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Evaluation of the Liverpool Rehabilitation, Education, Support & Treatment (REST) Centre

The Centre for Public Health, Liverpool John Moores University

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Centre for Public Health, World Health Organization Collaborating Centre for Violence Prevention, Liverpool John Moores University, Henry Cotton Campus, 15-21 Webster Street, Liverpool, L3 2ET | 0151 231 4515 | e.j.mccoy@ljmu.ac.uk | www.cph.org.uk | ISBN: 978-1-910725-43-6 (web)



Evaluation of the Liverpool Rehabilitation, Education, Support & Treatment (REST) Centre

Ellie McCoy, Jane Oyston, Kim Ross-Houle, Madeleine Cochrane, Geoff Bates, Lisa Jones, Mark Whitfield & Jim McVeigh

Centre for Public Health, Liverpool John Moores University

Contributions

Project development and management: Mark Whitfield, Hannah Timpson, Gordon Hay, Ellie McCoy, Lisa Jones, Jim McVeigh

Quantitative data analysis and support: Ellie McCoy, Mark Whitfield, Howard Reed, Lisa Jones

Qualitative data collection, analysis and support: Ellie McCoy, Jane Oyston, Kim Ross-Houle, Madeleine Cochrane, Beccy Harrison

Business survey: Geoff Bates, Huda Diab, Jane Oyston, Ellie McCoy

Social value: Madeleine Cochrane, Beccy Harrison, Lindsay Eckley

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Foreword

Liverpool is no different from other major cities in the UK in that there are street drinkers in our city centre, particularly in the summer months. Residents and businesses tell us they want us to tackle the problems they experience of street drinkers intimidating them, urinating and defecating, leaving litter and aggressive begging. This affects residents, students, businesses and the image of Liverpool as an attractive tourist destination. It also has a major impact on the police – taking up to 90% of police time when they need to be dealing with more serious crime and violence.

But also this is literally a life and death situation for street drinkers themselves. They are amongst the most vulnerable in society. Anyone can be affected by alcohol – each street drinker is someone's daughter, or someone's son, or someone's mum or dad. Nobody chooses this life - they are verbally and physically attacked, members of the public urinate on them, and worse. They suffer injuries and risk of death from alcoholism. Many do have accommodation; many have used the mainstream services but have fallen out of the system.

We have good outreach services for street drinkers in the city, but we wanted to do more. We ran a short pilot of a 'wet facility' in 2012 – a safe space for street drinkers to sit away from the streets and to access health and accommodation support. Early findings were positive so we decided to run a 4 month, independently evaluated pilot in Bolton Street, with more activities and support services. This was called the REST Centre – Recovery, Education, Support and Treatment. This has been a truly partnership approach between Liverpool City Council, Merseyside Police, The Whitechapel Centre/The Basement and Brownlow Group Practice, as well as other partners. The Centre for Public Health at Liverpool John Moores University has evaluated the project and used a range of data to assess its outcomes. The accounts from the street drinkers themselves give a poignant insight into the reality of being a street drinker, and the huge impact that support from a project like the REST Centre can have. The findings from this report will give us the practical steps we need to continue to support the most vulnerable in our society.



Councillor Emily Spurrell
Chair of the Citysafe Board
Mayoral Lead Member for Community Safety

A handwritten signature in black ink that reads "Emily Spurrell".



Councillor Roz Gladden
Cabinet Member for Adult & Children's Social
Care & Health

A handwritten signature in black ink that reads "Roz Gladden".

EXECUTIVE SUMMARY

INTRODUCTION

The Rehabilitation, Education, Support & Treatment (REST) Centre was developed as a means to diffuse the anti-social behaviour associated with street drinking. The REST Centre also aimed to provide support and pathways into alcohol treatment for street drinkers in Liverpool. The Centre for Public Health, Liverpool John Moores University was commissioned by the Citysafe Partnership to undertake an evaluation of the pilot of the Liverpool REST Centre. The evaluation aimed to examine the impact of the REST Centre on the street drinkers in Liverpool and the wider community. The LJMU research team sought to understand if the Centre provides pathways for healthcare and alcohol treatment to street drinkers in order to improve health, reduce drinking and the anti-social behaviour associated with street drinking, and understand whether the REST Centre provides value for money.

METHODS

A mixed methods approach using qualitative and quantitative methods was implemented; including interviews with service users and stakeholders, a survey with local businesses and analysis of data collected at the REST Centre. A number of data sources were utilised for the evaluation, including data collected both on- and off-site. A social value exercise was conducted to provide an estimate of the social value of the REST Centre. The mixed methods approach allowed for analysis to examine the process elements and the impact of the Centre.

FINDINGS

Did the Centre target hard to reach individuals in the right setting?

Location and facilities

Initially there were difficulties in locating and securing the premises for the REST Centre, which were reflective of previous attempts to secure a site that resulted in the initial pilot being put on hold. Businesses were concerned about hosting the facility in the vicinity of Lime Street railway station due to the potential for negative perceptions of the city being held among visitors. However, in practice the central location was seen as preferable in comparison to a residential location due to the potential for impacts on local residents. The location was considered to be accessible by service users as it was within walking distance from the areas that they would often congregate.

Generally, the facilities at the REST Centre were seen as adequate and were praised by some of the stakeholders and service users. In particular, the shelter that the REST Centre provided was highlighted by service users as providing a place to rest. However, it was noted that there were several issues that impacted on the provision of health care interventions such as the lack of hand washing facilities and mains electricity. Additionally, the presence of vermin and the lack of cooking facilities were also raised.

The REST Centre was open for eight hours, seven days per week during the pilot. Closing time at 8pm was staggered and the outreach team (with the police) worked during evenings to help avoid street drinkers congregating. Despite seeing less people drinking on the streets during the day, service users did say that street drinking still occurred over night and they expressed a desire to have the REST Centre opened during the evening and overnight where possible.

Reaching the target population

During the pilot (June to September 2015), 386 individual service users accessed the REST Centre. Overall the REST Centre did reach the target population of street drinkers. The Centre was associated with two well established service providers (The Whitechapel Centre and Basement); this was essential in locating and engaging with the target population and meant that information about the Centre was spread amongst the homeless population.

The emergence of Novel Psychoactive Substances (NPS) and the associated anti-social behaviour use among the homeless and street drinking populations during the summer of 2015 made it difficult to assess the effectiveness of the REST Centre. The REST Centre was not designed to support those who used NPS. Staff worked to ensure that there was no drug use on-site, however a number of the street drinkers who accessed the REST Centre were also NPS users.

The majority of service users identified their nationality as British (87.3%, n=337), with a small proportion identifying as Polish nationals (6.7%, n=26). Stakeholders noted that other populations, including the Irish community had not engaged and the Integrated Monitoring System (IMS) data showed that there was little representation from Black and Minority Ethnic (BME) populations. The REST Centre did establish links with the Eastern European street drinkers; however initial barriers, which were overcome, included limited access to benefits, potential communication barriers and tensions between groups of service users.

Provision of a range of interventions

A total of 4,667 on-site interventions were accessed during the pilot. This included general attendance at the REST Centre, basic care and practical support, activities and classes, harm reduction advice, support with applying for benefits and healthcare interventions.

Having a range of services available at one location was seen as a key to the success of the REST Centre. By having all provisions on-site, service users were able to access services that they may have struggled to access in the past. Having access to detoxification and rehabilitation was also seen as an asset. Furthermore, support interventions provided by the REST Centre staff and health interventions from Brownlow Group Practice were accessed and praised by service users. However, it was raised that other external agencies could have had more of a presence and additional support services such as drug services could have attended more often.

A range of activities were provided alongside the services available at the REST Centre. These activities were designed as diversionary activities to teach people new skills whilst diverting them away from drinking. Service users were observed drinking less while they were busy taking part in these 'fun' activities. A number of community initiatives were employed including making hanging baskets that were displayed at the REST Centre and then given to The Whitechapel Centre.

Effective communication

The REST Centre and Merseyside Police worked together closely before and during the pilot. Daily visits from the police were reduced following concerns that this may impact on street drinker engagement with the Centre. Whilst this was seen to improve engagement and communication with service users, some stakeholders felt more could have been done to improve relations and break down barriers between the police and street drinkers. Close partnership working between the REST Centre and homeless support

services, such as The Whitechapel Centre and the Basement, was seen as a key influence in the perceived success of the REST Centre pilot. Many of the staff at the REST Centre were employed from existing homeless services in the city which meant that the staff had expertise, experience and local knowledge of working with street drinkers. The development of close relationships and rapport between service users and staff at the REST Centre was evident and was highlighted as being a key influence in the perceived success of the REST Centre pilot.

Did the Centre provide access to alcohol treatment, and work towards reducing alcohol consumption?

The REST Centre worked towards a harm reduction model, however, staff who worked at the REST Centre were able to cite examples of service users who had stopped drinking alcohol during their time at the Centre. A number of service users were also referred to detoxification programmes (IMS data shows that eight individuals were referred during the pilot). Access to health care and treatment interventions, including referrals for detoxification, were seen as playing a key role towards service users reducing their drinking.

An important factor that led to the reduction of drinking was the increased feeling of safety at the Centre which contributed to the Centre providing an environment conducive to reduced alcohol use; allowing alcohol consumption on-site meant that service users did not have to worry about having alcohol confiscated, which slowed the pace of drinking. However, the community nature of the Centre was perceived by some service users as encouraging alcohol consumption, especially when drink was shared. On-site data collection on the frequency and quantity of alcohol consumption was undertaken but the absence of follow up assessments meant it was not possible to examine how drinking changed. Service users reported observing less people drinking on the streets and The Whitechapel Centre outreach figures showed that the number of street drinkers observed on an outreach session had reduced during the period of the REST Centre pilot. However, alongside this there were reports of increased homelessness and begging in the city centre during the summer of 2015 making it difficult to determine whether there had been a true reduction in street drinking. The Reduce the Strength campaign was also initiated during the months of the REST Centre pilot. This campaign requested that outlets located near to the Centre did not sell high strength alcohol during the REST Centre pilot.

Does the Centre improve health outcomes for street drinkers?

Improving the health of street drinkers through access to alcohol treatment and healthcare was an important aim of the REST Centre. Stakeholders discussed the health implications of street drinking and sleeping rough, and service users described having poor physical and mental health.

Mental wellbeing

Engagement with the Centre was also linked with improved mental wellbeing through contributing to increased confidence and feelings of self-worth. Analysis of the IMS data supported this finding, with improvements on the Short Warwick-Edinburgh Mental-Wellbeing Scale (SWEMWBS) seen among 55 individuals who participated in a follow up assessment.

The Centre provided service users, who had discussed previously feeling isolated, with an opportunity to make friends. Some service users helped maintain the facilities and contributed to cleaning. Service users also looked after each other by making each other warm drinks and sharing food. The activities

provided on-site contributed to the community feeling of the Centre. Improved family relationships were also reported.

A number of the service users were keen to volunteer at the REST Centre, which encouraged them to abstain from drinking. The Centre supported some service users to apply for employment through referrals for training, support with CVs and providing clothes for interviews. Two service users discussed having job interviews and one had secured a volunteering post at The Whitechapel Centre. The development of skills was seen as an important impact of the REST Centre.

Physical health

Access to health interventions on-site alongside signposting and referrals to alcohol and drug treatment, support with registering with a GP and support to attend hospital appointments all contributed to improving the health and wellbeing of the service users. On-site data collection showed that service users accessed essential health interventions, including health checks (including TB checks and immunisation status), wound management, withdrawal from alcohol management, thiamine prescribing and GP registration. The on-site provision brought services directly to the street drinkers meaning important health problems could be assessed and treated.

The Clinical Commissioning Group (CCG) data linkage (for 40 service users) showed that, overall, GP consultations did increase during the opening of the Centre which may suggest that service users were encouraged to access healthcare or chose to seek support during their attendance at the Centre. GP consultations decreased in the three months following the closure of the REST Centre however; this data would need to be followed up to identify whether individuals were less likely to access GP services at times when the Centre was closed.

Data provided through the CCG linkage also showed that medications were prescribed for illnesses that may be linked to alcohol consumption, however this cannot be confirmed. Substance use specific medications were also prescribed, including acamprosate and methadone, and vitamins and nutritional supplements were commonly prescribed including thiamine and nutritional drinks. Prescriptions were fairly evenly distributed; however a small increase was seen in July (during the pilot), with prescriptions almost halving in the month after the Centre closed (however it should be noted that prescriptions did increase in the following months). Types of medication prescribed did not differ before, during and after accessing the REST Centre.

A reduction in A&E attendances were seen during the delivery of the pilot (with the lowest number of attendances of the 19 month sample provided occurred in September 2015), however there was no significant difference in attendances when making comparisons to the same time period for the previous year and when comparing the four month pilot to the four months before the Centre opened. Looking at hospital admissions following emergency hospital attendance, admissions in the later months of the pilot (August and September) were lower and length of stay was longest during July 2015 whilst the REST Centre was open. Analysis of costs associated with emergency hospital admissions suggests that the costs during the four month pilot appear to be slightly less compared to the four months before the Centre opened and compared to the same time period in the previous year. However, further analysis of hospital data with a larger cohort (for all service users) and a longer follow up time period is needed to compare attendance and costs over time.

Did the Centre reduce anti-social behaviour associated with street drinking?

Service users discussed receiving verbal and physical abuse on the street and felt that they were at less risk of violence whilst at the Centre. At the REST Centre there were reports of some fighting; however this was well managed by staff. The REST Centre allowed for groups to come together and this helped to reduce intergroup violence.

The data from Merseyside Police showed a reduction in anti-social behaviour police-related calls near the REST Centre; however this could not be attributed to the presence of the Centre. Varied results from the business survey made it difficult to determine whether the Centre had an impact on anti-social behaviour in the wider community. Generally, businesses did not perceive a change to criminal and anti-social behaviour in their local area, and although the majority of participants supported the commissioning of services such as the REST Centre, only two participants indicated that they would support a facility like this in their local area. Some service users discussed that they were less likely to get into trouble with the police because they were less likely to drink on the streets while the REST Centre was open, but did not say whether the REST Centre would impact on any other behaviour such as theft. Stakeholders and service users both agreed that reducing street drinking would improve the wider community and image of the city.

Importance of long term support

The longevity of the REST Centre was discussed by stakeholders who expressed their frustration about the temporary nature of the project. This was because they were unsure if the impact that the Centre had would continue once the Centre had closed down. Some of the stakeholders, and in particular those who worked at the REST Centre, were concerned that the trust that had been built up between staff and service users would be lost when the service closed. Loss of hope for service users was used within the social value model because service users discussed feelings of hope for the future whilst attending the REST Centre, including having permanent accommodation, reducing alcohol consumption and abstinence, improving relationships, and gaining employment. Whilst some appeared confident with future plans and maintaining positive changes, many believed they would continue street drinking without the Centre.

DISCUSSION

Findings from the qualitative aspect of the evaluation provided an in-depth insight into service users' and stakeholders' perceptions of the effectiveness of the REST Centre. A more limited perspective was available from businesses operating in close proximity to the Centre. Quantitative analysis showed an improvement in wellbeing; however limited follow up data for alcohol consumption meant it was not possible to provide evidence for a reduction in alcohol consumption. Alongside limited outcome data, the relatively short time period that the pilot was delivered within and the timeframe of the evaluation makes it difficult to provide a more rigorous assessment of the impact and social value of the REST Centre at this time.

It is important to acknowledge that street drinkers typically have multiple complex needs and are a hard to reach group. They are often difficult to engage with, requiring multi-agency, intensive long term support. The REST Centre, however, successfully engaged with 386 street drinkers during the pilot and the qualitative interviews demonstrate the short term impacts for those who engaged. Service users clearly appreciated and benefited from attending the REST Centre and reported a number of improvements including access to support, increased health and wellbeing, and a reduction in alcohol use. The REST Centre utilised a harm reduction model by providing street drinkers with a safe place to

drink. However by also providing opportunities for, and pathways to support, alcohol reduction and abstinence were achieved by some service users, and wider issues such as health and housing were addressed. Whilst it is important to acknowledge the key outcomes for service users, consideration should also be taken of the potential for the longevity of such impacts due to the temporary nature of the REST Centre.

RECOMMENDATIONS

Based on the findings of the evaluation, the following recommendations have been made for the future implementation of the REST Centre:

- Any future location for the REST Centre needs to be accessible to street drinkers. Ideally in a central location and preferably near to areas that street drinkers often inhabit.
- Improved facilities and extended opening hours would enable the operation of services to provide additional support.
 - Future sites should continue to incorporate sheltered huts and portable cabins and explore the development of facilities to allow for electricity and running water.
 - Maintaining the close working relationship between The Whitechapel Centre outreach team and the police would allow for provision outside of REST Centre opening hours.
 - If costs and feasibility allow, extending the opening hours and providing night time provision should be explored.
- Pathways for those who use NPS and illicit substances need to be considered. Developing formal links with drug services would help to provide appropriate referrals. Pathways for homeless people who do not engage in street drinking also need to be considered.
- Continue to maintain existing links and create more formal pathways with services, and work towards establishing new relationships with relevant services.
 - The REST Centre should consider incorporating more formalised pathways and agreements with external agencies to provide support on-site. Services including housing, substance use and health could be invited to the REST Partnership Group.
 - The REST Centre and the police should aim to work together to allow for police presence on-site allowing for more positive interaction between the police and street drinkers.
 - The strong link between support and on-site healthcare should be maintained.
 - The REST Centre should consider establishing a more formalised relationship with rehabilitation services.
 - The Centre should maintain the close relationship with housing services to address housing needs.
 - The Whitechapel Centre outreach team should continue to work with the REST Centre to promote the Centre and engage with street drinkers.
- Service users should continue to be involved in the upkeep of the REST Centre and group activities should be encouraged, further engagement with community groups (that provide activities such as gardening etc.) should be explored to ensure a wide range of activities remain provided.

- A formal volunteering process for service users should be considered in future implementation. Future provision should consider developing a drinking reduction process which leads on to a formalised volunteering pathway with a suitable monitoring process.
- If the future implementation of the REST Centre is temporary, an aftercare process for service users should be established. Linking in with external services is needed for the periods when the Centre is closed in order to continue the support that service users receive.
- Continue to include the local community in the development of future provision of the REST Centre. Early engagement with local businesses and residents is imperative in the setup of the Centre and should be replicated to ensure that the local community support the development of the REST Centre.
- Data collection and monitoring needs to be a priority to further evidence the effectiveness of the REST Centre. Future provision should incorporate further data collection for progress and updates specifically around service users alcohol consumption, health and housing status. Assessments should be consistently and routinely collected to provide evidence for change over time. Future provision should have a clear outline of key performance indicators.
- Staff at the REST Centre should continue to monitor the alcohol consumption of service users and take action if their alcohol consumption appears to increase. A formal way of monitoring the amount of alcohol that is brought into and consumed on-site should be developed.
- Data sharing protocols with external services and data providers should be established. Involvement of all parties from the early stages of project development and ongoing engagement with governance gatekeepers would potentially support access to data in the future.
- Further analysis of health data and associated costs should be conducted. Future provision of the REST Centre should incorporate analyses to include a comparison of data for all future and past delivery of the Centre and to allow for the exploration of longer term impacts.
- Evaluation should be expanded to further examine outcomes over a longer time period with follow up work to identify long term impact. If the Centre is replicated, monitoring and evaluation should compare data with the data collected for the pilot.

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1 INTRODUCTION

The Rehabilitation, Education, Support & Treatment (REST) Centre was developed as a means to diffuse the anti-social behaviour associated with street drinking in the city area of Liverpool, as well as being set up to provide support and pathways for alcohol treatment for street drinkers. Compared to the national average, Liverpool has high levels of deprivation (Liverpool City Council, 2010), as well as high levels of homelessness (Ubido et al 2014; Whitechapel Centre 2015; GLHS 2015) and substance abuse (Liverpool City Council 2014; GLHS 2015).

Homelessness is associated with poor health outcomes (Crisis 2011; Cullen 2005), with those who are homeless being recognised as having both physical and mental health needs. According to Shelter (2013) the legal definition of being homeless is when there is no home available to an individual or family to occupy in the UK or elsewhere; i.e. a person does not have to be sleeping rough in order to be classed as homeless. Homelessness is becoming an increasing cause for concern throughout the UK; approximately 10% of the population are estimated to have been homeless at some point in their lifetime (Crisis 2014) and there were 2,744 rough sleepers identified in England in 2014 (Department for Communities and Local Government 2015).

Alcohol Concern define a street drinker as 'a person who drinks very heavily in public and, at least in the short term, is unable or unwilling to control his or her drinking, has a history of alcohol misuse and often drinks in groups for companionship' (Lamb 1995 cited by Liverpool City Council 2014 p63). The homeless population and street drinkers in Liverpool experience disproportionate levels of alcohol related harm, and alcohol dependency is also more prevalent within these populations compared to the general population in Liverpool (Liverpool City Council 2014). MainStay data from 2014 suggested that there was a population of 65 habitual street drinkers in Liverpool (Liverpool City Council 2014).

There are high proportions of homeless people and street drinkers who require help related to substance misuse (Ubido et al 2014). Alcohol misuse is linked with the cause and effect of homelessness (Shelter 2007; GLHS 2015) and contributes to the many health issues faced by those who are homeless (Crisis 2002). Using a semi-structured survey, Jones et al (2015) examined alcohol consumption in terms of frequency and quantity with 200 homeless people in Liverpool, Leeds and London in 2014; the results of which were compared to a general population sample. This research demonstrated that, compared to the general population, the homeless sample reported consuming 97.1% (males) and 222.1% (females) more units¹ per week. Over half of the homeless respondents were categorised as higher risk drinkers (i.e. consuming over 50 and 35 units of alcohol per week for males and females respectively). Those who sleep rough are 35 times more likely to commit suicide and are four times more likely to die from unnatural causes, including drug or alcohol poisoning compared to the general population (GLHS 2015). In terms of street drinking, there is limited data available for the number of street drinkers in England (Alcohol Concern 2003), with the population being difficult to accurately measure. Street drinking is often a behaviour attributed to those who have an alcohol addiction and are homeless (Gill et al 1996; Cullen 2005; Russell 2010). Whilst not all street drinkers are homeless, those who do engage in street drinking

¹ One unit is equivalent to 10g of pure alcohol. Half a pint of standard strength lager, 25ml measure of spirit or 125ml glass of wine are all approximately one unit

have an increased risk of becoming homeless in the future (Shelter, 2007). Therefore, in order to assist those street drinkers who are homeless and to help prevent those who are not yet homeless from becoming so, it is important that local services address the level of alcohol consumption within the street drinking population.

1.1 ABOUT THE REST CENTRE

The REST Centre pilot was commissioned by the Citysafe Partnership, and delivered by The Whitechapel Centre and The Basement, local providers of services for the homeless in the city.

The Whitechapel Centre is the leading homeless charity in Liverpool, helping homeless people find accommodation, such as a hostel bed, as well as signposting them to other services that may be able to help them. In 2014/15 The Whitechapel Centre found accommodation for 1,174 homeless people and also prevented 948 people from becoming homeless (The Whitechapel Centre 2015), providing homeless people with facilities to shower, wash clothes and have a meal, with a range of internal services such as housing and welfare rights advice, education and training, employment advice, volunteering opportunities and medical services. The Whitechapel Centre also works alongside The Basement to provide 'The Urban Outreach and Responsive Service' which offers outreach support to street drinkers and the homeless population in Liverpool. This service also runs the 'No Second Night Out' initiative to help prevent rough sleeping, provides shelter during severe weather and provides hospital outreach services.

The location for the pilot of the REST Centre was Bolton Street in Liverpool's city centre. The pilot ran between June and September 2015 and during these months the Centre was open seven days a week between midday and 8pm. Primarily the REST Centre was a drop in facility that aimed to provide a safe and secure space for street drinkers within which they could consume alcohol provided it was decanted into plastic containers. The REST Centre had health services on the site for 16 hours per week. Other services that had a presence at the REST Centre and were accessible to the service users provided advice relating to housing, employment and benefits, in addition to organised activities such as gardening etc. The 'Reduce the Strength' campaign was implemented alongside the pilot for the REST Centre. This campaign requested that outlets located near to the Centre did not sell high strength alcohol during the REST Centre pilot.

1.2 AIMS AND OBJECTIVES

The Centre for Public Health, Liverpool John Moores University (LJMU) were commissioned by the Citysafe Partnership to undertake an evaluation of the pilot of the REST Centre. The evaluation aimed to examine the impact of the REST Centre on street drinkers in Liverpool and of the broader effects within the wider community. Through the evaluation the LJMU research team particularly sought to understand if, by targeting and supporting hard to reach individuals in the right setting, the REST Centre improved the clinical care of street drinkers, and whether it provided value for money.

To meet the aims and objectives the following research questions were posed to identify whether the REST Centre:

- Provides a safe and secure place for street drinkers?
- Provides pathways for healthcare and mainstream services?

- Provides access to alcohol treatment?
- Works towards reducing the number of street drinkers in Liverpool City Centre?
- Works towards reducing alcohol consumption for street drinkers?
- Works towards improving health outcomes for street drinkers?
- Works towards reducing anti-social behaviour associated with street drinking?

2 METHODOLOGY

A mixed methods approach using qualitative and quantitative methods was implemented to ensure the evaluation aims and objectives were met. Figure 1 provides an overview of the data sources which were drawn on in the evaluation. These included interviews with service users and stakeholders, surveys with local businesses and analysis of data collected on-site at the REST Centre. The mixed methods approach allowed for evaluation of both the process elements and the impact of the REST Centre.

All LJMU research is designed and delivered in compliance with rigorous ethical standards. Ethical approval for the research was granted by the LJMU Research Ethics Committee prior to the commencement of the evaluation (reference 14/EHC/058).

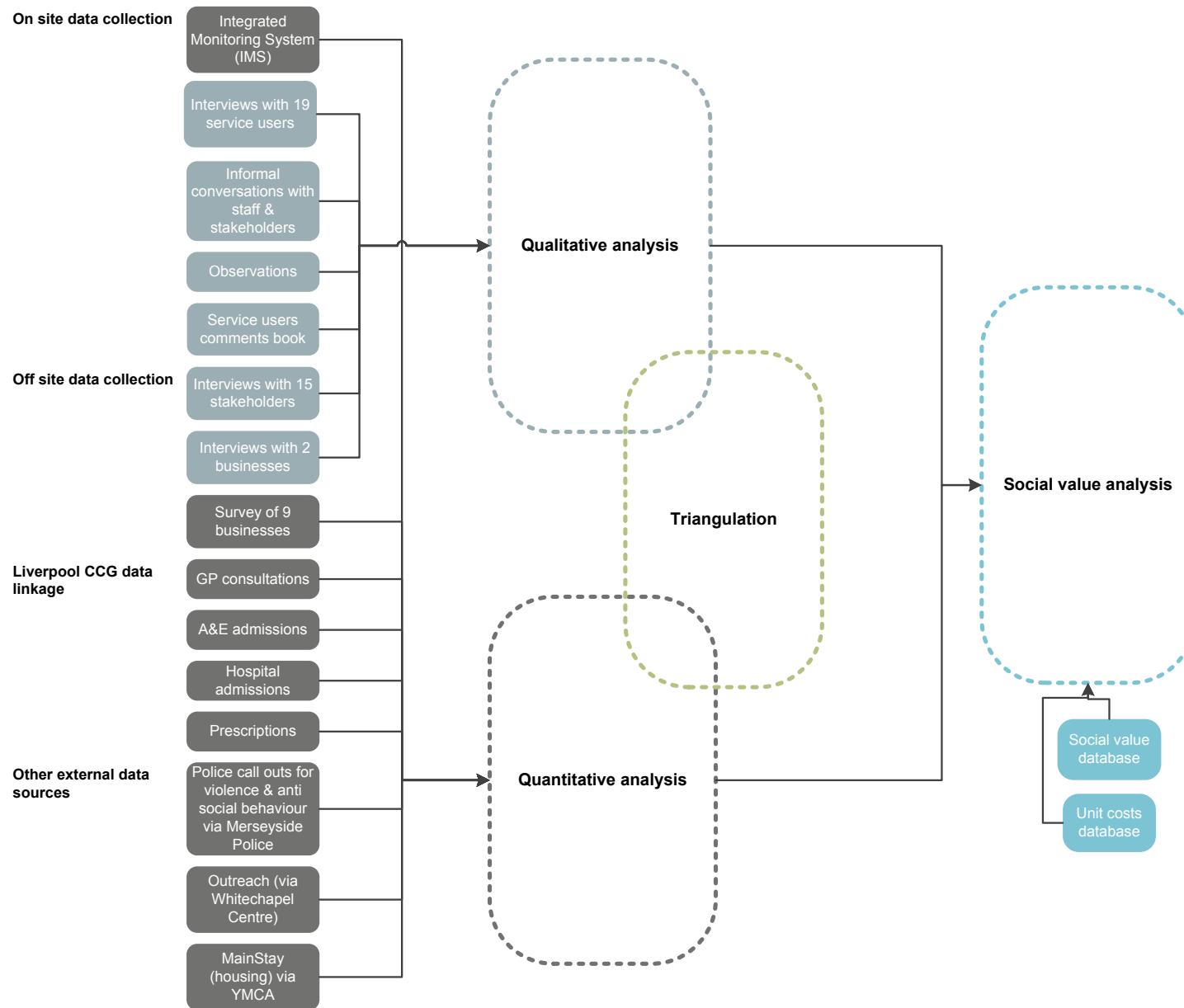


Figure 1. Data sources utilised in the evaluation

2.1 QUANTITATIVE ANALYSIS

A number of data sources were utilised for the evaluation (Figure 1), including the Integrated Monitoring System (IMS), MainStay (housing) database, data from Merseyside Police and The Whitechapel Centre Outreach Team and a data matching exercise conducted by the Liverpool Clinical Commissioning Group (CCG) using General Practice and Royal Liverpool and Broadgreen University Hospital Trust (RLBUHT) data.

IMS data was exported from the IMS system and the MainStay and Liverpool CCG datasets were provided in Microsoft Excel spreadsheets and exported using a secure SharePoint. Data were then cleaned and analysed using SPSS v21. Data was analysed primarily using descriptive statistics. Wilcoxon signed rank test was performed to analyse the before and after data available for the wellbeing measure (SWEMWBS).

2.1.1 INTEGRATED MONITORING SYSTEM (IMS) – TREATMENT ENGAGEMENT COLLECTED AT THE REST CENTRE

The Centre for Public Health developed the IMS, which is used across Liverpool in the monitoring of non-structured/low threshold treatment interventions for drugs and alcohol. A bespoke version of the system was developed for use at the REST Centre. Data was collected through an assessment conducted by the REST Centre staff with service users, and staff then input the data into IMS on-site. The IMS has a built in standard assessment that is used across services in Merseyside and collects information around referral source, accommodation, employment and parental status, as well as information around alcohol and drug use. During June to September 2015, 386 individuals accessed the REST Centre and were placed on the system.

Wellbeing outcomes were captured on IMS using the validated Short Warwick-Edinburgh Mental-Wellbeing Scale (SWEMWBS). This consists of seven questions that contribute to a total wellbeing score. Service users rated how often they felt optimistic about the future, felt relaxed, dealt with problems well, thought clearly, felt close to other people and felt able to make their own mind up about things. In total, the SWEMWBS was completed 362 times during the four month pilot. The scale was completed at least once for 231 individuals, twice for 55 individuals, three times for 17 individuals and on four occasions for four individuals accessing the REST Centre. The Wilcoxon signed-rank test was used to compare the wellbeing scores that were available for 55 individuals at two time points.

2.1.2 LIVERPOOL CLINICAL COMMISSIONING GROUP – HEALTHCARE DATASETS

The Liverpool CCG supported the evaluation by linking data collected at the REST Centre (individuals accessing the Centre) with General Practice and Royal Liverpool and Broadgreen University Hospital Trust data (Figure 2 demonstrates that data flow between Liverpool CCG and the LJMU research team). Hospital data (A&E attendance and Hospital Episode Statistics), GP consultations and medication prescribed were also provided for the months before, during and after the REST Centre pilot to allow for an exploration of health care utilisation among street drinkers. A data sharing agreement was developed and information on those accessing the Centre was provided by The Whitechapel Centre to Liverpool CCG, and data was linked using individual's NHS numbers. Data was anonymised and then provided by Liverpool CCG to the LJMU research team. It was not possible within the evaluation time frame to undertake data linkage for all service users attending the REST Centre, and therefore 40 of the most

frequent attenders at the REST Centre were identified by The Whitechapel Centre for data linkage. The Whitechapel Centre shared this information directly with Liverpool CCG.



Figure 2. Liverpool CCG data flow

- **GP Consultations:** Data for a cohort of service users (n=40) were cross matched by Liverpool CCG to take primary care attendances and interventions into consideration. This accounted for 166 primary care contacts for 33 of the REST Centre service users, during the REST Centre pilot.
- **Prescriptions dispensed:** Liverpool CCG also cross matched data for the number of prescriptions dispensed to a cohort of individuals (n=40) accessing the REST Centre during the pilot. This accounted for 480 prescriptions that were dispensed to 26 individuals.
- **A&E attendances and hospital admissions:** The dataset was analysed at two levels, at the individual patient level and at the attendance level. Frequencies were produced to describe the dataset. Of the cohort of 40 service users, 32 were matched to an attendance at an accident and emergency (A&E) department in a 19 month period before, during and after the REST Centre pilot. Over this period, the 32 service users made 395 attendances at A&E. Of the cohort of 40 service users, 26 were matched to a hospital episode in a 19 month period before, during and after the REST Centre pilot. This accounted for 173 finished consultant episodes aggregated to 119 hospital spells (incorporating time from admission to discharge).

2.1.3 MAINSTAY – HOUSING ASSESSMENT CONDUCTED AT SERVICES FOR HOMELESS PEOPLE (OR AT RISK OF HOMELESSNESS)

A data extract for REST service users was provided for the MainStay database. The MainStay system provides a gateway to housing and support for the homeless in Liverpool and is used across a range of housing and homeless services. During the four month pilot, assessments completed at the REST Centre were uploaded to MainStay. The YMCA, who manage the MainStay system, provided the LJMU research team with snapshots of MainStay data for REST service users across three time points: (1) for the four months during REST; (2) for the four months before REST opened; and (3) for two months following the closure of the REST Centre. Between June and September 2015, 124 clients were entered onto the MainStay database at the REST Centre, 82 of whom had been recorded on MainStay in the

four months prior to their REST attendance (during February to May 2015) and 43 were entered onto the database in the two months following the closure of the REST Centre (October and November 2015).

2.1.4 WHITECHAPEL CENTRE DATA – OUTREACH SERVICES IN LIVERPOOL CITY CENTRE

Tabulated data were provided by The Whitechapel Centre outreach team who monitor the number of homeless people they see or speak to during outreach sessions. Staff made note of any street drinkers and this data was shared for the evaluation to compare before, during and after the delivery of the REST Centre.

2.1.5 MERSEYSIDE POLICE DATA – CRIMES REPORTED IN LIVERPOOL CITY CENTRE

Merseyside Police conducted a comparison of police call-outs (initial call-outs, not crime) for violence and anti-social behaviour for the four month pilot in 2015 and the same time period in 2014 and provided this data in tabulated format. Two police beats were examined for the Ropewalks area and Bolton Street (where the REST Centre was located).

2.2 QUALITATIVE ANALYSIS

Stakeholder, service user and business interviews were transcribed and thematic analysis (Braun & Clarke 2006; Krippendorff 1980) was used to analyse the data using NVivo. Thematic analysis is a method for identifying and analysing patterns of meaning in a dataset and is considered an appropriate approach for evaluations and informing policy development (Garbarino & Holland 2009; Pope et al 2000). The analysis is presented with illustrative quotes to highlight key findings.

2.2.1 SERVICE USER ENGAGEMENT

The research team visited the REST Centre on a regular basis during the four month pilot with the aim of becoming familiar to service users. This aided recruitment and provided a more informal interview setting. All service users accessing the Centre at the time of the visits were approached by the research team and asked to participate with no exclusion criteria. All participants received a participant information sheet, signed consent to take part and the interviews were digitally recorded. The interviews lasted between a few minutes and 30 minutes and were designed to explore the impact of the REST Centre on service users' drinking behaviour and health and wellbeing as well as any other changes that may have occurred since accessing the REST Centre, and included explorations of social value (wider social, economic and environmental benefits) to determine the wider impacts of the service. Interviews also explored perceptions of the service such as its location, suitability, accessibility and usefulness.

Interviews were conducted with 19 service users on-site at the REST Centre between June and September 2015. All participants were aged over 18 years and included three females and sixteen males. The majority of participants were White British (n=16), 16 had a British nationality and three were Polish. The 19 participants had varying backgrounds but the majority said that they were currently homeless. Some of the participants attributed this to their drinking, whereas others attributed it to job loss or because of moving to Liverpool from another city. Others mentioned that they were currently staying in a hostel. While one service user mentioned that she "sofa-surfed," others lived with relatives or in a house

left to them by a relative who had passed away. All participants described experiences of having slept rough.

Regular attendance at the Centre allowed the research team to conduct a number of observations (n=14) and informal conversations (n=14) on-site at the REST Centre with service users and stakeholders. The research team made observations during their visits to the Centre and recorded pertinent information related to exchanges between the staff and service users.

The REST Centre also implemented a comments book for service users to allow them to make anonymous comments and provide feedback if they wished to do so. Twelve comments were provided during the first month of the pilot (all positive in tone) and permission was granted for a selection of different comments (n=7) to be presented in this report.

Two case studies were derived from two of the most detailed interviews with service users in order to depict two different journeys for service users attending the REST Centre. A third case study was provided by a rehabilitation service to detail the journey for an individual accessing detox at a specialist service via the REST Centre.

2.2.2 STAKEHOLDER ENGAGEMENT

One to one telephone (n=12) and face to face interviews (n=3) were conducted with 15 stakeholders from July to September 2015. The contact details for stakeholders were provided by Safer and Stronger Communities, Liverpool City Council; this included members of the REST Centre Partnership group and REST Centre service providers. The stakeholders consisted of those involved in the commissioning and delivery of the Centre and included front line support and medical staff, managers and those with commissioning and strategic responsibility. The research team contacted stakeholders by email to arrange the interviews. Interviews lasted between 30 minutes and one hour and participant information sheets were provided before the interview and consent was gained. Interviews explored process factors and impact, including the implementation and delivery of the Centre. Interviews with stakeholders also explored perceptions and experiences of the service, the impact that the service had on them, day to day risk management and their role within the Centre. Organisations included:

- Merseyside Police
- The REST Centre x 4
- Brownlow Group Practice x 2
- The Whitechapel Centre x 3
- Liverpool City Council (LCC) Safer and Stronger Communities
- LCC Alcohol & Tobacco Unit
- LCC Street Team
- LCC Public Health
- LCC Adult Services

Logic modelling (a form of service mapping) was utilised to provide a partnership map to illustrate the frameworks and processes in place and work undertaken through the REST Centre. Logic models are useful tools for exploring the outcomes that occur as a result of a service and are used to inform evaluation planning and outcomes (Millar et al., 2001). Information around key outcomes, activities and

outputs involved with stakeholders' work with the REST Centre was extracted from the interviews to help develop a logic model.

2.2.3 LOCAL BUSINESS ENGAGEMENT

Nine local businesses in closest proximity to the Centre were invited to take part in a stakeholder interview. The Safer and Stronger Communities team at Liverpool City Council approached these businesses before the Centre opened and during the pilot, with the aim of managing any potential negative impacts arising to local businesses in a timely and effective manner. Safer and Stronger Communities, Liverpool City Council, provided the LJMU research team with the contact details for these businesses so that the wider impacts of the REST Centre could be explored as part of the evaluation. Two businesses agreed to participate and were interviewed (one face to face interview and one telephone interview). Of the remaining businesses, four declined to take part and three did not respond to requests from the LJMU research team.

A scoping exercise was conducted to identify local businesses in proximity to the Centre, and a list of 60 businesses was compiled through an internet search. These 60 businesses were then invited to participate in a telephone survey to explore their knowledge of the REST Centre and to establish any impact on their business. Nine businesses agreed to participate in this survey, which was conducted during October and November 2015 following closure of the REST Centre. The businesses included a mixture of retail shops, cafes and transport providers. The research was initially introduced as a study into anti-social behaviour in the area and then proceeded to ask about the REST Centre and its impact. This was done in order to gain an understanding of general local behaviour that may not be associated with the REST Centre. Only participants who were aware of the REST Centre were asked questions relating to their perceptions of the Centre's impact. The survey examined awareness and perceptions of the REST Centre including its location, the associated environmental impact (noise/litter) and also solicited the views of the participants on the continued operation of the service.

The feasibility of conducting surveys with residents and students was also explored. Surveys were not conducted with students local to the REST Centre as they were not resident during the pilot. A limited amount of resident landline telephones made it unfeasible to conduct resident surveys. From around 150 residents identified across 12 streets in the vicinity of the Centre, only 10 had landlines and based on usual response rates this would have been an unfeasible means of ascertaining views.

2.3 SOCIAL VALUE ANALYSIS

Social outcomes are important to the people experiencing them; however they are difficult to identify, evidence and value. Rather than ignoring these outcomes, the social return on investment (SROI) methodology collates the expertise of the stakeholder group (that experience the outcomes) with previous research findings, in an attempt to establish and evidence the outcomes, and provide an initial estimation of their value. This evaluation therefore includes a social value for money exploration of the REST Centre, as the social benefits of the REST Centre are captured and compared to the cost of investment. Key stages and principles of the social return on investment (SROI) methodology were followed in order to provide an estimate of the social value for money of the REST Centre.

2.3.1 STAGE 1: OUTLINING THE SCOPE AND KEY STAKEHOLDERS' OF THE PROJECT

A social value for money analysis was conducted for the four month's service delivery of the REST Centre (June - September 2015). The social value exercise aimed to value the impact of the REST Centre on street drinkers and wider stakeholders.

2.3.2 STAGE 2: IDENTIFYING AND MAPPING KEY OUTCOMES

Following the principles and processes of SROI, the social outcomes of the REST Centre as defined by those experiencing them were mapped into a theory of change. A theory of change map depicts the relationship between the inputs², outputs³ and outcomes⁴ of the intervention and its stakeholders. Drawing on the information from the qualitative research, a theory of change was developed for each of the direct beneficiaries (service users and any additional stakeholders) of the REST Centre. The theory of change revealed which of the social outcomes were most relevant and significant (the key outcomes), and would therefore be included in the social value for money analysis. The relevance and significance of the outcomes was determined by establishing which outcomes the majority of the service users and stakeholders had experienced and regarded as important, and which had the longest duration and were largely attributable to the REST Centre.

2.3.3 STAGE 3: EVIDENCING AND VALUING KEY OUTCOMES

Secondary data collected from IMS and MainStay were then used to indicate whether the key outcomes had occurred: meaningful engagement (brief interventions, assessments, support plans and onward referral); substance use; criminal convictions; and health, housing and employment status. To determine a monetary value for the key outcomes, social value databases and unit cost databases were consulted to find financial proxy values; these are estimates of the financial values for each outcome and were taken for a four month period. All proxy values for all the key outcomes were then multiplied by the number of people experiencing the outcome (as indicated by the secondary data from IMS and MainStay and qualitative research); these were then summed to provide an initial monetary estimation of the social benefits created by the REST Centre.

2.3.4 STAGE 4: ESTABLISHING THE IMPACT: DEADWEIGHT AND ATTRIBUTION

Before conducting the cost-benefit analysis, the counterfactual (deadweight) was considered, to determine whether any of the key outcomes would have happened anyway in the absence of the REST Centre. In addition, the outcomes which may be attributable to another organisation or individual outside of the REST Centre were accounted for (this is known as the attribution).

² What each key stakeholder group invests (inputs)

³ Summary of activities delivered

⁴ Change experienced by the stakeholders as a result of the REST Centre

2.3.5 STAGE 5: CALCULATING THE SOCIAL VALUE FOR MONEY RATIO

Taking both the deadweight and attribution into account a social value for money ratio was calculated: this is the total monetary value of the social benefits created divided by the total cost of investment in the REST Centre.

The decision-making process for stages 2-4 were documented by the authors (available upon request) to allow for transparency and replicability of the methodology. Further information about social value measurement and SROI can be found at: <http://socialvalueuk.org/>

3 QUANTITATIVE FINDINGS

3.1 ON-SITE DATA⁵

3.1.1 ATTENDANCE DURING THE PILOT

Data was collected on-site at the REST Centre during the pilot using the Integrated Monitoring System (IMS). Across the four month pilot the REST Centre was open for 122 days (18 weeks) and was attended a total of 4,667 times (June n=1,081; July n=1,353, August n=1,181, September n=1,052). Looking at individuals accessing per month: n=209 individuals accessed the REST Centre at least once in June, n=231 in July, n=198 in August and n=120 in September.

Individuals accessed the Centre between one and 112 times during the pilot (median amount of times n=4). More than half of first presentations (individuals) occurred within the first month of the Centre opening (June n=209, July n=110, August n=50, September n=17).

Attendance included both general attendance (drinking at the Centre) and attendance for receiving an intervention (including brief interventions) or to undertake an assessment. Just over one quarter of service users attended the REST Centre on one occasion only (n=105, 27.2%) and almost half of individuals attended between two and 10 times (n=170, 44.0%) (Figure 3).

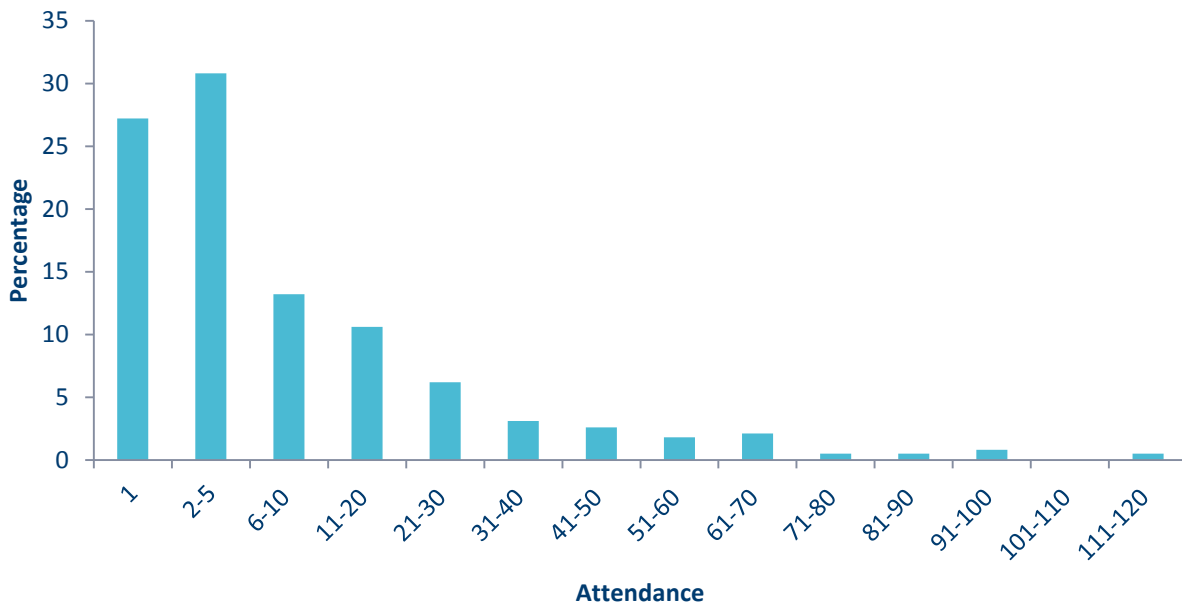


Figure 3. Attendance rates per person

⁵ For the quantitative analysis missing or unavailable data has been removed for calculating percentages

Daily attendance rates varied by day but ranged from 5 to 72 (the smallest and largest attendance figures occurred just days apart on Sunday 26th July and Wednesday 29th July respectively) (Figure 4). This accounted for a median attendance of 38 attendances per day.

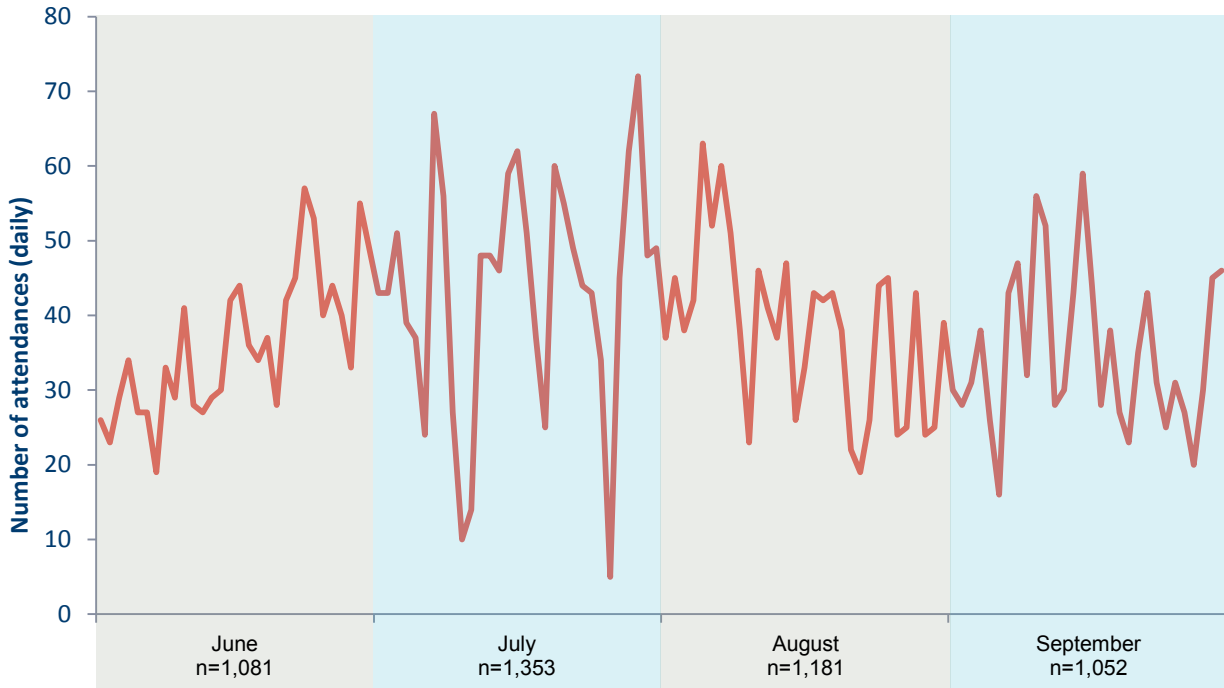


Figure 4. Daily attendance rates during the REST Centre pilot

Weekly attendance varied from 185 attendances in week one and 358 in week nine (during the last week of July). Seventeen of the weeks consisted of seven days, and 121 attendances were made during the last week that the Centre was open (week 18; a three day week) (Figure 5).

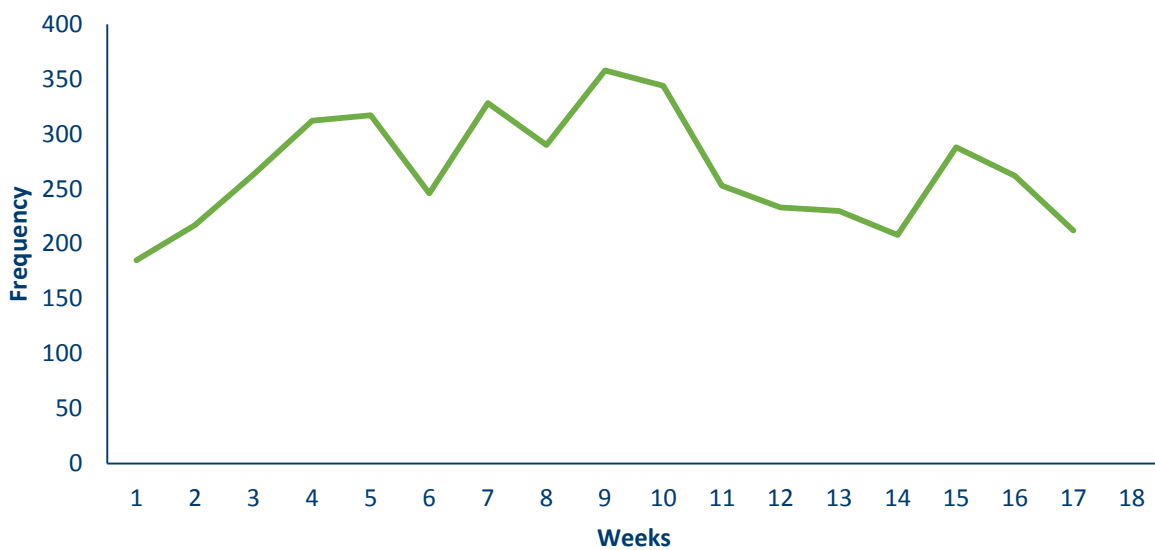


Figure 5. Attendance by weeks

Attendance at the Centre was highest on Tuesdays with 831 attendances across the four months. Attendance was typically lowest during the weekend, with 40.4% fewer attendances made on Sundays (n=495) compared to Tuesdays (Figure 6).

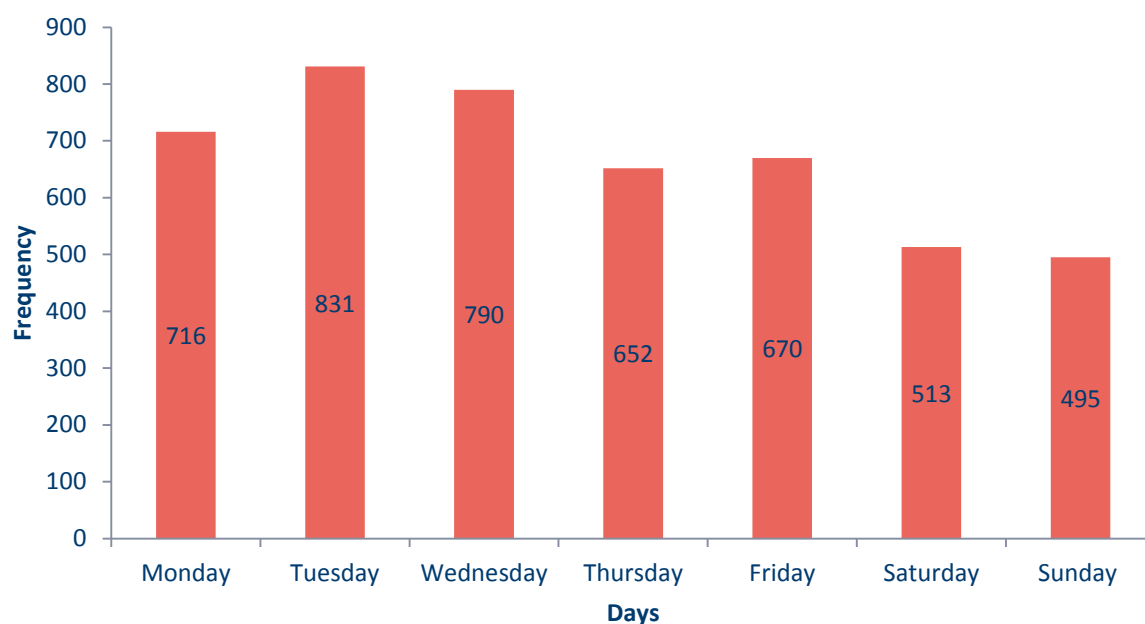


Figure 6. Attendance by day during the pilot

3.1.2 WHO ATTENDED THE REST CENTRE?

During the pilot (June to September 2015), 386 individual service users accessed the REST Centre. Over three quarters were male (n=298, 77.2%) and they were aged between 16 and 74 years, with a mean age of 38 years (males 39 years; females 36 years). Almost three quarters of those accessing the REST Centre were aged between 30 and 50 years (n=280, 72.4%). Females were more likely to be under 25 years compared to males (11.4% vs 6.7%). The majority of service users were White British (n=321, 83.2%), with 13.7% (n=53) defining their ethnicity as 'other White'. Black and Minority Ethnic (BME) populations were underrepresented (0.3%, n=<5) among service users who accessed the REST Centre during the pilot. The majority of service users identified their nationality as British (87.3%, n=337), with a small proportion identifying as Polish nationals (6.7%, n=26). Other nationalities of those who attended during the pilot included Slovakian, Latvian, Lithuanian, Romanian, Portuguese, Iranian, Irish, Hungarian and Czech.

The standard IMS assessment was conducted for 302 (78.2%) service users who attended the REST Centre during the pilot. The majority of service users had referred themselves to the Centre (n=290, 97.3%) and the remaining referrals were made via homeless services and A&E. Over half of service users stated that they had no fixed abode (n=163, 54.2%), 23.6% (n=71) had a housing problem and 21.6% (n=65) did not have a housing problem. Over half of service users reported that they were unemployed due to long term sickness or disability (n=182, 63.9%). Around one in six were unemployed and seeking employment (n=52, 18.2%). A low proportion of service users (n=32, 11.2%) reported that they were currently not receiving benefits. Very few service users (1.1%, n=<5) were in regular employment. A small number of service users reported having a disability (13.9%, n=41), this included

mental ill health, visual impairment, mobility issues and 'other'. None of the service users who attended during the pilot had children living with them. Half of service users (n=134, 50.6%) reported that they did not have any children under the age of 18, and 39.2% (n=104) had children under the age of 18 who did not live with them.

3.1.3 SUPPORT NEEDS OF THOSE ATTENDING THE REST CENTRE

Information around support needs was collected for 327 individuals on IMS during the pilot. Among these 327 individuals, a total of 812 support needs were identified for 317 service users during the REST Centre assessment. Support needs identified included alcohol problems (n=194, 61.2%), drug problems (n=180, 56.8%), complex needs (n=174, 54.9%), mental health issues (n=102, 32.2%) and being at risk of offending (n=88, 27.8%). Other support needs included identifying as: a rough sleeper, single homeless person with support needs, experiencing or being at risk of domestic abuse, older person with mental health needs, older person with support needs, physical or sensory disabilities and learning disabilities. Females were more likely to have mental health issues (40.3% vs 29.8%), complex needs (66.7% vs 51.4%) and needs around drug use (61.1% vs 55.5%) than males. Whereas males were more likely to be rough sleepers (11.8% vs 2.8%) and be at risk of offending (31.0% vs 16.7%) compared to females.

Individuals had between one and six needs each (median number of needs n=2). Of those who were asked about needs (n=327), just under a third presented to the REST Centre with one need (n=95, 29.1%) and 67.9% (n=222) had multiple needs. Over half (n=189, 57.8%) had between two and four of the above needs and 10.1% had five or six needs (n=33). A small proportion did not identify with any of the above needs (n=10, 3.1%).

3.1.4 SUBSTANCE USE AMONG THOSE ATTENDING THE REST CENTRE

The initial presenting substance was recorded on IMS during the pilot for 268 individuals (Figure 7). Over two thirds stated that alcohol (n=190, 70.9%) was their primary substance, followed by heroin (n=40, 14.9%). Smaller proportions used New Psychoactive Substances (NPS), crack, cannabis, methadone, prescription drugs, cocaine, amphetamines and hallucinogens. Primary (n=265), secondary (n=124) and tertiary (n=68) substances of choice were also recorded.

When combining all drug use (and using the seven Public Health mutually exclusive groups [PHE, 2014]) almost half of individuals were alcohol only users (n=121, 45.2%). Drinking days ranged from 1 to 14 (mean day 10.8) with almost two thirds drinking on all 14 of the last 14 days (64.2%). Daily drinking units ranged from 4 to 78 (mean units 25.6). The drinking location was available for 157 people, with the majority drinking in Liverpool City Centre (n=133, 84.7%). Just over one in 10 (n=17, 10.8%) also drank on the streets but did not confirm the area. A small proportion drank within parks (n=<5, 1.3%) and within their home (n=5, 3.2%).

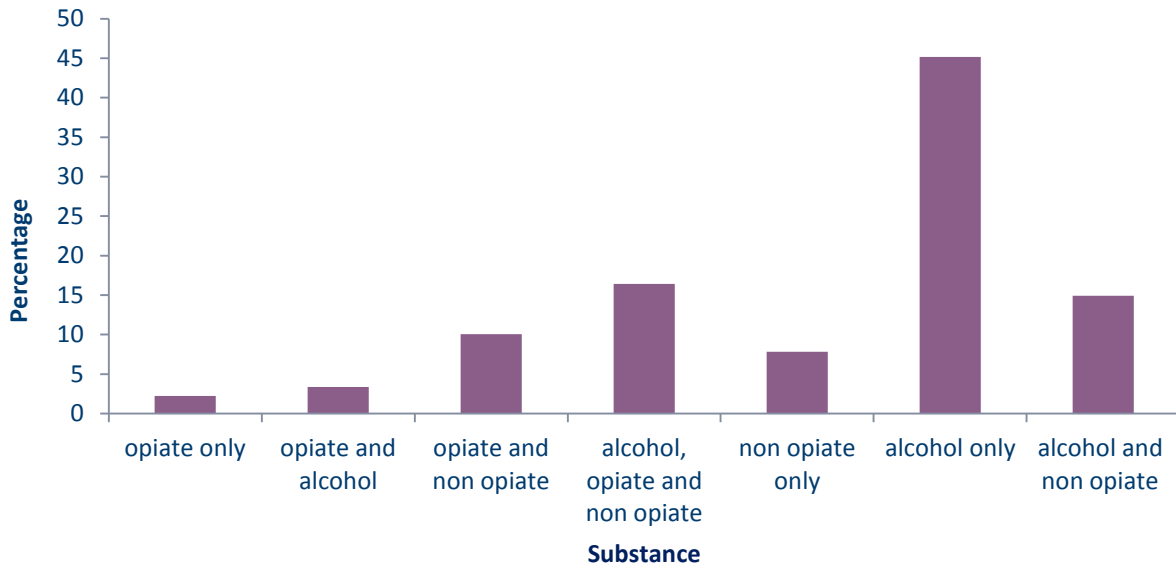


Figure 7. Substance use among REST Centre service users

3.1.5 ONWARD REFERRALS

Details of onward referrals were made for 153 individuals on IMS during the pilot. This included onward referrals to GPs (n=35, 23.1%), housing providers (n=21, 13.7%) and homeless services (n=20, 13.0%). Other referrals were made to a wide range of services including: detox services, outreach, psychological services, drug services, alcohol services (see below), job centre, welfare advice agency, social services, A&E, dentist and smoking cessation service. It was reported that 68.1% of referrals were attended.

Service users were able to access detox and rehabilitation programmes through referrals from the REST Centre (for example see Case Studies 1 and 2). Using the data collected through IMS, it was identified that during the pilot eight individuals had been referred for detoxification at a rehabilitation service, six had attended and one had not. It is not known if the eighth person attended.

3.1.6 ON-SITE INTERVENTION PROVISION

A total of 4,667 on-site interventions were accessed during the pilot. This included general attendance at the REST Centre and brief interventions. The most accessed interventions were basic care and practical support (n=404), this included the initial assessments of needs, provision of food, and in some circumstances a change of clothes and wash room facilities (off-site at The Whitechapel Centre). Meaningful engagement with the activities, classes and group interactions provided at the Centre (n=171), harm reduction advice (n=141) and support from applying for benefits/income maximisation (n=76) were also frequently accessed. Other interventions included healthcare interventions provided by Brownlow Group Practice (n=111) and this included health checks, wound management, withdrawal from alcohol management, thiamine prescribing, recording of immunisation status, GP registration, and completing the tuberculosis (TB) questionnaire.

3.1.7 ALCOHOL CONSUMPTION

Using the IMS data it was not possible to examine whether attendance at the REST Centre reduced alcohol consumption. Data were not consistently collected and entered on to IMS with missing data for drinking days and units. An AUDIT score was collected for one individual only during the pilot. While data on alcohol consumption were collected for at least two time points for eight individuals, it is not possible to draw conclusions based on such a small sample.

3.1.8 MENTAL WELLBEING

The IMS assessment that was completed at the REST Centre captured wellbeing outcomes using the validated Short Warwick-Edinburgh Mental-Wellbeing Scale (SWEMWBS). The scale was completed for 55 individuals, three times for 17 individuals and on four occasions for four individuals accessing the REST Centre. The mean scores improved for each of the seven questions for the three follow up assessments (with the exception of feeling useful) and the total mean wellbeing scores also increased over time (19 to 24), suggesting that for the service users that participated in the follow up assessments, their general wellbeing did improve during the four month pilot.

3.2 DATA LINKAGE

Liverpool CCG provided linked data for a cohort of 40 service users who were the most frequent attenders of the REST Centre during the pilot.

Data limitations meant that health data is presented as descriptive. Based on the data sample of 40 service users provided it has not been possible to carry out the planned analyses as described. The nature of the data set has meant that statistical comparisons are not possible because of the small number of data points available and also because it is not possible to form meaningful comparison groups within the data.

3.2.1 A&E ATTENDANCES

Of the cohort of 40 service users, 32 were matched to an attendance at an accident and emergency (A&E) department in a 19 month period before, during and after the REST Centre pilot. Over this period, the 32 service users made 395 attendances at A&E.

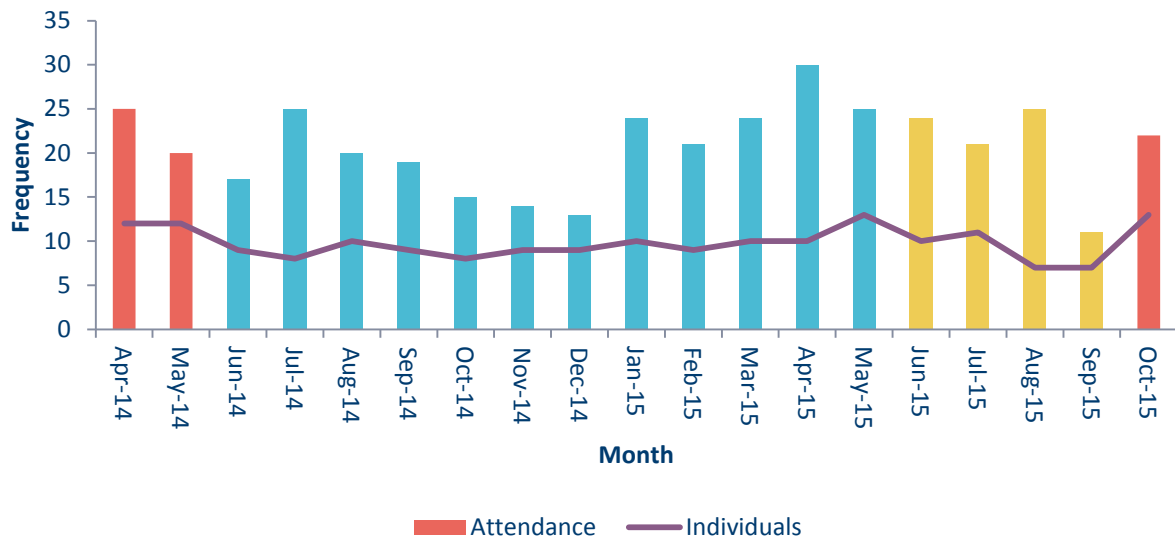


Figure 8. A&E attendance

Description of attendance in the 12 months before the REST Centre opened

In the 12 months before the REST Centre opened (June 2014 to May 2015; highlighted in blue in Figure 8), 29 services users attended A&E between one and 33 times, resulting in a total of 246 A&E attendances. Of the 29 individuals, seven did not have a second attendance during the 12 months. Of the 22 individuals who had two or more visits during the 12 months, eight individuals made 10 or more attendances.

Attendances were spread fairly evenly across the days of the week. Attendance levels were highest on Mondays (16.3%) followed by Fridays (15.9%). Almost a half of attendances (46.2%) were between the hours of 21.00 and 4.59 h; a quarter (24.3%) fell between 09.00 and 16.59 h.

The majority of attendances were based on self-referral (n=133, 54.1%) or were via the emergency services (n=69, 28.0%). The next largest proportion were recorded as 'other' (n=31, 12.6%) with a small number of referrals via the police, a health care provider or GP. For around two fifths of attendances (n=100, 40.7%), the mode of arrival to the A&E department was via ambulance.

The reason for attendance was recorded as 'other than above' for the majority of attendances (n=191, 77.6%). A sixth of attendances were recorded as 'other accident' (n=43, 17.5%) and the small remaining number were recorded as assault, deliberate self-harm and sports injury. For attendances that had a recorded diagnosis (n=214), half of attendances were recorded as 'diagnosis not classifiable' (n=118, 55.1%).

For a third of attendances, individuals were discharged without follow-up (n=76, 30.9%), but another third resulted in admission to hospital (n=74, 30.1%). The next largest proportion of patient outcomes were recorded as 'other' (n=46, 18.7%). For a small number of attendances, individuals had left A&E before being treated or because they had refused treatment.

Description of attendance during the four month REST Centre pilot

During the four months of the REST Centre pilot, 19 service users attended A&E between one and 15 times resulting in 81 A&E attendances. During the four month pilot, 10 service users made 24 attendances in June, 11 service users made 21 attendances in July, seven service users made 25 attendances in August, and seven service users made 11 attendances in September (Figure 8).

Attendances were spread fairly evenly across the days of the week. Attendance levels were highest on Sundays (19.8%), followed by Saturdays (18.5%). Almost a half of attendances (44.4%) were between the hours of 21.00 and 4.59 h; just over one fifth (21.0%) fell between 09.00 and 16.59 h.

The majority of attendances were based on self-referral (n=40, 49.4%) or were via the emergency services (n=32, 39.5%). Small numbers of referrals were made by 'other' and via the police. For around two fifths of attendances (n=32, 39.5%), the mode of arrival to the A&E department was via ambulance.

The reason for attendance was recorded as 'other than above' for the majority of attendances (n=66, 81.5%). A sixth of attendances were recorded as 'other accident' (n=15, 18.5%). For attendances that had a recorded diagnoses (n=81), half of attendances were recorded as 'diagnosis not classifiable' (n=41, 50.6%).

More than a quarter of A&E attendances (28.4%, n=23) resulted in admission to hospital, and 27.2% (n=22) individuals were discharged without follow-up. The next largest proportion of patient outcomes were recorded as 'other' (n=21, 25.9%). Relating to a small number of attendances, individuals had left A&E before being treated or because they had refused treatment.

Comparison of A&E attendance before and during the REST Centre pilot

Across the 19 month sample, the lowest monthly number of A&E attendances were seen during the delivery of the REST Centre pilot (11 attendances were recorded in September 2015; Figure 8). However, there was no difference when making comparisons of the number of A&E attendances in the same time period in the previous year (June to September 2014; 80 compared to 81 attendances) or in the four months before the Centre opened (February to May 2015; 100 compared to 81 attendances).

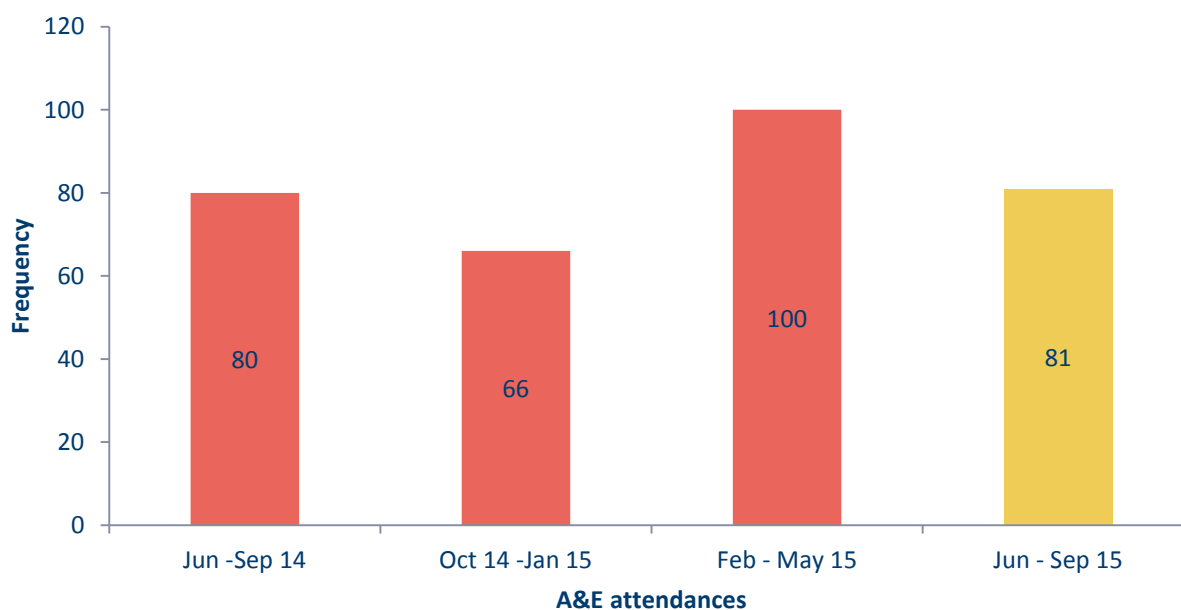


Figure 9. Comparison of A&E attendances

3.2.2 HOSPITAL ADMISSIONS

Of the cohort of 40 service users, 26 were matched to a hospital episode in a 19 month period before, during and after the REST Centre pilot. Over this period, the 26 service users experienced 173 finished consultant episodes aggregated to 119 hospital spells⁶. The majority of the 119 admissions resulted from A&E admissions (94.0%), with others from other emergency admissions, the Bed Bureau⁷ and via the Mental Health Crisis Resolution Team. Three spells were waiting list admissions and were excluded from further analysis. The analyses here therefore refer to 116 hospital spells based on unplanned emergency admissions.

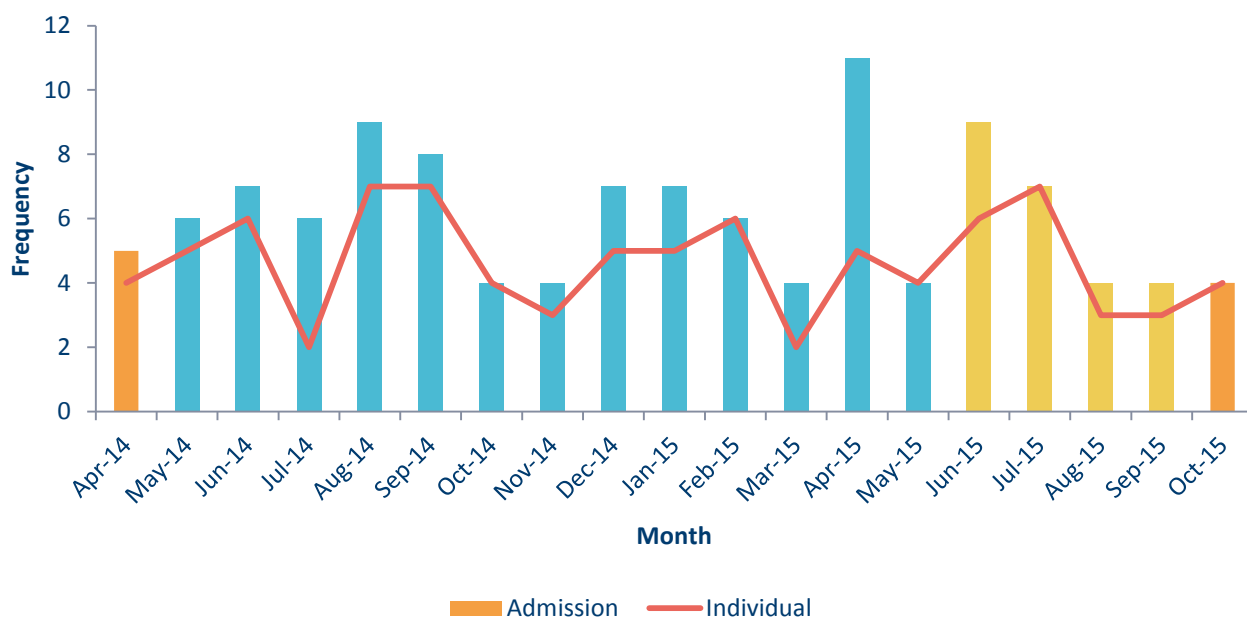


Figure 10. Emergency hospital admissions

Description of hospital spells in the 12 months before the REST Centre opened

In the 12 months before the REST Centre opened, 22 service users were admitted to hospital between one and 10 times resulting in a total of 77 hospital spells (108 finished consultant episodes). Of the 22 individuals, seven had a single admission to hospital within the 12 months. Of the 15 individuals who had two or more admissions to hospital during the 12 months, eight had four or more admissions over the 12 months.

A total of 73 days of hospital stay were accumulated over the 12 months. The 77 hospital spells ranged from day cases to a maximum 11 days in hospital. Of the 77 spells, 62 (80.5%) were associated with a stay of 0-1 days and eight (10.4%) were associated with a stay of four days or more. Within the 12

⁶ Incorporates all episodes for a continuous hospital stay from admission to discharge

⁷ Specialise in finding vacancies in residential and nursing care homes across the UK

months, seven individuals were admitted as day cases only on between one and four occasions. A stay of four days or more was accumulated by seven individuals.

A total of 73 hospital spells had associated Healthcare Resource Groups (HRG) tariff data across the 12 month period before the REST Centre opened. One spell was associated with zero costs and was excluded, leaving tariffs associated with 72 hospital spells for subsequent analysis. For an individual hospital spell, tariffs ranged from a high of £5,791.51 to a low of £175.09. The total accumulated tariff for emergency hospital admissions among the cohort of 26 services users over the 12 month period was £85,584.72.

Description of hospital spells in the 4 months of the REST Centre pilot

During the four month period of the REST Centre pilot, 14 service users were admitted to hospital between one and four times resulting in a total of 24 spells in hospital (including 43 finished consultant episodes). Of the 14 individuals, 8 had a single emergency hospital admission during this period, with the remainder (6 individuals) recording multiple admissions.

In total, 56 days of hospital stays were accumulated over the four months (Figure 11). The 24 hospital spells ranged from day cases to a maximum seven days in hospital. Of the 24 spells, 15 (62.5%) were associated with a stay of 0-1 days and 5 (20.8%) were associated with a stay of four days or more. Across the four month period, 3 individuals were admitted as day cases only. A stay of four days or more was accumulated by 6 individuals.

Twenty-three hospital spells had associated HRG tariff data. For an individual hospital spell, tariffs ranged from a high of £3,178.71 to a low of £408.54. The total accumulated tariff for emergency hospital admissions among the 13 services users over the four month period was £26,977.02.

Comparison of emergency hospital admissions before and during the REST Centre pilot

Across the 19 month sample, the highest number of emergency hospital admissions by month occurred in April 2015 (Figure 10). In this month, five service users were admitted to hospital between one and five times resulting in a total of 11 hospital spells (see Appendix 1 for emergency hospital admissions by month). Making comparisons, there were 30 emergency hospital admissions in the same time period in the previous year compared to 24 emergency admissions in the period that the REST Centre was open. In the four months before the REST Centre opened there were 25 emergency admissions.

The length of hospital stay varied by month. Length of stay was higher in the four months that the REST Centre was open (56 days) than in the same time period in the previous year (June to September 2014; 38 days) and in the four months before the REST Centre opened (February to May 2015; 54 days) (Figure 11).

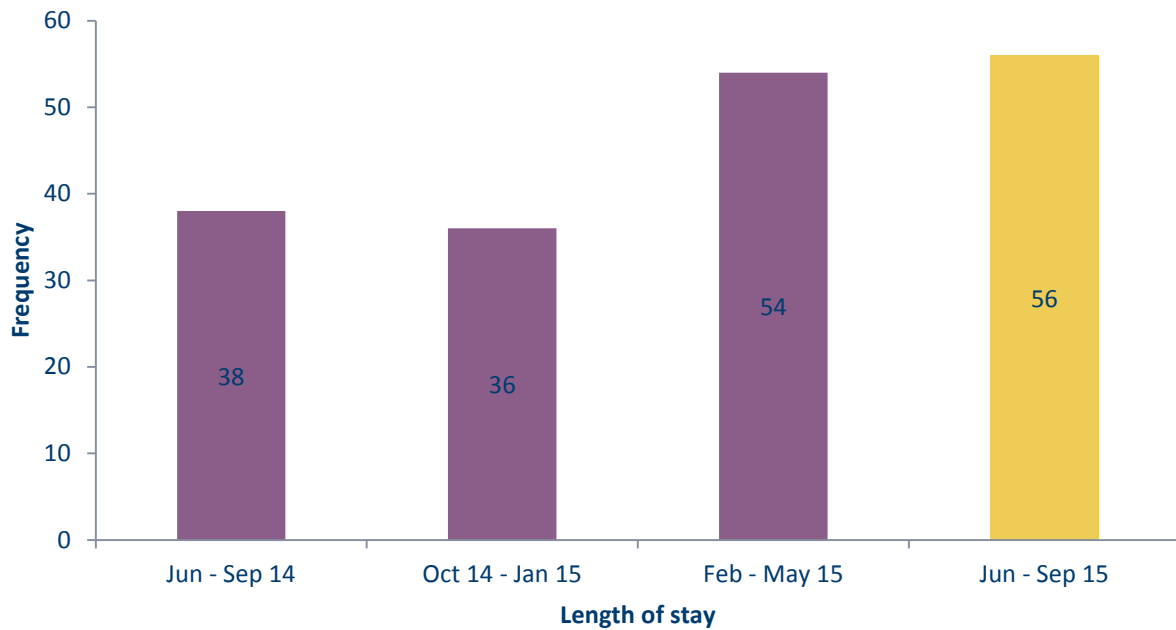


Figure 11. Comparison of length of stay

Analysis of the costs associated with the HRG tariffs showed a different picture. The costs associated with emergency admissions during the four month pilot (£26,977.02) were lower than in the same time period in the previous year (June to September 2014; £32,000.34) and lower than in the four months before the Centre opened (February to May 2015; £28,805.20) (Figure 12).

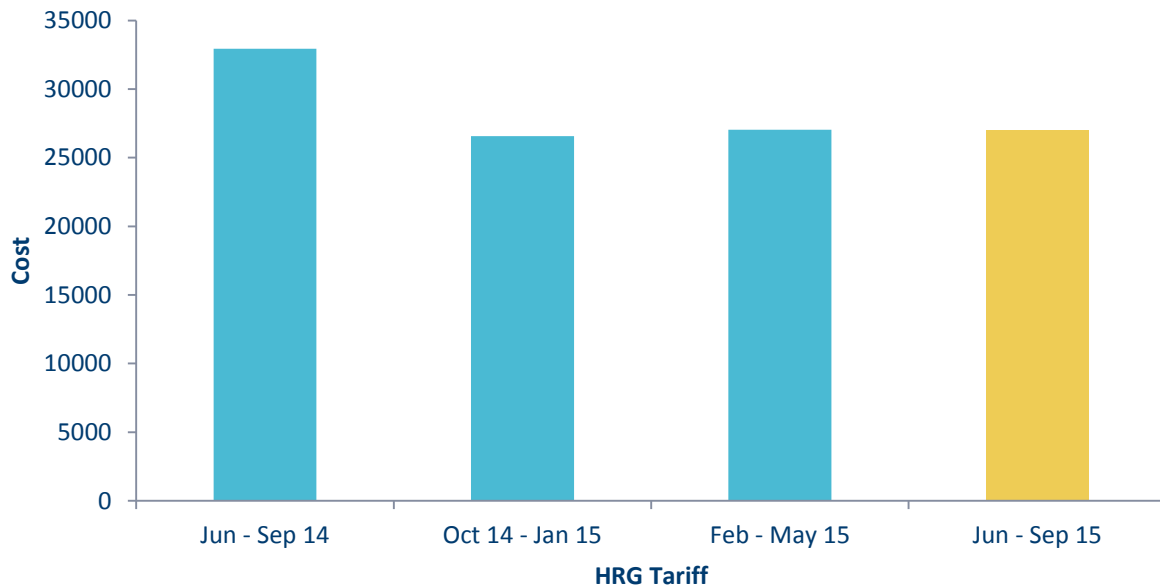


Figure 12. Comparison of hospital admission costs

3.2.3 GP CONSULTATIONS

Data for the cohort were cross matched to primary care attendances. A total of 257 GP consultations were delivered over a nine month period. The consultations ranged between one and 31 per person (mean consultations n=7). Consultations were mainly face to face at a GP surgery (n=225, 87.5%) and also over the telephone (n=32, 12.5%). Consultations during the four month REST Centre pilot ranged between one and 12 times per person (mean consultations n=4). GP consultations increased during the opening of the Centre and decreased in the three months following the closure (Figure 13).

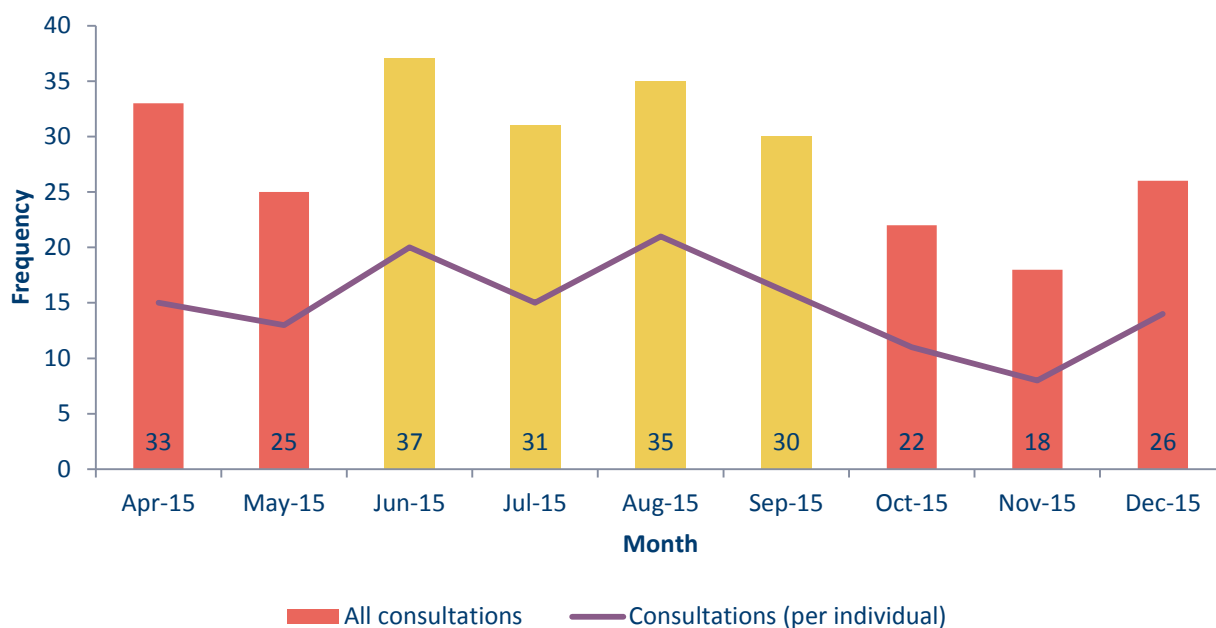


Figure 13. GP consultations by month

3.2.4 PRESCRIPTIONS DISPENSED

Data were cross matched to primary care prescriptions dispensed. A total of 730 prescriptions were dispensed during a nine month period for 24 individuals. This accounted for 87 different types of medication. Prescriptions dispensed ranged between one and 122 per person (mean n=30). Three individuals were recorded as advised about their alcohol consumption (on 18, four and four occasions) and one individual received brief interventions for 'excessive alcohol consumption' on three occasions. Medicines prescribed during the four month REST Centre pilot ranged between one and 48 times per person (mean n=10).

Prescriptions were fairly evenly distributed across the nine months; however a small increase was seen in July (n=103), with prescriptions almost halving to 57 in the month after the Centre closed (however it should be noted that an increase was seen in December) (Figure 14).

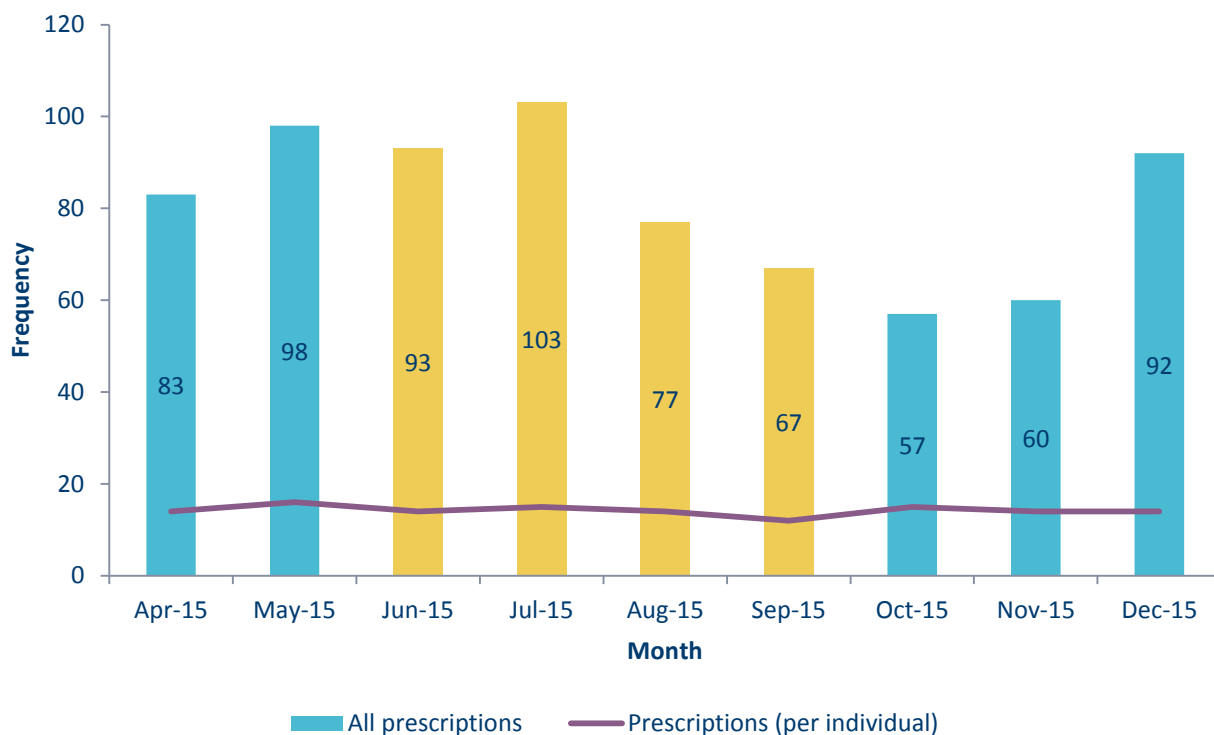


Figure 14. Prescriptions dispensed

Just under a quarter of the prescriptions dispensed were for medication for mental health conditions (n=171, 14 individuals); this included antidepressants, anxiety medication and antipsychotics. Substance use specific medications were also prescribed, including acamprosate and methadone (n=55, 6 individuals) and just under one fifth of prescriptions were for vitamins (including thiamine) and nutritional drinks (n=134, 13 individuals). Medications were also prescribed for asthma related illnesses (n=55, 5 individuals), sleep (n=47, 4 individuals), pain relief (n=46, 12 individuals), acid reflux (n=31, 7 individuals), and skin conditions (n=23, 6 individuals). Smaller numbers of medicines were prescribed for a range of illnesses including epilepsy, hypertension, antibiotics, diabetes, deep vein thrombosis, infections, wounds and others (n=95, 20 individuals). Types of medication prescribed did not differ before, during and after accessing the REST Centre.

3.3 EXTERNAL SOURCES OF DATA

3.3.1 HOUSING (MAINSTAY DATA)

Forty three MainStay assessments were conducted in the two months following the closure of the REST Centre. Twenty three of the 43 individuals had also had a MainStay assessment during the delivery of the REST Centre, allowing for the exploration of any changes to accommodation status after the REST Centre had closed. Of the 23 individuals who were assessed during and after, nine remained rough sleeping (39.1%), eight remained in accommodation (34.8%), whilst three individuals that did have accommodation were now rough sleeping (13.0%) and three individuals who were sleeping rough during the delivery of the Centre now had accommodation (13.0%). Data for client priority level were also compared for these time periods with 11 scores remaining the same, 13 increasing and nine decreasing.

3.3.2 CRIME AND ANTI-SOCIAL BEHAVIOUR (MERSEYSIDE POLICE DATA)

Merseyside Police provided a comparison of police call-outs (initial call-outs, not crime) for violence and anti-social behaviour for the four month pilot in 2015 and the same time period in 2014. Two police beats were examined for the Ropewalks area and Bolton Street (where the REST Centre was located). Anti-social behaviour calls reduced by 240 (from 1294 to 1054) incidents between the two time periods. There was an increase in violence related calls, but this cannot be attributed to street drinking. The police reported that the area in which the REST Centre was located was not 'flagged' as often and was taken off the 'risk' list during this time, but observed that there has been a gradual return to previous problems in that areas since the REST Centre closed. It is unclear whether the reduced anti-social calls during this time period is a direct impact of the REST Centre and therefore police data cannot confirm whether the presence of the REST Centre had an impact in terms of violence or anti-social behaviour.

3.3.3 STREET DRINKING (WHITECHAPEL OUTREACH DATA)

Data were provided by The Whitechapel Centre outreach team who monitor the number of homeless people they see or speak to during outreach sessions. The Whitechapel Centre outreach team reported observing 26 individuals street drinking on one outreach session a week before the REST Centre opened, compared to 11 individuals the week before the REST Centre closed. Five individuals were seen on both occasions. Following the closure of the REST Centre, there was an increase in visible street drinkers during the outreach sessions to 26 in October and 29 in November; however this declined for December (n=13) and January (n=12). The outreach team suggested the peak in November may reflect the trend in mild weather and the increase in the Christmas night time economy, with the decline possibly associated with the colder weather. The summer months and warmer weather are usually associated with a higher visibility of street drinkers.

3.4 BUSINESS SURVEY

3.4.1 IMPACT ON THE WIDER COMMUNITY

Nine local businesses that participated in the survey were asked to describe the frequency of nine outcomes relating to anti-social behaviour in the area in the past six months. In general, survey participants reported that frequency of each outcome had not changed in the past six months. Six participants reported that there had been small (n=4) or large (n=2) increases in homelessness in their area (Figure 15). For other outcomes (violent crime, noise, begging and all other anti-social behaviour), at least six out of nine participants reported that frequency of these outcomes had remained the same and regarding begging, two participants reported that frequency had decreased in the past six months.

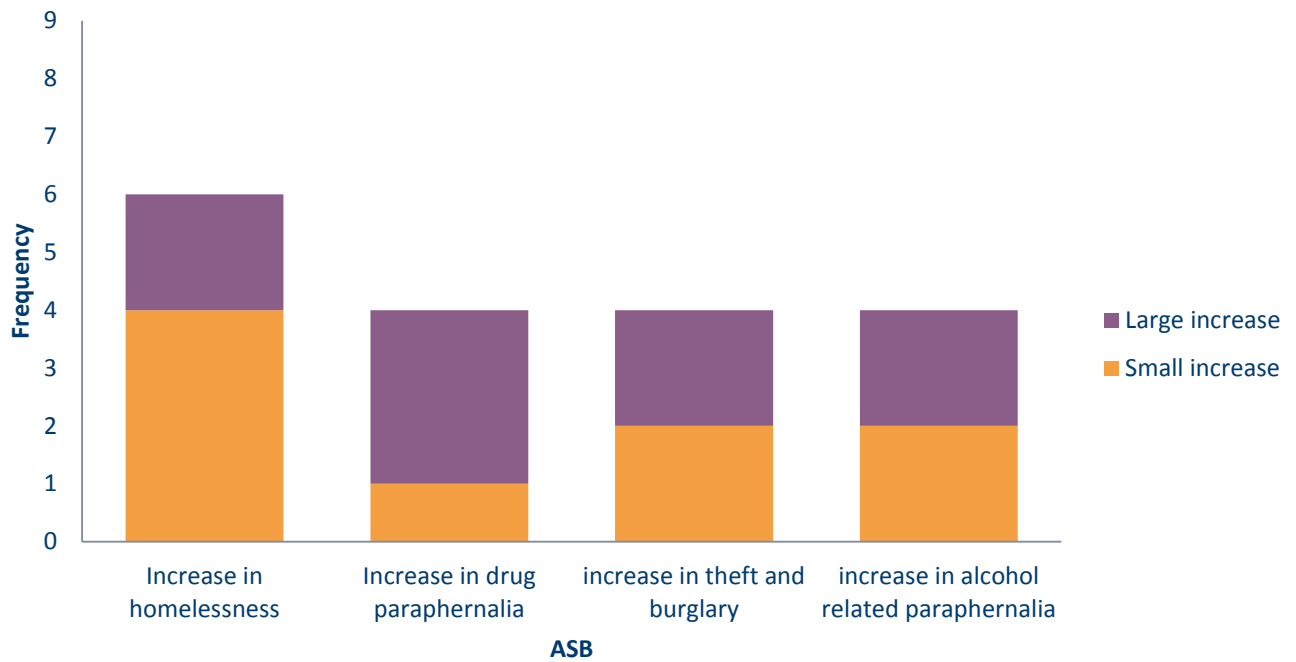


Figure 15. Have you noticed an increase over the last six months?

In relation to changes in the frequency of street drinking in their neighbourhood in the past six months, six of the nine participants reported that it had remained the same, while the remaining three participants reported this had increased. When asked about whether they had felt any changes to their personal safety in their local neighbourhood in the past six months, six of the nine survey participants felt 'as safe as before'. The remaining three participants reported feeling less safe. With regards to perceptions of changes in police presence in their neighbourhood in the past six months, seven participants reported that police presence had not changed. One participant reported police presence had declined, and one that it had increased.

4 QUALITATIVE FINDINGS

This section provides analysis for the service user (n=19) and stakeholder interviews (n=15). Thematic analysis identified a number of themes including: the reach and accessibility of the Centre, pathways for healthcare services, interventions provided, impact on alcohol consumption, impact on health outcomes and impact on anti-social behaviour associated with street drinking.

4.1 DID THE REST CENTRE PROVIDE A SAFE AND SECURE PLACE FOR STREET DRINKERS?

Several purposes of the REST Centre were discussed in interviews with both the stakeholders and service users. The Centre was seen as a safe and secure place for street drinkers to go in the daytime and consume alcohol and stakeholders' perceived this as the primary reason for street drinkers attending the REST Centre. The REST Centre also provided some shelter, which meant that service users were able to get some sleep/rest. This was particularly important for those who were homeless and were walking the streets at night because they had nowhere to go.

“Obviously the purpose of it is to get people off the streets.” (Stakeholder 6)

“I believe this is for them to come to a safe place to drink, for them to have a rest because some of them we call night walkers so they walk the streets all night.” (Stakeholder 2)

The majority of services users interviewed discussed how they were homeless and sleeping rough. Attending the REST Centre alleviated many of the issues and fears associated with street drinking and rough sleeping such as having alcohol confiscated by the police (which could potentially lead to the service users suffering from severe withdrawal symptoms and requiring hospital admission). Additionally, attendance offered a respite from bad weather and provided a space for socialising and relaxing. Stakeholders reflected on similar themes and discussed the numerous benefits for service users who attended. These included being able to consume alcohol in a safe and secure place; being able to socialise; having a place to sleep/relax; accessing the numerous health, wellbeing and other services that had a presence at the Centre.

“I think there are a number of purposes, fundamentally it's about making sure of the safety of those who are on the street. People who are street drinking and people who are rough sleepers are notoriously vulnerable to attack and obviously this is somewhere they can come to feel safe, they can feel valued and we treat them as human beings rather someone we can step over, step on. But also it's an opportunity for us to engage with them, find out what their issues are, what their needs are and to stimulate them into making some sort of life change.” (Stakeholder 1)

“REST itself stands for rehabilitation, education, support and treatment so it was about trying to engage with street drinkers in a way which was none threatening and also offered them options out of the street drinking lifestyle and that had to be balance against providing a safe place for street drinkers to come and drink.” (Stakeholder 14)

The REST Centre was also seen by the stakeholders who worked more directly with the service users in front line services as providing an opportunity to build trust. They discussed how the REST Centre gave them the opportunity to get to know the service users better and build a rapport with them so that they could then make suggestions for positive changes and help them become more engaged with the local services. This helped to increase the likelihood of the positive outcomes outlined in the logic model⁸ (Figure 16). Multi-agency working was recognised by the stakeholders as being imperative to achieving and maintaining positive outcomes. This multi-agency work is highlighted through the logic model (Figure 16).

Some of the stakeholders also discussed alternative purposes of the REST Centre which were unrelated to the needs of the service users. This related to the impact that the presence of street drinkers may have on the overall image and identity of Liverpool as a city. The stakeholders discussed how the time period that the REST Centre was open coincided with times of the year when Liverpool was a popular destination for tourists. It was therefore suggested that an aim of the REST Centre was to improve the experiences of tourists because they would be less likely to see street drinking and exhibiting anti-social behaviour. Some of the service users did acknowledge that people visiting the City did not want to see people drinking on the street and that this behaviour could give the city a bad image and possibly intimidate others.

This was further linked to the idea that a further purpose of the REST Centre was to reduce crime and anti-social behaviour associated with street drinkers in Liverpool's City Centre. However, some of the business survey participants felt that the location of the REST Centre could impact on the overall image of Liverpool as a city because Lime Street was a frequently visited part of the city.

“You know we’re a tourist city ... just getting them out of sight, see that’s the same as just getting them out of the city centre. It addresses the city centre’s issue but it does nothing else.” (Stakeholder 4)

Many of the stakeholders referred to the REST Centre as a ‘one stop shop’ where service users were able to access a range of services, socialise, and provide a safe place to consume alcohol. This was seen as a unique aspect of the REST Centre because, whilst there are several services in Liverpool that provide support for those that are homeless or who have problems with substance use, the REST Centre provided a space which encompassed many of these services alongside providing the safe and secure place for the service users.

⁸ Logic models are useful for exploring the outcomes that occur as a result of a service and are used to inform evaluation, planning and outcomes. They consider the key outcomes, activities and outputs from services that are engaging with the service users in question (Millar et al 2001).

“This is one of the best things that they’ve done so far isn’t it?” (Service User 18)

“We’ve got nowhere else to go if you know what I mean.” (Service User 17)

4.1.1 REACH AND ACCESSIBILITY OF THE REST CENTRE

Finding out about the REST Centre

Many service users found out about the REST Centre by word of mouth from friends, from others who drank on the streets or those who already attended the Centre. Other service users mentioned finding out about the Centre from housing services they were already accessing such as The Basement and Whitechapel, as well as through contact with their outreach staff. One person had come across the REST Centre when walking past. The police signposted street drinkers to the REST Centre using attendance as an incentive to avoid having their alcohol confiscated. Most service users acknowledged that the REST Centre was a unique service and had not experienced a wet facility before. However a small number did have previous knowledge of the 28 day REST Centre pilot on Renshaw Street in 2012 and one service user was aware of a wet house in Birkenhead and mentioned that this was where he would drink prior to attending the REST Centre.

“There’s nothing like this at all.” (Service User 4)

“We know most of the staff that work here, like from the Basement and places like that and the Whitechapel. So it’s like word of mouth, you know what I mean?” (Service User 18)

“They have outreach teams and sometimes they come out and say you know this place [REST] is here, it is safe.” (Service User 18)

Location of the REST Centre

Many of the stakeholders discussed the negative media attention that was given to the idea of the REST Centre. This had led to the 2014 pilot being postponed because of local communities opposing the site proposed the REST Centre. It was suggested by the stakeholders that this was associated to the stigma that is often attached to street drinkers, with local residents and business owners using this as a reason for not wanting the REST Centre to be placed within their community. This demonstrates how this stigma is potentially limiting the services available because of the difficulties in gaining planning permission for facilities such as the REST Centre. Some of the stakeholders (in particular those who had roles within Liverpool City Council) noted that some of the local businesses and residents misunderstood the purpose of the REST Centre. Many initially thought it was solely to provide a place for street drinkers to consume alcohol and were not aware of the health and wellbeing services that the Centre would offer.

“I think the biggest barrier was location, location, location and then the thing about the planning permission and trying to fight off I suppose, objections because of people’s perception of what the unit would bring and what it would lead to.” (Stakeholder 14)

“Without question the biggest single barrier was finding a suitable site in the first instance because I know from the 2014 experience, whilst a lot of people will agree with the principles of what we are trying to achieve there is a strong degree of - do it but not in my backyard.” (Stakeholder 13)

“Well one of the biggest barriers really is the public perception, of what the REST Centre actually is you know... so it’s breaking down people’s perceptions of what they actually think it is and what it actually is.” (Stakeholder 6)

According to the stakeholders interviewed, the general perception of local businesses was that services such as the REST Centre are important, but they still do not want it near to their business. This was because of the perceived risk of increased anti-social behaviour and the potential negative image that may become associated with the area if there were a high proportion of street drinkers present. This issue was further reflected through the responses to the survey that was carried out with businesses that were in the same local area as the REST Centre. The majority (eight out of the nine who participated in the survey) strongly agreed that a facility like the REST Centre was a good idea, although they stated that they would not support hosting the facility in their local area.

The majority of service users who were interviewed walked to the REST Centre and thus felt that the location was ideal for them. Some of the service users commented on how the location was ideally placed because it was near to a location that was previously popular with street drinkers.

“It is sound; everyone that drinks on the streets outside of Lime Street is here anyway.” (Service User 4)

“Do you know what I think; it is in a really good location for people.” (Service User 8)

“It’s quite private and it’s in the Centre.” (Service User 16)

It is important to note that whilst these service users felt the location was suitable for them, there were other street drinkers who did not attend and this may have been because the Centre was not considered to be within walking distance for these street drinkers. It was recognised by stakeholders that street drinkers will tend to walk rather than use public transport and so if the location was perceived to be too far to walk to then this could be a barrier to attendance. Both stakeholders and service users discussed how a number of street drinkers still congregated around Bold Street and Saint Luke’s Church⁹ on Berry Street and did not attend the REST Centre, possibly because of where it was located. Despite these

⁹ This church is known locally as ‘The Bombed Out Church’.

issues about the location, the stakeholders who raised this issue also commented on the difficulty in finding a suitable location initially and that the other options that were available were even further out of the City Centre. Therefore, whilst the location may not have been ideal and some service users may have thought it too far to travel to; it was considered to be the most viable option.

Opening hours of the REST Centre

In terms of opening hours, service users felt that the REST Centre was open at the times when they would be drinking and were therefore appropriate, they did, however, also feel that slightly longer opening hours would be beneficial. It was noted by some service users that street drinkers would sometimes start to gather with their drink in the area several hours before the Centre opened. This was a concern for some of the local business that were surveyed. Service users and stakeholders acknowledged that street drinking was still prolific during the evening when rough sleepers had nowhere else to go, and they suggested that opening the REST Centre overnight would be beneficial.

“The wet garden needs to be open probably a bit longer. It should be open because you’ve got people coming out of the bombed out church drinking at night..... they will go drink in Lime Street or anywhere, so to stop them from drinking you’d have to have it open after 8pm.” (Service User 12)

The opening hours of the REST Centre were also a concern for some of the stakeholders because they felt that the limitations imposed by the restricted opening hours might be potentially minimising the level of impact that the Centre was able to have. As the quotation below highlights, many street drinkers will still consume alcohol outside of the opening hours of the REST Centre, and that not extending the opening hours could have a detrimental impact on the positive changes staff were able to achieve during the day.

“At the end of the day we shut at 8 o’clock, what’s happened to them for the next 16 hours while they’re on the streets or anything like that, we can’t see. We only have a short window, you know one guy was going for a job interview, we made a point okay after 5pm stop drinking, or drink juice and coffee in between, but once 8 o’clock comes he’s gone back drinking and missed his interview the next day.” (Stakeholder 2)

Whilst the opening hours for the REST Centre may have been identified as a limitation of the Centre, it was also acknowledged that those who attended also had to take responsibility for their decisions. Therefore, whilst the REST Centre could guide them and help them make decisions with regards to their drinking it was ultimately up to the individual to decide whether or not they would consume alcohol.

Accessing the REST Centre

Among the service users interviewed, the number of times they had attended the REST Centre varied. Some spoke about how they attended every day and the majority stating that they had attended regularly since the Centre opened. Some commented on how their attendance at the Centre would depend on how they were feeling, as a number suffered from medical conditions which at times could make it difficult for them to access the Centre.

Service users who accessed the REST Centre were triaged. The triage system that was used by the REST Centre when service users signed in was seen by the staff as a successful way to monitor the extent to which street drinkers were accessing the service. It also ensured they were receiving the help and advice that they needed whilst they were present in the Centre. This helped the REST Centre to track who had repeatedly accessed the Centre and therefore gave an indication of the impact that the Centre was having. The quotation below highlights how the REST Centre was beneficial to stakeholders who worked directly with the service users because it gave them a point of reference for following up concerns about service users they knew attended the Centre. It also gave staff from the REST Centre and other services an opportunity to discuss the needs of service users because of the multi-agency working that was carried out at the Centre.

“I can literally walk across the REST Centre and say look I am bit concerned about him, so I think it's cut down a lot of telephone calls, I think it's been good because you know exactly the key person to speak to, so if that was 'Joe Bloggs' out in the street we would know who was working with them.”
(Stakeholder 10)

4.1.2 BARRIERS TO ACCESSING THE REST CENTRE

Other substance use

Service users attending the Centre who used illicit drugs and NPS were recognised as a barrier to others accessing the REST Centre. Some of the service users were uncomfortable because of aggressive behaviours that were associated with substance use (excluding alcohol). Some stakeholders discussed how the focus on alcohol consumption may have meant that service users who have issues with other substances were potentially excluded from accessing the services offered by the REST Centre.

“I think one of the challenges was obviously once you have that large group of people coming in, how do you dispel that group and how do you start to say to people 'well actually you are predominantly a spice user and therefore you don't have alcohol issues and you can't come into this service anymore'. You know it's about ensuring that you are policing that to the right level because you can't just sort of be dumping them back out onto the street so it's about ensuring that actually you're speaking to the right services.” (Stakeholder 5)

One specific issue related to substance use (other than alcohol) was experienced early on in the REST Centre pilot and related to concerns around the use of 'Spice' (an NPS in the form of a synthetic cannabinoid¹⁰) by some of the street drinkers who accessed the Centre. Spice was seen as a drug that

¹⁰ The Home Office (2014, p4) define NPS as “Psychoactive drugs, newly available in the UK, which are not prohibited by the United Nations Drug Conventions but which may pose a public health threat comparable to that posed by substances listed in these conventions”. Spice is a synthetic form of cannabis; however the generic term 'Spice' is often used to describe any type of chemicals sprayed onto plant matter and therefore different chemical compositions may be referred to as 'Spice'. It is often sold under brand names such as 'Black Mamba', 'Clockwork Orange' and 'Wicked'. NPS are often referred to as 'legal highs'.

is commonly used by street drinkers because of its affordability. The use of 'Spice' was linked to a small number of incidents, including seizures and aggressive behaviour, within the Centre. Stakeholders discussed how it posed a problem in terms of deciding if those who used such substances should be allowed to enter the REST Centre, as well as general concerns about the perceived increase in the use of NPS amongst the street drinking population.

"Spice is a big issue at the moment, legal highs, real big issue, especially with the younger, mainly lads. Yeah it's a big issue, they don't want help, they just want to smoke spice and get totally out of their faces really." (Stakeholder 3)

"At first it was a bit hard to try and manage because obviously spice is very dangerous, people taking fits, like having spasms, so that is completely different than the alcoholic fits and stuff like that. Plus it's a different chemical, it's new, so it's not the everyday known street drinkers and the problems that come with it. But at the moment it's gone down to just street drinkers that we are aiming at to help because that's what the project is all about." (Stakeholder 2)

Some of the service users that were interviewed said that they took NPS, in particular Spice. Some of these service users discussed having tried Spice alongside their predominant alcohol use whereas the others had substituted Spice for alcohol.

"There are a lot of people in here who do [use Spice]." (Service User 4)

"I smoked it once but no thank you very much. I had two puffs, you know, and I've been knocked out for twelve hours. It's very dangerous, what I can see on the street, dangerous." (Service User 16)

Those who worked within the REST Centre explained that a decision had been taken to not allow those under the influence of Spice (or any other substances apart from alcohol) into the Centre. Service users were either asked to leave or asked not to attend again if they were not attending for alcohol use. As discussed previously this could potentially mean that they did not access services which could have offered them help. Those who were not accepted to the REST Centre were signposted to other services such as Whitechapel, but some of the stakeholders found this to be frustrating since they had the knowledge and experience to engage with these individuals. Furthermore, it was also noted that many of the street drinkers who attended the REST Centre did so with their friendship group. Therefore by excluding some people because of their substance misuse could potentially result in the group as a whole not attending the REST Centre and continuing to consume alcohol on the streets.

Cultural differences

Stakeholders noted that there were barriers for the Eastern European population accessing the REST Centre. Some of the service users were not able to speak English and this population did not have the same access to benefits as those who were from the UK, which would sometimes create tension between the different groups. A key part of the REST Centre implementation was to ensure it was inclusive. Stakeholders discussed how staff would get to know individuals to understand their needs and what barriers they may face in accessing the services and then come up with solutions to meet these

needs. These barriers were overcome through service users who could speak multiple languages volunteering to translate for other service users, conflict management by staff and through service users coming together to engage in activities and the upkeep of the Centre. This breakdown of barriers and integration between two groups of street drinkers was seen as an important impact of the Centre. Other populations of street drinkers, such as the Irish population, were also recognised as not engaging with the Centre. Increasing engagement with different populations of street drinkers was seen as a potential improvement for the future by stakeholders.

Police presence

The presence of the police was also an issue for some of the service users and created a barrier to them accessing the service. Some of the service users had previous negative experiences with the police creating a lack of trust, as these previous experiences had often resulted in them being placed under arrest or having their alcohol confiscated. Furthermore, early on in the delivery of the REST Centre there were some occasions when the police had waited outside the Centre to arrest service users, which had also affected trust. As a result, these service users were hesitant about accessing the REST Centre if they saw a police presence around the Centre.

“We had a couple of unfortunate issues right at the beginning around policing. I think we work really, really closely with the police and had a couple of instances where people were arrested on-site or just outside leaving, one of them was on an ASBO from the area and a police officer had waited just outside to pick them up for that. That sent a bit of a negative message to some street drinkers because really you don’t want to go there because the police will come and lift you... it took a while to get the message out there thatyou’re not going to be immediately lifted from the place.” (Stakeholder 12)

“When some of the staff [police] were maybe overzealous....they’re quite quick, quite rightly, to get it back to us and say well actually you didn’t handle that situation very well and could you consider doing that in the future. So it’s sort of like some of the services are kind of like an arbiter, between the police and the street drinkers, so in that respect it’s been very positive.” (Stakeholder 9)

Staff at the REST Centre had to try to overcome this in order to encourage attendance and address the tension and mistrust between service users and the police. This issue was discussed by the police, who explained how the REST Centre has provided feedback to them about incidents such as the one discussed above. In this sense, the REST Centre acted as a mediator between the police and street drinkers, having an additional role in potentially improving relationships. Furthermore, the police and REST Centre staff also worked together to try and encourage street drinkers who were not accessing the REST Centre to do so. It was recognised that the police had a key role in targeting street drinkers and signposting them to the Centre.

“The frequency of the police coming in was like a safety thing for them [service users], it was like they would say ‘I thought it was supposed to be a safe place for us..’ and I think it was more them getting paranoid and confused as to what they were actually here for, but once it was explained, that these are part funders of this and are all here to help, they then seemed ok.” (Stakeholder 3)

“We [REST Centre and the police] agreed to meet weekly for the first month just to kind of have updates about how things were going, and we could discuss what our issues were in terms of the way that they were policing the Centre, but we could also talk to them about street drinkers, who we had seen out on outreach who weren’t coming in so that they could help with the targeting and actually make sure that people did come in.” (Stakeholder 7)

“We do come across people drinking in the street and say, ‘you know we would ordinarily take your alcohol off you, but we’re not going to for the next ten minutes, providing you go to the REST Centre, if we see you again we’ll take it off you but if you make your way there we’ll give you a sort of pass for now’, and to be honest with you it does work.” (Stakeholder 9)

Therefore, whilst past issues with the police may have been a barrier that prevented some street drinkers from accessing the service, the staff at the REST Centre tried to make the service users aware of the role of the police, as well as help the police to understand how best to help street drinkers. The REST Centre was also key in the policing of street drinkers as it gave the police an alternative to confiscating alcohol. This was important because of the tensions between the police and street drinkers namely, the street drinkers’ fear of having their alcohol confiscated which could lead to withdrawal symptoms being experienced. It was also reported that the REST Centre staff and police met weekly for the first month to share updates.

4.2 DID THE CENTRE PROVIDE PATHWAYS FOR HEALTHCARE AND MAINSTREAM SERVICES?

4.2.1 SERVICES AND FACILITIES AVAILABLE AT THE REST CENTRE

The stakeholders discussed how the various services that had involvement with the REST Centre worked well together in providing an all-round service for the street drinkers. It was particularly important that the various services worked together in the implementation stage because of the barriers and challenges that were faced in finding a suitable location for the Centre. Service users discussed how one of the main benefits of the REST Centre was the range of services that they could access. This meant that they were able to gain support that was specific to their own needs. A logic model was produced as part of the evaluation (Figure 16) which lists the activities provided at the REST Centre along with the pathways to the outcomes that stakeholders hoped to achieve. The logic model does not show specific outcomes derived from specific services; it is designed to highlight how outcomes are often the result of the work of numerous services.

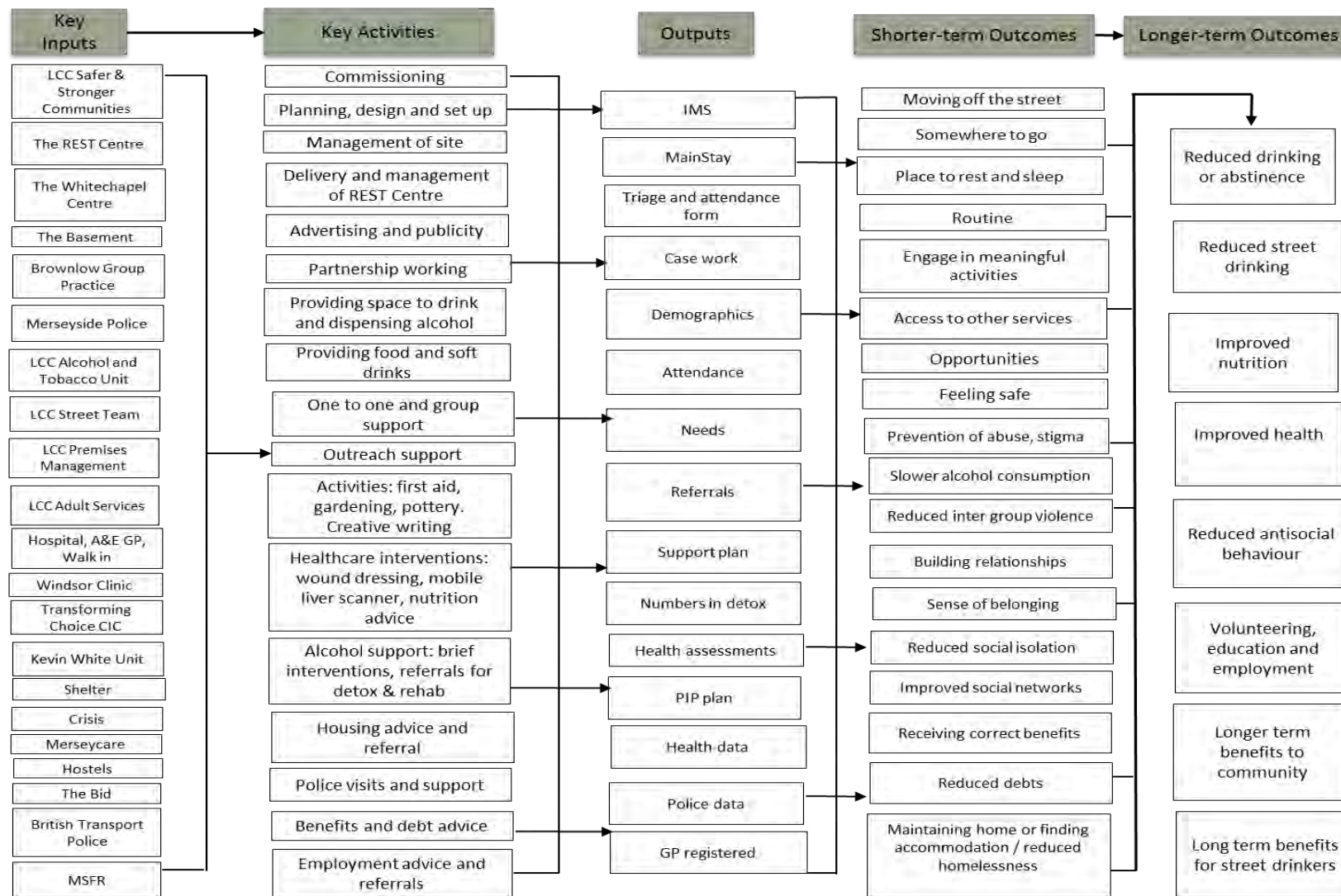


Figure 16. Logic model

Housing support

The REST Centre offered housing support for service users, with staff trying to find accommodation for those who were sleeping on the streets. Service users were positive about how staff would try to help them with housing, even in difficult situations. Service users were referred into hostels and referred for housing support, linking in with services such as The Whitechapel Centre and Shelter. One of the service users acknowledged that without the REST Centre they would have not had access to housing support. Service users reported improved housing due to referrals for hostels and accommodation support to either maintain their current housing or find new accommodation.

“They do that [housing support], any housing or social security, they help us with that and they’re brilliant.” (Service User 4)

“If you ask the staff, you’re on the streets, they will like try and get you some accommodation.” (Service User 17)

“If I said my tent has got a hole in they’ll say we’ll see what we can arrange for you, if you need a sleeping bag or whatever it doesn’t make no difference, they will all help every single day of the week.” (Service User 4)

Health support

A number of the service users discussed having a history of poor health and that their health had suffered whilst living on the streets. Service users felt that support offered by the REST Centre was imperative in helping them deal with some of these health issues. The specialist alcohol and homeless nurses were seen as having a key role in dealing with health concerns and referrals. The alcohol nurse was also able to make referrals for treatment and detox programmes, and several service users acknowledged that this was the first opportunity they had to access alcohol treatment. The importance of accessing detox centres is also highlighted in Case Studies 1 and 2 later in this report.

“We have a nurse here....so any health problems that we have she can refer us on to anywhere else that we need to go to.” (Service User 4)

“[The nurse] just helped; whenever I have got pains all over my body and I asked them and they tell me.” (Service User 11)

“Plus I get to see the nurse. She’s sound, she’s the alcohol nurse. She puts you forward for like the Windsor and places like that; you know what I mean, detox centres.” (Service User 17)

Activities

Whilst at the REST Centre, service users were given the opportunity to take part in activities including pottery, painting, making hanging baskets and first aid. These were activities that service users had not had access to before, and helped them to learn new skills as well as socialise with the other service users at the REST Centre. This helped to overcome some of the barriers discussed previously between different ethnic groups/ nationalities that attended the Centre. These activities were highly valued by

service users and stakeholders also acknowledged the role that these activities had in improving the mental health of the service users. The opportunity to engage with social and practical activities was seen as encouraging them to reduce their alcohol consumption by providing a distraction.

“We do painting, we do health things, we did first aid, stuff like that what you need to know. If this wasn’t here you wouldn’t get to do basically would you... It’s alright; you know you learn something new every day don’t you?” (Service User 4)

The general running of the Centre was also discussed by the service users. The staff at the REST Centre would collect alcohol on arrival and then dispense it in plastic cups at regular times when requested by the service users. They also described having access to food and warm drinks. These were seen as having a key impact on the overall reduction in alcohol consumption.

“I come here, mainly...for the services. If you need to use the phone for a certain reason you can use the phone. There are a lot of things that you can do here that can help people.” (Service User 8)

“If you need anything doing with like the social, like official, they help. They help with appointments and travel – get someone to go with you. They really go out of their way to help you, as long as you’re not abusing it.” (Service User 16)

“You can get advice on benefits and everything.” (Service User 19)

Comments book

01.07.2015 – *“It’s just nice that we have got somewhere to go and with a nice friendly atmosphere with friendly helpful people and the staff make us feel at home and they always give us helpful advice and they are only doing it to help us!”*

29.06.2015 – *“Thank you for the staff at the REST Centre for everything while I was living rough on the street, even for giving me food and letting me have a sleep/ so I thank all of the staff that work at the Centre. Thank you for everything”*

Referrals and external support

The service users discussed how the services at the REST Centre were accessible, and any referrals to other services went through quickly, for example there was no wait to see the nurses that were on-site. Service users discussed attending hospital and hospital appointments through the support of the REST Centre. In addition, support from staff with referrals and queries, for example with applying for benefits, were highly valued by many of the service users that were interviewed. This support included having access to a telephone as well as support from staff with making telephone calls and attending appointments/meetings that were key in helping the service users address issues (such as problems with benefits, applying for housing or attending job interviews), that would help them address their lifestyle and could help to prevent them from street drinking in the future.

Summary of interventions

Overall, the REST Centre was considered by the stakeholders to be fulfilling its purpose in terms of engaging street drinkers, signposting them to other services and contributing towards a potential reduction in crime and anti-social behaviour in Liverpool's City Centre. The service users were positive about the services that they could access through the Centre and the potential that the Centre had in getting them to engage more with outside services. While attending the REST Centre, service users were able to talk to staff in a relaxed environment. They discussed about feeling able to talk to staff members who they believed had some level of understanding about their situations. A number of service users already had established relationships with staff members from their previous or current involvement with The Whitechapel Centre and the Basement. It was felt that staff would help with anything that service users asked for and that they were friendly and welcoming and that this contributed to the atmosphere of the Centre. Individuals discussed a feeling of equality at the Centre; they did not feel judged or stigmatised and felt that staff saw them as equals. Service users acknowledged they wanted the help too; they believed that help was a two way process and service users and the Centre needed to work together.

"Good friendly atmosphere and you the staff do a good job. A very good job! The way they treat you is pleasant, happy. They make you feel welcome." (Participant 5)

"Since coming I have found it really helpful. The staff really go out their way to help you, and if they can help you they will." (Participant 16)

"You don't get discriminated against." (Participant 17)

"For me, I feel I'm lucky because people want to help me, I want to help as well." (Participant 14)

4.2.2 LIMITATIONS OF THE SITE

Service users discussed the facilities that they had access to while at the REST Centre. There was a mixed response with regards to the facilities with some participants stating the Centre had everything that they needed, such as toilets and shelter. However, other service users felt that the facilities could be improved. It was mentioned that the appearance of the Centre could be improved and that there had been some issues with rodents. Service users also mentioned that they would have liked access to cooking facilities. The facilities at the REST Centre were also discussed by stakeholders as not always being sufficient; this was mainly a concern for those whose role was based around healthcare. The lack of appropriate hand washing facilities and mains electricity meant that some of the stakeholders were not able to provide some services that ideally they would have liked to; this is highlighted in the following quotation which identifies that the facilities were not appropriate for providing vaccinations and blood tests that would have been beneficial for service users. Nurses were able to make referrals for these services but they relied on service users attending appointments in other locations, because of the often chaotic nature of such service users it would have been more advantageous to be able to provide these services on-site while the nurse had engagement from the service user. Facilities such as more space, running water and mains electricity were all discussed as potential improvements by stakeholders for the future when a new site is used for the REST Centre as this would enable more services to be available.

“It wasn’t viable or possible to do things like you know if you wanted to do hep B vaccinations we couldn’t. There was no facility for cold storage and...we did have hand washing but that would have been insufficient. You couldn’t have done bloods there; it wasn’t appropriate to do bloods there because of the limitations of the site.” (Stakeholder 14)

4.3 IMPACT ON ALCOHOL CONSUMPTION

4.3.1 DID THE REST CENTRE REDUCE ALCOHOL CONSUMPTION FOR STREET DRINKERS?

Alcohol consumption

In the course of the interviews with service users, they were asked about their drinking in terms of what they would usually drink and on average how much they would drink. Some were unsure, but the majority who answered the question mentioned drinking cider, which was viewed as the cheapest drink available. Others discussed drinking beer and vodka. The amount that the interviewees drank varied considerably, with some saying that they drank a lot and others saying that they felt they did not drink very much. During the early stages of the REST Centre pilot, the Centre did attract homeless people who did not drink. It was felt important not to turn people away, so staff did allow them to attend to begin with and signposted them to The Whitechapel Centre. A small number of people who did not drink or drank very little participated in the evaluation and discussed their experiences of homelessness, street drinking and their contact with the REST Centre.

“9 litres of cider a day and that’s a minimum.” (Service User 1)

“It’s just anything that I can get. It’s mostly cider, it’s the cheapest.” (Service User 11)

The way in which service users paid for their drink varied. One individual was very open about begging and stealing in order to get money while another mentioned being given money by the public without actively begging. Others paid for their drink with the benefits that they received. One person mentioned buying their alcohol from an off license local to the REST Centre.

The service users who participated in the interviews talked about who they drank with or spent time with before they attended the REST Centre. Some would drink in a group whilst others talked about drinking with whoever was about when they were out and one person preferred to drink on their own or with fewer people in an attempt to avoid police contact. A number of service users discussed attending the REST Centre with people they usually drink with on the streets or seeing people they recognise as street drinkers at the REST Centre.

Service users who were interviewed were asked about where they would drink before the REST Centre opened. Saint Luke’s Church on Berry Street was named by the majority who answered this question. Others noted main areas as Bold Street, Slater Street, parks and outside a shop that was near to the REST Centre. Others said they drank wherever they were able to and acknowledged that you can see

street drinkers anywhere in the City Centre. One interviewee described that, regardless of accommodation status, he chose to socialise and drink with friends on the streets rather than drinking in bars and pubs due to his cultural background and street drinking being normal practice.

“On the streets, wherever we could, wherever we sit.” (Service User 3)

“I’ve been drinking on the streets all my life, so you know even if I’m working I’m drinking on the streets. Because that’s, that’s what Polish people do. We’re not drinking in bars; we are just drinking on our streets.” (Service User 16)

“It’s [REST] for people sleeping rough as well as people coming on from the hostels because a lot of people come from all different hostels in town to drink.” (Service User 12)

Reduction in alcohol consumption

The engagement between the street drinkers who accessed the Centre and the services that were available were seen as a key purpose of the REST Centre by both stakeholders and some of the service users. For example, some of the service users discussed how they attended with the intention of wanting to reduce their alcohol consumption or abstain.

Overall, the majority of the stakeholders who participated in the research suggested that the REST Centre was having a positive impact on the use of alcohol by service users. Many noted that this perception was mainly anecdotal and some of the stakeholders who worked directly with the REST Centre service users were able to cite case studies which demonstrated a positive impact. For example, a member of the REST Centre staff discussed how one service user stopped drinking alcohol so that he could then volunteer at the REST Centre and look for employment (see Case Study 3).

“We have one person here now who doesn’t drink, when he first come in here he was a street drinker, he now loves to help out, he loves to speak and he goes round, he talks, he will distribute tea, coffee and sandwiches.” (Stakeholder 3)

“We’ve got people who are in detox at the moment who have been referred, which is a twelve week programme.” (Stakeholder 2)

“We also have Transforming Choice which is detox and rehab in Sefton Park. Their manager is coming in I think she did 4 weeks here, so I think 3 service users have actually gone into detox and rehab on the back of that, that’s really positive potentially.” (Stakeholder 2)

It was noted by REST Centre staff that the Centre provided street drinkers with a place where alcohol was allowed contributed to a reduction in their alcohol consumption because they would drink more slowly knowing that their alcohol would not be confiscated. The stakeholders who had experience of working with street drinkers discussed how the increased risk of harm whilst drinking on the street meant that alcohol would often have to be consumed quickly because the street drinkers were afraid of having it stolen. Other factors that led to a reduction in alcohol consumption included the service users having an increased feeling of safety and security within the REST Centre and therefore this decreased their perceived need to drink their alcohol quickly. Furthermore the availability of food and soft drinks and staff

decanting alcohol into plastic containers were also perceived as contributing to the service users' reduction in alcohol consumption.

"I would say they do drink slower in here because they can understand, they can sit around, they can do a lesson, they can have a little sleep, they wake up and their drink is still there, so they do drink a lot slower, juices in between, sandwiches... I feel it is helping with the alcohol reduction ... because [on the street] they want drink it before the police come and pour it out on them." (Stakeholder 3)

"The fact that they're being offered food and drink in between the alcohol is reducing their alcohol intake so that's been you know, I think that's been really successful." (Stakeholder 8)

"It [decanting the alcohol] helps to monitor their drinking." (Stakeholder 2)

A number of service users also discussed how attending the REST Centre had contributed to a reduction in their alcohol consumption. The level of impact ranged from some service users reporting that they had stopped drinking altogether, to others who stated that they drank slower and therefore consumed less alcohol. However, some service users also discussed how attending the REST Centre may have led to some service users drinking more alcohol because the social aspect of the Centre encouraged them to share alcohol with each other. One service user reported an increase in alcohol consumption as a result of drinking faster from a cup than a can. Staff did monitor alcohol consumption and noted that there were also cases where individuals may be substituting another addiction with increased alcohol consumption and were also aware of service users buying large quantities of alcohol to share which may have also increased levels of consumption. When staff were aware of increased consumption they discussed harm reduction interventions with service users.

"I've stopped drinking, I'm very happy now, I'm helping these people now, I'm here every day now..... I've stopped being aggressive, I feel better now.....I would still be drinking I think [if hadn't attended REST]." (Service User 14)

"When I'm on the streets I drink a lot more. When I'm here I'm drinking much less." (Participant 16)

"I don't want to drink in here, I can chill out in here, I can sit down you know, chill out. In the streets you know you just drinking to get drunk. Here you can sit down and talk with the people." (Service User 16)

"I think it's got worse basically because we're drinking with loads of people and everyone's giving each other drinks." (Service User 11)

Impact of building relationships on alcohol consumption

The activities provided by the REST Centre were further linked to the building of trust and rapport between the service providers and service users, the importance of which was discussed earlier. The relationships that developed meant that staff were more likely to be able to impact on the service user's reduction of alcohol consumption as well as being able to help improve the surrounding issues (such as housing, benefit sanctions, etc.) which could be potentially influencing the level of alcohol consumption. Case Studies 2 and 3 demonstrate how a having a good rapport between the staff and service user

meant that the staff were able to help address some of their behaviours that were contributing negatively to their situation as rough sleepers and street drinkers.

“Once those relationships were established, and the staff, it was about introducing appropriate interventions. Not only about their street drinking, but some of the issues that had led to street drinking or preventing them from stopping street drinking.” (Stakeholder 11)

Impact of interventions on alcohol consumption

Additionally, the fact that a range of services were available within the Centre increased the chance that the service users would have a positive experience that would help them facilitate a positive change in their life. For example, Case Study 2 demonstrates how staff at the REST Centre were able to help the service user access a rehab centre. Case Study 1 demonstrates how the interventions carried out through the REST Centre helped this service user to significantly reduce her alcohol consumption and they went to attend a detox programme.

“Seeing the alcohol nurse might be the bit that makes somebody go right I’m going to go into rehab, but getting their feet done by the Chiropodist might mean I’ll make that appointment, I’ll walk to it.” (Stakeholder 1)

4.4 IMPACT ON HEALTH OUTCOMES

4.4.1 MENTAL HEALTH & WELLBEING

A key impact attributed to the REST Centre by the stakeholders related to the participants’ mental health and wellbeing. The stakeholders discussed how street drinkers can often feel isolated from the community, which in turn can have a detrimental impact on their mental health. It was perceived by the stakeholders that through the service users engagement with the REST Centre they had increased confidence and feelings of self-worth because of the opportunities that they had. The service users were also encouraged to take responsibility for the upkeep of the garden and plants at the Centre, which was seen as having an impact on the reduction of their alcohol consumption because when they were engaging in these activities they were less likely to drink alcohol. One service user had attended hoping to access mental health support and a further service user hoped to gain support to improve their physical health.

“To be a part of something, even just when they have the arts and crafts and things like that...the garden, doing the hanging baskets, it makes somebody feel a bit of self-worth doesn't it, you know it's encouragement it builds up confidence you know...it's good when someone can say to you 'oh I'm looking forward to doing that again', just simple little things, you know 'I'm looking forward to doing that next week'. And we get them involved in terms of watering the plants and things like that. They take responsibility for something even something as small as watering hanging baskets and a lot of street drinkers and people who are homeless they shy away from that responsibility.” (Stakeholder 2)

Service users reiterated the fact that the activities helped them to bond and created a 'community' within the Centre. The service users worked together to look after the REST Centre through cleaning up and looking after the sheltered cabins. Furthermore, some service users discussed how previously there were some disparities between street drinkers who were from the local area and those from Eastern Europe, which, as discussed previously, could at times create a barrier that stopped some street drinkers from Eastern Europe from attending the Centre. Attending the REST Centre had a positive impact on this relationship for some of these service users (see Case Study 3), although some did feel that this exclusion still existed. Improved relationships helped to contribute to better health and wellbeing as it encourage service users to attend the REST Centre in order to socialise which in turn meant they were more likely to receive help from the services provided and would have increased feelings of self-worth as they became part of the community.

“I've met some good people; I've met some really good people.” (Service User 8)

“That's the main thing; we just look after each other....we all get on.” (Service User 18)

These positive changes also led to employment and volunteering opportunities for service users who were able to reduce their alcohol consumption. One service user discussed working with staff to help him to stop drinking and that he was now able to look for a job. Other service users also discussed the support around job searches from staff and examples of staff circulating CVs and providing clothes for interviews were also cited. Several service users stated that the help they had received at the REST Centre has inspired them to want to help out at the REST Centre and Whitechapel. As demonstrated in Case Study 3, one individual no longer drank and had been volunteering for the majority of the time that the Centre was open, this service user had also been given help with job applications. Another individual described a similar experience of not drinking and volunteering at the Centre. He stated that the changes that he had experienced at the REST Centre had changed his life. Furthermore, one service user had gained a volunteering position at The Whitechapel Centre following the closure of the REST Centre.

“Talk with me, explain with me what I’m doing, I’m looking for job now, help me with everything. Help make me a new CV, help make new claim on JSA, they sent my CV everywhere.” (Service User 14)

“I can actually look for a job you know, because I was on the street for one week without the help, now I’m here you know, they are helping me. If I would stay on the streets I will have no chance you know, to give someone my CV, I will not be able to get the job you know. So I’ve been for an interview yesterday, so they are helping me.” (Service User 16)

One service user also discussed the impact that the REST Centre had had on his relationship with his family. He discussed how before attending the Centre he had been out of touch with his family. After attending the REST Centre for a short period of time he decided that he wanted to stop drinking and contacted his family. He stated that he would not have re-connected with his family if he had not attended the REST Centre and that this change was very significant to him.

“It’s made me stop and think what I do want and what I want to achieve in life. I mean I have got three kids. Because I’m on the streets, you can’t really stay clean and I stopped seeing my mum and the kids because I wasn’t clean. But since coming here and coming clean I have been able to see my mum and kids. My mum texts me all the time now. It has helped me a lot.” (Service User 17)

Due to the number of services that worked with the REST Centre, a more holistic approach to helping street drinkers was provided and therefore they were more likely to be receptive to services (in terms of both healthcare and social care) that they had not previously engaged with because of lack of knowledge, understanding or, in some cases; lack of trust. The REST Centre became an important part of some of the services users’ daily routine as it brought contact with the services that operated there (such as health care and benefits, employment and housing advice) into their day to day lives. This was also reflected in the interviews with service users who felt that having access to the different services provided by the REST Centre was having a positive impact on both their mental and physical health. Furthermore, the provision of food and soft drinks was also viewed by service users as having a positive impact by providing better nutrition.

“My health’s much better.” (Service User 18)

“Makes me happy, it cheers me up coming here, friendly atmosphere...You can sit there, get myself a bevvie and sit and relax, have my bev and take my beer and you get food and things like that. I find if you see people on the street they don’t eat, people eat here and you’ve got to eat with your drink” (Service User 5)

4.5 IMPACT ON ANTI-SOCIAL BEHAVIOUR ASSOCIATED WITH STREET DRINKING

4.5.1 ANTI-SOCIAL BEHAVIOUR ASSOCIATED WITH STREET DRINKING

The REST Centre provided the police with an alternative to confiscating alcohol, which gave the street drinkers a safe, secure and legal place to consume alcohol as well as linking them in with a service that could offer harm reduction and health interventions. Access to such services provided the service users with links to services to improve their health, housing and employment situations which may have previously contributed to them engaging in street drinking.

“It ends up costing the council more because you end up in hospital [because drink is taken away] and they keep you in for like what, maybe a day or two, do tests on you. So really this kind of place works, you know what I mean.” (Service User 17)

“You [while at REST] haven’t got that fear of the police taking your drink off you have you?” (Service User 5)

“[Police pouring drink away] it’s dangerous and as far as they’re concerned you know, they’re just trying to do their job.” (Service User 12)

Comments book

01.07.2015 – *“It is a good place to come because it brings people off the street where they might get into trouble and staff are good as well It’s a great place to sit in”*

Date unknown - *“Staff are helpful and it’s the only place which keeps us off the streets”*

While drinking on the streets, service users said that they had experienced negative reactions from the general public due to the stigma associated with street drinking. They shared some examples of their experiences in dealing with this stigma and also demonstrated an awareness of how they may be perceived by the public. Service users discussed others stealing from them, being assaulted, spat on and urinated on, with one service user reporting that he had been set on fire whilst asleep.

“It’s people who think of us as scum of the earth....treat the homeless like scum and to be honest, we’re just part of the scenery....they will kick you while you’re asleep and piss on you and everything.” (Service User 4)

“People look at you like you’re a piece of something that you step on the floor.” (Service User 8)

“The ones who robbed me, I was asleep.” (Service User 9)

“They set me on fire. I didn’t even wake up you know. I was burning and I wake up. It was the night time.” (Service User 16)

Some service users also talked about how the stigma had reduced since they were attending the REST Centre as they were not in public view. Drinking away from the street meant they were less likely to experience abuse from the public. Service users felt safe at the REST Centre as it was somewhere secure where they could relax and drink and did not have to worry about having alcohol confiscated by the police. Service users noted that the Centre had a security camera and police made regular visits to the Centre.

"[Reduced stigma] because they're not round you are they? We're in here we're enclosed, no one can see us, no one walking past you, no one can see us, no one can look at us like we're a piece of shit." (Service User 4)

"No one can walk past us and spit at us and call us smack heads and everything." (Service User 19)

"They give me food, coffee. I'm not scared no, on the street it's sometimes danger. This place is not danger." (Service User 10)

In addition to talking about their own reduction in drinking, service users talked about the differences in street drinking that they had noticed while the REST Centre was open. Some mentioned that they had seen a reduction in the number of street drinkers and that the times when they saw them were often outside REST Centre opening hours. The service users perceived that the anti-social behaviour associated with street drinking was less likely to occur while they were attending the REST Centre and drinking less on the streets. They did however comment that street drinking still occurred in the evening and overnight when the REST Centre was closed. They also reported seeing more homeless people moving to Liverpool over the past year. Additionally, the two businesses that took part in a stakeholder interview suggested that there may have been a reduction in street drinking around their place of business.

"If you walk around the bombed out church, all the way from town, all the way past St. Johns you won't find nobody drinking.....it's helping like, I'd say I haven't seen anybody drinking on the streets." (Service User 12)

"Not during the day, it's the night time you get them all drinking at night." (Service User 12)

"Yeah, actually yeah [seeing less street drinkers] because you know, they are coming here." (Service User 16)

4.5.2 WHAT WILL HAPPEN WHEN THE REST CENTRE CLOSES?

Many of the stakeholders who had worked directly with the REST Centre's service users discussed how they had concerns about whether the impact on service users, that could be attributed to the Centre (such as the developed trust between them and the services the reduction in alcohol consumption and those who had entered detox), would continue once the Centre had closed. The REST Centre had

provided a routine to a core group of street drinkers, and these stakeholders felt that without it they were likely to increase their alcohol consumption.

“There’s got to be some longevity...Every time this happens it’s a pilot, we just don’t need a pilot, we need it, you know, we need sort of 365 days response to it, because at the end of it they go back out on the street, so you know from a sort of finish and start point of view, we start it but there’s never a finishing to it, is there?” (Stakeholder 10)

“[There will be] a lot of upset people, a lot of disappointment for the ones that didn’t actually get there...It just took them a while to build their trust up, and I think maybe some of them will be kicking themselves thinking ‘oh, why didn’t I do this right at the very beginning’...so I think a lot of disappointment when it closes and that’s from the staff too.” (Stakeholder 3)

As previously discussed, the presence of different services at the REST Centre made it easier for the service users to access these services because they were all in the same location, and it also made it easier for the services to follow up any work they were doing with the service users. Without having the REST Centre as a central hub, stakeholders were concerned that it would become increasingly difficult to engage with the service users and that service users who had been using the services provided might struggle to do so elsewhere.

Comments book

29.06.2015 – *“This service is very good. The staff are very helpful. It should be on all the time. it stops people from drinking on the streets”*

27.06.2015 – *“Thank you very much to all staff.....I had nowhere to go, money to eat, nothing! Really nice, friendly, helpful people (staff)! Have no words to express what that place means to me! I’m really grateful for everything! Just sad you will go so soon!!!”*

29.06.2015 – *“The service must stay open because this is where people go when they have got nowhere to live and to help them and give them a chance to get off the streets and stay off the drugs and stay safe”*

Stakeholders, REST Centre staff and service users discussed the impact that the temporary nature of the Centre could have on service users. There were concerns that the reduction in alcohol consumption experienced by some service users may not have been sustained once the Centre closed. REST Centre staff were also aware that it had taken some of the service users a while to build up trust with the staff and therefore they may not have fully benefitted from the services provided at the Centre by the time it closed. These concerns were reflected by the service users, some of which described a loss of hope because of the progress they had made whilst attending the REST Centre and their fear that they would find this difficult to maintain without the routine of attending once it closed. Stakeholders were aware of the progress that some service users had made (as highlighted in Case Studies 1 and 2 in terms of attending detox and Case Study 3 in terms of securing volunteering positions and potential employment) and felt frustrated because, if the service had been open longer, other service users may have had similar outcomes. Service users who felt that they had made progress were deflated that this may not

continue because of the closure of the REST Centre and they felt it was likely that they would return to street drinking and consuming high quantities of alcohol.

"I'll just have to sit on the street [when the REST Centre closes]." (Service User 11)

"I'm very appreciative for these people, very good people, so helpful everyone, but people don't listen [about the REST Centre closing], I want to change my life, I don't want drink anymore." (Service User 14)

The REST Centre had become an integral part of some of the service users' daily routines. It had also helped service users with harm reduction interventions to encourage them to refrain from street drinking and reduce the amount of alcohol that they were consuming.

5 ILLUSTRATIVE CASE STUDIES

Case Study 1

Before attending the REST Centre, Service User A had been sleeping rough in the City Centre for over two years and had a long history of substance abuse. Service User A was drinking around 80.5 units a day while drinking on the streets with other street drinkers. Service User A had been violently attacked assaulted and robbed by those who they were drinking with at the time. Service user A had been hospitalised a number of times for alcoholism, including being put in an induced coma due to multiple organs starting to fail. They also suffer with anxiety and depression.

“I was so close to dying and I still wanted to drink”

Service User A attended the REST Centre and asked about rehab. A staff member set up an assessment for Transforming Choices.

“I was in the REST Centre drinking and I saw [a member of staff] who I knew had helped my friend in the rehab and she had done amazing, I felt hope”

During their time at Transforming Choices, Service User A was put on a reducing regime and attended daily workshops with a psychologist. Their health dramatically improved in a matter of weeks. After completing their time in Transforming Choices, Service User A started to reconnect with their family. Service user A has now also enrolled at college and is planning on going to university next year. They have a place at an abstinence based housing service and are planning on becoming a peer mentor to help others.

“I feel that for the first time things are going right in my life and I feel so positive”

* Provided by Transforming Choice CIC

Case study 2 - Service User B's journey through using the REST Centre

June

Service User B attended the REST Centre in the first week that it opened.

Service User B was abusive to other service users and some would leave the REST Centre due to their presence.

August

Service User B was referred to Transforming Choices and successfully detoxed from alcohol and is currently in rehabilitation.

Before REST: Service User B was an entrenched street drinker and sometimes slept rough. They had long term substance dependency.

Service User B began to engage with staff to address drug and alcohol misuse issues and to also resolve benefit problems.

Staff at the REST Centre worked to lower Service User B's alcohol consumption on-site, using soft drinks and food to reduce their alcohol intake, offering daily support and ongoing harm reduction interventions.

Waves of Hope, Brownlow Clinic staff and REST Centre staff identified that Service User B wanted to be considered for Transforming Choices 12 week programme.

Behaviour improved and Service User B accepted support from staff. There was a reduction in incidents and a change in the way they interacted with staff and other service users.

July

After four weeks of attending the REST Centre Service User B showed an interest in reducing their alcohol intake and began looking at possible treatment options.

Case Study 3 - Service User C's journey through using the REST Centre

During the first few weeks of service delivery, the Eastern European population were perceived as fragmented from other service users. High levels of alcohol intake, language barriers, lack of access to public funds and violent and aggressive behaviours were seen to contribute to this segregation.

A company who provided food for the REST Centre showed an interest in helping Service User C look for work, possibly within their company.

August

Service User C now lives with friends. Service User C partly attributes this to attending the REST Centre. They have been able to use their skills within the peer/volunteering role to reduce their own alcohol intake as it helped to occupy their time and reduce cravings. Service User C is now abstinent and feels very appreciative and wants to help others. Service User C also felt that if it wasn't for the REST Centre they would still be drinking.

When they first started attending the REST Centre, the staff spoke to them to help address the behaviour that was having a detrimental effect on their housing situation and general health and wellbeing.

After 4 weeks of attending

Service User C started to change their drinking behaviour. He began helping out at the REST Centre by translating for other Eastern European service users.

Service User C showed an interest in volunteering at the REST Centre and completed courses at the Whitechapel Centre to enable them to do so.


June 2015

Service User C started to attend the REST Centre every day since June 2015.

Staff at the REST Centre helped Service User C to create a new CV, make a new claim on JSA and posted their CV to potential employers. Service User C also used the IT equipment at the REST Centre to apply for jobs and was successful in gaining an interview.

July

Service User C started to volunteer at the REST Centre helping to distribute sandwiches and soft drinks. They also helped to maintain the centre through cleaning and re-stocking provisions on a daily basis. Service User C said that they wanted to do this because after stopping drinking they felt better and their behaviour was less aggressive.



Before REST: Service User C was drinking high quantities of alcohol such as beer and vodka. They were sleeping on the streets and could be aggressive because of their drinking.

6 TRIANGULATION OF QUALITATIVE & QUANTITATIVE FINDINGS

6.1 DID THE CENTRE TARGET HARD TO REACH INDIVIDUALS IN THE RIGHT SETTING?

6.1.1 LOCATION AND FACILITIES

The central location of the REST Centre was seen as ideal by service users; it was within walking distance and close to where they would normally drink. The close proximity of the Centre to street drinking sites was therefore perceived as the right setting for street drinkers, who may typically be in poor health or not have the finances to travel. However, some stakeholders felt that the location was not ideal. This was mainly related to the difficulties in locating and securing the premises and problems experienced in previous attempts of setting up the REST Centre. This meant that there were limited options for where the Centre could be placed. Businesses were concerned that hosting the facility in the vicinity of Lime Street railway station was not ideal due to the potential for negative perceptions of the city being held among visitors to the city. However, in practice the central location was seen as preferable to a residential location due to the potential for impacts on local residents.

Generally, the facilities at the REST Centre were seen as adequate and were praised by some of the stakeholders and service users. However, a number of issues with the site were identified, including vermin on-site, and a lack of cooking facilities and running hot water. It was believed that the facilities impacted on the delivery of health care interventions; the lack of hand washing facilities and mains electricity meant that some health services were unable to be provided. Both the location and facilities were seen as important factors for improvement. The shelter that the REST Centre provided was highlighted, with service users discussing having a warm, sheltered place to rest and sleep; however staff felt that better facilities for healthcare provision would provide more privacy.

The REST Centre was open for eight hours a day, seven days per week during the pilot. Closing time at 8pm was staggered to ensure that people were not all leaving at the same time. This was employed to avoid street drinkers gathering nearby and continuing to drink on the streets. The outreach team also worked during evenings and worked together with the police to target hotspots to ensure people did not congregate. Whilst service users themselves acknowledged that they had seen less people drinking on the streets during the day, they did say that street drinking still occurred over night. Service users expressed a desire to have the REST Centre opened during the evening and overnight where possible.

6.1.2 REACHING THE TARGET POPULATION

During the pilot (June to September 2015), 386 individual service users accessed the REST Centre. Overall the REST Centre did reach the target population of street drinkers.

Being heavily associated with two well established service providers (The Whitechapel Centre and the Basement) meant that information about the Centre was spread amongst the homeless population. Initially non-drinkers did access the Centre for food and company, however, this was then discouraged and referrals to The Whitechapel Centre were recommended. Service users mostly found out about the REST Centre through word of mouth from other street drinkers, association with other services such as

The Whitechapel Centre and through The Whitechapel Centre outreach team notifying them about the service.

The initial presenting substance was recorded on IMS during the pilot for 268 individuals. Over two thirds stated that alcohol (n=196, 70.9%) was their primary substance, followed by heroin (n=40, 14.9%). Smaller proportions used New Psychoactive Substances (NPS), crack, cannabis, methadone, prescription drugs, cocaine, amphetamines and hallucinogens. The emergence of NPS use among the homeless and street drinking populations during the summer of 2015 made it difficult to truly assess the effectiveness of the REST Centre. The use of NPS on the streets and associated anti-social behaviour may present as a street drinking problem to the public, when in fact it represents a different issue. The REST Centre was not designed to support those who used NPS. Staff worked to ensure that there was no drug use on-site. However it was reported that a number of the street drinkers who accessed the REST Centre were also NPS users. The use of 'Spice' was linked to a small number of on-site incidents, including seizures and aggressive behaviour.

The majority of service users identified their nationality as British (87.3%, n=337), with a small proportion identifying as Polish nationals (6.7%, n=26). Other nationalities of those who attended during the pilot included Slovakian, Latvian, Lithuanian, Romanian, Portuguese, Iranian, Irish, Hungarian and Czech. Stakeholders noted that other populations, including the Irish Community had not engaged and IMS data showed that there was little representation from BME populations. The REST Centre did establish links with the Eastern European street drinkers, however, initial barriers including limited access to benefits, potential communication barriers and tension between groups of service users were reported. These barriers were overcome through service users who could speak multiple languages volunteering to translate for other service users, conflict management by staff and through service users coming together to engage in activities and the upkeep of the Centre. Increasing engagement with different populations of street drinkers was seen as a potential improvement for the future.

6.2 DID THE CENTRE PROVIDE PATHWAYS FOR HEALTHCARE AND MAINSTREAM SERVICES?

6.2.1 PROVISION OF A RANGE OF INTERVENTIONS

A total of 4,667 on-site interventions were accessed during the pilot. This included general attendance at the REST Centre and brief interventions. Interventions included basic care and practical support: assessments of needs, provision of food, and in some circumstances a change of clothes and the availability of off-site wash room facilities. Activities and classes were also provided along with harm reduction advice, support from applying for benefits and healthcare interventions provided by Brownlow Group Practice: health checks, wound management, withdrawal from alcohol management, thiamine prescribing, recording of immunisation status and GP registration.

Having a range of services available at one location was seen as a key factor to the success of the REST Centre among service users and stakeholders; in particular the healthcare provision on-site (by Brownlow Group Practice). The close working relationship with specialised alcohol and homeless nurses was highlighted as best practice. Having access to detoxification and rehabilitation was also seen as an asset by service users during their time at the REST Centre. Whilst support interventions provided by the REST Centre staff and health interventions from Brownlow Group Practice were accessed and praised by service users, it was raised that other external agencies could have had more of a presence and

additional support such as drug services could have attended more often. Service users were able to access mainstream services that they may have struggled to access in the past. Bringing services to the street drinkers at the REST Centre broke down access barriers and made support more accessible.

A range of activities were provided alongside the services available at the REST Centre. Service users appeared to prefer the more 'fun' activities to accessing support interventions. Although these activities were seen as fun, they were also designed as diversionary activities, designed to teach people new skills whilst diverting them away from drinking. Service users were observed drinking less while they were busy taking part in these 'fun' activities. A number of community initiatives were employed, including making hanging baskets that were displayed at the REST Centre and then given to The Whitechapel Centre.

6.2.2 EFFECTIVE COMMUNICATION

The REST Centre and Merseyside Police worked together closely before and during the pilot. At first the police visited the Centre daily to ensure the pilot was running smoothly, to have a presence and to manage any situations if needed. Following a number of arrests for outstanding crimes, service users saw the police presence as a barrier to attending the REST Centre and a decision was made that the police would visit less often. Whilst this was felt to improve engagement and communication with service users, stakeholders felt more should have been done to improve relations and break down barriers between the police and street drinkers.

Service users discussed having negative experiences with the police when drinking in the streets and discussed the stigma attached to the police and street drinking. This negative association will continue until street drinkers have more positive interaction with police. Close partnership working between the REST Centre and homeless support services, such as The Whitechapel Centre and the Basement, was seen as a key contributor in the perceived success of the REST Centre pilot. Partnership working with homeless support services meant that alongside the support received for their health needs, service users with housing needs were identified early and these needs addressed. The existence of the integrated MainStay system meant that REST Centre staff were able to share information and communicate with a number of external services.

6.2.3 IMPORTANCE OF EXPERIENCED STAFF

Many of the staff at the REST Centre were employed from existing homeless services in the city and this meant that staff had expertise, experience and knowledge of working with street drinkers and had established contacts within the field. The development of close relationships and rapport between service users and staff at the REST Centre was evident and highlighted as being a key factor in the perceived success of the REST Centre pilot. These relationships improved the support networks available to the service users and trust developed over the time that the Centre was open. The relationships that developed meant that staff felt they were more likely to be able to impact on service users' drinking as well as being able to help improve wider issues, such as housing and benefit sanctions, which could be potentially influencing drinking behaviours.

6.3 DID THE CENTRE PROVIDE ACCESS TO ALCOHOL TREATMENT, AND WORK TOWARDS REDUCING ALCOHOL CONSUMPTION?

The REST Centre worked within a harm reduction model, however, reductions in drinking and abstinence in some cases, were reported. Staff who worked at the REST Centre were able to cite examples of service users who had stopped drinking alcohol during their time at the Centre or who had been referred to detoxification programmes. IMS data showed that eight individuals were referred for detoxification during the pilot. Access to health care and treatment interventions, including referrals for detoxification, were seen as playing a key role in supporting service users to reduce their drinking. This was demonstrated across the various data sources collected during the pilot.

An important factor that led to the reduction of drinking was the increased feeling of safety at the Centre. The REST Centre was seen to have provided an environment conducive to reduced alcohol use. For example, the decanting of alcohol into plastic containers and allowing alcohol consumption in the Centre meant that service users did not have to worry about having their alcohol confiscated, which slowed the pace of drinking. However, the community nature of the Centre was perceived by some service users as encouraging alcohol consumption. On-site data collection on the frequency and quantity of alcohol consumption was undertaken, but in the absence of follow up assessments it was not possible to examine how drinking changed over the period of the pilot. Service users reported observing fewer people drinking on the streets and The Whitechapel Centre outreach figures showed that the number of street drinkers observed on an outreach session had reduced during the period of the REST Centre pilot. However, alongside this there were reports of increased homelessness and begging in the city centre during the summer of 2015 making it difficult to determine whether there had been a true reduction in street drinking. The Reduce the Strength campaign was also initiated during the months of the REST Centre pilot. During this campaign, local off licenses were asked not to sell super strength single cans of alcohol with the aim of reducing the strength of alcohol that street drinkers were consuming. Information around the initiative is provided in Box 1.

Box 1: Reduce the strength - Alcohol & Tobacco Unit LCC

'Reduce the strength' was in operation from 1st June to 30th September 2015 during the time that the REST Centre was open. All independent off licences and ten supermarkets located in Liverpool City Centre were visited each month by a Trading Standards Alcohol & Tobacco Unit (ATU) officer.

During this time period, the ATU received complaints that two of the independent off licences had sold super strength alcohol, and street drinkers were congregating and drinking outside another off license. When the complaints were explored, no super strength alcohol was found at the premises. In the case of the complaint about street drinkers congregating; the alcohol had not been purchased from that off license.

Shop owners/members of staff mentioned that they had noticed a reduction in alcohol related anti-social behaviour, although were concerned about a shop selling legal highs to street drinkers that may have contributed to anti-social behaviour. The ATU observed that there was a visible change in alcohol and substance abuse. It was observed that groups of street drinkers started to share lager and different products such as Lambrini and Vodka. Street drinkers were also observed in new areas such as Stanley Street and Whitechapel. One of the off licences involved in 'Reduce the strength' has now decided to permanently stop selling super strength products.

6.4 DOES THE CENTRE IMPROVE HEALTH OUTCOMES FOR STREET DRINKERS?

Improving the health of street drinkers through access to alcohol treatment and healthcare was an important aim of the REST Centre. Stakeholders discussed the health implications of street drinking and sleeping rough, and service users described having poor physical and mental health.

Access to health interventions on-site, alongside signposting and referrals to alcohol and drug treatment, support with registering with a GP and support to attend hospital appointments all contributed to improving the health and wellbeing of the service users. The on-site healthcare services were specifically seen as one of the key outcomes of the REST Centre. This provision brought services directly to the street drinkers meaning important health problems could be assessed and treated. On-site data collection showed that service users accessed essential health interventions, including health checks (including TB checks and immunisation status), wound management, withdrawal from alcohol management, thiamine prescribing and GP registration.

Engagement with the Centre was also linked to improved mental wellbeing through contributing to increased confidence and feelings of self-worth. Analysis of the IMS data supported this finding, with improvements on the Short Warwick-Edinburgh Mental-Wellbeing Scale (SWEMWBS)¹¹ seen among 55 individuals who participated in a follow up assessment.

The CCG data linkage (for 40 service users) showed that overall GP consultations did increase during the period the Centre was open. This may suggest that service users were encouraged to access healthcare or chose to seek support during their attendance at the Centre. GP consultations decreased in the three months following the closure of the REST Centre, this data would need to be followed up over a longer period to more clearly identify whether individuals were less likely to access GP services since the Centre closed.

Data provided through the CCG linkage also showed that medications were prescribed for illnesses that may be linked to alcohol consumption; although this cannot be confirmed. Substance use specific medications were also prescribed (including acamprosate and methadone) and vitamins and nutritional supplements were also commonly prescribed including thiamine and nutritional drinks. The number of prescriptions were fairly evenly distributed. However, a small increase was seen in July (during the pilot), with prescriptions almost halving in the month after the Centre closed (however it should be noted that prescriptions did increase in the following months). Types of medication prescribed did not differ before, during and after accessing the REST Centre.

A reduction in A&E attendances was seen during the delivery of the pilot (with the lowest number of attendances of the 19 month sample provided occurred in September 2015). There was, however, no significant difference in attendances when making comparisons to the same time period for the previous year and when comparing the four month pilot to the four months before the Centre opened. Examining hospital spells based emergency admissions, admissions in the later months of the pilot (August and September) were lower and length of stay was longest during July 2015 whilst the REST Centre was

¹¹ Available at <http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/>

open. Analysis of the costs associated with these emergency hospital admissions showed that the costs during the four month pilot were slightly lower than in the four months before the Centre opened and compared to the same time period in the previous year. However, further analysis of hospital data with a larger cohort (for all service users) and a longer follow up time period is needed to compare attendance and costs over time.

Reduced street drinking may lead to reduced risk behaviour associated with street drinking including: reduced accidents when drinking, alcohol related illnesses, health conditions associated with sleeping rough and reduced need for emergency care. However, it must be acknowledged that providing street drinkers with access to and information around healthcare may encourage them to better understand their health needs and consequently they may be more likely to seek help.

6.4.1 INCREASED SUPPORT NETWORKS AND SOCIAL INTEGRATION

Attending the REST Centre allowed the service users to integrate with one another. The Centre provided them with an opportunity to make friends; they discussed feeling isolated when drinking on the streets. Stakeholders and service users discussed the community spirit within the Centre. In some cases service users wanted to look after the facilities and contributed to cleaning and wanted to look after each other by making each other warm drinks and sharing food. The activities provided on-site including making hanging baskets contributed to the community feeling of working together and taking care of their 'place'. Improved family relationships were also reported by service users.

A number of the service users were keen to volunteer at the REST Centre, reporting that they "wanted to give something back and help others". The Centre also supported some service users to apply for employment through referrals for training, support to develop CVs and providing clothes for interviews. Two service users discussed having job interviews and one had secured a volunteering post at The Whitechapel Centre following the closure of the REST Centre. This opportunity to support the development of skills was seen as an important impact of the REST Centre. Data around volunteering and employment was not monitored during the pilot and therefore it was not possible to measure how wide the impact of such provision was.

6.5 DID THE CENTRE REDUCE ANTI-SOCIAL BEHAVIOUR ASSOCIATED WITH STREET DRINKING?

Service users were at lower risk of violence whilst at the REST Centre. They discussed receiving verbal and physical abuse on the street from other street drinkers and from the public. At the REST Centre there were reports of some fighting, however, this was well managed by staff. The REST Centre allowed for groups to come together and reduced intergroup violence.

The data from Merseyside Police did show a reduction in anti-social behaviour police-related calls near the REST Centre; however this could not be attributed to the presence of the REST Centre (this data looked at the general area rather than matching data for individuals accessing the REST Centre). Varied results from the business survey made it difficult to determine whether the Centre had an impact on anti-social behaviour in the wider community. Generally, businesses did not perceive a change to criminal and anti-social behaviour in their local area. The majority of participants supported the commissioning of services such as the REST Centre; however, only two participants indicated that they would support such a facility in their local area. Some service users discussed that they were less likely to get into

trouble with the police because they were less likely to drink on the streets while the REST Centre was open, but did not say whether the REST Centre would impact on any other behaviour such as theft. Stakeholders and service users both agreed that street drinking provides a negative image of the City Centre and agreed that reducing street drinking would improve the wider community and image of the city.

6.6 IMPORTANCE OF LONG TERM SUPPORT

The longevity of the REST Centre was discussed by stakeholders who expressed their frustration about the temporary nature of the project. This was because they were unsure whether the impact of the Centre would continue once it had closed down. Furthermore, the trust that was established between the service users and the staff and services at the Centre was seen as being imperative in encouraging a positive change in the service users' alcohol consumption, as well as changes to their health and personal situations that may influence this consumption. Some of the stakeholders, and in particular those who worked at the REST Centre, were concerned that this trust that had been built up would be lost when the service closed. Loss of hope for service users because of removal of services was used within the social value model. Service users discussed feelings of hope for the future whilst accessing the Centre, including having permanent accommodation, reducing alcohol consumption and abstinence, improving relationships and employment. Whilst some appeared confident with future plans and maintaining positive changes, many believed they would continue street drinking without the Centre.

7 SOCIAL VALUE EXERCISE

The key stages and principles of the social return on investment (SROI) methodology were followed in order to provide an estimate of the social value for money of the REST Centre. Step 1 outlines the scope and key stakeholders' of the project; steps 2-4 refer to the identification, mapping, evidencing and valuing of the key outcomes, and step 5 details the SROI calculation and sensitivity analysis.

7.1 ESTABLISHING SCOPE AND IDENTIFYING STAKEHOLDERS

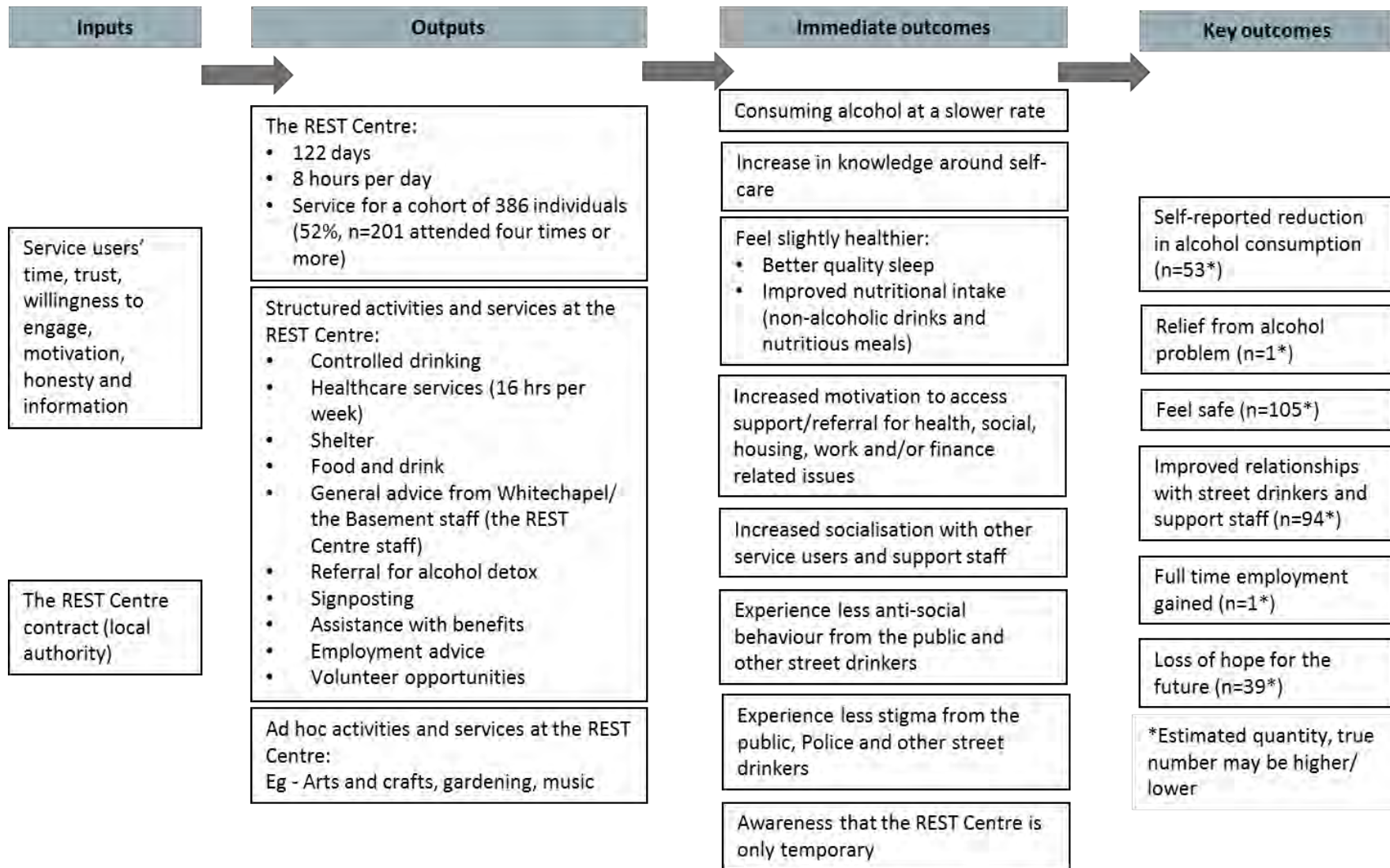
Although it was initially anticipated that there could be several key stakeholder groups of the REST Centre, following a triangulation of the quantitative and qualitative data, service users and Liverpool City Council were identified as the only key stakeholder groups. The table in Appendix 2 documents the rationale for the exclusion of all other potential stakeholders, generally there was insufficient evidence to suggest that a specific outcome had taken place.

7.2 MAPPING OUTCOMES

A theory of change (Figure 17) was developed based on the limited evidence available. There were a number of outcomes that were attributable to the REST Centre (including the positive, negative, intended and unintended outcomes). In order to determine which outcomes were key outcomes, as discussed in the Methods section, the relevance and significance of the outcomes of the REST Centre were considered.

As detailed in Figure 17, around half (52%, n=201) of the service users attended four times or more. This number was taken from the average number of times a service user visited the REST Centre and the minimum number of times a client would be expected to be seen at a drug and alcohol treatment centre over a four month period. Four times was used as a reference figure for the minimum number of times a service user had to present to the REST Centre in order to be included in the social value for money calculation. For a minority of service users who did not re-attend the REST Centre this was as a result of the service not being intended for them (e.g. all non-street drinkers). For all other service users who did not re-attend the reasons for their discontinuation is unknown.

Figure 17. Theory of change



7.3 EVIDENCING OUTCOMES AND GIVING THEM A VALUE

The quantitative and qualitative data were drawn on to indicate approximately how many service users had experienced each key outcome and for how long. As the relevant quantitative datasets were incomplete, it was only possible to provide an initial estimate of the quantity of people experiencing each key outcome. These estimates (Table 6) derive from the qualitative data. The percentage of service users who made a clear statement in their interview about having experienced a particular outcome was used to indicate the percentage of service users who had experienced each key outcome for the total service user population (n=201). This method of quantifying the outcomes was deemed more appropriate than excluding the outcomes from the analysis altogether. In the absence of project specific data usual practice would be to triangulate any data with the findings from similar past evaluations, however as the REST Centre was unique in the way it was multi-component and targeted street drinkers, there was a lack of existing research evidence to support further triangulation. Similarly, as the key outcomes are not already valued on the market, proxy values were used. These proxy values were taken from online sources including social value and unit cost databases, such as the Global Value Exchange, HACT Social Value Bank and the New Economy Working Paper. The proxy values used in the social value for money analysis are shown in Table 6. All sources used and assumptions made to determine the quantity and proxy values are documented in a supplementary document and are available upon request.

Table 6. Quantity and proxy values used in the social value for money calculation

Outcome	Proxy value (per person)	Sources
Self-reported reduction in alcohol consumption (n=53)	£44.40 per 12 days	Amount harmful drinkers on the lowest income spend on alcohol. Source: https://www.sheffield.ac.uk/scharr/news/alcohol-lancet-1.348044
Relief from alcohol problem (n=1)	£9846.67 per four months	Social value of relief from alcohol problem (outside of London, age 25-49). Source: HACT Social Value Bank (2015). http://www.hact.org.uk/social-value-bank
Feel safe (n=105)	£112.20 per 8 hours for 12 days	Social value of low-level of anti-social behaviour in the area they are based. (Outside of London, age 25-49). Source: HACT Social Value Bank (2015). http://www.hact.org.uk/social-value-bank
Improved relationships with street drinkers and support staff (n=94)	£86.76 per 12 days	Improved relationships. Source: Cox et al. 2012. Social Value: Understanding the wider value of public policy interventions. New Economy Working Paper.
Full time employment gained (n=1)	£3,901.67 per four months	Full time employment gained is valued at £11,705 per annum HACT Social Value Bank (2015) Outside of London, age 25-49.

<http://www.hact.org.uk/social-value-bank>

Loss of hope for the future (n=39) -£40.00 per session

Rapid online search for market price for private one-to-one counselling in Liverpool, cost average £40 per session.

Sources:

<http://www.counsellingforliverpool.com/sessions--cost.html>

<http://mindworkscounsellingservices.com/fees.php>

7.4 ESTABLISHING IMPACT

The service user and staff interviews, along with local data trends, indicated that it is unlikely that the six key outcomes would have happened without the REST Centre. For the key outcome 'relief from alcohol problem', although the Alcohol Detox Centre made an important contribution to the achievement of this outcome, without the service user having successfully engaged with the REST Centre it was anticipated that it was unlikely the service user would have attended their referral to the Alcohol Detox Centre.

7.5 SOCIAL VALUE FOR MONEY RATIO

The social value for money ratio was calculated and a sensitivity analysis was carried out where assumptions were made or discrepancies were found in order to assess the robustness of the social value for money calculation. This involved adjusting the variables (quantity, proxy values, duration, deadweight and attribution) under question and examining the effect on the overall social value for money ratio.

On the basis of the model outlined, the overall social value for money ratio showed that the REST Centre did not deliver any additional social value. However, this is likely to be because of insufficient data and the short timeframe of the REST Centre. Whilst the REST Centre demonstrated positive harm reduction outcomes such as reduced alcohol consumption and reduced risk of being a victim or perpetrator of interpersonal violence, in order to deliver additional social value, these outcomes needed to be demonstrable over a greater time period than the current four months. The qualitative data from this evaluation and previous research on the duration of street drinkers' outcomes do not support the assumption that such outcomes last after the intervention has finished, only robust data collected conducted before, during and after the REST Centre will support this assumption. Similarly, if the REST Centre can evidence that a greater quantity of service users are experiencing the outcomes that were given the highest proxy values ('relief from alcohol problem' and 'full time employment gained') and reductions in arrests and ASBOs etc, along with improvements in health outcomes, then the REST Centre should demonstrate greater social value for money.

It is important to consider all other limitations associated with the evaluation of the social value of the REST Centre, particularly in relation to the scope of the impact. Local businesses were difficult to engage for the interviews and surveys, and survey results were inconclusive and did not provide evidence of positive or negative impacts of the Centre. Some businesses did not answer or return calls, whilst others declined as they did not have the capacity to participate. Others declined because the buildings and businesses near the REST Centre were due to be demolished in October and they did not see the value of participating. The REST Centre was purposely located in a lightly populated area,

however, this meant that it was not feasible to engage with the small number of residents living in close proximity to the REST Centre for the evaluation. Data was collected and monitored using the IMS at the REST Centre. Whilst the REST Centre staff did ensure assessment information was inputted onto the system on a regular basis, limited follow up assessment made it impossible to assess change over time for most outcomes during the pilot. Finally, as it was not possible to establish whether the REST Centre had significantly reduced local A&E attendances and hospital admissions, and anti-social behaviour in Liverpool City Centre, it was not feasible to include the NHS, Police and local community as key stakeholder groups. This is not to suggest that in future social value for money analyses, in which more robust outcome data may be available; such groups would not be considered as stakeholders

8 SUMMARY & RECOMMENDATIONS

The Rehabilitation, Education, Support & Treatment (REST) Centre was developed to tackle the anti-social behaviour associated with street drinking and to provide support and a pathway for alcohol treatment for street drinkers in Liverpool. The Centre for Public Health, Liverpool John Moores was commissioned to evaluate the REST Centre pilot to examine the impact on street drinkers and the local community. Findings from the qualitative aspect of the evaluation provided an in-depth insight into service users' and stakeholders' perceptions of the effectiveness of the REST Centre. A more limited perspective was available from businesses operating in close proximity to the Centre. Quantitative analysis showed an improvement in wellbeing; however limited follow up data for alcohol consumption meant it was not possible to provide evidence for a reduction in alcohol consumption. Alongside limited outcome data, the relatively short time period that the pilot was delivered within and the timeframe of the evaluation makes it difficult to provide a more rigorous assessment of the impact and social value of the REST Centre at this time.

It is important to acknowledge that street drinkers typically have multiple complex needs and are a hard to reach group. They are often difficult to engage with, requiring multi-agency, intensive long term support. The REST Centre, however, successfully engaged with 386 street drinkers during the pilot and the qualitative interviews demonstrate the short term impacts for those who engaged. Service users clearly appreciated and benefited from attending the REST Centre and reported a number of improvements, including access to support, increased health and wellbeing and a reduction in alcohol use. The REST Centre utilised a harm reduction model by providing street drinkers with a safe place to drink. However, by also providing opportunities for, and pathways to support, alcohol reduction and abstinence were achieved by some service users, and wider issues such as health and housing were addressed. Whilst it is important to acknowledge the key outcomes for service users, consideration should also be taken of the potential for the longevity of such impacts due to the temporary nature of the REST Centre.

Based on the findings of the evaluation, the following recommendations have been made for the future implementation of the REST Centre:

SERVICE DELIVERY

- **Any future location for the REST Centre needs to be accessible to street drinkers.** The majority of service users who participated in the evaluation walked to the REST Centre. Easy access is essential for individuals who may be experiencing poor health and very limited finances for travel. Service users praised the city centre location, which was near to where they usually drink.
- **Improved facilities and extended opening hours would enable the operation of services to provide additional support.** REST Centre staff, stakeholders and service users all discussed potential improvements to the facilities; staff and stakeholders focused on **electricity and running water** as these would allow for more health services to be provided on-site, whereas service users discussed how having cooking facilities would improve their overall use of the REST Centre. The physical shelter provided at the REST Centre was praised; further sites should continue to

incorporate sheltered huts and port-a-cabins. Indoor facilities should be considered where possible, especially if the REST Centre was to open during the winter months.

Furthermore, during the pilot of the REST Centre steps were taken by The Whitechapel Centre and The Basement outreach teams and the police to prevent street service users congregating once the centre had closed, although street drinking did still occur during these times. The REST Centre should **maintain the close working relationship between the Whitechapel outreach team and the police** to help facilitate this ongoing outreach support.

If costs and feasibility allow, **extending the opening hours** and providing night time provision should be explored, as well as potentially extending the service so that it operates all year round. Establishing more formal relationships and pathways with services such as night shelters would help to improve the overnight provision for service users.

- **Pathways for those who use New Psychoactive Substances (NPS) and other illicit substances need to be considered.** There was evidence of individuals who were not street drinkers but who did use NPS or other illicit drugs attempting to access the REST Centre. A **formal process for referring those who attempt to access the REST Centre but are using NPS or illicit drugs** should be developed and formal links with drug services would help to provide appropriate referrals. This would also add to the social value outcomes and impact of the Centre for these individuals. **Pathways for homeless people** who do not engage in street drinking also need to be considered.
- **Continue to maintain existing links and create more formal pathways with services, and work towards establishing new relationships with relevant services.**

The REST Centre arranged for visits and referral pathways with external agencies; however it was felt that this could be improved upon. The REST Centre should consider **incorporating more formalised pathways and agreements with external agencies to provide support on-site** where possible. Further engagement with other services would also help improve social value by evidencing the wider impact of the Centre. It is important to have the support for delivering services along with strategic input from partner agencies. Services including housing, substance use and health could be invited to the REST Partnership Group.

Police presence was seen as a barrier to attendance at the REST Centre; however it is essential that barriers between police and street drinkers are broken down. The REST Centre is encouraged to **promote a positive relationship between police and street drinkers.** The REST Centre and the police should aim to work together to allow for police presence on-site enabling more positive interaction between police and street drinkers.

The healthcare provided on-site by Brownlow Group Practice was seen as essential to the success of the REST Centre. This strong **link between support and healthcare should be maintained** and links for additional healthcare services such as sexual health etc. should be established.

Having access to detoxification and rehabilitation was seen as a great benefit for service users during their time at the REST Centre. The REST Centre should consider establishing a more formalised relationship with rehabilitation services and a **formal pathway for alcohol detoxification treatment.**

Working closely with services for homeless people and street drinkers allowed for the sharing of information (for example using MainStay) regarding the housing needs of the REST Centre service users. It is important that this relationship is maintained to **address housing needs**.

The outreach team and established projects played a key role in **publicising the REST Centre and engaging with street drinkers**. These close links should be maintained for future provision, with an emphasis on the important role that the outreach teams play.

- **Service users should continue to be involved in the upkeep of the REST Centre and group activities should be encouraged, further engagement with community groups should be explored.** Service users enjoyed being involved in the upkeep of the Centre and any future provision should continue to encourage this. Established **links with community projects** (who provide activities such as gardening etc.) should be maintained and new opportunities for links to community services should be explored to ensure a wide range of activities remain to be provided in future provision of the service.
- **A formal volunteering process for service users should be considered in future implementation.** Many service users were keen to volunteer at the REST Centre which encouraged them to reduce their alcohol consumption. Future provision should consider developing a **drinking reduction process which leads on to a formalised volunteering pathway** with a suitable monitoring process. One of the service users who did volunteer at the REST Centre also went on to volunteer at a homeless service following the closure of the REST Centre; a pathway for external volunteering could also be considered for service users once they have left the REST Centre.
- **If the future implementation of the REST Centre is temporary, an aftercare process for service users should be established.** Whilst a small number of service users had stopped or significantly reduced their drinking and felt that they could maintain this, other service users were concerned that they would return to street drinking once the REST Centre closed. Many service users still had on-going issues such as housing problems or had not accessed the REST Centre early on in the pilot, so had not been able to benefit from all of the harm reduction services that were offered.
- **Include the local community in the development of future provision of the REST Centre.** Local businesses were difficult to engage for the interviews and surveys. Stakeholders reported carrying out early consultation work with businesses, this early engagement is imperative in the setup of the Centre and should be a priority of future setup plans to ensure that the **local community support** the development of the REST Centre.

RESEARCH AND DATA MONITORING OUTCOMES

- **Data collection and monitoring needs to be a priority to further evidence the effectiveness of the REST Centre.** The IMS allows for a comprehensive data capture and monitoring of service provision; however the evaluation lacked robust data around impact and outcomes. Future provision should incorporate further data collection for progress and updates specifically around service users' alcohol consumption, health and housing status. Assessments should be **consistently and routinely collected** to provide evidence for change over time. Although assessments and wellbeing

reviews are standardly completed at least once every six months, for the purpose of a project with a limited lifespan, collection should be more frequent and routine, while taking care not to impact on the service user experience. A schedule for collecting assessment information and wellbeing reviews should be collated for each client at first presentation and reviewed regularly. Use of the IMS alert button would allow for this. Data should be entered on to IMS Online or a comparable recording system in a timely fashion so that the electronic client record is up to date, and staff are able to see when an assessment was last completed.

The social value exercise highlighted the importance of collecting outcomes including harm reduction outcomes and changes: in alcohol consumption, street drinking, housing status, education, employment and training, crime and health. Collection of outcomes data would also evidence any further social value and would in turn improve the robustness of social value estimations. Future provision should have a clear outline **of key performance indicators** along with routine health and housing data collection. While IMS currently collects standard information on a key number of generalised options including employment, housing, substance use and wellbeing, REST should explore ways of capturing more bespoke outcome data utilising the user defined modular element of the IMS Online system, but at the same time not duplicating information already captured in Mainstay.

- **Staff at the REST Centre should continue to monitor the alcohol consumption of service users and take action if their alcohol consumption appears to increase.** Some service users discussed an increase in their alcohol consumption. Whilst staff did monitor this, a more formal way of monitoring the amount of alcohol that is brought into and **consumed on-site** should be developed.
- **Data sharing protocols with external services and data providers should be established.** The evaluation included a range of different data sources to provide evidence for the wider impact of the Centre. However, difficulty accessing data sources and limitations in external data hindered the ability to truly examine outcomes achieved and sustained. Involvement of all parties from the early stages of project development and ongoing **engagement with governance gatekeepers** would potentially improve access to data in the future, with clear lines of responsibility from named individuals within agreed timelines.
- **Further analysis of health data and associated costs should be conducted.** The evaluation explored data for before, during and after the delivery of the Centre; however, further analysis is needed to examine the longer term impact in the months following the closure of the Centre. Future provision of the REST Centre should incorporate this analysis to **include a comparison of data for all future and past delivery** of the Centre.
- Evaluation **should be expanded to further examine outcomes.** The REST Centre pilot was delivered for four months and the qualitative data collection through service user interviews and case studies provides evidence for the short term outcomes achieved during this time. However, outcomes need to be examined over a longer time period with follow up work to identify **long term impact** and whether outcomes are sustained. If the Centre is replicated, monitoring and evaluation should compare data with the data collected for the pilot.

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10 APPENDICES

10.1 APPENDIX 1 – HOSPITAL DATA

Table 1. A&E attendances by month

Month	Attendance	Individuals
Apr-14	25	12
May-14	20	12
Jun-14	17	9
Jul-14	25	8
Aug-14	20	10
Sep-14	19	9
Oct-14	15	8
Nov-14	14	9
Dec-14	13	9
Jan-15	24	10
Feb-15	21	9
Mar-15	24	10
Apr-15	30	10
May-15	25	13
Jun-15	24	10
Jul-15	21	11
Aug-15	25	7
Sep-15	11	7
Oct-15	22	13

Table 2. Hospital admissions by month

Month	Admissions	Individuals
Apr-14	5	<5
May-14	6	5
Jun-14	7	6
Jul-14	6	<5
Aug-14	9	7
Sep-14	8	7
Oct-14	4	<5
Nov-14	4	<5
Dec-14	7	5
Jan-15	7	5
Feb-15	6	6
Mar-15	4	<5
Apr-15	11	5
May-15	4	<5
Jun-15	9	6
Jul-15	7	7
Aug-15	4	<5
Sep-15	4	<5
Oct-15	4	<5

10. APPENDICES

10.2 APPENDIX 2 – SOCIAL VALUE

Figure 18. Social value inclusion and exclusion criteria

Stakeholder Group	Include/ Exclude	Justification
Service users/ street drinkers who attended the REST Centre four times or more	Include	Key beneficiaries of the REST Centre, who experienced: <ul style="list-style-type: none"> • Outcomes which were experienced by the majority of the stakeholder group • Outcomes which were considered to be of a high value • Outcomes which were attributed to the REST Centre
Investor: Liverpool City Council	Include	Input only
Service users who attended the REST Centre less than four times	Exclude	No evidence of relevant or significant change
Family and friends of the street drinkers who attend the REST Centre	Exclude	No evidence of significant change
The REST Centre staff	Exclude	No evidence of significant change
Services delivering the REST Centre (The Whitechapel/ The Basement Night Drop In/ Brownlow Group Practice)	Exclude	No evidence of significant change
Housing/ accommodation providers	Exclude	No evidence of significant change
NHS	Exclude	No evidence of significant change
Detox service provider	Exclude	No evidence of significant change
Department for Work and Pensions	Exclude	No evidence of significant change
Police (Criminal Justice System)	Exclude	No evidence of significant change
Community therapeutic projects (gardening, arts and crafts, drumming session)	Exclude	No evidence of significant change
Local businesses in Liverpool City Centre	Exclude	No evidence of significant change
Local residents of the REST Centre	Exclude	No evidence of significant change
Wider community	Exclude	No evidence of significant change

