A Study of ‘Safe Spaces’ in the UK Night-time Economy

SUMMARY REPORT

By MAKE Associates

2017
DEFINITION...

“SAFE SPACE is an increasingly recognised term for partnership schemes (often based in buses or town centre buildings) that operate to make the night-time economy safer. Typically, safe spaces provide a combination of medical assessment, supervised recovery and discharge. Although safe space clients are relatively limited in number, they often exhibit one or more of the following: injury, intoxication (from alcohol or illegal drugs) and vulnerability. Safe spaces may also provide other services, such as pastoral care, help for rough sleepers and advice to those who are lost or need to get home. A small number of schemes signpost their users to follow-on services, e.g. alcohol brief interventions. Some safe spaces also provide a physical base for partners managing their local night-time economy.
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Front cover image: Bournemouth Safe Bus, Horeshoe Common, Bournemouth
Foreword

The night-time economy provides enjoyment for millions of people in towns and cities across the UK but is also an important driver of growth and employment. It is estimated to be worth in the region of £66 billion a year to the UK economy and provides jobs for 1.3 million people.

The vast majority of us drink responsibly and enjoy the increasingly diverse choice of pubs, clubs and restaurants in our town and city centres. Studies by Cardiff University of the city’s night-time economy suggest that less than 0.05% of those out in the city at night come to harm as a result of drinking too much. Nevertheless, small as they might be in number and proportion, such individuals place an unnecessary burden on the ambulance service, accident and emergency departments and the police.

The Portman Group commissioned MAKE Associates to carry out this research into Safe Spaces in order to gain an overview of the number and types of schemes operating and the impact that they can have. It is the first comprehensive audit of these initiatives and provides some valuable insights into how they support vulnerable people, prevent crime and injury, and relieve pressure on Accident and Emergency Services. The report also explores the cost of setting up a safe space scheme and how it might be sustained.

The research demonstrates that there is scope to grow the number of Safe Space schemes across the UK, and we hope that this report will be a starting point for local discussions about how further schemes might be established, ensuring that our local night-time economies are safe, vibrant, and thriving.

Sir Martin Narey
Chairman of the Portman Group
“We had to counter the initial perception that this [safe space] was a ‘drunk tank’ or another waste of public money. First, we needed the council and the NHS [on board], but then also local media. Often our press can pander to the lowest common denominator around the night-time economy with lurid images...Whilst a little of that is true, it’s a fraction of what goes on in [our town] at night. Most people are having a good time and don’t cause any problems.

So, we have tried to position ourselves as the organisation that is changing the town for the better, not simply dealing with the symptoms but preventing problems and, over time, changing...behaviour.”

Interviewee: safe space manager
BACKGROUND

This summary sets out the main findings, conclusions and recommendations from A Study of Safe Spaces in the UK Night-time Economy.

The research was undertaken in 2016/17 by night-time economy specialists MAKE for the Local Alcohol Partnerships Group (LAPG) and was supported by The Portman Group.

The study reviewed international literature, mapped existing safe spaces, evaluated their impact and identified four best practice case studies: Hereford, Exeter, Chelmsford and Clapham. These case studies can be found throughout this summary.

For details of the full report and the accompanying ‘toolkit’ (to help those starting up a safe space), contacts can be found at the end of this summary.

PURPOSE

The overarching purpose of this study was to understand the current ‘landscape’ of UK safe spaces.

The specific objectives of the study were:
- To map existing schemes; where possible evaluate their effectiveness (identifying any reductions in the use of public sector resources) and highlight best practice. And, if they appeared effective, make recommendations for how safe spaces could be better supported.
CASE STUDY 1
Emilia’s Place
Hereford

“What Emilia’s Place and Lean-on-Me do is really ingenious. They offer a service where the street pastors assist with any incidents and then remove the [individuals in need] back to safety using their vehicle, then take care of that person properly and reconnect then with their nearest and dearest. Functionally, organisationally and financially the project reassures me that the customer will be treated properly, safely and securely. It cuts down immeasurably on time wasted waiting for ambulances or the police to arrive.”

Interviewee: nightclub manager, Hereford
**Location:** Emilia’s Place, Hereford City Centre.

**Established:** 2014.

**Scheme type:** Building & vehicle.

**Lead organisation:** Herefordshire Vennture.

**Nights of operation:** Friday & Saturday (over 100 nights per year).

**Hours of operation:** 22:00hrs to 04:00hrs.

**Funding source:** The Police & Crime Commissioner, the Diocese of Hereford, Hereford City Council and The Herefordshire Foundation.

**Staff:** 1 CEO (p/t), 1 project development manager (p/t).

**Volunteers:** From a pool of 45 volunteers, between 4 and 10 are present at Emilia’s Place on a typical night.

**Services:** Assessment, recovery, pastoral care, base for Street Pastors, police interviews.

**Annual operating cost:** £40k (£400 / night).

**Public Sector Reallocation (A&E / Ambulance):** £277k (Does not include costs that may be offset because of secondary injuries or crimes prevented, GP follow-ups or police and justice system costs avoided).

Emilia’s Place recovery centre and its Lean-on-Me ‘street triage’ service is possibly the most developed safe space scheme in the UK.

Operated by the same charity, Vennture, as the city’s street pastors, they found only 30% of pastors’ incidents were medical-related, yet these absorbed 60% of their time. It could take almost an hour for an ambulance to arrive taking pastors out of action while they waited.

Lean-on-Me and Emilia’s Place commenced in 2014 with a pilot of 25 Saturdays. Vennture engaged trainers experienced in battlefield medicine, who in turn trained volunteers to staff the scheme. The assessment processes for users of the scheme are rigorous.

**Innovation 1:** ‘User segmentation’ EP has created 10 ‘archetypal users’ e.g. ‘haunted souls’, ‘returning mums’ to better understand users and signpost them to other services.

**Innovation 2. Bespoke first aid training**
Realising off-the-shelf services had little alcohol-specificity EP devised its own hyper-rigorous, real-world training. This found that 1/3 of users had an underlying condition that could then be treated via other services.

**Innovation 3: Safe space insurance** When conventional providers failed to offer an appropriate policy, EP worked with Lloyds of London to create a safe space-specific policy.
UK SAFE SPACES

There are 45 safe space schemes currently operating in the UK.

5 safe spaces have closed in the past six years.

60% of safe spaces operate from vehicles, 40% are based in buildings.

The potential exists for 150+ safe spaces nationwide.
The research showed there are **45 safe spaces in the UK**. Most of these operate on Friday and/or Saturday nights or when there is a busy midweek student night.

The majority of schemes are in **the south and east of England and Wales**, with isolated examples in Scotland and Northern Ireland. There are **substantial gaps in the Midlands and north of England** (areas most in need due to higher levels of alcohol harm in their night-time economies). See map overleaf.

In Scotland, the Scottish Government has ‘pump primed’ several schemes. The clustering of schemes in the East of England appears to be the result of Colchester’s early SOS Bus inspiring other towns.

We estimate that the UK night-time economy could benefit from **at least 110 additional safe spaces** (a total of 150+). A further 70 smaller ‘possible’ locations also exist. Major night-time economies that are currently without a full safe space include **Leeds, Manchester, Sheffield, Liverpool, Leicester, Sunderland, Westminster** and **Croydon**.

**26 of the 45 live schemes are vehicles**, mainly single deck buses but also ambulances. **19 are based in buildings**.

There are two ‘dispersed’ schemes - in Manchester and Leeds - where a network of licensed venues offer a ‘safe haven’ for students. We have included these in the list. However, they do not offer the same range of services found in other safe spaces.

There is one ‘in-venue’ safe space (**Romford**). This operates out of a dedicated room inside the town’s largest nightclub.

The **five schemes that ceased operating** show no geographical pattern, nor in terms of their operational model, albeit four of them operated out of vehicles.

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**Key**

- **Vehicle**
- **Building**
- **Dispense**
- **Closed**
“We moved to a church 2015, opposite the city’s main nightclub, and the reverend opened his doors and welcomed [the scheme] with open arms. He now sits on our working group, sits on Best Bar None and the evening and night-economy group. By volunteering at the Help Zone the Street Pastors feel engaged more than ever before. At the same time, we introduced taxi marshals, paid for by the trade, and they provide security for the Help Zone too. It’s a win-win.”

Interviewee: Manager, Exeter Help Zone
**Location:** Mary Arches Church, Exeter City Centre.

**Established:** 2014 (pilot in 2012).

**Scheme type:** Building.

**Lead:** South West Ambulance Service (now coordinated by Exeter City Council).

**Partners:** St John’s Ambulance / Street Pastors.

**Nights of operation:** Saturdays and other major nights (around 55 nights per year).

**Hours of operation:** 23:00-03:30.

**Funding:** Exeter Community Safety Partnership.

**Staff:** Seconded council officer time (1 administrative, 1 management), paramedic and assistant.

**Volunteers:** Up to three trained street pastors supporting the medical staff at any one time.

**Services:** Triage, recovery, pastoral care, base for street pastors, police interviews.

**Annual operating cost:** £5k.

**Public Sector Reallocation (A&E / Ambulance):** £47k (Does not include costs that may be offset because of secondary injuries or crimes prevented, GP follow-ups or police and justice system costs avoided).

Though a small cathedral city, Exeter has a sizeable student population, a stag and hen economy and a large local weekend party crowd aged 18 to 50+. With this has come challenges for its growing after dark economy.

Despite a 2012 pilot that proved the Help Zone’s success, it wasn’t until 2014 and the Home Office’s Local Alcohol Action Areas programme that Exeter took the full time ‘safe space’ leap and ran the scheme weekly. Initial problems included finding a suitable venue but a church near the city’s taxi marshalled cab rank stepped up. Volunteers however, were not a problem, and a training programme for a subgroup of the city’s 80+ street pastors sees three of them helping each week on rotation.

**Innovation 1: Paramedic-driven** Exeter Help Zone may never have succeeded without the drive of a paramedic. Ambulance services rarely contribute to safe spaces, even though they are the greatest beneficiary.

**Innovation 2: A ‘win-win’ for StJA** St John’s Ambulance share paramedic duties with SWAS. In return for the opportunity to train on the job, the Help Zone gets free medical staff. This results in low operational costs.

**Innovation 3: Helping the homeless** The Help Zone provides a place of respite and an opportunity for agencies to assess rough sleepers for medical problems and signpost to accommodation or admit them to hospital.
FINDINGS

Safe spaces can help offset public sector costs by as much as £9.31 for every £1 spent on the service.

A safe space can allow ambulance and A&E services to redeploy £50k - £1m of resources each year.

Safe spaces cost between £5k and £150k a year to operate.

A UK network of safe spaces could return over £100m to the NHS each year.
The headline finding of this study is that safe spaces appear effective and should be supported to expand, where appropriate, across the UK.

Safe spaces in this research provided a return of up to £9.31 to the public purse for each £1 invested. More typically, schemes vary between break-even and £5 per £1. But, the returns are certainly much greater than this. These are conservative estimates due to the limits of what could be measured in this study (ambulance and A&E reductions).

Therefore, more research is required to quantify the benefits, such as reduced hospital admissions (this research looks only at attendances) and gains for the police and justice system (see Recommendations).

The greatest safe space beneficiaries (other than the clients themselves) are ambulance services and A&Es. However, other stakeholders also benefit, such as hospital ICUs, surgery and inpatient care, where safe spaces almost certainly reduce usage.

Night-time economy businesses also benefit through a better visitor environment for customers and enhancing their duty of care for socialisers who may find themselves lost or vulnerable.

The main services provided to safe spaces users are assessment, treatment and recovery. Safe spaces appear to be particularly effective in preventing secondary injuries and people becoming victims of crime.

Safe spaces help ambulances reduce call outs, speed up handovers, reduce response times and address aggression towards staff.

Hospitals benefit from fewer admissions, helping meet A&E wait time targets and a less chaotic emergency room environment.

Anecdotally, non-night-time economy patients may receive better care due to an improved emergency department setting.

The research shows that although it’s difficult to quantify exact returns, safe spaces benefit police because they do not have to wait with intoxicated or injured socialisers until an ambulance arrives (or escort them to hospital).
This wait can remove officers for up to two hours from the streets. This reduces pressure on officer numbers and allows them to focus on core policing responsibilities.

These agencies are thus able to better prioritise their increasingly limited resources on ‘serious’ hospital admissions (in the case of the NHS) or in preventing crime and responding to incidents across the whole community (in the case of the police).

Safe spaces in the research cost between £5k and £150k a year to operate, with most at the lower end. Upfront capital costs, e.g. purchase of vehicles, building conversions, equipment, often increase first year spending.

Safe spaces in this research allow the NHS to redeploy between £50k and almost £1m per year, depending on the size and type of scheme, number of nights operated.

By expanding the number of schemes to 150+, we estimate that the safe space network could allow the NHS to return over £100m a year to other services at a cost of £15m. The return to the wider public sector could be much higher, but this requires advanced measurement of the benefits.

**Funding** sources for safe spaces are varied but comes mainly from local authorities, police and crime commissioners, commissioning groups and, in some cases, late night operators and BIDs.

The main beneficiaries (hospitals, ambulances and police) contribute little to existing safe spaces. Some safe spaces said they felt this was unfair.

Often NHS, ambulance trusts and commissioning groups would like to invest but their own spending rules sometimes mean that cannot currently invest in safe spaces. This needs to be further explored in order to overcome this barrier.

**Volunteers** are critical to many of the schemes’ success. This volunteering should be celebrated and built into ongoing safe space models (where appropriate).

Whilst some safe spaces do utilise street pastors, it is important that this doesn’t impact on pastors’ ability to do their primary job. Indeed, in many cases safe spaces free up pastors as they do not need to remain with those who are injured or unwell and can return to their duties more quickly.
As noted above, safe spaces can be broken down into ‘vehicle’ or ‘building’ based schemes (or a combination). Both are effective and the full report sets out the advantages and disadvantages of each type.

Of the five safe spaces that have closed, none has done so closed because it was ineffective. One scheme (Torbay) even reopened because its closure left a critical gap.

There is no evidence, either in the literature or in this research, that safe spaces encourage people to drink excessively or to take illegal drugs secure in the knowledge that they will be helped by safe space staff.

However, there is very little being done to encourage those who end up in safe spaces to change their behaviour towards alcohol and illegal drugs. This is a concern but also an exciting opportunity to examine how ‘brief interventions’ and ‘teachable moments’ theory can be deployed in or after people find themselves in safe space settings.
Safe spaces typically help between 4 and 20 people during a weekend night.

Hereford’s NTE has about 8k visitors on a Saturday, meaning just 1 in 1,600 people end their night in Emilia’s Place.

Cardiff city centre typically sees 40k visitors a night (100k on busy weekends). Its safe space sees an average of 7 to 8 visitors (less than 0.02% of those using its NTE).

So whilst the numbers using safe spaces are small, they can play a key role helping an NHS that is under ever increasing pressure.
CASE STUDY 3
SOS Bus
Chelmsford

“We speak to GPs and they are seeing people coming in to have wound dressings changed by the practice nurse or seeking advice after being assaulted but not reporting it to the police [nor attending hospital on the night]. Now, not all those people’s injuries could have been prevented [by a safe space], but some of these secondary injuries and crimes that have a toll on health and police services are being prevented since we came into operation.”

Interviewee: safe space manager
Location: Chelmsford City Centre
Established: 2015
Scheme type: Vehicle / pop-up shelters
Lead: Safer Chelmsford Partnership
Nights of Operation: Saturday (50 nights / yr)
Hours of operation: 22:00hrs to 04:00hrs
Funding source: Council, Late Night Levy and other partners
Staff: Two pro-rata council employees (administrative / management)
Volunteers: N/A
Subcontractors: Open Road charity with doctor and assistant medical practitioner / 1 SIA staff
Services: Resuscitation, triage, recovery, pastoral care
Annual operating cost: £26k (around £500 per night)
Public Sector Reallocation (A&E / Ambulance): £148k (Does not include costs that may be offset because of secondary injuries or crimes prevented, GP follow-ups or police and justice system costs avoided).

Chelmsford has seen major progress in managing its night-time economy, including a successful street pastors scheme, reductions in alcohol-related crime and achieving a Purple Flag. Yet despite this, the number of NTE admissions to A&E, including what was considered an unacceptable proportion of non-emergency admissions, remained high and was consuming valuable NHS resources.

Chelmsford addressed this initially with a ‘pop up’ safe space pilot to provide a ‘proof of concept’. The city was flexible enough to realise that the pop-up shelters, whilst cheap and effective in summer, offered insufficient protection in winter and so contracted East Anglian safe space provider, Open Road, who now provide a bus for a year-round service.

The project is currently funded from the city’s Late Night Levy. Whilst the levy is controversial with venues, those who pay can at least see that their money is being reinvested to improve the night-time economy.

**Innovation 1:** Using a safe space to deliver the council’s public health targets.

**Innovation 2:** Branding – by creating a high-profile brand that clubbers would be aware of, can trust and look towards if in need of help.
Conclusions & Recommendations

“The problem is [that] the night-time economy is nobody’s single responsibility. I mean [it’s] nobody’s [responsibility] to have a cohesive plan and to performance manage that. And, where you do get plans they tend to be focused on one aspect – policing, licensing etc. What each town needs is a [night-time] strategy, ownership of the strategy and safe spaces can be built into and support that strategy.”

Interviewee: safe space manager
Safe spaces are effective and present an exemplar of ‘investing to save’. Where operational, the NHS, paramedics, police and businesses are highly supportive in principle. There is no ‘one size fits all’ safe space model but the research uncovered important principles and best practice which can be used to guide the development of a safe space movement.

There is no evidence that safe spaces are creating demand for their own services by encouraging negative behaviour around alcohol and illegal drugs. However, we don’t yet know enough about the users of safe spaces (who rarely end up as repeat visitors) and more research is needed to understand them and their behaviour and what would encourage them to change.

A strategic approach is required to support the roll out nationally of safe spaces, to unlock funding and disseminate best practice.

The report makes 15 recommendations. These include:

- The creation of a ‘National Safe Space Toolkit’ for those starting new safe spaces to help them ‘hit the ground running’ and avoid mistakes made by existing schemes.
- Disseminating this report and engaging with the national chief executives of the beneficiary organisations, explaining why they should support safe spaces.
- This includes the devolved governments and the Home Office and Department of Health in England, as well as the NHS in each country, ambulance trusts, clinical care commissioning agencies, public health bodies, local government associations, police chiefs and trade bodies.
- The report also recommends developing a behaviour change model with a specialist partner (e.g. university, Drinkaware Trust etc.) that can be tested and evaluated in safe space settings.
- More research is needed to quantify the benefits that were outside of the scope of this study.
- The secondment of an existing organisation to take a lead on safe spaces nationally. And, in due course, the development of an organisation that champions the benefits of safe spaces and offers support to locations that want to build a scheme.
- An independent annual evaluation of safe spaces to map change, demonstrate their ongoing value and identify any developing concerns around funding, policy and practice.
CASE STUDY 4
Night Hub Hub
Clapham

“They’ve really got it going on down there [Clapham]. The way the church has led and provides the space and the BID and the businesses have backed it... they really get it. The paramedics are hardly there now and as the police we have far fewer problems to deal with. For me it means that that part of Lambeth is much less chaotic and problematic now.”

Metropolitan Police Service licensing officer
Location: Holy Trinity Methodist Church, Clapham.

Established: 2012.

Scheme type: Building.

Lead organisations: Holy Trinity Methodist Church (management) and This is Clapham BID (funding).

Nights of Operation: Fridays and Saturdays (around 100 nights per year).

Hours of operation: 23:00-04:00.

Funding source: This is Clapham Business Improvement District / Methodist Church.

Staff: Church Volunteer Coordinator (2 days per week); at night - two church volunteers, two St John’s Ambulance medics and two SIA security personnel.

Volunteers: Two volunteers from a pool of around 40 street pastors.

Annual operating cost: £44k.

Public Sector Reallocation (A&E / Ambulance): £82k (Does not include costs that may be offset because of secondary injuries or crimes prevented, GP follow-ups or police and justice system costs avoided).

Clapham, whilst a traditional urban high street, had seen a large increase in bars and restaurants over the past decade. Thus, its character had changed hugely and a night-time economy strategy commissioned by the local council highlighted the need for better infrastructure to manage its new roles.

The church, whose glass fronted street facing extension transforms at night into the Hub, had long wanted to offer a safe space and this was catalysed when local firms voted for a business improvement district. It is a model of how to deploy a fixed space for multiple uses.

Innovation 1: An NTE field HQ The Hub is not just used as a safe space but for early evening briefings and as a command hub for managing the night-time economy.

Innovation 2: Business-led responsibility Perhaps more than any other safe space business support - funding, staff and in-kind contributions - is most developed in Clapham.

Innovation 3. Enhancing visitor experiences The Hub also provides an effective visitor information service to the many tourists that find themselves in need of transport home.
Contact

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The authors would like to thank to all those stakeholders, interviewees and, particularly, the case study locations that have given their time to the project. However, the conclusions and recommendations and any errors and omissions remain the work of MAKE.

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