gave little suggestions. They simply stated that the service should be in Newport and were not particularly concerned as to its exact location.

A total of twelve individuals from ten homeless service providers within Newport were also interviewed. Consistent with reports from street drinkers, service providers noted how their street drinker clients have experienced difficulties in maintaining tenancies due to their alcohol use. They also described how the current supported housing options in Newport are not suitable for this population, signifying the need for an appropriate accommodation model for street drinkers.

When asked how a wet house service might impact Newport, service providers were unanimously supportive of its development. Service providers felt that the service would be beneficial for street drinkers as it would provide them with stability, help them to reduce their alcohol consumption, and reduce the harm associated with street drinking. Numerous benefits for Newport City were also cited by service providers. It was suggested that developing a wet house service would reduce street drinkers' public service costs. This notion is consistent with previous research which has found wet house residents to dramatically reduce their public service use and costs over time (James, 1998; Larimer et al., 2009; Mackelprang et al., 2014). Service providers also believed a wet house would remove the undesirable social impact of street drinkers on Newport City Centre and provide a welcomed new supported housing option to the currently limited selection.

Although all service providers were supportive of the development of a wet house in Newport, some were also able to recognise potential issues with the service's development. Many suggested that the public may have poor perceptions of the service. However, they noted that such negative perceptions are likely to be underpinned by a lack of understanding in relation to the benefits of the facility. Consequently, raising public awareness of how a wet house can benefit both street drinkers and the wider community may be important if wishing to implement such a service.

In relation to service management, service providers advised that the service may benefit from adapting existing wet house models to support the needs of street drinkers in Newport. In particular, several service providers recommended adapting the Wallich Shoreline

model due to its success in other areas of Wales. Consistent with reports from street drinkers, service providers also highlighted the importance of proper staffing within the service. Appropriate staff was cited as a key determinant of the service's success in supporting street drinkers.

Suggestions on service location were mixed, though the most commonly recommended location provided by service providers was in an area near, but not within, the centre of Newport. This was suggested so that residents would still have access to services and local amenities within the city centre, whilst not being so close as to be drawn back into street drinking. This suggestion is consistent with the approach taken by Wallich Shoreline Project when selecting a location to base their facilities.

One police officer and two paramedics were interviewed from Newport's public services. Consistent with reports from street drinkers and service providers, public service workers stated that they spent a significant amount of their time dealing with the street drinking population in Newport. The police officer interviewed described how street drinkers can be hugely time consuming for his department, stating that a third of their time is spent dealing with the street drinkers. Anti-social behaviours such as begging were the most common reason for police involvement with street drinkers. The ambulance servicemen also noted how the street drinking population can be time and resource consuming for their service. Genuine medical emergencies involving street drinkers were reported as infrequent. However, phone calls from members of the public who, upon seeing street drinkers asleep next to their alcohol, assumed they needed medical help were frequent.

Public service workers suggested that a wet house service would benefit Newport by reducing the negative social impact of street drinking on Newport City Centre. They noted how street drinking is undesirable for attracting shoppers and nightlife to the city. Therefore, they viewed housing street drinkers in a controlled environment as a means of removing this negative impact on Newport. Congruent with suggestions from service providers, public service workers also believed that developing a wet house would help to reduce the time and resources their services use to deal with the street drinking population. Also consistent with reports from service providers, public service workers suggested the facility may be negatively perceived by the community; again indicating the need to raise awareness of the facility's benefits.

In supplement to interview consultations, a basic cost-benefit analysis of implementing a wet house service in Newport was conducted by comparing the cost of housing a street drinker in a wet house with their cost to public services. Using reports from street drinkers, their

cost to public services during the twelve months prior to interview was calculated at £128,186 (£11,653 each). In comparison, the cost of housing all eleven street drinkers in a wet house for one year was calculated at £117,832 (£10,712 each). This cost is based on the Wallich Shoreline model in Cardiff which, as stated earlier, benefits from economies of scale. An innovative and creative approach to staffing and support provision may reduce the cost of running the service in Newport.

As suggested by both the service providers and public service workers interviewed, the development of a wet house service is likely to greatly reduce street drinkers use of public services; a claim also supported by previous research studying wet house residents (James, 1998; Larimer et al., 2009; Mackelprang et al., 2014). Therefore, it could be said that operating a wet house service in Newport could prove more cost-effective than allowing street drinkers to remain unsupported. What is more, although street drinkers' cost to public services during the last year was calculated at £128,186, this is likely a substantial underestimation of the true figure as the use of several services, such as prisons and detox facilities, were not considered.

5. Recommendations

Taking into consideration all of the findings obtained in this research, a number of recommendations are presented:

- First and foremost, findings from street drinkers suggest there is a need for at least one wet house service in Newport to support the street drinking population. Six of the street drinkers interviewed, plus an additional three spoken with during field observations, stated they would benefit from living in a wet house service. Street drinkers suggested they would like to live in small groups of four to five. Based on this recommendation a minimum of one, optimally two, wet houses would be needed to support those street drinkers in Newport wishing to live in such a service.
- When selecting residents for the service it is essential that group dynamics are considered. It is likely that the efficacy of the service in supporting street drinkers will be dependent on their ability to live with the other residents. Consequently, it is recommended that the street drinkers housed together will have known each other prior to residency and will be willing to live with the other street drinkers in the service.
- In order to ensure housing retention, it is recommended that the wet house facility should adopt a low-restriction policy. Street drinkers in this research reported an inability to live with environments with high restrictions such as curfews and visitor limitations. Consequently, such restrictions should be limited in order to avoid further accommodation failures. As suggested by service providers in this research, adopting management models from existing wet house schemes such as the Wallich Shoreline Project may prove useful.
- It is recommended that staff supporting street drinkers should be experienced and be able to manage challenging situations. Staff should also possess excellent social skills in order to be able to effectively interact and support street drinkers.
- An emphasis should be placed on supporting street drinkers to engage with healthcare services. Street drinkers in this research reported numerous health concerns and a non-compliance with healthcare services. Hence, staff within the service should encourage residents to attend healthcare appointments and, if possible, support them by going to such appointments with them.
- It may be beneficial to provide residents with regular meals during the initial stages of residency in order to help stabilise them. This process has proved to be effective in the Wallich Shoreline Project.

- Despite some service providers stating that placing the service outside of the city centre would aid the recovery process, the primary aim of a wet house service is not to achieve recovery, but to reduce the harm to street drinkers and the community caused by the street drinking lifestyle. Thus, it is recommended that the service be located near the centre of Newport, in an area where residents are likely to be familiar with. This will ensure they still have access to support services and do not become isolated.
- It may prove beneficial to implement some form of campaign to raise awareness of the service's benefits in order to avoid negative perceptions from the community.
- For those street drinkers who stated that living in a wet house service would not be appropriate for them, it is suggested that they receive an alternative form of support. To avoid additional costs and ensure standardised support, this support could come from staff within the wet house service, offering floating support within the community.

6. Conclusions

This research has provided a novel insight into the experiences and accommodation needs of street drinkers in Newport. Overall, findings from interview consultations with street drinkers, service providers and public services are highly supportive of the development of a wet house service in Newport. All street drinkers stated experiencing issues with maintaining tenancies and a high usage of public services, signifying the need for an appropriate accommodation model to support them in maintaining accommodation and decreasing their public service use. Most street drinkers viewed a wet house service as somewhere they would like to live, suggesting this accommodation model could achieve such an outcome.

Service providers and public services believed that developing a wet house service would have multiple benefits, both for street drinkers and Newport City. The primary benefits of the service for street drinkers included supporting street drinkers to take control over their lives and reduce the harm associated with street drinking. The primary benefits of the service for Newport City included a reduction in the negative social impact of street drinking and a reduction in public service use and costs. Service providers and public service workers suggested the service may encounter negative perceptions from the community, indicating the need to raise public awareness.

Based on reports from street drinkers and public services, a number of factors should be considered if developing a wet house facility in Newport. Firstly, the cohorts of residents should be carefully chosen, taking into consideration group dynamics. The staffing and management of the service should also be viewed as a key determinant of its success. Service location should also be carefully selected to ensure residents are not isolated and their access to services remains.

Findings from a basic cost-benefit analysis were also supportive of the services role in Newport in terms of its financial value. The cost-benefit analysis showed that street drinkers accumulated more per year in public service costs than the cost to support them in a wet house service. Therefore, developing a wet house service to support street drinkers could save significant costs in public service use.

7. References

- Argintaru, N., Chambers, C., Gogosis, E., Farrel, S., Palepu, A., Klodawsky, F., & Hwang, S. W. (2013). A cross-sectional observational study of unmet health needs among homeless and vulnerably housed adults in three Canadian cities. *BMC Public Health, 13*, 577.
- Bassuk, E. L., Richard, M. K., & Tsertsvadze, A. (2014). The prevalence of mental illness in homeless children: A systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry, In Press*.
- Braun, V., Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.
- Clifasefi, S. L., Malone D. K., & Collins, S.E. (2013). Exposure to project-based housing first is associated with reduced jail time and bookings. *International Journal of Drug Policy, 24*, 291-296.
- Collins, S.E., Clifasefi, S. L., Dana, E. A., Andrasik, M. P., Stahl, N., Kirouac, M., Welbaum, C., King, M., & Malone, D. K. (2012[b]). Where harm reduction meets housing first: Exploring alcohol's role in a project-based housing first setting. *International Journal of Drug Policy, 23*, 111-119.
- Collins, S.E., Malone, D. K., & Clifasefi, S. L. (2013[c]). Housing retention in single-site housing first for chronically homeless individuals with severe alcohol problems. *American Journal of Public Health, 103*(2), S269-274.
- Collins, S.E., Malone, D. K., Clifasefi, S. L., Ginzler, J. A., Garner, M. D., Burlingham, B., Lonczak, H. S., Dana, E. A., Kirouac, M., Tanzer, K., Hobson, W. G., Marlatt, A., Larimer, M. E. (2012[a]). Project-based housing first for chronically homeless individuals with alcohol problems: Within-subjects analyses of 2-year alcohol trajectories. *American Journal of Public Health, 102*, 511-519.
- Collins, S.E., Malone, D. K., & Larimer, M. E. (2012). Motivation to change and treatment attendance as predictors of alcohol-use outcomes among project-based housing first residents. *Addictive Behaviours, 37*, 931-939.
- Crisis. (2003). How many and how much: Single homelessness and the question of numbers and cost. London: Crisis UK.
- Denning, P. (2000). *Practicing harm reduction psychotherapy: An alternative approach to addictions*. New York: Guilford Press.

- Diefenbach, T. (2009). Are case studies more than sophisticated storytelling?: Methodological problems of qualitative empirical research mainly based on semi-structured interviews. *Quality and Quantity*, 43, 875-894.
- Fazel, A., Khosla, V., Doll, H., & Geddes, J. (2008). The prevalence of mental disorders among the homeless in western countries: Systematic review and meta-regression analysis. *PLoS Med*, 5, 1670-1681.
- Flick, U. (2009). *An introduction to qualitative research, Edition 4*. London: Sage Publications.
- Glass, T. A., & McAtee, M. J. (2006). Behavioral science at the crossroads in public health: Extending horizons, envisioning the future. *Social Science & Medicine*, 62, 1650-1671.
- Greenberg, G. A., & Rosenheck, R. A. (2010). Mental health correlates of past homelessness in the national comorbidity study replication. *Journal of Health Care for the Poor and Undeserved*, 21, 1234-1249.
- Gwent Public Health Team. (2014). Gwent homeless and vulnerable groups health action plan (HaVGHAP). Healthcare needs assessment: Homeless people. Newport: Aneurin Bevan Gwent Public Health Team.
- Home Office. (2005). The cost of anti-social behaviour orders. Home Office summary report March 2005. London: Home Office.
- James, S. (1998). An analysis of an accommodation project for street drinkers. Cardiff, Wales: Wallich Clifford Community.
- Larimer, M. E., Malone, D. K., Garner, M. D., Atkins, D. C., Burlingham, B., Lonczak, H. S., Tanzer, K., Ginzler, J., Clifasefi, S. L., Hobson, W. G., & Marlatt, A. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *The Journal of the American Medical Association*, 301, 1349-1357.
- Mackelprang, J. L., Collins, S. E., & Clifasefi, S. L. (2014). Housing first is associated with reduced use of emergency medical services. *Prehospital Emergency Care*, 18, 476-482.
- Madianos, M. G., Chondraki, P., & Papadimitriou, G. N. (2013). Prevalence of psychiatric disorders among homeless people in Athens area: A cross-sectional study. *Social Psychiatry and Psychiatric Epidemiology*, 48, 1225-1234.

- Personal Social Services Research Unit. (2013). Unit costs of health and social care 2013. Canterbury: Personal Social Services Research Unit.
- Shelter. (2012). Immediate costs to government of loss of home. United Kingdom: Shelter.
- Shelter. (2014[a]). What is Homelessness? Shelter: The housing and homelessness charity [On-line]. Available:
http://england.shelter.org.uk/get_advice/homelessness/homelessness_-_an_introduction/what_is_homelessness
- Shelter. (2014[b]). Staying with friends when homeless. Shelter: The housing and homelessness charity [On-line]. Available:
http://england.shelter.org.uk/get_advice/homelessness/emergency_accommodation_if_homeless/staying_with_friends_if_you_are_homeless
- Shelter. (2014[c]). Rights in supported housing. Shelter: The housing and homelessness charity [On-line]. Available:
http://england.shelter.org.uk/get_advice/housing_with_support/rights_in_supported_housing
- StatsWales. (2014). Households accepted as homeless by gender, age of applicant and year. StatsWales [On-line]. Available:
<https://statswales.wales.gov.uk/Catalogue/Housing/Homelessness/Acceptances-and-Other-Decisions/HouseholdsAcceptedAsHomeless-by-Gender-Age-Year>.
- Supporting People Team. (2014). The benefits of supporting people. How intervention is helping to save money. Newport, Wales: Torfaen County Borough Council Supporting People Team.
- The National Assembly for Wales. (2000). Rough sleeping in Wales. Cardiff: The National Assembly for Wales.
- Voussius, C., Testad, I., Berge, T., & Nesvåg, S. (2011). The Stavanger wet house. *Nordic Studies on Alcohol and Drugs*, 28, 279-282.
- Zerger, S. (2002). Substance abuse treatment: What works for homeless people? A review of the literature. Nashville, USA: National Health Care for the Homeless Council.

Appendices

Appendix section A – Street drinker consent form

Consent Form

The purpose of this research is to explore the accommodation needs of street drinkers in Newport. As a participant in this research you will be asked questions about your experiences of street drinking, your thoughts on current housing options in Newport, and what type of housing you think would best suit your needs. The interview will last between 30 and 60 minutes long.

All interview recordings will be stored confidentially in line with the Wallich's confidentiality policy and be seen only by the researcher. Some of the answers you give may be included in the final research report, though your name will be replaced to ensure anonymity. No information you provide will be in anyway traceable back to you. You have the right to withdraw any or all of the information you provide at any time, up to the point of final publication of the research report in January 2015. If you wish to end the interview at any time please state this to the researcher.

If you have any questions regarding the research or your involvement please feel free to ask the researcher at any time. If you have read and understood the above information and agree to participate in the research, please sign and date below:

Signed:

Date:

Researcher contact details

Name: Rob Heirene

Email address: rob.heirene@thewallich.net

Appendix section B – Service provider and public services consent form

Consent Form

The purpose of this research is to explore the accommodation needs of street drinkers in Newport. As a participant in this research you will be asked questions about your experiences of working with street drinkers, your thoughts on current housing options in Newport for street drinkers, and what type of housing you think would best suit the needs of street drinkers. The interview will last between 15 and 30 minutes long.

All interview recordings will be stored confidentially in line with the Wallich's confidentiality policy and be seen only by the researcher. Some of the answers you give may be included in the final research report, though your name will be replaced to ensure anonymity. No information you provide will be in anyway traceable back to you. You have the right to withdraw any or all of the information you provide at any time, up to the point of final publication of the research report in January 2015. If you wish to end the interview at any time please state this to the researcher.

If you have any questions regarding the research or your involvement please feel free to ask the researcher at any time. If you have read and understood the above information and agree to participate in the research, please sign and date below:

Signed:

Date:

Researcher contact details

Name: Rob Heirene

Email address: rob.heirene@thewallich.net

Appendix section C – Street drinker interview schedule

Semi-Structured Interview Schedule

Section 1

1. Where are you from?
2. Where are you currently staying?
3. Tell me about your drinking? (Where, when, with who? Do you use any other drugs? Do you ever get trouble from the police there? Do you ever get injured there? Lead on to general health questions)

Aim to answer: In the last year how many times have you been a) Arrested, b) Been to court, c) Admitted to hospital, d) received an ASBO, e) been picked up by an ambulance?

4. What are your experiences of living in supported housing in Newport? (*E.g. hostels etc.*)
5. What are your thoughts on the current accommodation options in Newport?

Section 2

Explain the principles of a wet house service

6. How do you think a wet house would suit your needs?

If they believe the service would benefit them, why? What form of accommodation would best suit their needs?

7. What would your expectations be of staff in a wet house? (*level of support*)
8. How would this type of accommodation impact you? (*Health, drinking, service access, future accommodation*)
9. Who would live with you in this accommodation?
10. Are there any people in Newport that you feel you could not live with?
11. Do you think yourself and others would have difficulties in sharing this accommodation?
12. Where would the accommodation be located?
13. What services do you access? (*homeless support agencies and healthcare services*)

Appendix section D –Service provider and public services interview schedule

Semi-structured interview schedule for service providers and public services

1. Tell me about your experiences of housing/ working with street drinkers?
2. How do you feel the current accommodation options in Newport suit the needs of street drinkers?
3. What would be the benefits of a wet house in Newport? (Newport? Street drinkers? Current housing options?)
4. What would be the potential issues with developing a wet house in Newport?
5. How would a wet house benefit your organisation?
6. How do you think such accommodation would be best run? (e.g. staffing, support, type of housing, location)