

# WET DAY CENTRES

Street drinking has a major negative effect on communities and drinkers alike. But street drinkers often find it hard to get the support they need – especially those who are unable or reluctant to stop drinking. There is widespread interest in how far wet day centres can offer a way forward. In 2003, the King's Fund and the Homelessness Directorate, within the Office of the Deputy Prime Minister, provided £26,300 to Sheffield University to review the performance and function of wet centres and compile a guidance manual on setting up and running new centres.

## What are wet day centres?

Wet day centres have two overarching aims:

- to provide support, help and treatment for severely disadvantaged and chaotic people, including street drinkers, who are excluded from other services
- to tackle an anti-social behaviour problem in a constructive, non-criminalising way.

## Why was the research needed?

Wet centres work mainly with street drinkers who may also be part of other vulnerable groups, including people with mental health problems, chronic ill health, drug problems, people in insecure accommodation and rough sleepers. Their behaviour is chaotic and many have been barred from other services for homeless people or those with alcohol problems, or cannot cope with rules and procedures. The majority are men in their 30s and 40s.

Many people who are reluctant or unable to stop drinking receive little or no help from mainstream health and social services. As more local authorities are introducing town centre management bye-laws to ban street drinking, there is increasingly nowhere for street drinkers to go. Wet centres allow people to consume alcohol on their premises, and some local authorities are considering starting up wet centres in an effort to curb street drinking and provide more targeted resources to drinkers.

## How was the research conducted?

The King's Fund and the Homelessness Directorate commissioned a review of the functions and impact of the UK's existing wet centres, and a guidance manual for setting up and running new facilities.

**Scope and methods** The researchers set out to identify wet centres across the UK, and studied four (in Leicester, London, Manchester and Nottingham) in detail. They conducted interviews with service users, managers, staff, sessional workers and local residents and businesses, and assessed the impact of each centre on its local community.

**Research areas** The research looked at various ways in which street drinking is being tackled, including supportive and punitive measures, and then reviewed the wet centres and drop-in centres currently available for street drinkers. It then detailed the origins and development of the four wet centres, and their ways of working with street drinking, considering their links with other services, and profiled the types of service users that they targeted.

## What were the findings?

**Activities** The research found that wet centres were providing a point of contact for people who were disengaged or excluded from other services. Their emphasis was on harm reduction and promoting healthier lifestyles, offering services such as food, showers and advice on housing and social security benefits. The projects carried out assessments of clients, looking at their problems and needs, and put them into contact with specialist services. Some also offered recreational and educational activities. Most worked closely with street outreach teams, and had crucial input from primary health, mental health, substance misuse and resettlement workers. Some were also offering sessions with housing and social services advisors from the local authority, and were helping clients register with GPs and follow treatment regimes for mental and physical health problems.

This research project was co-funded by the Homelessness Directorate.



**Wet centre users**

- 33% of service users interviewed were 'very worried' about their alcohol consumption.
- Almost 60% spent money on alcohol instead of food or bills.
- More than 40% had been arrested during the previous year for alcohol-related offences.
- Alcohol had contributed to breakdowns of marriages and relationships, loss of tenancies and jobs, affected relationships with children and other relatives.
- 70% described wet centres as places where they could meet friends, socialise and overcome loneliness.
- 84% said they felt that wet centres were beneficial.

Statistics from *Wet Day Centres in the United Kingdom: A research report and manual*, by M Crane and A Warnes. For download details, see 'Useful resources'.

**Alcohol policies** The research found that rules about drinking on the premises varied from one wet centre to the next. Some restricted the amount of alcohol brought in, while in others there were no restrictions. Some allowed drinking only in a designated room or garden, while others allowed it anywhere on the premises.

**Achievements** By offering advice and practical support, the wet centres played an important role in helping service users secure appropriate accommodation, retain their tenancies, access primary health care, and gain stability in their lives. The centre staff and alcohol agencies encouraged the clients to control or reduce their alcohol consumption, and referred some to detox programmes. They also promoted confidence, self-esteem and motivation through activities such as sports and gardening. Some clients had moved on to training and work schemes.

## Lessons learnt

**Engaging with excluded people** Wet centres play a vital and effective role in working with street drinkers and other groups of street people who are excluded from, or have difficulty accessing, existing services. They can link them into specialist or mainstream agencies, and can help them avoid anti-social behaviour and make constructive changes in their lives.

**Managing the local environment** One particular challenge in setting up a wet centre is finding suitable premises and handling local opposition. Both before the centre opens and afterwards, service commissioners must hold ongoing, meaningful dialogue with the local community, including residents, local businesses, and voluntary and statutory organisations operating in the area. They must also ensure that clear procedures are in place to minimise the impact of the centre on the neighbourhood.

**Involving specialist service providers** It is critical that complementary services, such as street outreach, health, substance misuse and housing support, are involved at an early stage in the development of the wet centre. Many clients have multiple and complex problems, including dual diagnosis of mental health problems and substance misuse, and need input from specialist agencies.

**Staff training and support** Working with this client group can be intrinsically challenging. Aggression, non-compliance and rejection were relatively commonplace within the projects studied, and some had experienced problems in recruiting and retaining staff. Training, supervision and support are especially important in this field.

**Issues of control** One of the tasks for wet centres is to work with people who have challenging behaviour while at the same time providing a safe environment for them. It is crucial that the centres are closely managed, that staff retain control, and that clear boundaries are set for service users.

**Key topics** The manual provides specific guidelines on issues including:

- pinpointing which street drinkers will use the centre and what their needs are
- planning and setting up a wet centre
- working with this specific group of clients
- managing a centre.

**Useful resources**

Crane M, Warnes AM (2003). *Wet Day Centres in the United Kingdom: A research report and manual*. Sheffield: Sheffield Institute for Studies on Ageing, available at: [www.kingsfund.org.uk/grants](http://www.kingsfund.org.uk/grants)

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