Forward Futures

Street drinking unmet needs and assertive outreach project

Overview and evaluation of the pilot project

September 2025 - March 2026

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Section One: Dover District Council Project Summary Report

Introduction

Executive Summary Forward Future

This report outlines the closure of the pilot project designed to explore unmet needs and deliver assertive outreach to entrenched street drinkers within the district. Delivered by Forward Trust in partnership with local agencies, the pilot sought to engage individuals experiencing chronic street drinking, complex health issues, homelessness, and overlapping social vulnerabilities.

The assertive outreach model enabled intensive contact, trust building, and rapid response to risk; however, funding for the assertive outreach component has now ended.

During the pilot period, Forward Trust engaged a cohort of entrenched street drinkers whose needs often fell outside traditional service structures. The model demonstrated several positive outcomes, including improved engagement with treatment pathways, increased visibility of high risk individuals, reductions in community impact for some cases, and strengthened multi agency communication.

The pilot also highlighted significant unmet needs relating to alcohol dependency, mental health, rough sleeping, cognitive impairment, and safeguarding concerns—many of which require ongoing, longer term intervention.

To ensure a safe and orderly transition, a structured exit strategy has been developed. This includes clear communication to service users and partner agencies, individual transition plans, warm handovers to alternative services where available, and risk based prioritisation of ongoing support needs.

Key partners—including Dover Outreach Centre, community safety teams, Kent Police, adult social care, health outreach, and voluntary organisations—will continue to provide baseline support within their existing capacity.

A final multi agency review meeting will capture learning from the pilot, identify ongoing risks, and determine ownership for individual cases post closure. The project will conclude with a short evaluation summarising outcomes, learning, and recommendations.

These insights will inform future commissioning and may support external funding bids aimed at addressing entrenched street drinking, health inequalities, and unmet complex needs across the district.

While the withdrawal of assertive outreach represents a significant loss of specialist capacity, the learning generated by the pilot provides a strong foundation for shaping future interventions. Continued cross agency coordination and monitoring of hotspot areas will be essential to manage risk, maintain visibility of vulnerable individuals, and mitigate community impact following project closure.

The Project

This report presents the findings from the Forward Future Entrenched Street Drinking Assertive Outreach Pilot, funded by Kent County Council Public Health and delivered by Forward Trust in partnership with Dover District Council. The pilot also benefited from close collaboration with local agencies, including Dover Outreach Centre, Kent Police, Dover Street Pastors, and other community based services.

The project was established in response to a recognised need for a more strategic and coordinated approach to tackling the significant health inequalities and unmet needs experienced by entrenched street drinkers in Dover town centre. This group experiences disproportionate levels of poor physical and mental health, chronic addiction, social exclusion, and limited engagement with traditional treatment pathways.

A key feature of the pilot was the introduction of dedicated Assertive Outreach Workers, whose role was central to the projects aims. By using a persistent, flexible, and relationship based approach, the outreach workers sought to engage individuals who historically had not accessed, or had repeatedly dropped out of, local treatment and support services.

The Places and Spaces

Dover town centre has long been a focal point for entrenched street drinking, with public spaces providing areas for individuals to gather, consume alcohol, and socialise with peers. The behaviours and needs of this community have often contributed to a wider range of issues, including drug related activity, shop theft, public order incidents, and persistent anti social behaviour. This has placed a significant and sustained demand on local public services including Dover District Council, Kent Police, the Port of Dover Police, the Ambulance Service and NHS urgent and emergency care services.

The geographical focus of the pilot was deliberately ring fenced to the core town centre area—specifically the High Street, London Road, Pencester Gardens, Biggin Street, Market Square, and surrounding immediate locations. This ensured attention was concentrated on individuals most frequently coming to the attention of blue light responders and other support agencies. It also allowed the project to target the public spaces most affected by on street drinking, associated anti social behaviour, environmental impact, and community safety concerns, including the sense of safety for families and children using parks and open spaces.

The below map shows the general spread of street drinker based incidents recorded by DDC CCTV operators from 2024 onwards, the majority of cases are concentrated in the Dover town area and extending through the main area identified as Home Office Grip Zone area, which in essence is situated inside the one way route surrounding the town centre, seen below marked in pink.

The People

The primary cohort for the Forward Future Assertive Outreach project comprised individuals classed as complex drinkers—those whose alcohol dependency, entrenched lifestyles, and broader unmet needs make them significantly more likely to have repeat and escalated contact with a wide range of public services.

The initial cohort was identified collaboratively by partners including Kent Police, Port of Dover Police, Dover District Council (Community Safety, Safeguarding and Housing Options teams), and Dover Outreach Centre.

- 34 individuals were initially identified for the project
- 20% were female
- majority were white British male
- 25% confirmed as being unhoused at the commencement of the project

At the outset, most of the identified cohort had previously had some contact with Forward Trust but had disengaged from treatment, frequently failing to attend appointments or not completing treatment programmes. Only seven of the initial 34 were in structured treatment when the pilot began.

As the project progressed, the cohort remained fluid. Some individuals were removed due to death, moving out of area, remand to custody, and others were reviewed and did not fit the demographic of entrenched street drinker. Conversely, new individuals were added upon identification as eligible by partner organisations or staff delivering complementary outreach services.

Background Research

Evidence Base

Research conducted by Alcohol Concern and other national partners indicates that individuals with complex needs—particularly entrenched street drinkers—respond more effectively to assertive outreach compared to traditional office based treatment pathways. Emerging evidence demonstrates that when this client group is supported through persistent, relationship led engagement, reductions in alcohol consumption are more likely, and this in turn produces wider positive outcomes across health, wellbeing, housing stability, and community safety.

This aligns with the principles of the Blue Light Approach, which emphasises that problematic alcohol use among entrenched drinkers is often a form of self medication in response to trauma, mental health difficulties, homelessness, social isolation, and unmet support needs. According to this model, alcohol focused intervention alone is unlikely to succeed unless these underlying factors are simultaneously addressed. Effective outcomes therefore depend on holistic, flexible, and sustained engagement rather than time limited or service led interventions.

Barriers to Engagement in Traditional Services

Individuals within this cohort frequently have a long history of non engagement with structured substance misuse services. This limited engagement creates barriers not only for the individuals concerned but also for the services attempting to support them. Already stretched treatment providers often lack the capacity to undertake repeated outreach attempts, intensive relational work, or case coordination across multiple service areas.

In parallel, professionals have limited time to issue multiple referrals or monitor non attendance, meaning many entrenched drinkers fall between service thresholds. For some, a sudden influx of multi agency attention following a crisis can feel overwhelming, leading to disengagement and further withdrawal from support systems.

Prior to this pilot, Dover had no assertive outreach provision specifically for individuals with alcohol or drug dependency, and residents were required to self refer or maintain their own contact with Forward Trust. This model was not conducive to engaging an entrenched, high need cohort.

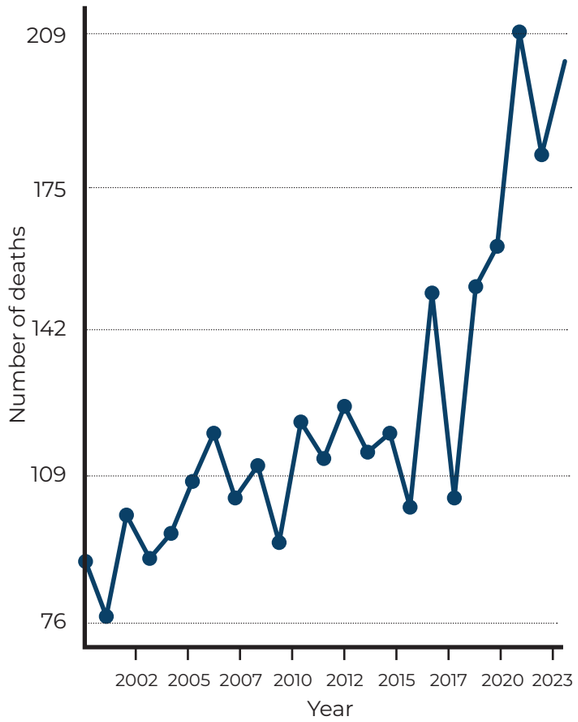
The introduction of dedicated Assertive Outreach Workers was therefore identified as essential to delivering the pilot effectively, enabling meaningful engagement with those least likely to access services voluntarily.

Supporting Data and Rationale for the Pilot

Alcohol-specific deaths by local authority (Kent, 2021-2023)

Deaths reigistered: 2023 levels and change since 2019: Source: ONS.

Kent total: 2021-2023



Kent Districts: 2023 and change since 2019

Local authority	2019	2022	2023	Δ19-23
Swale	15	19	29	+14
Folkestone & Hythe	18	20	28	+10
Thanet	14	25	27	+13
Dover	10	11	23	+13
Maidstone	23	25	19	-4
Canterbury	17	19	18	+1
Ashford	6	16	13	+7
Sevenoaks	10	8	12	+2
Tonbridge & Malling	7	9	10	+3
Gravesham	16	11	10	-6
Tunbridge Wells	8	8	8	0
Dartford	7	10	5	-2

Notes: Alcohol specific deaths (deaths registered each year). Districts within Kent. Dover highlighted. Source: ONS

Preliminary analysis of Office for National Statistics (ONS) data indicates:

- Kent overall maintains a relatively stable but elevated count of alcohol related harm indicators.
- Dover shows greater volatility, with a notable increase from 2019 to 2023 (10 to 23 cases), representing a sharper rise than the county wide trend.
- This suggests a localised and disproportionate increase in alcohol related complexity and harm within the Dover district.

This data reinforces the need for targeted intervention, highlighting that entrenched drinkers in Dover present a distinct pattern of risk compared to the broader county picture.

Definitions

Definition of a Complex Needs Client

The Forward Future pilot adopts the Blue Light Project framework to determine eligibility. Individuals must meet all three of the following criteria:

1. Alcohol Dependency

Indicators may include:

- A persistent pattern of problematic drinking for 10+ years
- AUDIT score of 20+. AUDIT is a comprehensive 10 question alcohol harm screening tool. It was developed by the World Health Organisation (WHO) and modified for use in the UK and has been used in a variety of health and social care settings. (See appendix 2).
- SADQ classification of moderate to severe dependence (16–30+). If an AUDIT score is high (typically 20 or more), it suggests possible alcohol dependence. At this point, the SADQ is used to measure the severity.
- Clinical markers such as high ethanol levels or abnormal liver function tests

2. Non Engagement with Treatment

The individual must have:

- Previously received Identification and Brief Advice (IBA)
- Been referred to alcohol services on multiple occasions without attending
- Attended but then disengaged
- Remained in treatment without achieving meaningful change

3. Burden on Public Services

Individuals place sustained or intensive demand on one or more of the following:

- Health and social care (including adult safeguarding or families with children's services involvement)
- Criminal justice, anti social behaviour or domestic abuse services
- Emergency services (police, ambulance, fire, A&E)
- Housing and homelessness services

The burden may arise from multiple repeated contacts or, in exceptional cases, a single high risk incident.

Operational Definition Used in the Pilot

For this pilot, the assessment of criteria draws on data from Dover District Council teams (Community Safety Unit including CCTV, Safeguarding, and Housing Options), Dover Outreach Centre, Kent Police, and Port of Dover Police.

A typical complex needs client within the cohort is likely to be:

- Living in the community
- Problematic or dependent in their alcohol use
- Experiencing additional complexities such as homelessness, mental health issues, self neglect, or social isolation
- Repeatedly disengaging from structured substance misuse services
- Frequently using emergency or blue light services

Location Context

The pilot operates within Dover town centre, much of which falls within Home Office identified GRIP zones. These areas include:

- Pencester Road
- Pencester Gardens (council owned)
- Biggin Street
- Market Square
- London Road corridor
- Bench Street (currently undergoing Levelling Up Fund regeneration)
- Adjacent seafront and town centre public spaces

These locations comprise the main retail and recreational spaces that have historically experienced high levels of visible street drinking, ASB, and associated vulnerability.

Assertive Outreach

Assertive Outreach Team attended:

- Breakfast Club Tuesday morning Sunrise Café 7:30am-9am followed by drop-in outreach session. People engaging on a regular basis are aware they are attending so use this space to see a recovery worker.
- Monday morning Dover Outreach 9-11am
- Tuesday Dover outreach 7:30 – 11am
- Friday Dover Outreach 9-11am
- Ad hoc appointments at Dover Outreach centre as required
- Fern Court Supported accommodation unit Porchlight – The team attend an agreed drop in every Tuesday 11am – 1pm
- Street Outreach as diaries allow for ad hoc street outreach in the afternoon.
- This is in addition to regular 2 x weekly outreach which has been in place since the start of the project.
- Team also completed home visits once risk assessments were completed.

Additional walkabouts and engagement

- Dover Street pastor has invited Outreach team to walk around Dover with her to identify any unmet need.
- Kent Police town beat officer has also contacted the FFAO team to conduct a joint walkabout for further engagement and any additional information to be shared.

Additional Interventions

Public Health have provided a wider funding increase to increase *Buvidal* provision across East Kent. A prolonged release buprenorphine product which is administered as a subcutaneous injection, either weekly or monthly, and is indicated for the treatment of opioid dependence within a framework of medical, social and psychological support. This OST intervention has been found to be successful for opiate dependant individuals living with chaotic lifestyles. Community nurses have been trained across the East Kent contract so a community nurse is able to administer this intervention and will be based in Dover and Folkestone full time.

Section Two: Kent County Council Public Health Summary Report

Project Information

Project Title: FORWARD FUTURES Assertive Outreach Street Drinkers (Dover)

Project ID (if applicable): ID40

Lead Organisation / Team: Community Safety, Dover District Council

Report Author (name, role, contact): Lyndsey Read, Community Safety officer
Lyndsey.read@dover.gov.uk

Project Start Date: 01/09/2025

Project End Date: 31/03/2026

Summary of Project Delivery

The Dover Outreach Project ran from 1st October 2025 - 31st March 2026. The project was funded by Public Health via Dover District Council, and the project was outsourced to The Forward Trust Community Drug and Alcohol service to implement and deliver. The overall aim of the project was to reduce antisocial behaviour associated with street drinking/substance use in the Dover area. An initial target group population was provided by Dover District Council who had a high rate of anti-social behaviour and police call outs in the Dover area.

Two Outreach Recovery Workers were recruited to implement the project. The target group had access to all the Medical and Psychosocial interventions provided by the Forward Trust, however having x 2 dedicated outreach workers meant that they could offer an enhanced bespoke treatment plan for each individual.

This project relied heavily on a multi partner approach and frequent meetings were held through the project to discuss the target group population and jointly care plan. Outreach workers completed a combination of street outreach, IN reach in central locations and individualised outreach appointments.

At the start of the project 16.1% of the target group were open to structured treatment. By the end of the project 6 months later 88% of the target group were open to treatment.

Outcomes, Objectives and Indicators

Achievement against each objective:

1. **Number of contacts made with target group per month**

- Number of clients receiving harm reduction advice during outreach sessions.

Number of contacts made with target group per month	Sep	Oct	Nov	Dec	Jan	Feb	March
	No data available	No data available	24	48	53	45	48

- Number of clients receiving harm reduction advice during outreach sessions.

Number of clients receiving harm reduction advice during outreach sessions	Sep	Oct	Nov	Dec	Jan	Feb	March
	No data available	No data available	No data available	8	17	13	22

2. **Fewer police callouts to street drinkers in identified hotspot areas (target: ≥20% reduction) with data from Kent Police** (removal of the NHS ambulance call out data requirement)

- Police Data: callouts

Police callouts	Sep	Oct	Nov	Dec	Jan	Feb	March
	No data available	11	22	3	6	0	3

- Number of assertive outreach sessions delivered in identified hotspot areas per week

Number of assertive outreach sessions delivered in identified hotspot areas per week	Sep	Oct	Nov	Dec	Jan	Feb	March
	No data available	No data available	10	12	12	12	14

- CCTV street drinker ASB incidents

CCTV reports related to street drinkers Dover	Sep	Oct	Nov	Dec	Jan	Feb	March
	39	23	13	21	16	7	9

3. **Improved treatment engagement** (target: ≥30% of engaged clients attending structured substance misuse treatment).

- Clients accessing structured substance misuse treatment

Clients accessing structured substance misuse treatment	Sep	Oct	Nov	Dec	Jan	Feb	March
	16.1%	25.8%	40%	60%	70%	85%	88%
% in structured treatment, calculated by number of individuals on the priority list.							

- Percentage of clients with completed recovery plans

Percentage of clients with completed recovery plans	Sep	Oct	Nov	Dec	Jan	Feb	March
	No data available	No data available	100%	100%	100%	100%	100%

4. **Improved quality of life outcomes, including re-establishing family contact, volunteering/ employment, or community involvement** (target: measurable progress for ≥30% of clients).

- Improved Quality of Life

Improved Quality of Life	Sep	Oct	Nov	Dec	Jan	Feb	March
	7.2	5.6	6.2	5.2	5.6	9.25	8
Quality of Life calculated by MEAN Average of latest quality of life scores recorded on TOPs form.							

- Number of clients receiving Health interventions

Number of clients receiving Health interventions	Sep	Oct	Nov	Dec	Jan	Feb	March
	No data available	No data available	No data available	3	6	6	9
BBV screening = 1 Medical Review Opiate = 2 Buvidal = 3							

Actual Outcomes and unanticipated outcomes

The original KPIs were adjusted within the first two months of launch, due to concerns by the Public Health Data Team surrounding information governance. As a result, the KPIs were adapted, being replaced by a simpler approach using process measures and consultation was undertaken to ensure these new evaluations were aligned to the original intentions of the project.

Case Studies

Case Study 1. Miss F.

Progress in personal goals Case Study

Female client 40 years old, impending court date and open to probation services. Open to the priority list due to police call outs, anti-social behaviour and alcohol use. She has returned to treatment via outreach project. She has now been housed in permanent accommodation. She has now registered with a GP. The next steps of care plan are to have blood tests taken so that she can work towards a medical assessment and alcohol detox. Home visits will be completed to support moving forwards.

Miss F remains in treatment, she is prescribed Buvidal (Opiate Substitute) and has since been successful in being moved to individual, DDC owned flat, in a different town, and reports a significant reduction in alcohol use. She is safeguarding herself by not revealing her new address location to her old associates and is enjoying her independence and fresh start. Miss F has indicated a desire to look for voluntary work locally, with a longer-term goal of getting back into employment eventually. She has made her own links to local craft and recreational groups and pursuits. At her last appointment Miss F spoke about keeping her flat clean and staying out of the town centre. Client has also been in contact with her Mum recently.

Case Study 2. Mr D.

Male client 57 years old. Accessing treatment for Alcohol use and crack cocaine use. Released from prison on 23rd December 2025. Initially seen during a street walk and then engaged through outreach appointments. Initially client did not wish to engage in treatment. Currently street homeless in the Dover area. The outreach team have been able to engage this individual by initially supporting with basic life improvements tasks. On release from prison an individual is required to re -register with GP which outreach team have supported him to complete. Supported with digital inclusion now has a mobile phone. Provided with an emergency pack of essentials. Client had no ID, outreach team have supported to gain some of this. Travel warrant provided via probation to attend probation appointments. Food bank vouchers supplied. Early stages of treatment engagement client will be offered a medical assessment. Referred to Forward Trust Housing support. Very early days of treatment hopeful that this client can be supported to achieve stability in life.

Mr D remains in structured treatment. Now has been housed in temporary accommodation.

Case Study 3. Mr B.

Male client 39 years old. Open to Dover Outreach Project with a primary substance use of historic heroin and alcohol use (polydrug use). Entrenched drug and alcohol use since early adult life. Housed in permanent social housing accommodation. Client is a well-known character in the Dover area. Client has been involved in multiple anti-social behaviour and police call outs. Has had multiple contacts with criminal justice. Has been banned from GP surgeries. Client has now stabilized on Buvidal. Client is avoiding poor social situations. Outreach team have supported to register at a new GP surgery and supported client to understand the significance of not being able to access prescribe medications. Seen regularly by Outreach Team and behaviours during appointments has improved. Client does continue to use alcohol however lifestyle has stabilised. Future care planning includes a potential move out of the town centre area as client feels this move away from negative peer influences would be a good step and to maintain positive progress. This client relies on professional support to maintain structure. Since the project ended this client remains in treatment. He is still residing in temporary accommodation; he requires a longer period of engagement so for consistency outreach worker is continuing to work with this client and involving MDT.

Challenges, Lessons Learned and Mitigations

Month	Challenges Encountered	Actions taken
September 2025	• The timescale from project agreement to mobilisation was short. • As this is only a 6-month project it will be required to have skilled and competent recovery workers available on this project and a standard recovery worker induction is 6 months.	• A skilled and experienced staff member has been seconded into this role from Dover CORE community substance misuse treatment. • The 2nd member of staff has been recruited in to post and chosen based on desired and essential skills. • Another experienced member of the Forward Trust Team has been allocated to support the project if required.
October 2025	• Ensuring the initial target list is up to date and accurate, list started with 31. • Some individual's frequent Folkestone area as well as Dover areas. • There has been a service user death for 1 individual named on this list. • One individual named on this list has been abusive and aggressive towards staff when attending the Forward Trust Hub. • KPI 4 has decreased this is because more service users have been engaged in the start of treatment, Quality of life at treatment start is naturally lower.	• The Team have started working through the list to ensure it is up to date and will share this at case review meeting. One case review meeting completed so far. The case review meetings will be integral to the project. • Team is aware this is a Dover priority project. • Overdose awareness, harm reduction and Naloxone is included in goals of this project. • A comprehensive support plan has been approved by regional. • Overdose awareness, harm reduction and Naloxone is included in goals of this project. • A comprehensive support plan has been approved by regional manager to support this individual.
November 2025	• Schedule of visits to Outreach Centre were not aligned with the times that priority attendee was there. • Identifying names to faces specifically during walk around. • Outreach workers being aware of specific places of concern in Dover. • Disruptive and abusive behaviour from a service user towards staff.	• The Team have started working through the list to ensure it is up to date and will share this at case review meeting. One case review meeting completed so far. The case review meetings will be integral to the project. • Team is aware this is a Dover priority project. • Overdose awareness, harm reduction and Naloxone is included in goals of this project. • A comprehensive support plan has been approved by regional manager to support this individual.
December 2025	• Funding agreement is in place until 31.03.26 only. • Hard to find rough sleepers in cases where individuals are open to treatment or not yet open to treatment. • Increase openness within client group to mutual aid recovery.	• Regional manager has started discussions with police. • Review more options for out-of-hours engagement during this quarter (attending soup kitchens for example). • Consider attending or supporting attendance at evening CA meetings in Dover.
January 2026	• Funding agreement is in place until 31.03.26 only • Reduced number of other agencies at recent Forward Futures case review	• Application submitted to extend this from 1.4.26-31.3.27 • The Outreach Team will adapt the meeting invite to request a representative from each organisation attending.
February 2026	• Funding agreement is in place until 31.03.26 only • Challenging behaviour from one individual client has resulted in limited support from partner agencies.	• Application submitted to extend this from 1.4.26-31.3.27 – contingency exit strategy in place and will be implemented in March 2026 if funding not continued. • Funding request to extend to 2027 was not provided. • Outreach team have advocated for client and keeping open lines of communication. Challenging perceptions and persistency with other agencies.
March 2026	• Ensuring the lessons learnt from outreach project are embedded into treatment and serviceusers continue to receive the same standard of treatment	• Outreach workers to meet with service manager on 02/04/2026 to explore lessons learnt and what elements can continue.

Lessons Learned

Going forward, learning from this project, Forward Trust will work towards building into routine treatment delivery:

- Longer engagement period allowances for transient or homeless clients
- Attendance at The Dover Outreach Centre
- Drop-in services outside of Forward Trust Hubs
- Close working relationships with local partners
- Buvidal for clients who traditionally struggle to attend daily pharmacy collections or have previously been excluded from pharmacies
- Effective relationship with Housing Support service and joint appointments with housing support.
- Trust and therapeutic relationships are essential in engaging this group
- Reducing stigma with partners working with individuals with problematic drug or alcohol use
- Assertive Outreach for alcohol users

Recommendations for future projects:

This type of project would better suit a longer period, ideally no shorter than one year, this would allow for better establishment of relationships with clients and allow for better comparative data.

This pilot ran during the Autumn and Winter months where this specific client of *entrenched street drinkers* naturally is less visible in the community due to inclement weather, lower temperatures and therefore the positive results yielded during this pilot would likely be significantly demonstrated if the project was extended to include the peak public drinking season of April to August. Additionally, comparisons against year-on-year figures would be increasingly compelling with a longer data set.

Financial Summary

Approved Budget (FY 25/26):	£42,018.33
Actual Spend (FY 25/26):	£42,018.33
2x full time assertive outreach recovery worker	£36,586.00
Client transport	£1,000.00
DDC administration	£4,432.33

Impact & Sustainability

Public Health Impact:

The Forward Futures Assertive Outreach pilot demonstrated a positive public health impact by addressing the needs of a small but highly marginalised cohort experiencing entrenched alcohol dependence, severe multiple disadvantage, and persistent exclusion from traditional services. The project successfully reached individuals at highest risk of alcohol-related harm, safeguarding concerns, and premature mortality, many of whom have longstanding non-engagement with existing structured treatment pathways.

The pilot achieved substantial improvements in engagement with substance misuse treatment, including an increase in the proportion of the cohort entering structured treatment from 16.1% at baseline to 88% by the end of the pilot. This represents a significant improvement in access to care for a group historically characterised by disengagement, unstable living circumstances, and complex physical and mental health needs.

Beyond treatment engagement, the project addressed a range of wider determinants of health that underpin long-term outcomes for this cohort. Assertive outreach enables practical and sustained support around housing stability, access to primary care, digital inclusion, and connections to community-based support. Case studies demonstrate progress in participants securing temporary accommodation, re-registration with a GP, and reduced exposure to harmful environments associated with street drinking. These factors are critical to reducing vulnerability and prevention further deterioration in health and supporting long term behaviour change and improvements to mental health outcomes.

The project enabled participants to build capacity to improve their own lives. Consistent relationship building increased trust in services and saw participants increasing their willingness to engage with support and progress towards personal goals like maintaining accommodation and rebuilding family relationships, considering volunteering or employment. Improvements in average quality of life over the course of the pilot are reflective of these outcomes.

The pilot contributed to reductions in visible street drinking related anti-social behaviour and police callouts in identified hotspot areas, supporting wider community safety outcomes and contributing to reduced pressure on emergency and enforcement services. Stakeholder feedback suggests that the project improved identification of previously hidden unmet need, strengthened multi-agency coordination, and an improvement in understanding of how alcohol-related health inequalities can manifest within this cohort.

Overall, the pilot provides evidence that assertive outreach can be an effective public health intervention for reducing health inequalities among entrenched street drinkers in Dover, generating valuable learning for future commissioning and the importance of trauma informed approaches that address the wider determinants of health in supporting individuals experiencing severe multiple disadvantage. It also demonstrates the value of flexible, person-centred models that adapt to individual readiness and complexity, rather than relying on traditional service thresholds that can unintentionally exclude those most in need. The findings provide a strong foundation for scaling and sustaining assertive outreach approaches as part of a whole-system response to alcohol-related harm and multiple disadvantage across all the localities and neighbourhoods in Kent and Medway, showing what can be achieved with dedication and strong partnership working.

Sustainability and Next Steps:

To ensure a safe and orderly transition, we had an exit strategy. This included clear communication to service users and partner agencies, individual transition plans, warm handovers to alternative services where available, and risk based prioritisation of ongoing support needs.

A final multi agency review meeting will capture learning from the pilot, identify ongoing risks, and determine ownership for individual cases post closure. The project will conclude with a short evaluation summarising outcomes, learning, and recommendations.

These insights will inform future commissioning and may support external funding bids aimed at addressing entrenched street drinking, health inequalities, and unmet complex needs across the district.

While the withdrawal of assertive outreach represents a significant loss of specialist capacity, the learning generated by the pilot provides a strong foundation for shaping future interventions. Continued cross agency coordination and monitoring of hotspot areas will be essential to manage risk, maintain visibility of vulnerable individuals, and mitigate community impact following project closure.

Stakeholder Survey – Evaluation Narrative

Purpose and Methodology

A stakeholder survey was undertaken as part of the end-of-pilot evaluation of the Forward Futures Assertive Outreach for Street Drinkers pilot in Dover. The survey aimed to capture professional perspectives on the effectiveness of the assertive outreach model, its impact on unmet need and health inequalities, and the influence of the pilot on partnership working and wider system outcomes.

A total of **10 stakeholders** completed the survey, representing local authority, community safety, health, social care, criminal justice, homelessness outreach, and substance misuse treatment services. The survey combined Likert-scale questions with open-text responses to provide both quantitative and qualitative insight.

Understanding of Unmet Need

Stakeholders reported strong agreement that the pilot improved understanding of unmet need among entrenched street drinkers:

- **90%** of respondents agreed or strongly agreed that the pilot improved understanding of unmet needs
- **80%** agreed or strongly agreed that the project identified needs that were previously hidden or underestimated

Qualitative feedback identified unmet needs including insecure housing, untreated physical and mental health conditions, limited access to substance misuse treatment, poor nutrition, and high levels of social isolation and mistrust of services. Stakeholders emphasised that these needs would not have been identified through traditional appointment-based services.

Access to Services and Health Inequalities

There was strong consensus that the assertive outreach model improved access to services for the most excluded individuals:

- **80%** of stakeholders agreed or strongly agreed that the pilot improved access to health and care services
- **80%** agreed or strongly agreed that the pilot contributed to reducing health inequalities within this cohort

Stakeholders described how persistent, relationship-based engagement removed structural and psychological barriers to access, particularly for individuals who had previously disengaged from treatment or had negative experiences of statutory systems.

Partnership Working and System Coordination

Improved partnership working was one of the clearest findings in the survey:

- 90% of respondents agreed or strongly agreed that multi-agency coordination improved
- 90% agreed or strongly agreed that information-sharing between partners was effective

Stakeholders reported strengthened relationships between services, clearer referral pathways, reduced duplication, and improved joint problem-solving. Several respondents highlighted this as the key strength of the pilot.

Effectiveness of Assertive Outreach

There was near-universal support for the assertive outreach approach:

- 90% agreed or strongly agreed that assertive outreach increased engagement
- 90% agreed or strongly agreed that assertive outreach is fundamental to reducing health inequalities
- 80% agreed or strongly agreed that the pilot achieved measurable positive outcomes for individuals

Stakeholders consistently referenced the importance of visibility, persistence, trust-building, and the ability to respond rapidly during short “windows of opportunity”.

Sustainability and Risk

Stakeholders expressed a strong view that continued delivery is necessary:

- 80% agreed or strongly agreed that there is a clear need for ongoing delivery beyond the pilot

Identified risks of discontinuation included loss of engagement, increased street drinking and anti-social behaviour, increased demand on emergency and criminal justice services, and increased risk of harm to individuals experiencing severe multiple disadvantage.

Summary

Overall, stakeholder feedback provides compelling evidence that the *Forward Futures Assertive Outreach for Street Drinkers* pilot delivered meaningful benefits at both individual and system level. The findings support the value of assertive, community-based approaches in reducing health inequalities, improving partnership working, and engaging individuals who are otherwise excluded from mainstream services.

- See Appendix 1 for stakeholders infographics.

Supporting Documentation

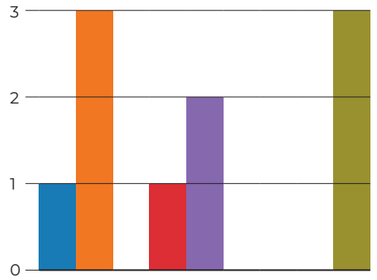
Appendix 1 – Stakeholder Survey Results infographics

Stakeholder Survey - Forward Futures Assertive Outreach Pilot

10 Responses 843:37 Average time to complete Closed Status

1. Which Organisation do you represent?

Dover District Council	1
Forward Trust	3
Health	0
Social Care	1
Outreach	2
Housing	0
Police	0
DWP	0
Other	3



2. What is your role within your organisation?

10

RESPONSES

Latest Responses

“Assertive Outreach Worker “

“Senior Probation Officer”

“Service Manager”

3. Your email address

10

RESPONSES

Latest Responses

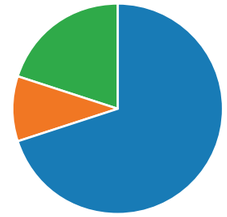
“ @forwardtrust.org.uk”

“ @justice.gov.uk”

“ @forwardtrust.org.uk”

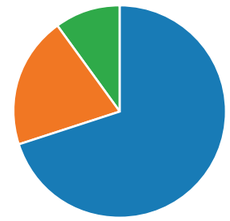
4. The pilot improved our understanding of unmet needs among entrenched street drinkers

Strongly agree	7
Agree	1
Neutral	2
Disagree	0
Strongly disagree	0



5. The project helped identify needs that were previously hidden or underestimated.

Strongly agree	7
Agree	2
Neutral	1
Disagree	0
Strongly disagree	0



6. What unmet needs did you observe during the pilot?

10

RESPONSES

Latest Responses

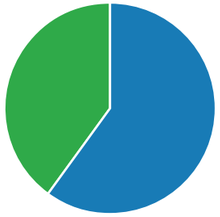
“As I worked directly in the assertive outreach side of things, it became quickly apparent that certain needs such as access to food bank, housing support and just someone to talk to were needed.”

“Most of the cases appeared to have no daily structures in their lives, thus allowing them to make the decision to continue drinking (majority) as they had nothing to motivate them to stop.”

“From a substance misuse service perspective, we were aware of significant unmet need in the Dover area. Many individuals in this client group struggled to engage and remain in treatment, often dropping out due to difficulty attending structured hub appointments. The project removed this barrier by providing outreach support and working jointly with existing homelessness outreach services, enabling individuals to maintain structured treatment engagement.”

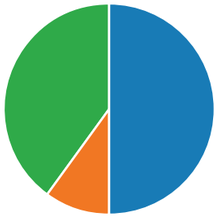
7. The pilot improved access to health and care services for those most excluded.

Strongly agree	6
Agree	0
Neutral	4
Disagree	0
Strongly disagree	0



8. The project contributed to reducing health inequalities in this cohort.

Strongly agree	5
Agree	1
Neutral	4
Disagree	0
Strongly disagree	0

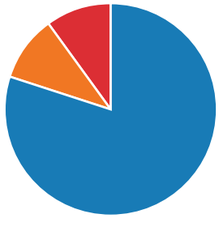


9. Multi-agency coordination improved during the pilot.

Strongly agree	6
Agree	3
Neutral	1
Disagree	0
Strongly disagree	0

10. Information-sharing between partners was effective.

Strongly agree	8
Agree	1
Neutral	0
Disagree	1
Strongly disagree	0



11. What was the key strength to the pilot? e.g. partnership working, comittment of stakeholders.

10

RESPONSES

Latest Responses

"I think the strength was having to access to other professionals in order to support clients."

"Agencies were able to work collaboratively to target the individuals being managed under the pilot scheme. Where multiple agencies were working with "

"The key strength to this project was funding two recovery workers who would usually work office based to Outreach in the community to assess and support individuals identified as a vulnerable priority group.."

12. Do you have any recommendations for overcoming any identified barriers identified? e.g. unstable accomodation, structural barriers to access services etc.

10

RESPONSES

Latest Responses

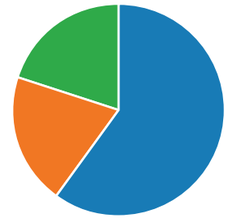
"To have a figure in the housing community more involved, such as Housing Support in Forward Trust. It allows people to get advice or to be referred in"

"I think each person should have a "plan" that involves the relevant agencies. The targets in the plan do not need to be expansive."

"Further funding for community based outreach roles in the Dover and Folkestone area"

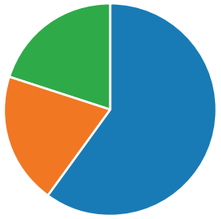
13. The assertive outreach model increased engagement with entrenched street drinkers.

Strongly agree	6
Agree	2
Neutral	2
Disagree	0
Strongly disagree	0



14. ASSERTIVE outreach is fundamental in reducing health inequalities and unmet needs for entrenched street drinkers.

Strongly agree	6
Agree	2
Neutral	2
Disagree	0
Strongly disagree	0

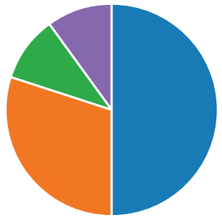


15. The pilot achieved measurable positive outcomes for individuals.

Strongly agree	5
Agree	3
Neutral	2
Disagree	0
Strongly disagree	0

16. The pilot contributed to wider system outcomes (e.g, reduced A&E admission, less ambulance call outs, reduced ASB, reduced CCTV sightings of drinking, reduced crime)

Strongly agree	5
Agree	3
Neutral	1
Disagree	0
Strongly disagree	1



17. What outcomes do you believe were directly attributable to the pilot?

10

RESPONSES

Latest Responses

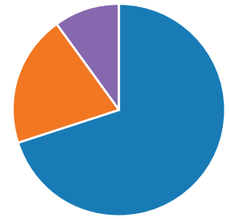
“Frequent engagement. The assertive side of it allowed for people to remain in treatment as opposed to be closed as a drop out.”

“Reduction in health inequalities, increased assessment and sustained treatment engagement within substance misuse service, increased effectiveness in supporting complex needs including homelessness and loss of life to target group..“

“The key strength to this project was funding two recovery workers whom would usually work office based to Outreach in the community.”

18. There is a clear need for ongoing delivery beyond the pilot.

Strongly agree	7
Agree	2
Neutral	0
Disagree	0
Strongly disagree	1



19. What would be the risks if this work does not continue?

10

RESPONSES

Latest Responses

“Disengagement and falling back into old habits. Not being able to give the clients room to talk and ask for help.“

“6 months is not long enough to support an individual into SUSTAINED progress. It has no doubt helped in the moment, but longer is needed to embed success.”

“The real risk is that the strong relationships and easy access to SMS services revert back to hub-only appointments. This could lead to loss of trust.”

20. What should future delivery focus on to reduce health inequalities further?

10

RESPONSES

Latest Responses

"Frequent outreach walks and engagement with those that may be NFA and have limited access to resources. It provides access for them and someone to aid"

“I think the individual needs to be involved in planning how their inequalities and be overcome”

“Further funding to continue Outreach service in Dover area”

21. What was the most significant learning from this pilot?

10

RESPONSES

Latest Responses

“That making connections with other agencies was vital in order to support the clients. It provided opportunity to fill in certain gaps/discrepancies. “

“Some are not at the point where they want to change, and that is their decision. A project liked this though does help those who do want to change.”

“Community based interventions, drop in services, outreach and in reach significantly improvement outlook and outcomes for this group”

22. If you could change one thing about the project, what would it be?

10

RESPONSES

Latest Responses

“That we were given a small pot of cash from the beginning of the project in order to be able to buy small things such as coffee or train tickets.”

"The street drinkers should have been included more"

I work in an agency where those posing the most risk are managed by multiple agencies and professionals meet regularly to manage that risk. I therefore see the benefits of this kind of approach regularly, and believe more is achieved by this kind of work

22. Any final comments for inclusion in the evaluation report?

10

RESPONSES

Latest Responses

“Working on this project has been the highlight of my time working at Forward Trust.“

“I work in an agency where those posing the most risk are managed by multiple agencies and professionals meet regularly to manage that risk. I therefore…”

“I am extremely thankful to all that have contributed to the success of this pilot project.”

Appendix 2

Alcohol use disorders identification test (AUDIT)

AUDIT is a comprehensive 10 question alcohol harm screening tool. It was developed by the World Health Organisation (WHO) and modified for use in the UK and has been used in a variety of health and social care settings.

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
Total AUDIT score						

Scoring:

- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk,
- 20 or more indicates possible dependence

Giving feedback and advice

If the score is lower

If the score is 8 or above, give brief advice to reduce risk for alcohol harm. If the score is 20 or above, consider referral to specialist alcohol harm assessment.

Alcohol unit reference

One unit of alcohol


Half pint of “regular” beer, lager or cider


Half a small glass of wine


1 single measure of spirits


1 small glass of sherry


Single measure of aperitifs

Drinks more than a single unit

Pint of “regular” beer, lager or cider

Pint of “strong” or “premium” beer, lager or cider

Alcopop or a 275ml bottle of regular lager

440ml can of “regular” lager or cider

440ml can of “super strength” lager

250ml glass of wine (12%)

75cl Bottle of wine (12%)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