Greater Manchester's A Bed Every Night programme

An independent evaluation

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Dr Beth Watts and Lynne McMordie, with Melissa Espinoza, Dora Welker and Professor Sarah Johnsen

Institute for Social Policy, Housing and Equalities Research (I-SPHERE), Heriot-Watt University, Edinburgh

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About I-SPHERE

The Institute of Social Policy, Housing and Equalities Research (I-SPHERE) at Heriot-Watt University is a leading UK research centre in the fields of housing, poverty and social policy with a strong international reputation. I-SPHERE staff specialise in research on homelessness, destitution, complex needs and other forms of disadvantage. www.i-sphere.hw.ac.uk

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Acronyms

ABEN	A Bed Every Night
EEA	European Economic Area
ELA	Ethical Lettings Agency
GM	Greater Manchester
GMCA	Greater Manchester Combined Authority
GMCEC	Greater Manchester Covid-19 Emergency Committee
GMHSCP	Greater Manchester Health and Social Care Partnership
GMJCB	Greater Manchester Joint Commissioning Board
GMWPASG	Greater Manchester Winter Provision ABEN Steering Group
GP	General Practitioner
HMO	House in Multiple Occupation.
HRA	Homelessness Reduction Act
LA	Local Authority
LHA	Local Housing Allowance
MHCLG	Ministry for Housing Communities and Local Government
NRPF	No Recourse to Public Funds
PRS	Private Rented Sector
RQ	Research Question
RSI	Rough Sleepers Initiative
SWEP	Severe Weather Emergency Protocols
UK	United Kingdom

Chapter 1: Introduction

Background

In November 2018, Greater Manchester (GM) Mayor Andy Burnham launched the A Bed Every Night (ABEN) programme, which sought to provide *"a comfy bed, warm welcome, and personal support for anyone sleeping on the streets of our city-region who cannot access other accommodation"*[1]. The programme formed a major component of the Mayoral effort to end the need for rough sleeping across the city-region by 2020.

The programme is especially noteworthy in the United Kingdom (UK) context in seeking to accommodate and support a group who are not owed a statutory duty to temporary or settled accommodation. This includes those deemed not to be in priority need or deemed intentionally homelessness under homelessness legislation, those who have been excluded or are unable to manage within statutory temporary accommodation, and those unable to avail themselves of state support owing to their immigration status (i.e., those with No Recourse to Public Funds (NRPF)). ABEN also seeks to fill a gap in support for those who have fallen through the net of wider public services, for example adult social care or health services.

Aims and research questions

The overall objective of the research is to evaluate the effectiveness of ABEN in achieving its core aims of: reducing rough sleeping among those at imminent risk in GM, addressing the support needs of those accessing ABEN, and securing move-on to more suitable accommodation. The research aims to inform the design and commissioning of services responding to rough sleeping across GM. In order to achieve these objectives, the research is guided by the following 4 research questions (RQ), informed by the needs of the funder (Greater Manchester Combined Authority) and the broad principles of realist evaluation (see chapter 2):

RQ1: What are the impacts of the ABEN programme?

a) To what extent and how does the ABEN programme achieve its aim of supporting people to avoid sleeping rough?
b) To what extent and how does the ABEN programme achieve its aim of addressing people's wider support needs?
c) To what extent and how does the ABEN programme achieve its aim of supporting people to move on to more suitable accommodation?

RQ2: Which key components of ABEN design and implementation enable or inhibit programme effectiveness?

RQ3: What are the experiences of those who access the ABEN programme?

RQ4: How, if at all, could the ABEN programme be developed in the future to more effectively reduce the need for rough sleeping and improve the experiences of those at risk in Greater Manchester?

[1] See https://bedeverynight.co.uk/about/

This evaluation was originally commissioned to take place in from March to August 2020, and to focus on phase 2 of the ABEN programme. The COVID-19 pandemic and associated lockdown measures delayed the start of the project until July 2020 with fieldwork therefore undertaken in August-December 2020 during phase 3 of the programme, and online/by phone rather than face-to-face and 'on location' (see chapter 2). The COVID pandemic had radical and rapid impacts on responses to homelessness both nationally and across GM, and as such in addition answering the research questions above, we seek to highlight the impact that the pandemic has had on the development of ABEN, its effectiveness in achieving its aims, and the experiences of ABEN users where possible.

What works in responding to rough sleeping? A review of existing evidence

The evaluation uses the wider international evidence base on 'what works' in responding to rough sleeping as a reference point for reflecting on the theory of change and key components of the ABEN programme. By doing so, we hope to bring added value to service development and design in GM, and to generate evidence relevant to policy and service design elsewhere in the UK and internationally. We draw primarily on three key recent contributions to the evidence base in sketching a jumping off point for this dialogue between the global evidence base and GM service develop in this area. Each was selected as a synthesis of a large body of evidence relevant to this study, and because they identify a series of headline findings and principles that offer a useful resource in reflecting upon the findings of this evaluation. Where useful, we highlight a handful of specific, recent contributions to the evidence base.

The first review (Mackie et al., 2017) considers the question 'what works in responding to rough sleeping?', and draws on analysis of over 500 published studies, as well as interviews with 11 international experts on homelessness. It considers a range of specific interventions, including hostels and shelters and Housing First. The authors conclude that responses to rough sleeping internationally are not as effective as they could (and need) to be, and identify five principles (p. 110-111) that they argue should inform the future development of such responses, these being:

1. *Recognise and respond to heterogeneity* – of individual rough sleepers' housing and support needs and their different entitlements to publicly funded support. Local housing markets and rough sleeper population profiles will also vary geographically.
2. *Take swift action* – to prevent or quickly end street homelessness, thereby reducing the number of rough sleepers who develop complex needs and potentially become entrenched.
3. *Employ assertive outreach leading to a suitable accommodation offer* – by actively identifying and reaching out to rough sleepers and offering suitable accommodation.
4. *Be housing-led* – offering swift access to settled housing including the use of Housing First, rather than pursuing staircase approaches that make access to mainstream housing conditional on 'housing readiness'.
5. *Offer person-centred support and choice* – via a client-centred approach based on cross-sector collaboration and commissioning. Personalised Budgets[2] are a good example of this.

This emphasis on responses being 'housing-led' reflects the astoundingly strong evidence base attesting to the effectiveness of Housing First in responding to rough sleeping (summarised in chapter 4 of Mackie et al., 2017) in combination with a voluminous body of research detailing the harms

[2] Personalised budgets typically used to support entrenched rough sleepers access and sustain housing by providing them with an individual budget (usually of £2-3,000 but with average spend much less), co-managed with a support worker, which can be spent on a wider (and often creative) variety of items to help secure and maintain accommodation (see Mackie et al., 2017).

associated with congregate forms of emergency and temporary accommodation (see chapter 3 of Mackie et al., 2017). Two of the authors of this report have recently published qualitative research seeking to identify the specific mechanisms via which such forms of accommodation can generate these harms. Drawing on data collected from a sample of men with experience in hostel accommodation in Belfast, McMordie (2020) uses psychological theories of stress to explain hostel abandonment, arguing that abandonment should be understood as a *"as a rational and reasoned response to an environment where intolerable levels of stress often pertain and individual control over stressors is extremely limited"* (p. 1). Using data from a study on temporary accommodation in Scotland, including over 50 participants with direct experience in various forms of temporary accommodation, Watts and Blenkinsopp (2021) that congregate forms of temporary accommodation (hostels and B&Bs) systematically limit people's control over their immediate living environment, largely as a consequence of the autonomy-constraining rules and routines that pertain in these environments. In doing so, we argued that these forms of accommodation actively corrode people's ability to live physically and mentally health lives, and to develop and maintain positive social relationships, including with friends, romantic partners and their families (including children).

The second source is a systematic review of evidence on the effectiveness of accommodation-based programmes for people experiencing or at risk of homelessness, which focuses primarily on housing stability and health outcomes, and distinguishes accommodation-based programmes in relation to the type of accommodation offered, the nature and level of support provided, and level and nature of conditionality attached to programme involvement (Keenan et al., 2020). The key conclusions are that:

1. Accommodation interventions with higher levels of support 'blended' into the intervention are the most effective.
2. Interventions that only address basic human needs (providing only a bed and food) may harm people. Such interventions had worse health and housing stability outcomes even when compared to no intervention.

The review also identifies a number of considerations for implementation that impact on the success of accommodation-based programmes, including:

- Clear identification of suitable users, referral routes and approaches to prioritisation.
- Effective and meaningful engagement with users and involvement in decisions about their housing and support.
- Adoption of a person-centred and holistic approach, flexible support, non-judgemental and clear communication.
- Time and knowledge to help assist navigating systems.
- Collaboration with other agencies committed to shared objectives.

The third and final source of evidence is a review of effective responses to 'poverty and complex needs', that is, to the needs of *"a relatively small group of people in poverty who face additional, complex challenges… [including] mental health conditions, homelessness, experiences of violence, substance misuse or involvement in the criminal justice system"* (Fitzpatrick and Watts, 2016, p. 218). The review drew on a wide range of international evidence and formed part of the Joseph Rowntree Foundations Solve UK Poverty Strategy (JRF, 2016). The authors identified five principles that can

usefully inform intervention and policy responses targeting those experiencing poverty combined with complex needs:

- *Personalisation*: the provision of open-ended, persistent, flexible and co-ordinated support. 'Whole-person' approaches are vital, taking into account the underlying causes of complex needs and the challenging behaviours that can be associated with them.
- *Deinstitutionalisation*: as far as possible, people should have the option of staying in mainstream housing, rather than specific, separate institutions.
- *Reintegration*: enabling people to go to work and other ordinary social settings.
- *Asset-based*: interventions focusing on an individual's strengths, including 'recovery' models in mental health and substance misuse (building a meaningful and fulfilling life in the face of ongoing challenges), and 'desistance' models in criminal justice (supporting offenders to realise their potential).
- *Poverty-informed*: dealing with the financial and material hardship that people face, rather than only focusing only on their social or personal needs or behavioural issues.

Given the distinct aims, methods and focus of these reviews, we do not synthesise their findings in an overarching set of principles, but offer them here as a resource to reflect on GM's ABEN programme, the extent to which the programme embodies these principles in practice, and how these principles and findings can inform the future development of the programme. We return to them explicitly in the concluding chapter.

Structure of report

The next chapter (chapter 2) describes the overall realist-informed approach adopted for this evaluation and the specific methods pursued. In chapter 3, we provide an account of the origins, aims, theory of change and evolution of ABEN, as well the impacts of the COVID-19 pandemic on the programme. Chapters 4 considers the effectiveness of ABEN in preventing and reducing rough sleeping. Chapter 5 considers the effectiveness of ABEN in addressing the support needs of those who access the programme. Chapter 6 focuses on ABEN's effectiveness in supporting access to suitable move on accommodation. Together, chapters 4-6 therefore answer RQs1-3. Chapter7 concludes the report, providing an overview of evaluation findings, bringing these findings into dialogue with the wider international evidence base on 'what works' in responding to rough sleeping, and making recommendations for the future development the ABEN programme and related services in GM.

Chapter 2: Research approach and design

This chapter details the research approach adopted in this evaluation and the specific methods pursued to answer the research questions detailed in chapter 1.

A realist-informed approach

This study is informed by a critical realist approach to evaluation that asks *what works for whom, in what contexts, and how* (Westhorp, 2014). Such an approach prompts a focus on the *mechanisms*, *contexts* and *people*. In the context of this ABEN evaluation, these ideas are relevant in the following ways:

- **Mechanisms:** the evaluation will explore the relative contribution of key aspects of the ABEN approach in achieving positive (or negative) outcomes, including access and referral processes, the type of accommodation, the nature and level of support, and links with other services. In doing so, we seek to understand *what it is about the ABEN programme* that does or does not 'work' in achieving its aims. This will support the identification of specific and practical implications to inform the future development of the programme.
- **Context**: the ABEN programme is being delivered across the diverse contexts of GMs ten local authorities, and in partnership with a range of accommodation and support providers. The research will explore how these contextual differences impact on the effectiveness of the programme and/or the experiences of those accessing ABEN accommodation and support.
- **People**: particular programmes can be more or less effective for individuals in different circumstances and/or with different characteristics. The ABEN programme, for example, provides accommodation and support for diverse range of individuals, including entrenched rough sleepers, young people, those with complex needs, and those with NRPF, women/men etc (Bromley & Briggs, 2019) and it may be that the ABEN approach is better aligned to the needs and circumstances of some of these groups than others. The research will explore variation in the outcomes for and experiences of these groups.

Research strategy and methods

We adopted a primarily qualitative approach to the evaluation for two primary reasons. First, a qualitative research strategy generated data that enabled the research team to identify, explore and test hypotheses regarding 'what works about ABEN, for whom, in what contexts?' from a range of perspectives (strategic cross-sector GM-level stakeholders; local authority and voluntary sector staff; frontline workers; and ABEN users). Second, while some quantitative data was available to help understand the effectiveness of ABEN, there were significant gaps in and weaknesses of these data sources (reviewed below). A qualitative approach thus provided a rich resource to explore the research questions, one that could be brought into dialogue with existing qualitative data to better triangulate our understanding of the effectiveness of the ABEN programme.

To meet the overarching study objectives and answer the research questions outlined in chapter 1, the research team deployed a six-stage research strategy detailed below, with all phases of the research conducted between August and December 2020. All interviews and focus groups across stages three to six of the research were undertaken either by phone or online given the COVID-19 context and associated restrictions on travel and face-to-face meetings.

1. Documentary review

The research team undertook a review of key literature relating to the ABEN programme, spanning documents detailing the origins and design of ABEN, its evolution over time, and existing documents monitoring and reviewing the programme. Documents were provided by the Greater Manchester Combined Authority (GMCA) Planning and Housing Research team and Public Service Reform Team, or located via online searches. This aspect of the research design provided a context and foundation for the wider evaluation, and in particular provided documentary evidence pertaining to RQ1 and RQ2 concerning the impacts of ABEN and mechanisms via which these impacts are achieved. Some of the documents also provided information on ABEN user experiences (see chapter 3).

2. Light touch data-review

In partnership with GMCA, the research team conducted a light touch review of ABEN administrative data, covering referrals, profile, and move-on for phases 1-2. This stage of the research was useful in orienting the research team to the operation and outcomes of ABEN, thus helping to inform the sampling strategy and research instruments deployed in latter research stages. It also contributes directly to answering RQ1 and RQ2 in particular, and alerting the research team to the quality and robustness of existing quantitative data in order to appropriately weight and triangulate it with our qualitative findings. An overview of ABEN data is provided later in this chapter.

3. Key informant interviews

Key informant interviews with 10 expert stakeholders were conducted in August/September 2020. Participants were purposively sampled to elicit a range of cross-sector perspectives on the ABEN programme. All participants had GM-wide or multi-borough expertise on ABEN. Many had cross-sector experience and detailed knowledge of homelessness and homelessness responses in GM, but were sampled to cover the following primary areas of expertise:

- Health, covering primary care, public health, mental health and drug and alcohol services (n=4)
- Criminal justice (n=3)
- Voluntary sector (n=1)
- Housing (n=1)
- Homelessness (n=1)

These interviews covered four main themes: the origin and aims of ABEN, its design and implementation, its impacts and effectiveness, and key informant views on the continuation and future development of the programme. This element of the research design thus offered insights relevant to RQs 1 and 2 concerning the impacts of ABEN and mechanisms via which these impacts are achieved, as well as RQ4 concerning the future development of the programme.

4. Strategic local informant interviews and focus groups

Strategic local informant interviews or small focus groups were conducted with 19 individuals across all 10 GM boroughs (Manchester n=5, Wigan n=3; Salford, Bolton and Stockport n=2; Bury, Trafford, Tameside, Oldham, Rochdale n=1). Participants were purposively sampled based on their detailed knowledge of ABEN accommodation and support provision at the local level. Most participants were local authority staff (n=15) in roles in part or whole related to ABEN, including strategic housing and homelessness roles, commissioning roles, and/or operational/support management roles and thus able to give a detailed picture of ABEN provision in the area. In two boroughs we also spoke to

voluntary sector representatives involved in ABEN provision (n=3), and in one borough we spoke to a housing provider involved in ABEN provision (n=1).

These interviews and focus groups covered themes similar to those explored with key informants, but with a greater emphasis on the operation and impacts of ABEN within the particular context. As such data from this element of the research was once against primarily relevant to answering RQs 1, 2 and 4.

5. Frontline worker interviews and focus groups

Eleven interviews or small focus groups were conducted with a total of 17 individuals directly involved in the delivery and implementation of ABEN across 8 GM boroughs (not including Bolton and Bury). The majority of participants were in frontline roles working directly with ABEN residents including as support workers, case managers, outreach workers or overarching ABEN coordinators. A small number were in managerial roles overseeing frontline ABEN staff. Participants were employed either by the relevant local authority or by a voluntary sector service/housing organisation providing ABEN accommodation and/or support.

These interviews and focus groups used hypothetical vignettes to explore the ABEN responses to ABEN users in distinct circumstances and with different profile, these being: a young male no longer able to stay with friends; an older man with complex needs including addiction issues; a non-EEA (European Economic Area) migrant with NRPF; and a women intermittently engaged in sex work, who is fleeing a violent partner. Participants were also asked for their broader reflections on the strengths and weaknesses of ABEN and its future development. This stage of the research thus provides data relevant primarily to RQs 1, 2 and 4, but also some data relevant to RQ3 concerning the experiences of ABEN users.

6. Interviews with ABEN service users.

The final research stage involved one to one interviews with 28 people currently or recently resident in ABEN accommodation. Given the qualitative nature of the research, our sampling strategy sought variation on a number of key variables, rather than 'representativeness' of ABEN users. Our primary sampling criteria were to ensure variation in terms of: **type of accommodation** - ensuring participation of those with experience in a diversity of types of ABEN provision; **length of stay in ABEN** - ensuring a mix of participants with long and shorter durations in ABEN; and **level of need**: ensuring a mix of participants with lower and higher/more complex support needs. Our sampling strategy also had regard to ensuring some variation across a range of secondary sampling criteria, including age, gender, and immigration status/access to public funds.

Our approach to sampling was also informed by practical concerns. Relevant here was our inability to visit ABEN services/accommodation in person, our reliance on local stakeholders to broker access to ABEN users, and that all interviews had to be conducted online or by phone. Table 1 provides an overview of the ABEN user sample characteristics.

Table 1: Sample characteristics

Sampling criteria/characteristic	**Sample make-up (total n=28)**
Type of accommodation	• Hostels: n=11. Participants had their own rooms and shared facilities with others. Hostels ranged from accommodating 11 to over 40 residents. • Shared flats or houses: n=10. Participants had their own rooms and shared facilities with between 1 and 7 others. • Night shelter accommodation: n=5. A shared open space with individual partitioned 'cubicles' to give some privacy and enhance infection control and people's ability to social distance, with access to shared facilities. • Self-contained accommodation: n=1. • B&B/guest house ABEN accommodation: n=1.
Length of stay	Lengths of stay in ABEN ranged from 10 days to 18 months • A month or less n=4 • 1-3 months n=11 • 3-6 months: n=8 • 6 months or more n=5
Level of support needs	Based on self-reported data and interviewer assessment: • Complex needs n=10 • Low to medium support needs n=18
Location	Participants were accessed in 7 of the 10 GM boroughs: • Manchester n=11 • Wigan n=5 • Salford and Stockport n=4 • Oldham, Bury, Bolton n=3 or less (exact number withheld to preserve anonymity) • Rochdale, Trafford, Tameside n=0.
Age	Participants ranged from 18 to 68 years old, and were distributed across this age range as follows: • 18-25 n=4 • 26-35 n=5 • 36-55 n=15 • 56 and above n=4
Gender	• Men: n=21 • Women: n=7
Nationality	• UK nationals: n=22 • EEA (n=3) • Non-EEA (n=3)
NRPF	• NRPF (asylum): n=2 • EEA migrant not exercising treaty rights: n=1
Living situation pre-ABEN	• Chronic Rough Sleeping (n=13) • Episodic or Brief Rough Sleeping (n=5) • No Rough Sleeping (n=10)*
Current or resent ABEN user	• Residing in ABEN at time of interview: n=22 • Recently moved on from ABEN accommodation: n=6

*In chapter 4, we consider the experiences of n=3 participants with NRPF separately. Of these, n=1's prior living situation was chronic rough sleeping, and n=2 had no previous experience of sleeping rough.

Frontline ABEN staff made an initial approach to potential participants, explaining the nature and purpose of the research, and securing prospective participants' consent to be contacted by researchers. Each participant received a £20 supermarket voucher to thank them for their time which was sent electronically or by post. Researchers flexibly used a topic guide in interviews, covering the following main themes: people's experiences in ABEN accommodation; their experiences of ABEN support; their experiences of accessing ABEN accommodation; their experiences of move-on from ABEN accommodation; the outcomes and impacts of ABEN engagements; and participants views on what could be done to better help people experiencing or at risk of rough sleeping in GM.

Data capture and analysis

All interviews and focus groups were recorded and transcribed verbatim by a professional transcription company to enable analysis. Each transcript was read and analysed by two members of the research team, with standardised pro formas at individual interview/focus group-level and research phase-level used to capture relevant data across key themes. Transcripts and pro formas were used to inform the write up of data. Quotations used in the report are labelled using generic attributions to give the reader some sense of participants' expertise and circumstances, but also to maintain the anonymity. Attributions do not identify the boroughs in which local informants, frontline worker and ABEN users work or reside, given the small numbers of relevant participants in some areas.

Ethics

All elements of the research were conducted in line with the Social Research Association's Ethical Guidelines (SRA, 2003) with a particular focus on the research team's obligation to protect those involved in the research from harm, and ensure that their participation is entirely voluntary and based on informed consent. Bespoke plain-English information sheets were designed and used for all qualitative interviews and focus groups across research phases, and shared with participants in advance. Having talked through the information sheet, consent was confirmed prior to recordings commencing and then 'on the record'. Ethical approval was granted by the Heriot-Watt School of Energy, Geoscience, Infrastructure and Society Ethics Committee.

Overview of quantitative data

While the present study takes a qualitative approach to evaluating the ABEN programme, there are a number of data sources relevant to the research questions under consideration, which are drawn upon in later chapters of this report.

First, all English local authorities, including GM's ten boroughs, are required by the Central Government to estimate levels of rough sleeping in their area on an annual basis (in November), using either a street-count methodology, an evidence-based estimate in partnership with local agencies, or a combination of both[3]. These counts and estimates are independently verified by Homeless Link and published in an annual statistical release. Street counts are best understood as providing a minimum estimate of rough sleeping in a particular area. Their greatest value is in supplying a potentially meaningful comparison of trends in rough sleeping in an area over time, with this value maximised where methodologies deployed each year remain constant (Fitzpatrick et al., 2019).

[3] See https://www.gov.uk/government/publications/rough-sleeping-snapshot-in-england-autumn-2019/rough-sleeping-snapshot-in-england-autumn-2019

Across GM, local authorities have increasingly deployed 'full count' methods for these annual estimates: in 2018, 5 boroughs estimated the number, 2 estimated 'including spotlight' (i.e. a partial count in one area), and 3 undertook full counts. Eight of the ten boroughs undertook a full count in November 2019. The very intense scrutiny of levels of street homelessness in Manchester and shift towards 'full counts' might suggest that count data has become more accurate over the relevant period.[4] We draw on this verified nationally mandated rough sleeping data in chapter 4 in considering the effectiveness of ABEN in reducing rough sleeping.

Additional sources of data on the levels of rough sleeping in GM that are collected, but not collated and or publicly accessible and thus not utilised in this evaluation. They may, however, prove useful in triangulating intelligence on levels of and trends in rough sleeping across GM in the future. According to key informants involved in this study, every GM borough collates a 'By Name List' of current rough sleepers known to services in the area which are reviewed in multi-agency Task and Target meetings. For example, Manchester itself uses the database GM Think to host its By Name List, with around 500 active names on the system at any one time. This continuously recorded data provides a useful counterpoint to 'point in time' street count data. Such By Names Lists better reflect the dynamic nature of rough sleeping, with people (including in our sample, see table 1) often 'cycling' between rough sleeping and other forms of acute homelessness or inadequate shelter (sofa surfing, for example). Data from these By Names Lists are not collated centrally by GMCA, nor is it clear the extent to which these lists are collated and regularly updated using similar and rigorous methods, but the development of a city-region wide real-time By-Name List could provide an extremely useful supplement to point-in-time street counts, an approach that is known to the research team to be taken in a number of cities internationally pursuing homelessness reduction targets.

The second key source of quantitative data comes from ABEN itself, and the local authority returns made to GMCA detailing referrals into the programme, the characteristics of those accessing ABEN, their length of stay, and move-on outcomes. Data collection and recording processes have evolved across the various phases of the programme, as follows:

- *Phase 1*: a basic ABEN spreadsheet was developed based on the original ABEN referral form. While collecting a range of important information, this approach provided only limited data deemed inadequate to inform the future development of the programme.
- *Phase 2*: a considerably expanded data set was designed to improve recording, with data compiled by LAs (Local Authority) and returned to GM on a weekly basis. The onerousness of this process proved challenging at the LA and GM level, with data quality suffering as a result, including high levels of missing data.
- *Phase 3*: a similar approach to phase 2 is being pursued, with additional efforts being made to avoid and reduce missing data.

[4] Notable here is that since November 2018, a subset of GM boroughs (Manchester, Salford, Tameside, Wigan) began more regular monthly counts or estimates, with all boroughs undertaking regular counts or estimates from September 2019 to January 2020. The COVID-19 pandemic then led to a suspension of these more regular counts between February and June 2020, with post-COVID-19 counts having been undertaken across GM in July and September 2020. The results of these GM initiated counts, seen by the evaluation research team, are in line with annual nationally-manded data.

ABEN data recording continues to involve the collation of ten LA spreadsheets and is generally recognised not to be fit for purpose. The need to record detailed above – and in particular high levels of missing data – mean the utility of this data in revealing the effectiveness of ABEN is limited. Improvements in data quality and completeness would greatly enhance the ability to understand the effectiveness and outcomes of ABEN, as well as the profile and needs of individuals accessing ABEN services.

Conclusion

This chapter has described the realist-informed approach taken to this evaluation of the ABEN programme, with the focus on understanding the *mechanisms* via which, *contexts* in which and *people* for whom ABEN achieves (or not) its intended aims or other outcomes. The specific research strategy and methods adopted have also been described. The evaluation takes a primarily qualitative approach, involving a phased series of interviews and focus group with GM-level key stakeholders from a number of relevant policy and service domains, local level strategic key informants, frontline ABEN workers, and people with direct experience of ABEN accommodation and support. These methods of primary empirical data collection are supplemented by a documentary review of existing literature pertaining to the ABEN programme and a light-tough review of relevant and accessible quantitative data. The next chapter uses all these data sources (except the ABEN user data) to outline the origins, aims, evolution and current operation of the programme.

Chapter 3: Origins and evolution of the ABEN programme

This chapter sets the ground for the rest of the evaluation by considering the origin and aims of the ABEN programme, its underlying theory of change, and its evolution over time, including the impact of COVID-19. The chapter draws on the documentary and light-tough data review described in chapter 2, in addition to interviews and focus group data with GM-level key stakeholders, borough level strategic local informants, and frontline ABEN workers. In doing so, it sets the context for future chapters to answer the research questions driving the study, concerning the impacts of ABEN, people's experience using ABEN accommodation and support, and the programme's future development.

Origins and drivers

Four key and interrelated drivers are relevant to understanding the origins of the ABEN programme. First, and most broadly, in 2018 GM had seen rapid increases in levels of rough sleeping. While this trend was in common with the rest of England (see figure 1), the increase in GM had been at an even faster rate than in the country more generally (increasing by a factor of almost 5 in Manchester between 2010 and 2018 (GMHAN, 2018), compared to less than twofold across the whole country. GM had seen an especially large year on year increase of 42% in the year to Autumn 2017.

The visibility of increasing levels of street homelessness was especially prominent in Manchester itself:

> *"a lot of the driver from the original programme was probably born out of a very Manchester-orientated approach to how do we get this visible element of homelessness, the rough sleeper side, into accommodation and put a roof over everyone's head as a real starting point"* (Local informant, statutory)

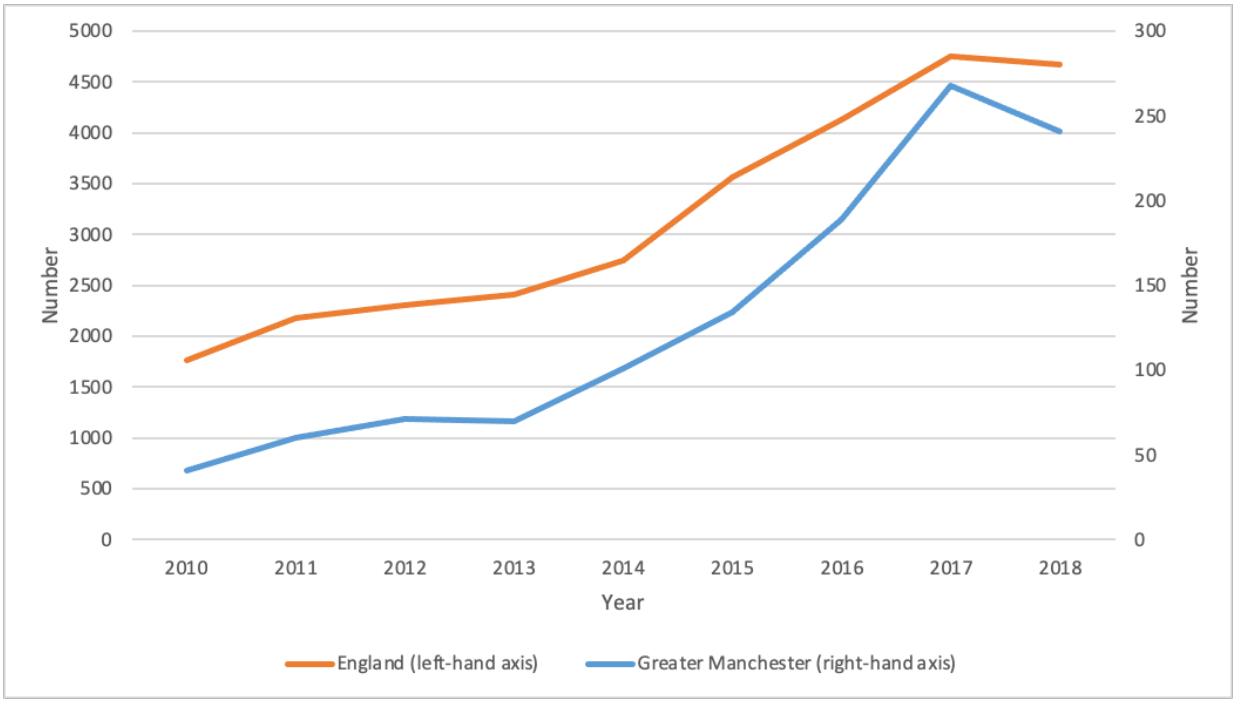
Second, in early 2018, the UK experienced a bout of extremely bad weather dubbed 'the beast from the east'. The coming together of these fast-rising rough sleeping numbers with especially severe weather, was seen as an important catalyst for ABEN:

> *"The numbers were spiralling out of control… we had to do something… it was the beast from the East, and it was just awful thinking about people living on the streets in those flipping conditions. It's just horrendous"* (key informant, housing)

Also important, however, were the practical implications of the weather, which required Severe Weather Emergency Protocols (SWEP) to be put in place for a longer than usual period of time, leading those involved to reflect on the value of that more consistent provision:

> *"why would we not want to have this as almost a permanent position if we could… whereby we could have people… coming into one space, until they were in a place to actually go to some further accommodation elsewhere?... actually giving a bed every night… rather than just simply having a… severe weather protocol?"* (Key informant, voluntary sector)

Figure 1: Trends in local authority rough sleeper estimates in Greater Manchester and England, 2010-2018



A third driver, was the coming into office in 2017 of GM Mayor Andy Burnham, who had made tackling homelessness a key election focus, pledging to end the need to sleep rough in GM by 2020. Some participants emphasised the coming together of the drivers above with Burnham's Mayorship as the impetus for ABEN:

> *"Alongside that was Andy's coming into the mayoral role and focusing on rough sleeping as one of his key mayoral commitments. So there was a real appetite for action"* (Key informant, homelessness)

Others saw the Mayoral focus on homelessness as the overriding and key driver:

> *"he was totally the driver… one of his big electoral priorities was around tackling rough sleeping and homelessness and bold claims at the outset in the manifesto around ending rough sleeping or the need to rough sleep"* (Key informant, criminal justice)

Others highlighted the additional relevance of a very active and vocal group of voluntary sector and faith based organisations, especially in Manchester itself:

> *"it very much came from the third sector and faith-based [organisations], but very Manchester city centre based, rather than the other nine local authorities. I know there's some very key players within that arena, really, that was driving that… which is now the Greater Manchester Housing Action Network*." (Local informant, statutory)

Aim, vision and values

The founding aims of ABEN were generally seen to be very simple and *"straightforward"* (Key informant, housing), and captured by the programme's name, centred on "*getting people off the streets*" (Key informant, health):

> *"it's absolutely to ensure that nobody rough sleeps on the street… that's the overall aim"* (Local informant, statutory)

> *"to make sure that nobody has nowhere to go on any given night in Greater Manchester"* (Key informant, criminal justice)

Programme documentation and the perspectives of participants in this study make clear that a number of other programme aims have emerged, some of which were apparent at the programme inception in 2018 – namely to provide support to those accessing ABEN and help secure move-on accommodation for them – and others that have evolved over the course of the programme – for example, working in partnership with relevant organisations and sectors and driving wider system change (ABEN, 2020). The framework for phase 3 of ABEN (2020a, p. 2-3), in operation at the time of writing, provides an official account of programme aims at May 2020, these being:

- To help end the need for people to sleep rough by providing accommodation and support
- To invest and work in partnership across relevant sectors and organisations
- To fill the gaps and complement existing provisions so that everyone has accommodation
- To constantly learn and improve the GM response to rough sleeping, case make and build an evidence base to inform lobbying, commissioning and funding
- To support a stronger whole system response to preventing and relieving homelessness
- To raise public perception of rough sleeping and provide a channel for action

Key informant testimony illuminated the strong value commitments that underpinned the emergence of the ABEN programme and its aims, articulated in various ways (in relation to rights, humanitarianism, or citizenship, for example) but at base reflecting the common view that there was a moral imperative to better address the needs of those sleeping rough in GM:

> *"no one should have to sleep out on the street. It's a basic human right for somebody to have a bed or a roof over their head each night. It's a very simple but powerful concept"* (Key informant, housing)

> *"part of it was about just making sure that we were giving… just humanitarian aid… I wasn't clear that that was something that we were doing before"* (Key informant, voluntary sector)

> *"people deserve shelter, fundamentally. People deserve shelter and support… It's something that people should be owed as citizens of Greater Manchester."* (Key informant, homelessness)

These articulations of value cut against the national-level policy and legal status quo, that leaves a group of people in situations of literal homelessness, but owed no statutory accommodation duty. This remains the case even after the introduction of 'universal'

prevention and relief duties by the Homelessness Reduction Act (HRA) in 2017 (Fitzpatrick et al., 2019): single households not deemed to be in priority need or found to be homeless 'intentionally' are still excluded from the 'full rehousing duty' and others may be excluded from interim or temporary accommodation with no other options available to them. The emergence of ABEN reflected and fostered the view that this is not good enough, and could and should be addressed at the city-region level:

> *"we needed to… we should be going above and beyond statutory limitations or statutory requirements. So relying on legislation around priority need and triggering of severe weather just wasn't enough, it was leaving a gap, and a really significant one and one that was really visible to people and very shocking to the public as well… a key principle was needing to provide shelter"* (Key informant, homelessness)

> *"we'd all got into a position, probably all agencies, where you'd be following your own protocols, assessing somebody, etc., but more often than would be comfortable, you'd reach the conclusion, we've done everything we can… We've done all our assessments and this person's not eligible… so they're on the streets… This exercise has started to change that mindset… you might have done all your due diligence, followed all your measures, but it's not good enough if the outcome is still unsuccessful"* (Key informant, criminal justice)

Some participants saw ABEN as partly driven by concerns around the cost-effective deployment of public resources, given the impacts of rough sleeping on wider public services:

> *"these people hit the front door; whether that's with our adult social care colleagues or… they're hitting our hospital A&E, there's that corporate overall aim… it's a cost efficiency there because they're hitting everybody's front door but then they're being sent away… Ultimately for homelessness… they always end up back at our front door… so for me some of the overall aims for ABEN is to eliminate some of that revolving door"* (Local informant, statutory)

There was a clear recognition among key stakeholders that this acknowledgement of a profound and problematic gap in statutory provision was not new or unique to GM, but that what set GM apart was the appetite to act to fill this gap. The role of the Mayor Andy Burnham and the context of city-region-devolution were seen as important drivers of this appetite and willingness.

Target group and eligibility

The Framework for Phase 3 delineates a very clear group eligible for ABEN, that is, people either currently rough sleeping, or at imminent risk of doing so and facing significant risk of harm. Some key informants saw ABEN as serving a prevention function for those 'at risk' from its inception:

> *"There's always been this preventing and relief aspect to it. So it was very much focused on relief, so bringing people, or providing opportunity for people to come inside who were rough sleeping. Also, providing a stopgap for people that were about*

> *to rough sleep… So it was both that late stage prevention and crisis relief."* (Key informant, homelessness)

While others saw ABEN as initially narrowly targeted at those current sleeping rough, but later broadened out to the 'at risk' group:

> *"we started off, our way in was the on the streets group and then it's broadened a bit from there, and that is the ambition, that it becomes a more sophisticated intervention."* (Key informant, criminal justice)

Key to the *current* parameters of ABEN as articulated by GMCA is that it is a *"service of last resort"* where people should only be accommodated if *"routine responses to provide accommodation, statutory and discretionary, are unavailable"* (ABEN, 2020a, p. 6-7). ABEN is not then intended for those owed accommodation duties under homelessness legislation. Also relevant here was the "*strong belief*" that "*lots of people*" experiencing rough sleeping in GM "*should be protected under social care statutory duties*" (Key informant, homelessness). One key informant also suggested that a certain amount of 'flex' pertains to the programme in this regard, with some people accessing ABEN "*that really should have been going to another pathway*" on "*humanitarian*" grounds (Key informant, voluntary sector), and indeed, some earlier documentation presents ABEN as targeting rough sleepers more generally[5], with no mention made of whether or not a statutory duty is owed. This kind of approach was evident in some areas where ABEN was described as "*a holding pen… literally somewhere just to place someone for a place of safety*" (Local informant, statutory), including being used in at least one borough where available ABEN accommodation is deemed more suitable than the statutory accommodation options available. Despite this 'flex' and varying practice, the evolution of the programme has involved increasing clarification regarding how the programme is intended to fit in to the wider system of services, specifically as a 'last resort' rather than first-port-of-call triage service.

A key feature of the ABEN programme since its inception is that people with NRPF can access accommodation and support, given that it is part funded by the GM Mayoral Charity. Individuals with no local connection to GM can be offered ABEN accommodation on a night-by-night basis, up to a maximum of three nights, to allow for reconnection arrangements to be made (ABEN, 2020a). Finally, the phase 3 framework further specifies that ABEN should be accessible to people of all genders who are over age 18 and meet the criteria above (reflecting duties under equalities legislation and the entitlements of under 18s under social care legislation respectively), and that it should be accessible by couples, those with limited mobility and people with dogs (ABEN, 2020a).

Theories of change

Our qualitative data collection and documentary review reveal several theories of change underpinning the ABEN programme, at the individual and systems level. Most apparent is a theory of change concerning how rough sleeping at the individual level can be more

[5] The Bromley & Briggs (2019) report, for example, describes the programme as allowing for "the provision of basic immediate-access, entry-level accommodation" and "an immediate 'pick-up' of vulnerable people from the streets… to prevent the need for rough sleeping" (p.3), with no reference to the presence or absence of a statutory duty under the HRA.

effectively addressed than in the past. This theory recognises the negative impacts of rough sleeping on individual well-being and seeks to mitigate these harms through the provision of shelter and support. Experiences of key stakeholders in the longer than usual severe weather accommodation provision in the winter of early 2018 were especially instructive in the development of this nascent theory of change:

> *"we'd had the Beast from the East… Essentially, that resulted in not just providing SWEP on the odd night, but providing it for weeks at a go. The observation was that the change that people were able to make… was clearly visible and transformational… It was.. really clear… if you provide people with ongoing accommodation… you can make significant gains in support, recovery, respite and achieving move-on"* (Key informant, homelessness)

> *"when there was a longer period of cold weather and people were able to stay inside for consecutive nights… their experience improved… it might have been related to their health… their interactions with services…the ability to build relationships, to make onward referrals to supporting organisations, that dialogue and that relationship was built up"* (Key informant, health)

> *"the team that was working with them were able to get them settled very, very well and to have conversations about move on, have conversations about coming in for assessment for provision. As a result of people just being in one space for a prolonged period of time, and being able to really access support, we saw a number of people coming into permanent provision, which was really quite a positive from a very negative situation"* (Key informant, voluntary sector)

Two key components were identified as essential to resolving rough sleeping here: first, emergency accommodation accessible over consecutive nights, and second, support to address wider needs, including to enable move on to more suitable accommodation. In other words, and in line with the evidence base described in chapter 1 (in particular Keenan et al., 2020) stakeholders were clear that ABEN needed to offer more than the "*minimum provision*" (Key informant, homelessness) of food and shelter:

> *"Being able to provide the support was something that we really felt keenly on, which is for me where ABEN was born around it's not just a bed… a bed… isn't tackling what they need us to address in terms of why they're rough sleeping… we'd all been delivering this chaotic approach of placing people and not necessarily having the resources of the facilities to provide the support, very much losing track of people and seeing people popping in and out of provision"* (Local informant, statutory)

Other elements of this nascent theory of change included the benefit of a *"well-publicised offer"* (Key informant, health) of accommodation for the target group, and that there were low barriers to entry:

> *"It was completely open access …. people didn't feel like they were going to be quizzed, questioned, if they wanted to access that accommodation, they could just access… it*

> *was really set up initially… to almost scoop that cohort of rough sleepers off the street and give them somewhere to be."* (Key informant, homelessness)

This perspective, however, is obviously in some tension with the increasingly foregrounded idea (see above) that ABEN was specifically for people lacking a statutory duty to accommodation given that targeting accommodation in this way would require a legal assessment. There is also some ambiguity in ABEN documentation regarding the programme's theory of change, with two potentially non-complimentary perspectives indicated. The first sees ABEN as "rapid relief" triage pathway (Bromley and Briggs, 2019, p. 3; ABEN, 2020, p.2) and move-on service facilitating swift exit from rough sleeping. The second sees the programme as allowing people space and time to settle, and access support before moving on (ABEN, 2020; ABEN, 2020a).

It is important to note that both documentation about ABEN and stakeholders involved in this study are eager to emphasise the inherent sub-optimality and partiality of ABEN. A GM Joint Commissioning Board paper, for example, describes ABEN as *"not a perfect solution"*, but rather *"a practical alternative to spending a night outside"* (Bromley & Briggs, 2019, p.3). This key informant similarly emphasised:

> *"it certainly was a case of us having to say at all times, 'This is not perfect, this is just us trying to do better than severe weather [protocols]… This is not the answer, it's only part of an answer'"* (Key informant, voluntary sector)

We interpret these comments in the light of the evidence base summarised in chapter 1, which unequivocally supports a move away from first, congregate and communal forms of accommodation in favour of more self-contained options, and second, away from emergency and temporary accommodation – especially 'staircase' models – towards rapid rehousing in mainstream housing (including but not limited to Housing First tenancies). ABEN was conceived not as an optimal evidence-based response to rough sleeping all things considered, but a rapidly mobilised response to a 'humanitarian crisis' on the streets of GM that offered something significantly better than had gone before it within the constraints of the existing system and, crucially, in the context of 8 years of significant cuts to local authority budget (see Watts et al., 2019). Recognising some aspects of this sub-optimal context, over time a systems-level theory of change has arguably evolved, seeing ABEN as an impetus for a number of shifts – improved inter-agency working and responses, voluntary sector development, and increased public awareness of rough sleeping – that are hoped to support a wider systems-change agenda (ABEN, 2020; ABEN, 2020a). The Framework for phase 3 of the programme includes among the programmes core aims, for example:

> *"To constantly learn and improve the Greater Manchester response to rough sleeping, case make and build an evidence base to inform lobbying, commissioning and funding… To support a stronger whole system response to preventing and relieving homelessness… [and] To raise public perception of rough sleeping and provide a channel for action"* (ABEN, 2020a, p. 2-3)

Programme delivery

The ABEN programme was conceived and driven at the GM-level but is implemented and operationalised differently across 10 GM boroughs. Key informants described ABEN as "*a bit of a patchwork"* (Key informant, criminal justice) and "*hard… to look at… as one entity*" (Key informant, health), reflecting a range of contextual borough-level factors, including:

- **differences in the scale and nature of need**: rough sleeping is concentrated in Manchester for example, with lower levels elsewhere. Demand from NRPF groups is also uneven across GM.
- **nature of the local housing market**: housing supply levels vary across the city-region, as do rent levels and the availability of properties within Local Housing Allowance (LHA) levels. Some boroughs have access to their own social housing stock, whereas others do not.
- **level of community and voluntary sector activity**: some boroughs have a rich set of voluntary and faith services to work with, some with specific expertise address rough sleeping, others do not.
- **public sector services**: the structure of local authority services can impact on the extent of engagement of social care and health colleagues in different boroughs. Some boroughs have a rich supply of particular services (e.g. supported accommodation for young people, as in Bolton) while others don't.
- **statutory temporary accommodation**: some boroughs have a reasonable stock of statutory sector temporary accommodation and generously interpret their duties under the HRA (e.g. Stockport) while others have a shortage of statutory temporary accommodation increasing demand on ABEN (e.g. Salford)

Despite these variations, stakeholders were also clear that what was unique and especially valuable about ABEN was its intention to align responses to rough sleeping across the city-region:

> *"Some things will need to be different… we're not in the space of… saying everything needs to look the same, everything needs to work in this certain way. We're definitely in the space of saying, here's the value and the outcome, deliver it as works in your place… This is a unique programme because what we're saying is actually, that there is movement across the boroughs and that there is reason for more alignment and more similarity"* (Key informant, homelessness)

> *"things are so different in different local authorities… Everybody responds differently to their local problem, but ABEN is across them all, and the requirements of ABEN are, you will… you know… house this person… There's an element of consistency now where before there wasn't."* (Key informant, criminal justice)

This impetus for alignment is reflecting in the tighter specification of the ABEN programme as phases 2 and 3 described below. In subsequent chapters, we therefore reflect on variations in ABEN practice across the 10 GM boroughs, considering whether these differences are justifiable or useful given differential local contexts, or areas where greater alignment and similarity would be desirable. In this chapter, explore the ABEN programme's origins, aims and evolution from a GM-wide perspective.

Evolution

Since its inception, ABEN has evolved substantially in response to drivers internal to GM and external shocks. In terms of internal drivers, key stakeholders described the programme as "*evolving with every phase to respond to learning and change in need*" (Key informant, criminal justice) and a "*really iterative and a consistent learning process*" (Key informant, homelessness). In terms of external shocks, the COVID-19 pandemic, associated lockdown measures, and the radical impacts of these on homelessness responses nationwide have had very significant impacts reshaping ABEN. This section provides an account of the evolution of the programme and the drivers of these shifts organised around its three phases to date.

Phase 1

Phase 1 of the ABEN programme involved provision of over 300 ABEN beds and ran from 1st November 2018 until 31st March 2019, at a total cost of £2.66m (ABEN, 2020; ABEN, 2020a). It was jointly funded by GMCA and Greater Manchester Mayor's Charity set up in 2017 to provide funding to address homelessness. In particular, the Mayor's Charity contributed £300,000 to cover the cost of accommodation for those with NRPF (ABEN, 2020). There was an expectation of local authorities contributing some of their own funds to ABEN from the outset, with an initial focus on Ministry for Housing Communities and Local Government (MHCLG) allocations for cold weather provision, but an emerging acknowledgement of the diversity of borough-level funding pots relevant to ABEN provision (e.g. Rough Sleepers Initiative (RSI) Funds, the Housing First pilot, Housing Options service funding etc). Accommodation took a variety of forms, including a high proportion of dormitory-style night shelter provision, including in Church and other community buildings, and shared rooms in existing temporary accommodation (Bromley & Briggs, 2019).

Key stakeholders described phase 1 as being funded on an extremely tight and initially uncertain budget; reliant on in-kind offers of accommodation, food and other services from local partners; and as a chaotic fast-paced endeavour:

> *"the first bit of A Bed Every Night was like gung-ho. We were looking for beds, we were looking for accommodation, who's got it, how good is it, where can we get it from, getting money together."* (Key informant, housing)

> *"that very first year… was… on the basis of quite a lot of voluntary proposals. The payment wasn't clear at that particular moment as to how it was going to come and… we weren't sure we would be able to deal with… no recourse to public funds… We managed to do that first period by basically asking folks if they could offer a space, asking people if they could offer support, getting food organised, getting local authorities to buy into it, to come along and be part of the assessment at the end of the night"* (Key informant, voluntary sector)

There are significant issues with the completeness and quality of ABEN data (see chapter 1), but with this caveat in mind, table 2 provides an overview of data on the scale access to ABEN phase 1, and the profile of individuals who accessed it gleaned from key documentary sources (see source information and notes).

Especially noteworthy here is the high number of young people using ABEN, which led to calls for *"more specialist services… to work with this cohort to provide a quality ABEN provision"* due to their *"specific needs and uniquely restricted housing options"* (Bromley & Briggs, 2019). The relatively low number of entrenched rough sleepers accessing ABEN led to a recommendation that further work be undertaken to *"pull in entrenched rough sleepers"* with a tailored programme being designed and incorporated into ABEN Phase 2 (Bromley & Briggs, 2019).

Table 2 Phase one access and profile data overview

Theme	**Key data**	
Referrals and access	Phase 1 (November 2018-March 2019) ABEN accommodated 1423 individuals.	
Profile of those accommodated by ABEN services	Age	Those aged under 35 constituted 55% of all individuals accommodated through ABEN, with 2 in 10 ABEN users being aged 18-25.
	Support needs	At point of access, 50% of individuals reported mental health as their primary support need and for 32% substance misuse was a primary need.
	Housing history	8% of those accessing ABEN had been sleeping rough for over a year.[1]
	NRPF	7%[2] of those accessing ABEN provision had No Resource to Public Funds, with most of this group accommodated in Manchester.
	Local Connection	6% of those accommodated had no connection to any of the 10 local authorities in GM. Around three quarters of this cohort had a connection to another UK area, with the remaining quarter outside of the UK.

Source: GMWPASG, (no date), 'End of Initial Programme Report and Recommendations for Future provision', in Bromley, R., and Briggs, C., (18th June 2019) *Investment in Homelessness Healthcare and 'A Bed Every Night'*. Manchester: Greater Manchester Joint Commissioning Board.

[1] Data was collected and collated in a way that does not allow reporting on whether and for how long the remaining proportion of ABEN users had slept rough.

[2] Noted in the GMWPASG (no date) report as 'not a true figure' due to missing data in weekly returns (p.15).

Insight into phase 1 is also provided by a *"qualitative feedback loop"* (GMWPASG, 2019, p.12) established by the ABEN Steering Group to elicit feedback from service users, service providers and referring agencies on a continuous basis. While there is very little information available on the nature and quality of the data collected, key themes are identified in the Bromley and Briggs report (2019). ABEN service users reported a preference for their *"own place"* as opposed to temporary accommodation, and highlighted the difficulties of *"communal living"* arrangements, including lacking privacy and not being able to sleep due to noise and disturbance from other ABEN residents (Bromley & Briggs, 2019, p.21-22). Positive aspects of ABEN highlighted, included being able to access showering facilities, having access to support, and the availability of communal activities (Bromley & Briggs, 2019).

Feedback from providers and referring agencies pointed to concerns around a lack of suitable accommodation options (for women and couples in particular) and support (especially at weekends and for people with complex needs in particular). It was also suggested that people may be *"refused accommodation because their support needs are too high"* with this refusal *"leaving the most vulnerable people on the streets"* (Bromley & Briggs, 2019, p. 22). Others were reportedly unable to access ABEN "*for risk or health reasons"* and there were also concerns that *"high risk"* ABEN users were sometimes accommodated alongside *"very vulnerable"* individuals (Bromley & Briggs, 2019, p.22).

Referring agencies also pointed to communication difficulties, with some feeling uninformed and uncertain about key aspects of ABEN services. Some also reported feeling uncertain about local connection and NRPF referrals, suggesting that the *"criteria keeps changing"* (Bromley & Briggs, 2019, p.23). Feedback also highlighted long delays (*"weeks"*) between referral and acceptances, including instances of no response to referrals at all (Bromley & Briggs, 2019, p. 22).

A review of Phase 1 of ABEN by Dame (now Baroness) Louise Casey and the GM Homelessness Action Network (Bromley & Briggs, 2019) picked up on some similar themes, recommending the development of specific pathways and approaches for those with more complex needs and standardisation and streamlining of provision and access. The review also identified the following key areas for improvement:

- Security of funding and resource
- Better coordination with the wider GM homelessness system
- A greater focus on prevention to 'turn off the taps'
- Developing governance and review structures

Finally, a cost benefit analysis of phase 1 undertaken by the GMCA Research team suggested that the programme generated potential savings to public services (Bromley & Briggs, 2019). The exercise focused on fiscal benefits only, rather than social benefits more widely and identified potential savings to the health and social care system (of £1.59 for every £1 spent), GMCA (£1.35 for every £1 spent), and local authorities (£1.02 for every £1 spent).

Key informants and local stakeholders who participated in this study also reflected on the strengths and weaknesses of phase 1, and we highlight some key themes from these interviews here. First, the pace and ambition with which phase 1 of ABEN was set up is palpable in the data. While for some key informants this was a source of pride, and even nostalgia, it was also clear that it had been an extremely challenging experience for many of those involved. While some emphasised the value of phase 1 as a learning experience:

> *"It was a great thought and concept... but… A Bed Every Night [phase] one wasn't probably as smooth as it could've been. But that said, I don't have any problem at all the way we did it, the way we would learn on the job… it was coming from a position of strength in understanding that need out there, and why we were doing it"* (Key informant, housing)

For others, getting ABEN phase 1 up and running had clearly been an extremely challenging and politically fraught process:

> *"it was just a game of persuasion and convincing and saying okay, even if we don't see this as a big system changer, just deliver the programme… we had Andy [Burnham] saying this is going to end rough sleeping, then you have the local authority bods, and even some of the people in the voluntary sectors saying, we know it's not going to do that on its own. We appreciate the vision and we appreciate the funding and the focus, but saying that it's going to be the end of rough sleeping just makes us go, phh, they don't know what they're talking about"* (Key informant, homelessness)

> *"It went from an ask to a pledge to an unequivocal commitment over a relatively short space of time. Phase one, we had the requirements docked 13 days before we were required to open, and we didn't have any idea how much funding we were going to get until about six months thereafter… That first winter was quite challenging."* (Local informant, statutory)

> *"I recall feeling quite aggrieved for people that had already spent decades of their lives working on the homelessness agenda… The insinuation was that nothing that anyone had done to date had been good enough, and yet they'd been working in a really complex and challenging landscape with no funding and no statutory backing for a long time"* (Key informant, health)

Some of these challenges led to efforts to formalise and professionalise aspects of ABEN at phase 2 (see below), something that was seen to be especially crucial in boroughs with larger rough sleeping populations and more complex services landscapes:

> *"For those… boroughs with a smaller question, A Bed Every Night phase one was very effectively done, even though it was done with all the voluntary assistance. When it came to Manchester and Salford and Bolton, it was much more complicated and it was very clear that actually, it did need to get to be much more commissioned than voluntary offers for phase two."* (Key informant, voluntary sector)

In addition to these funding, logistical and political challenges, there were acute concerns for some about the quality of the ABEN accommodation used at phase 1. While the provision of a 'safe space' was integral to the nascent ABEN theory of change described above, some stakeholders were clear that they had grave concerns about the safety of the primarily communal spaces used to accommodate ABEN users:

> *"we had quite a few reservations about the actual standard of the accommodation and perhaps the risk that was being posed to people… Particularly around criminal exploitation, safeguarding and vulnerability but also infection control, and just that exposing people to quite dire accommodation really."* (Key informant, health)

There were also concerns that understandings of the nature of support needs among the cohort – and what was needed to address them – were limited among the volunteers and staff working in ABEN services at phase 1:

"I think there was this quite rosy view that you could give people a shave and a haircut and a suit and they'd get a job and they'd be able to hold their own tenancy and just not really understanding what 30 or 40 years of… trauma has done to people's ability to be integrated into society." (Key informant, health)

"initially… [in the] early days… [there was] a limited understanding of the physical and mental health needs and drug and alcohol needs [of] rough sleepers" (Key informant, health)

Phase 2

ABEN Phase 2 ran from the 1st April 2019 to 30th June 2020. Phase 2 differed from phase 1 in a number of important ways, three of which are highlighted here. The impacts of the COVID-19 pandemic, the major impacts of which hit the UK in March 2020 towards the end of ABEN phase 2, are discussed in a separate section.

First, ABEN phase 2 saw a substantial uplift in the funding made available for ABEN phase 2 and a significant shift in the ABEN funding mix, facilitated by greater funding from phase 1 funders and the coming on board of health and criminal justice partners (see table 3).

Table 3: ABEN phase 2 funding

Funder	**Contribution**
Greater Manchester Combined Authority, Mayoral Reserves	£1.9m
Greater Manchester Mayor's Charity	£1.2m
Greater Manchester Health and Social Care Partnership (GMHSCP)	£1m
Greater Manchester Joint Commissioning Board (GMJCB)	£1m
Community Rehabilitation Company	£250,000
Police and Crime Commissioner	£250,000

The investment from GMHSCP and GMJCB reflected an acknowledgement of the *"impact rough sleeping and homelessness has on both physical and mental health and the risk to life of sleeping on the street"* (Bromley & Briggs, 2020, p. 2).

From the perspective of health partners, ABEN emerged in parallel to developments in the health sector increasingly recognizing the importance of links between homelessness and health and key informants reported a high-level understanding that reducing rough sleeping was "*absolutely the right thing to do… [and] a system-wide public service priority*" (Key informant, health). That being said, key informants described the process of bringing health-partners in as ABEN funders as challenging for both sides. Making the case for health to contribute financially was especially challenging given the specific nature of the ask:

"the ask was very much around financial resource to help make the model of accommodation stack up. So it absolutely wasn't about, let's invest better in our homeless healthcare, it was about… housing interventions for rough sleepers almost as a health intervention" (Key informant, health)

Indeed, there is reportedly continued "*pushback… from clinicians within the system around, what on earth are we investing in this [crisis accommodation] for*?" (Key informant, health), despite buy-in at senior levels. With in-principle support for health-funding achieved, there remained 'difficult conversations' in locking the partnership down, oriented to a significant degree around the quality of the accommodation offer:

> *"We needed to… be guaranteed that we weren't just giving the NHS money to pay for camp-beds in churches. That we did need to have a vision and a plan for what good healthcare was going to look like… for our homeless population"* (Key informant, health)

At the point of investment, a Homelessness Health and Wellbeing Task and Finish Group was established with an agreed set of work priorities. Work completed includes: a health needs assessment undertaken by Homeless Link in *"selected ABEN provision"*[6]; the incorporation of health-related standards into the ABEN service specification based on work undertaken by The Booth Centre on temporary accommodation standards; a comprehensive training and education offer for frontline ABEN staff (a 'faculty for learning' launched in January 2020); proactive engagement with GP (General Practitioner) Practices in close proximity to ABEN provision to encourage closer working; and, a single locality contact to *"take the lead on homeless healthcare"* (Bromley, Briggs, & Pritchard, 2020, p. 5).

From a criminal justice perspective, ABEN was seen to address an area in which offender management services especially struggle. Despite high hope for Through the Gate services introduced in the mid-2010s, the capacity of these services to ensure suitable accommodation for prison-leavers and offenders had not met expectation and by the time of ABEN's emergence there was a strong desire on the part of the GM criminal justice sector to look again at the accommodation question. In addition, the Mayoral focus on homelessness – and in particular several 'walkabouts' during which the Mayor met current rough sleepers - had put "*a spotlight on the gap between release from prison and community provision*" (Key informant, criminal justice). Against this backdrop, the period in which ABEN phase 2 was seeking funding partners saw a Ministry of Justice funding programme open for applications, with an application to contribute to ABEN ultimately successful. Criminal justice partners not only saw ABEN as an opportunity to improve accommodation options for the offender cohort, but also as providing a 'rehabilitative pathway' given the emphasise on support and move-on:

> *"we recognise that this is something that supports what we do from an offender management and public protection perspective"* (Key informant, criminal justice)

> *"We know we've got people released on to the streets of Greater Manchester… that's the sharp end... Then we get into, okay, it doesn't have to be about an emergency roof, this can be a key rehabilitative pathway for us, a bit of stability around someone's accommodation then gives access to a range of other services. Of course, ABEN was*

[6] The results of this exercise are reported in Bromley, Briggs, & Pritchard (2020) but given a lack of information regarding the sample of ABEN services included and the number of individuals assessed, are not considered in detail here. They highlight very high levels of physical and mental health issues among participants, as well as high GP registration levels.

starting to pull in health interventions as well, so all this starts to grow and tick various boxes… in terms of rehabilitation." (Key informant, criminal justice)

The investment and greater involvement of health and criminal justice in phase 2 reflected a wider shift in thinking, which increasingly saw ABEN as *"one component in a wider system of activity*" responding to the needs of those experiencing or at risk of street homelessness (Key informant, homelessness). The overall uplift in funding was seen as extremely important in itself, with one key informant describing phase 1 as the "*story of having to scrabble things together*" contrasted with phase 2 and a *"properly funded situation"* (Key informant, voluntary sector).

Second, there was an increase in ABEN's capacity, from a maximum formal recorded bed capacity of 350 at Phase 1 to a minimum of 420 beds per night at Phase 2 (Connor-Graham, Edwards & Woodbine, 2020), although ABEN provision may be larger than this given that several local authorities provide more ABEN accommodation than they are officially funded to. Much of this provision continued to be in dormitory-style night shelters and shared rooms. Table 4 gives an overview of referrals and access to phase 2 of the programme, indicating that 1,654 individuals were accommodated during this phase. It also gives limited available information on the profile of those referred.

Third, there was a formalisation of ABEN phase 2. An early step in this direction was the establishment in July 2019 of the GM Homelessness Programme Board, a new cross-sector governance structure that would *"provide oversight of all elements of the GM homelessness infrastructure"* including but not limited to ABEN, and thus enable a *"whole-system approach"* and understanding of *"the 'bigger picture'"* (Bromley & Briggs, 2019, p.6). The board was also envisaged as a new decision-making forum on homelessness-related programmes and priorities and described as providing *"assurance over any financial contributions or input"* (ibid). Phase 2 also saw the implementation of a commissioning framework and the development of an improved service specification and set of programme standards, including a focus on improving the quality of accommodation and enhancing access to health care provision for ABEN users (Burnham & Dennett, 2020; Bromley, Briggs, & Pritchard, 2020). Formal aims regarding length of stay in ABEN accommodation were also introduced, with GMJCB recording an intention that *"the majority of stays are 21 nights or less, to ensure those accessing the service are helped to move on into more suitable and secure accommodation at the earliest opportunity"* (Bromley, Briggs, & Pritchard, 2020, p 3; see also Bromley & Briggs, 2019). Individual boroughs also made moves to professionalise and formalise their approach to ABEN, entering into formal contracts or Service Level Agreements with partners helping deliver ABEN provision, rather than the more informal arrangements that had characterised phase 1.

Reflecting commitment to the development of ABEN via an *"iterative process of improvement"* (Bromley & Briggs, 2019, p.4) it was intended that phase 2 would involve an independent evaluation of the programme. Such plans were disrupted by the COVID-19 pandemic, meaning that this independent evaluation planned to take place in early 2020 in fact took place in the second half of 2020 by which time phase 3 of ABEN was underway (Bromley & Briggs, 2020; Connor-Graham, Edwards & Woodbine, 2020). In March 2020,

however, Creative Inclusion (2020) reported the results of a small number of interviews and focus group with individuals with experience in ABEN provision.

Table 4: Overview of Phase 2 data

Theme	**Key data**	
Referrals and access	• During Phase 2 (April 2019 – June 2020) a total of 4705 referrals were made to ABEN for 2222 individuals. • 1272 of those referred were returners to ABEN (having been referred in phase 1 or on a previous occasion during phase 2). • Of those referred, 1645 (74%) were accommodated, 148 (7%) refused a placement, and 331 (15%) did not show up at their placement.	
Profile of those accommodated by ABEN services	Age	Over 50% of individuals referred to ABEN were aged between 18 and 35.
	Gender	82% of those referred to ABEN were male and 18% were female
	Support needs	Individuals referred to ABEN could record up to 6 support needs. The most commonly reported support needs were self-reported mental health condition (26% n=816), followed by substance misuse (20% n=623), and then English as a second language (13% n=410).[1]
	Housing history	32% of individuals for whom 'rough sleeper status at time of referral' was recorded[2] were rough sleeping at this point.
	NRPF	4% of the individuals referred to ABEN and for whom NRPF status was recorded[3] had NRPF.

Source: Connor-Graham, H., and Weninger, K. (2020). *A Bed Every Night Phase 2 Data Insights*. Manchester: GMCA.

[1] Note that the denominator here is the 'total number of reported support needs'. Data is not available regarding the % of individuals/referrals reporting a particular support need.

[2] 'Rough Sleeper Status at Time of Referral' is not available for 62% of individuals referred to ABEN.

[3] NRPF status is not available for 29% of individuals referred to ABEN.

Key messages from this work included that ABEN users preferred: dispersed, self-contained accommodation; property storage and ability to prepare their own food if accommodation is shared; the flexibility to access services, use facilities (such as showers) and sleep/wake flexibly rather than at set times; consistency in the quality and level of support provision; closer working relationships between ABEN and wider support agencies/networks; caring and non-judgemental staff; less repetition in referral, re-referral and access processes; and, clear move-on pathways to settled housing. Participants reported varying levels of support between Local Authorities and differences in staff attitudes and approaches. *"Inflexible regimes in shared accommodation"* were noted to have had *"a negative impact on people's physical and mental health"* and curtailed people's ability to find paid employment, with most participants reporting *"a lack of constructive activity during the daytime"* and resultant issues with *"b*oredom" (Creative Inclusion, 2020, p. 1). Respondents also suggested that *"Local Authorities used ABEN in most cases without exploring many (if any) other options or taking in to account individual need"* (p.1), for example people's mental health problems.

Participants described some very negative experiences in ABEN accommodation, including exposure to violence, searches by security staff, extremely poor standards of cleanliness, and exploitation of vulnerable residents, with knock on impacts on their mental health and wellbeing.

ABEN, COVID-19 and Everyone In

ABEN phase 2 covered the period in which the COVID-19 pandemic hit the UK, and prompted a rapid and radical reshaping of responses to homelessness and rough sleeping as the public health implications of these issues in the new context suddenly became clear (Fitzpatrick et al., 2021). In late March 2019, the MHCLG wrote to all local authorities in England instructing them to move everyone sleeping rough and in communal shelters into a safe place, ideally in self-contained accommodation, over the following two days, backed by targeted 'Everyone In' Initiative funding (Fitzpatrick et al, 2020a). These events catalysed profound changes in the nature of the ABEN programme and wider responses to homelessness in GM.

Intensified and restructured outreach services in GM sought to maximise the numbers on the street able to come inside. This included an emphasis on *"rapid access to prescribing"* (GMCEC, 2020d) and *"amending prescribing practices"* to ensure that those with addictions did not face barriers to accessing accommodation and were not disconnected from existing scripts when accessing accommodation (Lightfoot, 2020). By mid-April, over 1500 placements had been made to new temporary accommodation, hotels and B&Bs across GMCA, including 516 people from shared sleeping accommodation including a large proportion of shared and dorm-style ABEN provision. A further 609 people from rough sleeping accessed Everyone In accommodation (Lightfoot, 2020). Echoing the views of national stakeholders (see Fitzpatrick et al., 2020a), key informants in GM were off the view that Everyone In had been highly effective in bringing those with complex needs 'inside':

> *"Everyone In [has been] very, very helpful for those with complex needs. They're coming into a hotel, into a single room with full support and being able to get into Housing First is very much easier because of that. It was almost as if it was a very useful thing to have COVID-19 for that sort of cohort of rough sleepers. You wouldn't have wanted it, but it was."* (Key informant, voluntary sector)

But the nature of the public health emergency meant that there was particular attention to quantifying the numbers remaining on the street and understanding why. At mid-April, a total of 120 individuals were reported to be continuing to sleep rough because of *"refusal of offers, abandonment or eviction"* (Lightfoot, 2020). Later updates described this scale and make up of this group as *"ever changing and fluid"* (GMCEC, 2020b), with the number noted as a minimum of 98 at 22nd April 2020 and the group described as including *"many… whom have not accepted accommodation since start of lockdown"* (Roney, 2020). At 1st June 2020, it was reported that 32 people had refused accommodation offers entirely and a further 28 had been *"in and out of hotels due to issues with behaviour and compliance"* (Roney, 2020). There was recognition that the group remaining on the street *"often require different and more specialist accommodation and support than ABEN can provide to them"* (Roney, 2020).

Four key COVID-19 impacts on the ABEN programme are highlighted here:

1. **ABEN inflow to Everyone In accommodation**: Phase 2 ABEN accommodation included a large portfolio of communal dorm-style night shelters, sometimes accommodating up to 30 people in one room, in addition to a range of other smaller kinds of shared provision, for example shared hostel rooms for 2-4 people. The pandemic meant that all those in such accommodation had to be reaccommodated in alternative provision in which they could maintain social distance from others and self-isolate if required. Those resident in ABEN at the end of March 2020 were thus a key 'inflow' to COVID-19 hotel and other self-contained provision, including *"accelerated move-on into own tenancy"* (GMCEC, 2020d).
2. **ABEN accommodation restructure:** As a result of these events, boroughs rapidly restructured ABEN accommodation away from communal dormitory-style units, described by one key informant as the *"biggest change"* to ABEN since its inception (Key informant, homelessness): half (208 of 425) ABEN bed spaces were "stood down" (Lightfoot, 2020), with other previously shared ABEN accommodation reshaped to provide single room accommodation. The rebuilding of "fully single room" ABEN capacity was achieved rapidly, with 425 beds in provision by mid-April (Lightfoot, 2020) and 453 by 1st July 2020 (GMCEC, 2020c). One borough had re-opened night shelter accommodation at the time of fieldwork for this evaluation (Summer/Autumn) albeit with partitions used to enhance privacy and infection control.
3. **Everyone In outflow to ABEN accommodation:** re-designed ABEN accommodation became a key step-down option for hotels and other alternative accommodation procured as part of the Everyone In initiative, where such accommodation could not be sustained in the longer term, alongside other options including existing supported accommodation, and direct social lets (Burnham & Dennett, 2020, p2; Lightfoot, 2020). With 425 ABEN beds *in use* at 13th April 2020, a further 120 individuals sleeping rough and 311 people in hotels requiring move-on or step-down accommodation, the emergency committee report noted that *"Without move on, or extreme level of further expansion, ABEN cannot on its own provide enough step-down accommodation for those in hotels or those who continue to sleep rough"* (Lightfoot, 2020).
4. **COVID-19 impacts on the scale and nature of ABEN demand:** On the one hand, several boroughs reported that the pandemic increased demand for ABEN as previous ad hoc accommodation arrangements broke down. On the other, the pandemic led to substantial efforts to prevent rough sleeping, for example, via the national evictions moratorium (Fitzpatrick et al., 2021). Specifically mentioned in the GM context was Ministry of Justice funding to enable the accommodation of prison-leavers and the offender cohort, which was seen by one key informant to have likely reduced demand for ABEN from this group during the pandemic. The pandemic has also impacted move-on rates for ABEN, with qualitative data gathered as part of this evaluation indicating a slow-down in move-on (see chapter 8).

Phase 3

ABEN Phase 3 commenced on 1st July 2020 at which point formal recorded capacity stood at just over 450 beds. Phase 3 is intended to run until March 2021, with an expected overall investment of £4,750,000, allowing for a total accommodation and support budget of £4,320,000 (Burnham & Dennett, 2020).

The COVID-19 pandemic context has been a key driver of the shape of ABEN phase 3, with the most obvious imperatives being to ensure infection-control and enable social distancing/isolation in ABEN accommodation, and to expand the aims of the programme to incorporate recognition of the new role of ABEN in supporting *"a safe exit plan for those who have been accommodated in hotels and hostels during the lockdown period"* (ABEN, 2020a, p. 2).

Table 5: Phase 3 funding overview

Investor	**Investment**
GM Mayor's Fund	£2m
GMHSCP	£1m
GM Joint Commissioning Board	£1m
HM Prison and Probation Service	£250,000
Police and Crime Commissioner	£250,000
Greater Manchester Mayor's Charity (Initial – July/September 20)	£200,000

Source: Burnham & Dennett, 2020

The move to single room accommodation has had significant knock-on implications for the nature of ABEN. First, it has involved a shift in the role of some voluntary and faith sector organisations away from providing accommodation (e.g. in church buildings). Second, it has led to a significant change to the ABEN funding model. In phase 3, local authorities are seeking to recover rental costs for ABEN Accommodation via Housing Benefit/Universal Credit as a core funding mechanism for the programme (Burnham & Dennett, 2020). In contrast to previous phases, ABEN grant investment will play the role of 'gap funding', plugging the shortfall between Housing Benefit/Universal Credit rental income and actual costs (assuming a level of non-recovery due to benefit claim delays and refusals to claim, for example). This shift in the funding approach is a clear departure from 'rent free to ABEN users' model at phases 1 and 2, with concerns about the impacts of this on accessibility and engagements recognised at the outset by GMCA and clarification that claiming benefits would *"not be a condition of eligibility for ABEN"* but rather:

> *"a key support aim for people when accommodated. Upon placement clients should understand that help to claim benefits will be provided and that, if eligible, they will be expected to claim to help the provider meet the costs of accommodation and support"* (Burnham & Dennett, 2020, p3).

Funding for ABEN accommodation for those with NRPF (and thus unable to claim Housing Benefit/Universal Credit) has been factored into the grant funding mechanism based on a calculation of likely demand of around 60 across GM, with this accommodation directly funded by GMCA rather than via local authorities. While there is an emphasis on the ongoing review of the funding available to accommodate this cohort, prior to the formal commencement of phase 3 it appears that actual demand from this group exceeded 60 (Lightfoot, 2020a). Demands from the NRPF cohort and wider concerns regarding the effectiveness of 'cost recovery' via the benefits system likely in part explain why The Framework for Phase 3 (ABEN, 2020a) explicitly allows for some shared sleeping

arrangements, noting that *"self-contained and shared facility accommodation (such as HMOs) are preferable"* but "shared sleeping settings may be necessary", with such sharing deemed *"acceptable . . . if safe arrangements for infection control"* are established (p. 13).

In addition to these shifts largely necessitated by the COVID-19, phase 3 ABEN has developed from prior phases in a number of other ways. Building on phase 2 developments, the process of professionalisation and *"progressive improvement"* (Key informant, voluntary sector) in all aspects of ABEN has continued:

> *"across the piece now… it's much more professionally commissioned… some of the voluntary sector organisations have really got their act together when it comes to being able to provide the appropriate service… the tightness of… requirements… are much more clearly drawn"* (Key informant, voluntary sector)

Key shifts include enhancements to the support offer available to ABEN users, with a particularly strong focus on the *"alignment of local arrangements around primary care, mental health and substance misuse"* (Burnham & Dennett, 2020, p.3):

> *"the support aspect of it was always there… but now there's significantly more… coming from more places… there is a whole sense in which we're integrating accommodation needs, support and health together… now it's very, very carefully orchestrated that they [health] are going to have their part to play"* (Key informant, voluntary sector)

> *"in the more recent phases [there has been] an increased emphasis around that support offer… a health-related offer and looking to how do you engage CCGs and other organisations like probation" (Local informant, statutory)*

The Framework for Phase 3 (ABEN, 2020a) details a range of minimum standards in this area, with an emphasis on access to GPs, mental health support and assessment pathways, and drug and alcohol services (including harm reduction interventions). Significant and ongoing improvements in the quality and integrated nature of support have, according to a paper presenting the need for ABEN Phase 3, already been demonstrated by *"all provisions"* in the following areas:

> *"integration into local and regional health service offers, completing trauma awareness training, connecting into local specialist support services for minority groups, and providing assurance on the suitability and training for security guards"* (Burnham & Dennett, 2020, p4).

Phase 3 provision has also seen increased specialisation and diversification of ABEN accommodation:

> *"there's been a concerted effort… to make sure that the kind of accommodation that's being provided is specialist… recognising that women, young people… people who are LGBT and other kinds of demographic… require a different response in terms of the accommodation and support"* (Key informant, homelessness)

In addition to the specific NRPF provision discussed above, phase 3 also includes 50 spaces for women experiencing trauma and (from October 2020) 6 spaces for people who are LGBT (Burnham & Dennett, 2020; GMCA, 2020). In addition, the GMCA briefing to the MHCLG Rough Sleeper Advisory Panel (GMCA, 2020) includes a demand summary that identifies a need for 80 units of specialist complex needs ABEN accommodation specifically targeting the cohort who have *"maintained their presence on the streets despite the Everyone In/COVID efforts and the well-established A Bed Every Night Approach"* (GMCA, 2020, p. 6-7). This provision is intended to provide stays of around 9 months with support costs akin to those of in-patient stays and complex needs detox facilities (GMCA, 2020, p. 6-7). Reflecting this willingness for ABEN to offer longer term accommodation where justified, the Phase 3 Framework moves away from a target 21-day length of stay identified at phase 2, specifying instead that 70% of users should move on in 21 days or less.

*

There is an overall sense from evaluation participants that the direction of travel since 2018 has been positive, with the ABEN seen to be "*improving… phase-on-phase*" (Key informant, criminal justice). Trends away from dormitory-style shared accommodation towards single room accommodation, reportedly an aspiration pre-COVID for some stakeholders, but necessitated by it, are generally seen in positive terms by key informants – albeit not always by local authority level participants (see chapter 4) – so too the emergence of more specialist forms of provision at phase 3. Improvements to the breadth, quality and specialism of support offered is also regarded positively, and facilitated in part by the coming on board of a range of funding partners at phases 2 and 3, and the establishment of cross-sector fora (namely, the Homelessness Programme Board) that situate decisions about ABEN in the context of wider provision: this broadening of

> "*we've broadened who's round the table in terms of the strategic discussions we're having, and I think there's a much better acknowledgement of the contribution of partners across Greater Manchester*" (Key informant, health)

More generally, key informants felt that ABEN has – helpfully – come to be seen as a *"specific piece of work… attached to wider system change"* (Key informant, homelessness), rather than a programme that can achieve its objectives independently. Key informants also identified increasing levels of buy-in among local authorities:

> *"at the beginning it was like this is an additional thing that we have to deliver. It's going to drain resources. Whereas now it's like, we get to deliver this, we get to intervene at these earlier stages, we understand the role and we can see the benefits of it, in terms of prevention and relief."* (Key informant, homelessness)

Something also reflecting in local stakeholder interviews, was a sense of relief clear at having moved away from the 'gung-ho' informality, short time scales, and unclear funding arrangements that characterised phase 1, although also some nostalgia about the 'all hands on deck' approach and heavy involvement of the voluntary, faith and business sectors.

Conclusion

While delivery of the ABEN accommodation and support occurs primarily at local authority-level, the impetus for the programme was a GM-level commitment to the idea that rough sleeping could and should be reduced across the city-region. This was in part inspired by the experiences during longer-than-usual Severe Weather provision in early 2018, and super-charged by the election of Mayor Andy Burnham who made tackling rough sleeping a key priority of his campaign and ongoing focus of his time in office. The aims of reducing rough sleeping, better addressing the support needs of those accessing ABEN, and helping them secure move-on accommodation have been a focus from the start, so too ensuring that those with NRPF are able to access shelter. As the programme has developed, its 'last resort' focus on those not owed statutory rehousing duties under homelessness or social care legislation has become clearer, and increasingly emphasised, so too the programmes intended role in preventing rough sleeping (among those at imminent risk) *as well as* relieving it among those currently sleeping on the streets.

A foundational theory of change underpins the programme, which see low-barrier access to well-publicised emergency accommodation, accessible over consecutive nights, combined with support to address wider needs and suitable move on accommodation as a more effective means to reduce rough sleeping levels that previous responses to rough sleeping across the city-region, and in particular than itinerant and sporadic severe weather provision. There are some potential tensions in the idea that ABEN is both 'rapid access' and 'last resort' provision, and some ambiguity regarding whether it is a rapid triage and move-on service or whether provision is intended to allow people space and time to settle and consider their next steps. A systems-level theory of change has emerged out of the evolution of the programme, which sees ABEN as an impetus for improved interagency working as well as other system level outcomes.

The ABEN programme has evolved significantly over its three phases to date driven by a combination of internal drivers including multiple service reviews and 'feedback loops', and external shocks. Key developments include: an increase in service capacity; increases in funding; changes to the funding mix, including the coming on board of health and criminal justice partners and a greater focus on recovering rental costs via the benefit system; professionalisation and formalisation of provision, including increasingly clear expectations of accommodation and support providers (especially in relation to health) and the putting in place of oversight and governance arrangements; and diversification and specialisation of ABEN provision, including for those with NRPF, women and those with complex needs. The overrepresentation of young people in phase 1 and 2 referrals has led to the development of specific youth prevention services outwith ABEN. The COVID-19 pandemic had very substantial impacts on homelessness responses in GM, leading to an intensive focus on accommodating those sleeping rough and a radical transformation in the ABEN accommodation estate, previously characterised by a high proportion of communal dormitory-style night shelter provision and shared rooms. The first half of 2020 saw a shift to 'fully single room' provision, with only one night shelter having re-opened at the time of writing. Having set the context in this chapter, the next considers the effectiveness of ABEN programme in reducing rough sleeping from the perspective of key stakeholders.

Chapter 4: The impacts of ABEN on preventing and reducing rough sleeping

This chapter considers the impacts of ABEN on preventing and reducing rough sleeping. The discussion begins with a consideration of how effective ABEN has been at reducing rough sleeping in GM, and whether it has been particularly effective for subgroups within the rough sleeping and at-risk population, from the perspective of key stakeholders and deploying relevant quantitative data. Second, we consider the factors that have enabled ABEN to achieve effectiveness in this area according to key stakeholders. Third, we focus on the barriers and challenges that limit the effectiveness of ABEN in reducing and preventing rough sleeping according to key stakeholders. Finally, we consider experiences of accessing ABEN among those with direct experience of the programme, exploring what worked in providing a route away the street, and barriers encountered in seeking accommodation.

How effective is ABEN at reducing rough sleeping?

According to nationally-mandated enumeration exercises (see chapter 2), levels of rough sleeping peaked in GM in 2017 at 268. The 2018 count, conducted on the 22nd November just following the introduction of ABEN phase 1, recorded a reduction of 10.1% in rough sleeping in the city-region, the first reduction in many years. Levels of rough sleeping have continued to fall in GM since then (see figure 2), with the largest fall occurring between Autumn 2018 and 2019. Between Autumn 2017 and Autumn 2020, rough sleeping reduced in GM by 57%, a considerably greater reduction than the 43% drop seen nationally over the same time period. Reductions in rough sleeping in GM also came earlier than in England overall, with a 49% drop seen in the 2017-19 pre-COVID period compared to a 10% fall in England overall. Nationally, the biggest reduction (of 37%) took place in the 2019-20 period covering the Everyone In COVID-19 response.

There is a very strong consensus among GM-wide key stakeholders that the ABEN programme has played a key role in achieving these reductions:

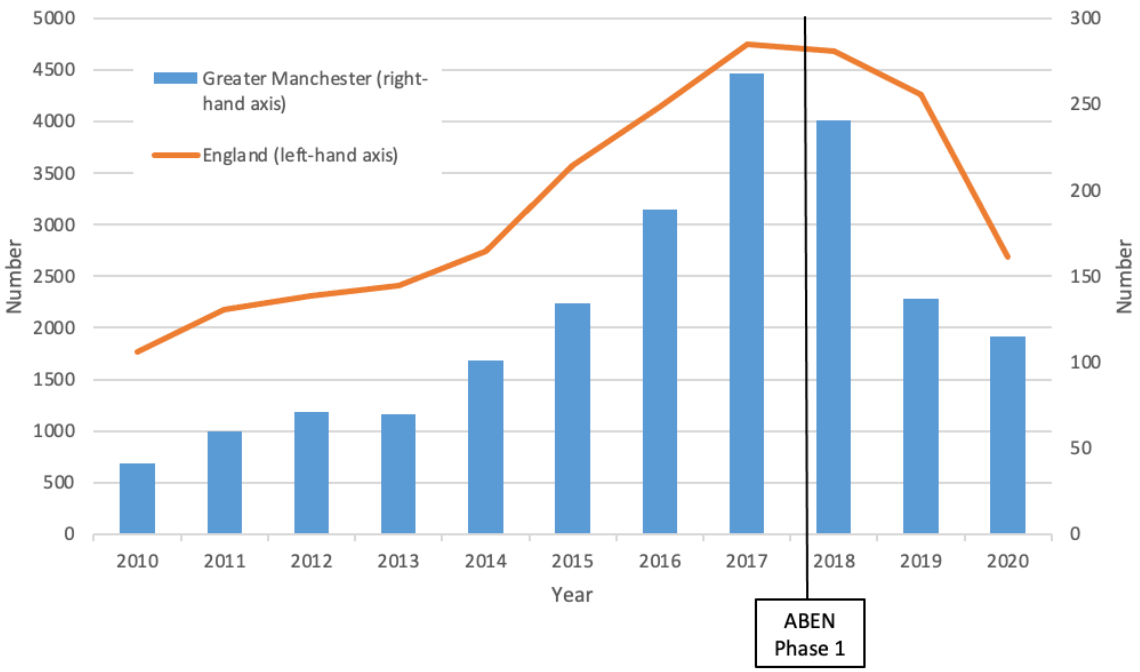
> *"It's an accommodation service for people in crisis and it gives them somewhere to lay their head… It does what it says on the tin… there's been a real drive [to reduce rough sleeping] … and through ABEN quite a lot of success… when you're in Manchester… you can still see it [street homelessness], but not as much as you could previously"* (Key informant, criminal justice)

> *"It has taken people off the streets."* (Key informant, health)

> *"it's been incredibly effective… hugely effective [at reducing rough sleeping)"* (Key informant, housing)

There was a similarly strong consensus at the local authority level, with a very clear sense that ABEN has radically 'levelled up' responses to rough sleeping and plugged gaping holes in the pre-2018 response:

Figure 2: Trends in local authority rough sleeper estimates in Greater Manchester & England, 2010-20



> *"[before ABEN] we didn't have any rough sleeping provision here in the borough. If it was the case that somebody was found to be rough sleeping, if the council didn't have any statutory duty towards them, we didn't have any immediate provision… there clearly was a gap."* (Local informant, statutory)

> *"in terms of ABEN's contribution to reduction in rough sleeping… in terms of being able to provide immediate, emergency accommodation, the trends are undoubtable there in terms of you can absolutely see that number's reduced… and ABEN a big contributing factor"* (Local informant, statutory)

This view that ABEN had made a substantial difference to levels of rough sleeping was matched by considerable concern about the impacts of an end to ABEN:

> *"if you pulled the resource out, or you said we'll draw a line under ABEN or anything like that, there's real risks there that individuals will return to a rough sleeping… you're going to see an immediate impact."* (Local informant, statutory)

> *"it is effective in the respect of it's that rapid relief and it's that rapid sort of safety net… I wouldn't want to lose it"* (Local informant, statutory)

Stakeholder perspectives suggest that ABEN has been especially effective in reducing rough sleeping among particular subgroups, including those new to the street and/or with lower

levels of support needs and fewer barriers to rehousing. In these cases, ABEN is seen as an effective 'springboard' into immediate accommodation and support to move people 'out and through' emergency provision:

> *"ABEN's quite helpful… around people that have never accessed provision before. It gives you that early step to engage"* (Local informant, statutory)

> *"for most boroughs… it's offered a good, quick route for your new-to-the-street kind of people and you can work them out and through."* (Local informant, statutory)

> *"it's more effective for those who are middle of the road, who are going to be more engaged with professionals who are going to be more willing to make changes, who are in a more stable place"* (Key informant, criminal justice)

A second group for whom ABEN is judged to have been especially effective are migrants with NRPF or restricted access to benefits, for whom other forms of provision are often completely inaccessible:

> *"the fact that we are able to accommodate people who've got no recourse to public funds through charitable funding is just… fantastic, that is, it's huge… it's phenomenal in terms of homelessness. We shouldn't have to, there should be appropriate provision and support in place centrally so that people aren't in that position, but unfortunately, they are. So I think the way we're able to respond is much better equipped than other regions to that"* (Key informant, health)

Third, while it was far more common for participants to argue that ABEN faced particular challenges reducing rough sleeping among those with multiple and complex needs (see the next section), a small number of participants reported that ABEN had been a crucial resource for this group. One participant gave several examples of very long-term rough sleepers with complex needs for whom ABEN had finally provided a route off the street in their borough. A participant in another area was of the view that while ABEN is not able to fully or sustainably resolve the depth and complexity of the needs of this group, it has reduced time spent on the street, something seen as an important impact in its own right:

> *"For those that have been very difficult to deal with, who were a bit more entrenched… some of them we've not moved them on very far… they're still incredibly chaotic; engaging in drug-taking and whatever, but… we've probably maintained some of the more chaotic ones in that setting for a while… ABEN's really helped with that"* (Local informant, statutory)

This participant saw the *"almost… unconditional"* nature of the ABEN offer as important in bringing this group inside for increased periods, and raised concerns that the move towards rent-recovery for ABEN rooms in phase 3 might be a risk in this regard:

> *"If the focus is, 'Get the rent in,' rather than, 'Let's cajole this person to remain here,' quite a lot of people would go, 'I can't be doing with this. Stop pecking my head about rent.' All of a sudden, you could find some of those people are drifting back off to the*

street… the focus has been about trust building and engagement and not rent and compliance. I think that could be a real risk" (Local informant, statutory)

A final group for whom ABEN is seen to have played an important – albeit quite distinct – role are young people, reflecting the high proportion of under 25s who availed themselves of ABEN accommodation during phases 1 and 2. Interestingly, in this case, stakeholders tended to be of the view that ABEN was generally not playing a role preventing rough sleeping per se, but rather as a stop-gap or *"landing place"* (Key informant, homelessness) for young people cycling between a range of insecure temporary living situations. The ABEN programme was uniquely placed to reveal this largely hidden and previously unmet need among young people, and as a result, specific youth prevention services have now been commissioned to better address them. This is viewed as a very positive, albeit unintended, impact of the ABEN programme:

> *"learning from the last two phases… we will set up accommodation specifically for young people at risk of homelessness… it's put us in a position where we've been able to really comprehensively respond to the needs because we understand what they look like now… there was this whole kind of cohort of young people that needed something that looked a little bit different to the rest of the homelessness response"* (Key informant, health)

Enablers of effectiveness

ABEN is not viewed by key stakeholders as being solely responsible for achieving the reductions in rough sleeping described above, but rather as *"geared up to be really effective… as one part of… wider activity, to achieve those outcomes"* (Key informant, homelessness). Particularly important here is the role of outreach services that link those on the street into ABEN accommodation (often via Housing Options services). The role of *"really pro-active outreach service[s]"* (Local informant, statutory) is perceived as an especially important complement to ABEN given the priority to accommodate current rough sleepers: *"we've always put a real focus on the role of outreach in delivering ABEN, because we want to keep that focus on people that are rough sleeping now"* (Key informant, homelessness); so too in locating those sleeping in less visible locations:

> *"the fact that we've got our rough sleeper team, which we never had before, that's 18 months old now, proactively going out and building that intel for us and literally hand-holding that person, otherwise they'd just be there as hidden homelessness"* (Local informant, statutory)

The role of the national RSI in funding such outreach is thus acknowledged to be a crucial enabler of ABEN's effectiveness. This was especially clear in Salford, where a significant allocation of RSI monies fund not only outreach services but also self-contained accommodation and ongoing intensive support for people with entrenched histories of rough sleeping and complex support needs, with ABEN primarily (and unlike in many areas) accommodating those more recent to the streets and with lower needs, as well as those with NRPF.

The role of the RSI in reducing rough sleeping has been demonstrated in an MHCLG evaluation showing that falls in rough sleeping in the 2017/18 period were disproportionately high in RSI funded local authorities, even after controlling for a range of other factors (MHCLG, 2019). While beyond the scope of this evaluation, it would be useful in understanding the relative contribution of the RSI funded services and ABEN to compare trends in rough sleeping in GM to those seen in other RSI-funded areas since 2017. If these falls turn out to have been greater than in other RSI-fund receiving areas, this would add further weight to the view that there is a particularly positive 'interaction effect' of ABEN and RSI outreach services in GM.

The primary – and very simple – mechanism via which ABEN has helped achieve these reductions in rough sleeping is by plugging gaps in pre-existing services by providing (more or less, see below) immediate access to emergency accommodation with comparatively low barriers to entry (see chapter 3). In addition, while risk assessments are part of the referral and access process, the default expectation is that those currently sleeping rough will be able to access ABEN regardless of past histories of exclusion from services, including ABEN itself: *"it's kind of unconditional, so people are able to fail, traditionally fail in ABEN and it's still open to them. It's not a one-shot opportunity… I think that makes it effective"* (Key informant, homelessness) In addition to plugging gaps in pre-ABEN homelessness and housing sector responses, ABEN has also plugged gaps in criminal justice services that previously put people at high risk of street homelessness:

> *"for prison releases, we [sometimes] know they're going to come out homeless… [before ABEN] You had to present [to a local authority housing options service] on the day [of release], and then you might get somewhere to stay - temporary accommodation - whereas ABEN… It's not all-singing, all-dancing… but… they don't leave them on the street that night"* (Key informant, criminal justice)

Another criminal justice sector stakeholder was of the view that ABEN has cut through previous barriers to accommodating this group, including resistance from police and local councillors to accommodating offenders in particular neighbourhoods: *"It appears there's not so much of that around with this scheme"* (Key informant, criminal justice).

Key here has been a change in mindset engendered by the ABEN programme, meaning that failing to offer people sleeping rough or at imminent risk of doing accommodation is no longer deemed to be acceptable: *"three years on, it's completely accepted that anybody who is rough sleeping should be offered and should be owed accommodation. [It's] not really a question"* (Key informant, homelessness). There has reportedly been a shift away from the view that some people sleeping rough are *"just too difficult… That's kind of shifted… ABEN has struck that tone, really, that we all need to step up and think the outcome is absolutely key here"* (Key informant, criminal justice). This change of mindset is seen to have been facilitated in particularly by the buy in – literal and metaphorical – of a range of relevant partners beyond the 'usual suspects' (i.e. statutory and voluntary homelessness services. This manifests in a *"culture of [greater] cooperation and transparency across agencies"* (Key informant, criminal justice) as well as in practical joint working arrangements between partners that have led to *"consistent and ongoing conversation[s]"* (Key informant, criminal justice) to ensure that the needs of those on the street are addressed.

Finally, the public, political and cross-sector visibility and profile of ABEN was seen as an important ingredient in building the level of collective will required to drive rough sleeping numbers down:

> *"there has been an intense political, not pressure, but interest and all of the will that that creates, that influencing power of having a Mayor who's very interested in this, the numbers have come down consistently"* (Key informant, health)

> *"what makes it effective… some of it is visibility. Everybody knows about this programme. People on the streets know that it's there. The public know that it's there. The charity and voluntary sector know that it's there. There's no hiding away from the fact that people know that they are owed accommodation"* (Key informant, homelessness)

> *"A Bed Every Night, suddenly felt different, because of the mayor's sponsorship, really, there was Greater Manchester Police putting money in, health putting money in, a variety of other people co-investing… That had never been the case, previously there'd always been a tension between different agencies… there was always somebody saying, no… so this suddenly had a collective momentum"* (Key informant, criminal justice)

Barriers to effectiveness

More than halving levels of rough sleeping over a short run of years across an entire city-region is an extraordinary achievement. Replicated nationally, such an achievement would largely reverse a *"decade of disaster"* (Fitzpatrick et al., 2020) on homelessness which has seen rough sleeping levels increase by 141% (MHCLG, 2020). This achievement does, however, fall short of reaching the extremely ambitious mayoral target of ending rough sleeping by the end of 2020. The COVID-19 pandemic has underlined the enormous challenges engaging a subset of the rough sleeper population (see chapter 3), as well as raised concerns that the drivers of homelessness may intensifying in the near future. In addition to documenting the significant success of ABEN reducing rough sleeping levels in Manchester, our evaluation also identified four kinds of barrier currently limiting the capacity of ABEN (in combination with wider homelessness responses) to reduce rough sleeping further still.

Engaging people sleeping rough

A range of individuals rough sleeping in GM remain reluctant to access ABEN accommodation, reflecting a number of distinct drivers. The strongest theme to emerge in this area concerns the challenges of engaging entrenched rough sleepers and those with especially complex and/or high levels of support needs. This was a particular issue in Manchester, Trafford, Tameside and Rochdale:

> *"we've got individuals even now that wouldn't access ABEN because… of their complexity of needs and dependencies, will rough sleep and will only access emergency accommodation in the severe winter months… we're talking about a cohort of individuals that have been failed and failed and failed, so… that short, rapid relief is just not going to work for them"* (Local informant, statutory)

These issues had persisted during the COVID-19 pandemic despite the intensification of push factors off the street and pull factors into accommodation:

> *"we've still had around 80-ish rough sleepers across Greater Manchester who've just chosen not to interact and engage with services… If [ABEN] was picking up that initially intended group, we wouldn't have any rough sleepers, and obviously we do!... that initial aim around… scooping people up off the streets and putting them somewhere, clearly it hasn't [worked for that group]"* (Key informant, health)

One participant was keen to emphasise that these struggles were not specific to ABEN:

> *"our entrenched rough sleepers don't want to know… They've all got substance issues… mental health issues, and they just don't want to know, but that's not just ABEN. We've offered to engage them with Housing First. We've offered to engage them with the SIB [Social Impact Bond] project, they're just not interested. Every time we do the rough sleeper counts, we offer to put them in accommodation that evening, and they're just not interested."* (Local informant, statutory)

For many of those we spoke to, however, the challenge engaging this cohort reflects the unsuitability of ABEN for this group. While the move away from dormitory-style night shelter provision was seen as a useful development that had led to somewhat greater levels of engagement, single room congregate provision was still seen as highly problematic. This was a problem across GM, but especially in Manchester were large hostels accommodating high-needs groups are concentrated:

> *"We've got a high-needs scheme with 44 residents in it... with all the goodwill in the world, you're managing some quite significant risk there... there's a strong argument that they need to be in a completely different setting… That kind of provision is expensive and it's just not out there"* (Local informant, statutory)

The lack of appropriate specialist and intensive support on site, including – but not only – in relation to active addition issues, was additional key issue, with some frontline workers pointing to a particular gap in 'wet provision' allowing and supporting the safe consumption of alcohol on site:

> *"[ABEN is] absolutely not a suitable place for that more complex cohort… the level of support onsite just isn't there at an appropriate level to make it safe for the staff, or… the individual"* (Key informant, health)

> *"the very entrenched people who have got a lot of complex needs, who are using drugs and alcohol… they will continue to use or cause a problem, and then they'll get… You know, 'you can't stay here', and they'll be escorted out of the premises… it's usually… the very chronic drinkers and drug users. That's not because they don't want to go half the time. It's just they're too wrecked"* (Key informant, criminal justice)

ABEN is generally understood not to be the 'service of choice' for this cohort, but rather as last resort accommodation in the context of weaknesses in the provision of other services

that ought ideally to respond – a combination of adult social care, health, mental health, addiction and detox services and/or Housing First provision:

> *"we really…. shouldn't have been placing, in some instances, high numbers of people who were very complex in the same small space together… ABEN isn't, nor should it be, set up to respond to those very complicated needs. For some people that might be something like being sectioned, or being able to access detox facilities, for others it might be because they've got social care needs"* (Key informant, health)

> *"it's been more difficult to house people with… drug and alcohol issues… Drug and alcohol abuse is not an antisocial behaviour, it's a health issue… and if you take a more compassionate view around health and getting a health wrap-around in all of this, I think that's really, really important."* (Key informant, housing)

These gaps in provision are seen to reflect a range of inter-related factors, including the financial and resource implications of effective responses, issues around where responsibility lays for those with dual-diagnoses, the lack of an 'inclusion health' approach within health services, and ever higher thresholds to access support:

> *"it's just down to resources and obviously that threshold at which you are able to access support just going up, and up, and up exponentially as resources reduce"* (Key informant, health)

> *"we don't assume that this programme [ABEN], specifically, is going to tackle that really entrenched, small entrenched population. That actually it's Housing First and specially commissioned supporting accommodation that really needs to step into that space, and potentially other solutions that we haven't quite worked out yet"* (Key informant, homelessness)

Participants acknowledged that conversations with adult social services in relation to homelessness are *"starting to shift"* in a positive direction (Key informant, health), and that the Housing First pilot was providing a resource and forum – albeit not yet at sufficient scale – to work on better addressing the needs of this group in a *"multi-agency way"* (Key informant, criminal justice). But despite progress at the margins, the gap in wider services persists with ABEN remaining among the only accommodation options for this group. In recognition of this, increasing amounts of ABEN provision (in Manchester in particular) has been developed specifically targeting this group.

High-risk offenders, EEA-migrants, and women were identified as other groups it can be difficult to engage. These latter two groups are reportedly especially likely to *"remain hidden"* and *"hide from the city centre"* (Key informant, health) while sleeping rough. Rough sleeping was described as carrying intensified risks of harm for these groups, including the risk of racially or gender motivated/sexual harassment or assault, including violence, with individuals seeking to isolate themselves to minimise these risks but in so doing being difficult to locate and engage by outreach services.

In the case of high-risk offenders, including those with a history of sexual offenses and violent offenders, the key consideration is whether ABEN services risk-assessment processes will block access, with dorm-style accommodation seen as especially problematic in this regard, so too other congregate single room options albeit to a lesser extent. For some, the vulnerability of the offender can be a particular concern, in other cases the safety of others accommodated in the service. Criminal justice sector participants emphasised that these issues are not specific to ABEN, but rather reflective of broader challenges faced accommodating this group, and moreover that ABEN services often show flexibility in finding self-contained options where these barriers arise. Being a co-funder of ABEN was seen as valuable in this regard, meaning that the criminal justice sector *"can start to shape"* ABEN and in particular encourage *"collective ownership of some of those risks"* (Key informant, criminal justice).

Finally, although concerning only a very small cohort numerically, concerns were raised regarding those with NRPF who also have more complex support needs and for whom sharing accommodation is not appropriate. Outcomes for this group are negatively impacted by a lack of access to statutory services (rehab facilities, for example), and because they are often accommodated in NRPF schemes that have limited expertise in dealing with complex needs.

Referral and access processes

A range of barriers limiting ABEN's effectiveness in reducing rough sleeping relate to referral and access processes. A key concern is that ABEN is supply- rather than demand-led, a particularly acute issue given that at the time of writing ABEN services across GM are reportedly full. This is despite the fact that multiple boroughs report providing higher numbers of ABEN services than they are formally funded to. It is clear from our data that prospective ABEN users sometimes wait for – or simply cannot access – accommodation:

> *"in terms of preventing the need to sleep rough. I think that because capacity is limited, it can struggle at times, to meet that goal, because certainly before SWEP has been triggered, when your… beds are full, unfortunately, they're full. So resources are finite"* (Local informant, statutory)

> *"we say it's open access but people can't get in… the vast majority of demand and provision is in Manchester so because of that level of demand, it's sometimes quite difficult to be able to meet that demand"* (Key informant, health)

A frontline worker in Manchester described a vacancy in the ABEN service coming up recently, and that 16 referrals had been received to fill it, commenting "*we've got a queue... There's a massive need"* (Frontline worker). Manchester is described as using a 'first-come-first-served' approach to referrals driven by a desire to avoid waiting lists, but trusted partners (who are – uniquely – the key referring agents in Manchester) reported informally calculating who should be put forward next, and preparing referral forms prior to a vacancy arising. Referrals can also be refused at the discretion of the ABEN provider, with one statutory respondent expressing concerns about 'cherry picking', citing previous eviction and a need to '*balance the scheme*' as examples. A street outreach worker described access to ABEN in Manchester as often requiring advocacy:

> *"Most of the schemes have the right to turn around and go, 'No, that [referral] doesn't work and doesn't fit' . . . so the person who knows the most about the client should be doing the advocacy via referral"* (Frontline worker)

Local authority participants from multiple other boroughs also explained that access to ABEN depended on *"if we've got enough space"* (Frontline worker) or *"if we have…. got availability"* (Local informant, statutory). Another described people presenting for ABEN outwith their local authority, because they'd been told ABEN was full. In another borough, the COVID-19 context meant that a bed would be found for any current rough sleeper, but it was clear that pre-pandemic this was not the case:

> *"if there wasn't a pandemic on, and if it wasn't severe weather, it would be that they would go on to a waiting list for ABEN or they'd be referred to one of the other ABEN schemes in Greater Manchester if there was a vacancy"* (Local informant, statutory).

Relevant to this capacity issue is how ABEN spaces are targeted and prioritised, and in particular the balance between accommodating current rough sleepers and those at imminent risk of rough sleeping. The parameters of this latter group are interpreted very differently across GM, with some boroughs very willing to accommodate people 'at risk':

> *"we incorporate the wider homelessness cohort, which is some of those individuals that may be at risk of rough sleeping and might not have slept on the street that night"* (Local informant, statutory)

But others strictly targeting ABEN at those currently sleeping rough, with some suggestion from this local informant that ABEN in this borough might be targeted even more narrowly than that:

> *"we're very much targeting… rough entrenched sleepers and making sure that that provision is for them. So, their bed space isn't being taken up by someone else that can use another provision, that's more suitable to them."* (Local informant, statutory)

There are quite acute concerns among several key informants, and in some boroughs, that ABEN provision is used by some groups who don't really need it or who could (and therefore should be supported to) access other provision. One key informant described the *"main weakness"* of ABEN as:

> *"not using it for its real purpose… Not putting it at the bottom of the housing options list… If you put it at the top you've immediately become lazy and you've just got somebody into A Bed Every Night, without thinking… whether they might be able to go somewhere else"* (Key informant, voluntary sector)

Another shared these concerns, albeit sympathising with the *"tough job"* of frontline staff seeking *"to place the unplaceable"*, but was of the view that some areas use ABEN not *"as a last resort"* as intended, *"but as a provider of choice, almost"* (Key informant, criminal justice).

This issue is of particular concern in Manchester because of how access to ABEN is managed: referrals primarily come direct from 'trusted partners', and are not – as is the default in all other boroughs – routed through the Housing Options team for assessment under the HRA. According to one statutory sector Manchester stakeholder, this approach reflects a 'spirit' of close working between voluntary sector partners and the local authority in the city, as well a view that homelessness charities "*are really keen to access accommodation... ethically and morally, they want to get people into accommodation"* (Local informant, statutory). Another local informant was much more sceptical about the motives driving this practice, highlighting the comparative ease of ABEN referrals compared to navigating the supported accommodation gateway:

> *"some agencies, they see it as the first port of call in Manchester, when it shouldn't be… we have a MAS gateway… that's the way into supported housing… but [the referral form] it's about 16 pages long; ABEN is two. So you can see what's going to be happening there."* (Local informant, housing)

A voluntary sector respondent offered an alternative explanation for the use of ABEN as a first rather than last resort in Manchester, this being chronic lack of capacity within the housing options team, explaining that if ABEN referrals came via this team: *"you'd end up with a system halt, because there would be too many people going through that front door"* (Local informant, voluntary sector).

While city stakeholders emphasised that those who access ABEN are subsequently booked-in for a homelessness assessment, with the intention being that this is completed within 48 hours of entry, this approach to ABEN referral and access remains controversial: *"they're paying for someone to be accommodated when really, they should be accommodated through the HRA and... we have to meet our obligations in the HRA"* (Local informant, statutory). It was also seen as negative from the point of view of ABEN users, who are 'in limbo' during the assessment, which was reported to sometimes last *"two or three months"* (Frontline worker), subsequent to which if the local authority are found to owe a duty, they must move to statutory accommodation, a process that was also described by frontline workers as sometimes taking considerable time.

Concerns about the targeting of ABEN to those for whom it is a last resort are not limited to Manchester. In Salford, Tameside, and Trafford frontline workers raised concerns about inappropriate referrals that were often accepted given wide interpretations of the 'at risk' of rough sleeping access criterion. Sometimes, criticism was lain at the door of ABEN users, rather than ABEN providers or local authority staff, with several frontline workers describing a group of ABEN users 'gaming the system', seeing the programme as a source of free housing or a means to improve one's chances of accessing social housing:

> *"there's a lot of people that are playing the system, that want accommodation because they're just coining it in because they're working full-time and not paying any rent."* (Frontline worker)

Verification processes used by some boroughs to confirm rough sleeping status also risk limiting programme effectiveness in reducing rough sleeping. In one, this process involves

out-of-hours services calling two or three friends or family members of the individual in question *"to get him housed with them"*, only offering ABEN accommodation *"if that fails, and 9 times out of 10 it does fail"* (and if there's space, see above) (Frontline worker). In others, the process involves people being located by outreach services on the street in the early hours of the morning. A local informant in one such borough explains that prospective ABEN users are told to seek other accommodation options, and if unable to do so by 10pm to *"call… our out-of-hours service and let them know where you're likely to be bedded down"* following which the *"outreach team will be out within a few hours'"* (Local informant, statutory). Some local authority stakeholders were keen to emphasise that such processes were introduced in later phases of ABEN "*because numbers were getting so out of control"* (Local informant, statutory).

A lack of out of hours referral options can also be a barrier to the immediate pick up of current rough sleepers. Specific referral issues were noted in relation to EEA nationals with NRPF in Manchester, with the voluntary sector service able to process referrals only open during the day.

The final referral and access related barrier identified concerns the extent to which joint working and partnership arrangements between ABEN, wider homelessness services, and other public services are working effectively to prevent rough sleeping. While improved partnership working between the homelessness, criminal justice/probation and health services has been a key focus of ABEN in phases 2 and 3, with strong buy-in to this agenda at the strategic level, practice on the ground remains fragmented, with those at risk of rough sleeping sometimes falling through the gaps. In terms of prison release, those leaving prison continue to fall through the gaps between Through The Gate and Housing Options services:

> *"there's still a massive gap in how through the gate and release services work, and housing option services work. As much as we do to try and knit those closer together… It's still not where we need it to be."* (Key informant, homelessness)

> *"We lose people all the time… [prison leavers] don't make it to their appointment at housing options [on the day of release], because they either can't find their way, [or] they get distracted… we're working with vulnerable, complex people - and they end up rough sleeping until somebody from the rough sleepers team finds them, takes them to A Bed Every Night. It just seems ridiculous."* (Key informant, criminal justice)

Several potential solutions to these enduring gaps were identified: first, ensuring that assessments under the HRA are undertaken pre-release. One participant was extremely frustrated at lack of progress on this point, given the level of information provided by TTG staff and voluntary sector partners (Shelter) to Housing Options teams under the duty to refer. Second, training of relevant criminal justice sector staff to understand homelessness and housing legislation and the entitlements of prison leavers was identified as a means to enhance their capacity to prevent prison leavers sleeping rough upon release. By the same token, standardisation and simplification of local authority assessment processes was seen to be a fruitful path.

Gaps were also identified with respect to health care services. One concern was people at risk of or currently sleeping rough presenting at A&E (something seen as especially likely among women seeking 'hidden' places to shelter), but not being routed to ABEN or outreach teams (despite A&E staff reportedly sometimes calling local authority out of hours services). Another was the lack discharge protocols from general hospital in at least one borough, meaning that *"unfortunately, people have come out of hospital and returned to the streets for a couple of nights until a bed is available"* (Key informant, health). In other areas, for example Bolton, well-functioning hospital discharge protocols were reported to be in place.

Eviction

Limits to the effectiveness of ABEN reducing rough sleeping continue to operate when users access ABEN accommodation. Key ABEN documentation describes a focus on seeking to minimise exclusion and eviction, by taking *"person centred responses to reduce harm, understand causes and triggers and support individuals"*, and by ensuring that ABEN staff have access to trauma-informed awareness training and are supported by Clinical Psychologists (ABEN, 2020a). *"Maintaining a safe environment to live and work"* is identified as a clear boundary to this flexible approach to eviction and exclusion, and where this does occur, ABEN services are asked to refer the individual to outreach teams, attempt to re-engage them, and *"potentially seek other accommodation options"* (ABEN, 2020a, p. 12). In the view of one key informant, this balance is now struck well in practice, not least because of the structure and design of ABEN:

> *"we've got to a really good… position of flexibility. There isn't any provision, that I know of, where you do this one thing and then you're out, because you're out and then you're owed ABEN again… there's not that usual thing in [statutory] temporary accommodation where… we can discharge our duty… It really is a last resort that you would say, 'No, we're putting you back out on the streets"* (Key informant, homelessness)

To an extent, practice at the borough and service level reflected this ethos. Frontline workers described being *"really patient"* (Frontline worker) and *"very, very lenient"* (Frontline worker), with staged and lengthy warning or notice systems in place. Eviction was seen as *"really… a last option for us"* (Frontline worker) reflecting an acknowledgement that ABEN is *"a last port of call for a lot of people"* and thus requires staff erring on the side of giving people *"way more chances than they probably deserve"* (Frontline worker). Boroughs capacities to problem solve and proactively prevent the need for eviction varied to some degree, with some areas able to devote significant staff time to this (sometimes facilitated by RSI funding), moving people between different kinds of provision, tolerating time spent away from the property including spells on the street, and providing food etc.

Nevertheless, eviction was a common occurrence across boroughs and services; something that happens 'all the time' according to some frontline workers. It is most readily deployed – and least controversially in the view of participants – where there is a risk to the safety of staff or other clients,

> *"always our mantra has been the greater good, so the good of the place. So the majority of the people's welfare comes before individuals."* (Frontline worker)

> *"if he is being aggressive because of underlying mental health or alcohol issues, making any threats towards staff or other residents, he would definitely be issues with a written warning, if not eviction, because we cannot tolerate violence to other clients or staff"* (Frontline worker)

Exclusion and eviction processes were used for a range of other reasons extending far beyond the risk of harm or safety concerns:

> *"some ABEN properties… will threaten with eviction at the slightest thing. Could be related to commissioning outcomes or it could be just different individual tolerances."* (Key informant, health)

> *"The security tenure is low so the likelihood of people disappearing quickly was quite high."* (Frontline worker)

Reasons for eviction cited included: to address behavioural issues that were not a safety risk to others (*"causing nuisance"*, Frontline worker), breaking the terms of licence agreements, because they are not judged to need the accommodation (e.g. reflecting absence from the property for a series of nights), or as an mechanism to encourage compliance among others in the service (to "*Educate the others who were rude as well"* in the words of one frontline worker); and as a result of persistent non-engagement with support:

> *"You can't force someone to [engage]… You can encourage people as much as possible… arranging meeting times that suit their lifestyle pattern, by moving meeting times, to issuing warning letters… But ultimately, if someone doesn't want to engage with the process they are at risk of eviction"* (Frontline worker)

And in some cases, frontline workers emphasised that exclusion might be only temporary. For example, where someone was excluded having not used the accommodation for a series of nights, they would need to re-present for statutory assessment before re-accessing ABEN.

Many of these drivers of eviction and exclusion are intensified – or indeed only present – in congregate or shared environments. For example the concern to safeguard other residents from risk – or causing nuisance – is much more immediate and pressing where facilities are shared, so too the need to demonstrate that particular behaviours that risk the environment will not be tolerated to others. Risks to staff are also intensified and constant where there is on-site support. It was clear that ABEN staff were able to be especially proactive in eviction prevention where self-contained options were available, but this did not guarantee that eviction would be prevented:

> *"we are really patient… we had a client… He was in every single provision. We couldn't find anything. We tried him in everything, in the area that he wanted, self-contained. He was just too chaotic. He did get asked to leave in the end, because he did something very serious. We don't just chuck people after one - unless it's really serious, we do try and find a solution."* (Frontline worker)

The need to evict could be driven by the views and tolerance of – often private – property providers rather than ABEN support staff:

> *"we've got lots of different landlords at the minute. We've had one over the weekend that she's been evicted… All the landlords now have said that categorically they won't accept her because of her behaviour. So we are having to turn round and say, 'That's it. There's nothing that we can give you.'"* (Frontline worker)

In cases like these participants emphasised the value of Housing First as a potentially useful route to a more sustainable option.

It is also clear from our data that there are mixed levels of buy-in among frontline ABEN staff to the high-tolerance, high-flexibility approach to eviction articulated in programme documentation and among key informants. Several frontline workers, across a number of boroughs supported a harder behavioural line as regards access to and residence within ABEN accommodation, as these two quotations from two separate areas suggest:

> *"When I'm saying they should be put back on the street rather than into another service, then I actually believe that because they've got to hit rock bottom and they've got to think when they're freezing… you've got to be cruel to be kind at some point."* (Frontline worker)

> *"a lot of homeless people are just teetering above rock bottom and we're holding them up, and because they never hit rock bottom, they never realise how hard it actually is… being on the street… I just feel like – it's going to sound so horrible! – but a more militaristic approach to dealing with it, like; there's these rules, just follow the rules and we will help you… if someone constantly takes advantage of the services that are being given to them, those services should be pulled."* (Frontline worker)

Eviction then is an endemic feature of ABEN provision, universally seen as an essential tool to preserve the physical safety of ABEN staff and other ABEN service residents, but also used to encourage particular kinds of behaviour and/or seek to safeguard ABEN spaces for those who engage with support and/or are deemed in 'genuine need'. There is variation in the operationalisation of a strategic-level high-tolerance, lenient philosophy in practice, with some frontline staff struggling to endorse the philosophy at all.

Abandonment

The propensity of some ABEN users to abandon their accommodation is the final limit on the capacity of the programme to reduce and prevent rough sleeping considered here. Our data suggests that abandonment has been a feature of the ABEN programme, for a range of reasons, including: rules prohibiting drug use within ABEN; out of area placements isolating ABEN users from social networks or their jobs; and, dogs not being permitted in some ABEN accommodation. Far and away the most important driver of abandonment however, and our focus here, are fears and negative experiences associated with particular kinds of accommodation.

Dormitory-style settings are especially pernicious in this regard. Indeed, a participant in one borough explained the move to use night shelter-style accommodation for ABEN in phase 1 (where previously B&B hotels had been used for SWEP) had reduced demand: *"when we moved to the model of a night shelter, it did reduce down some of that because, obviously, not everyone wants to be in a shared-dormitory environment"* (Local informant, statutory). The shift away from communal forms of accommodation precipitated largely by the COVID-19 pandemic was generally seen as important here. Several boroughs noted, for example, that increasing numbers of women accessing ABEN as a result of improvements to the accommodation offer (for example, women's only services, single room provision etc.).

Abandonment however remains heavily associated with congregate and shared provision even where people have access to their own rooms. This is starkly illustrated in these quotes from frontline staff working in hostel environments:

> *"There's still the real problems of people who will tap on the door for everything from Rizlas and money, to illicit substances . . . there are sometimes people with quite acute mental health problems who will be in corridors and display sometimes disturbing or bizarre behaviours."* (Frontline worker)

Abandonment was also a feature with one frontline worker focus group giving examples of inability to tolerate noise levels or being subject to bullying as drivers in this phenomenon:

> *"We had one that was – it was the noise that was putting him off . . . We've had instances where one could be picking on some of the other residents and we've had to then evict him. By the time it's quietened down and he's gone, it's too late; he's already abandoned. It could be just that they're not prepared for living in a place where they're getting told what to do"* (Frontline worker).

Difficulties such as these were not universal, with this frontline worker noting that people who have spent time in prison could do *"pretty well"* in the larger hostel settings because they are accustomed to dealing with the challenges of shared living arrangements and *"are used to keeping themselves to themselves"* (Frontline worker, see also chapter 5).

Generally, however, congregate environments are recognised to be *"very, very risky"* (Key informant, health), with risk increasing as levels of support and supervision on site reduce, as vividly described by this participant:

> *"In the day… they've got enough people coming in and out, that it remains quite safe, but it's at that night time when all-day staff go that people can get a bit more distressed or start to take drugs… it's chaotic, it's drug using, its bullying other residents who are more vulnerable for their money or for their drugs. It's people falling out over money owed… letting other people in that don't live there. It's things get stolen. Tempers are frayed, people are coming down off drugs or feeling angry or suicidal and there's no one to talk to and they end up kicking off with each other or something sparks. A very small thing can spark quite a big reaction."* (Key informant, health)

Living in close proximity to, and sharing facilities with others, is widely recognised to actively disincentivise ABEN access among more vulnerable groups concerned for their safety, personal belongings and/or wanting to avoid those with active addictions. Two key informants with health-focused expertise emphasised this especially strongly:

> *"I'm… really concerned that we listen to some of the concerns of our population about why they don't use ABEN. So there are positives and some people are very grateful for it, but there's stories of people feeling unsafe… of people being exploited or treated in a way that would raise a safeguarding concern as a result of access to ABEN… that's a real worry for me"* (Key informant, health)

> *"More vulnerable people who don't want to be bullied. Don't want their money stolen and people who are trying to reduce their drug use and are worried about it being encouraged for people pushing it onto them or encouraging them. I've definitely had clients decline certain ABENs because of that reason"* (Key informant, health)

Risks of possessions being stolen and to personal safety appeared to be particularly acute in one area using private rented shared housing, as landlords would not allow locks to be placed on bedroom doors. Interestingly, this was not viewed as especially problematic by frontline workers, who noted that lockable wardrobes and fridges were provided. Moreover, the absence of bedroom door locks was seen as useful where there were concerns for people's safety: "*it does help with safe[guarding]... I know there's been safeguarding issues where a door has been locked and you're not sure if somebody is okay in the room, so that's an issue really"* (Frontline workers).

Concern was voiced by some that incidents within ABEN accommodation that amounted to safeguarding issues were not always recognised and recorded as such and appropriately escalated by the relevant staff:

> *"certain properties or certain organisations will say all their staff are trained up to know when to put in the safeguardings, I don't think it's been done at all… people when they're robbed, having things stolen from them and bullying in these places. That's emotional abuse, that's psychological abuse, financial abuse…. Sexual exploitation"* (Key informant, health)

Shared and congregate environments are also inherently traumatising environments for some people – regardless of these risks to their safety and belongings or exposure to bullying – sometimes linked to particular mental health triggers: *"It's not for somebody who has real anxiety around groups, or anxiety, or mental health that's triggered around groups of people"* (Key informant, criminal justice). One health sector key informant was also eager to point out that infection control issues remain in congregate accommodation provision where facilities are shared.

In light of this analysis, it is perhaps not surprising that many welcomed the move towards 'single room' provision at phase 3, but also that the need for more entirely self-contained accommodation was recognised, especially for some groups:

> *"For the complex needs really it needs to be a self-contained accommodation. It needs to be Housing First, if you think about it, but it actually needs to be self-contained accommodation if it's going to be an emergency provision."* (Key informant, voluntary)

There was a concern that loneliness and isolation could be an issue where self-contained accommodation is used, but that this can be addressed by "*put[ting] health and well-being support in around that"* (Key informant, health). Self-contained accommodation units already form part of the ABEN estate in a number of boroughs, including Oldham, Salford and Rochdale, but in most boroughs shared and congregate provision of some kind (hostels, B&Bs or shared houses) form the bulk of provision.

Accessing ABEN accommodation: the perspectives of those with direct experience

This section discusses access to ABEN from the perspective of those with direct experience of the programme, drawing on interviews with 28 programme users (see chapter 2). We consider the access and referral experiences of four key groupings: those who have experienced chronic street homelessness; those who have slept rough briefly or episodically; those with no experience of rough sleeping; and those with no recourse to public funds.

Chronic experiences of rough sleeping

The largest group within our sample (n=12, nine men and three women) described having lengthy experiences of rough sleeping prior to accessing ABEN, ranging from around six months to fifteen years. Periods of rough sleeping were rarely entirely continuous and tended to be interspersed with stays in hostels and night shelters, periods of sofa surfing and/or occasional institutional stays. Multiple moves between different temporary or emergency accommodation placements – including but not limited to ABEN – were common, and almost always the result of decisions over which they had very limited control:

> *"a couple of weeks, a month in some places… that's just what happens… they just move you about from place to place… once you're settled you can be moved… [it feels] awful… you feel, it's unsettled."* (Female, 36-55, Hostel)

Several respondents noted that it is the same group of people cycling around services, something attributed to the culture of homelessness services and a lack of support:

> *"They've got used to dealing with them people, now they've made a service out of them… how have you got the same homeless people coming for four years?… It seems like they [providers] like the cycle rather than… sorting people out… it's... the same people year after year?"* (Male, 36-55, Hostel).

This group tended to describe historical hostel/shelter accommodation stays as highly negative – sometimes intolerable – experiences, often leading to abandonment or exclusion[7]: *"some of these places are so horrific, I took a month or maybe two months and I said 'I can't do this"* (Male, 56 and above, Hostel).

[7] Where participants provide broad overviews of historical hostel/shelter accommodation stays it is not always possible to distinguish between ABEN and non-ABEN services.

Respondents within this group appeared to have historically received very limited (if any) support from statutory homelessness services: "*the council didn't want anything to do with me*" (Female, 36-55, Hostel), one explained. Another lamented that the council had helped "*not whatsoever, not one bit*", even after he had borrowed money to clear previous arrears, with this refusal of assistance being described as a key trigger to an acute mental health crisis:

> *"They… told me that I owed them £400 so I ended up borrowing the money… They said that they'll give me somewhere, and then it all came back to square one, oh there's nothing we can do for you, so it was all just lies really. Then it just sent me over the edge"* (Male, 26-35, Large Shared House).

This group tended to have accessed their current or most recent ABEN placement either via street outreach or health services. Among those accessing ABEN via outreach services, some (those in Manchester itself) had accessed accommodation within hours of contact with the outreach team, whereas others had had to wait several days while their circumstances were verified:

> *"Before they place you in a hostel they need to more or less verify that you are sleeping rough. That was verified with one of their workers... I think it's about three times, but they knew anyway that I was [rough sleeping] because there was a charity organisation [and] I was on their system as homeless"* (Male, 36-55, Shared Hostel Room).

Others within this group described limited or no contact with street outreach services, even during very lengthy spells of rough sleeping: "*if you're not hanging about in the town centre of Manchester… you're not going to see them"* (Female, 36-55, Hostel). In another borough, one respondent pointed to a complete absence of outreach, explaining that he had to present daily *"first thing in the morning*" until an ABEN vacancy could be found. This respondent felt fortunate to have been offered a bed after only "*two or three weeks*" of daily presentation, suggesting that others have had to *"wait a lot longer"*. In his view ABEN accommodation was not 'low barrier' but required considerable individual tenacity to access:

> *"[It's] down to the individual and... whether they... play the game and do what they have to do. If you get accommodation by going to the council at nine o'clock every morning, and if you have to do that for 27 days in a row... some people will do that every day and some people will give up on it."* (Male, 36-55, B&B)

Several respondents accessed ABEN following acute physical health crises that were at least in part the result of long-term rough sleeping. Both spent several weeks in hospital *after* being deemed fit for discharge, solely awaiting access to ABEN accommodation; both were keen to emphasise that hospital staff had facilitated their exit from rough sleeping. Another respondent suggested that his accommodation needs had only been taken seriously following admission to a psychiatric hospital, with admission itself in his view at least in part caused by the pressures of prolonged street homelessness:

> *"I was speaking to the council for years and years to get somewhere but all they kept saying was you need to bid [for social housing], and obviously they knew my situation,*

but again until I had my breakdown and stuff, they started taking notice. It's a shame really." (Male, 26-35, Large Shared House).

Participants were clear that what is needed to prevent exposure to the deep harms of rough sleeping is responsive housing options teams and proactive outreach services which find and engage people who are sleeping rough:

> *"I just hope none of the women goes through what I went through... and that they're signposted straight away."* (Female, 36-55, Hostel)

> *"Maybe… instead the homeless people going into [the] Council, maybe if [the] Council went… out to see people. They know where they are.*" (Male, 36-55, B&B)

Brief or episodic experience of rough sleeping

Five participants had had very brief or occasional experience of rough sleeping. This group faced a series of structural or operational barriers to timely access to ABEN, often describing securing assistance from the local council as extremely challenging, requiring either sustained, assertive efforts on the part of the individual or intervention from external agencies. One respondent – having slept in his own car for two months – described how he finally accessed ABEN accommodation by:

> *"ringing the council constantly trying to get answers… I pushed for everything myself... the council was pretty adamant that I was intentionally homeless because I left the family home, so they weren't going to help me anyway"* (Male, 26-35 Small Shared House).

Another spent one night unsheltered – where she *"just sort of wandered around"* – despite having repeatedly sought help to avoid having to do so:

> *When I phoned up the housing... [they] kept saying to me, 'You need to private rent'... [but] how can I private rent when I can't afford to? I explained all the circumstances… [and] she said sofa-surfing doesn't include being homeless anyway... I thought, 'I'm not getting anywhere,' so that's when I phoned the Citizen's Advice and... [then] I got a phone call then from the housing lady to say, 'We've got a bed for the night.'"* (Female, 56 and above, Small Shared House)

Another respondent had been evicted from a (non-ABEN) hostel out-of-hours, and homelessness services were unable to offer him any assistance:

> *"I get to the town hall and the place is shut... I have to phone the homeless team... [they said] we can't deal with you until tomorrow until your application's sorted out."* (Male, 36-55, Hostel)

As a result, he travelled around on a bus all night because he had nowhere else to go. Another respondent explained how her sofa-surfing arrangements had broken down when she contracted COVID-19. She was unable to rapidly access ABEN accommodation and as a result had to sleep rough for one night:

> *"I rang up [the] council... I was homeless and had COVID... they said they couldn't do nothing for me so they left me on the street for the night and then the day after they rang me and told me that they had a place in [a hotel], but I couldn't get there, so then I had to wait on a park bench for five hours waiting for an ambulance to transport me there."* (Female, 18-25, Night Shelter)

One further respondent had sofa-surfed for six years, staying for two or three days here and there – with very occasional rough sleeping. He was referred to ABEN when he actively sought out street outreach services and requested help.

No Rough Sleeping Cohort

Eight participants had never slept rough, despite being at risk of doing so for a period of time. Avoiding rough sleeping in these cases reflected a combination of being able to access ABEN relatively easily, and/or having access to informal temporary living situations like sofa-surfing. Most of the participants in this group had experienced frequent transitions between sofa-surfing, night shelters, hostels, hotels, and/or institutional stays in prison or hospital:

> *"[I was] sofa-surfing [for] a few weeks but before that I was in... a night shelter. Before that, I was sofa-surfing again which was for about eight months."* (Male, 26-35, Shared House)

Some of this churn was the result of COVID-19 related changes in ABEN accommodation, focused on ensuring people were accommodated in circumstances where they could effectively social distance, with later 'decanting' from Everyone In hotels then required:

> *"I was in a [night] shelter accommodation. I was only in there for 30 days, and then that got shut down because of COVID, and then was moved to a [named] hotel. We were all moved there, and from there, I come here."* (Male, 36-55, Shared House)

Regardless of the cause, moving between temporary living situations in this way was experienced as highly depleting of individual resources and as distracting from the activities and actions that might bring such experiences to an end.

Other participants in this group had been able to access ABEN on their first approach to the council and without such extended periods of precarity. One had even been able to pre-arrange accommodation before travelling home after many years out of the area. Another who was facing homelessness following a relationship breakdown was also able to access ABEN rapidly, albeit that he had to call out-of-hours in the evening after approaching the council to do so:

> *"he [housing officer] said the systems have changed since COVID-19, so he sent me a number. I rang that number and explained my current situation, and they gave me advice from that. They told me to ring up after a certain time, 10 p.m. Somebody will come out and assess my situation and help me out from there."* (Male, 18-25, Hostel)

No Recourse to Public Funds

Two participants located the causes of their homelessness in failed asylum claims and associated employment restrictions, while another had leave to remain but NRPF. The experiences of the failed asylum group were characterised by lengthy periods (of many months) of sofa-surging and/or ABEN night shelter use while waiting for a referral to specific ABEN provision for people with no access to public funds in which they could, to some degree, settle. Both participants felt that this wait time – though lengthy – had been greatly reduced by the Everyone In initiative, and described their ability to sofa-surf with friends and acquaintances becoming increasingly challenging with time and stays in each home progressively shorter in length. One respondent described a gradual transition from sofa-surfing to using an ABEN night shelter, interspersed with periods of rough sleeping, while the other described feelings of absolute exhaustion and despair due to the strain – both psychological and practical – of staving-off imminent rough sleeping with informal arrangements before NRPF-specific ABEN was finally accessed. Both respondents had sought support with accommodation early in the sofa-surfing phase and were already aware of their options through non-accommodation-based services.

The third respondent in this group originally sought support at a drop-in centre and from there was referred to a rolling church-based night-shelter which he described as a very "*tough*" experience (Male, 36-55, Night Shelter). Early in the pandemic he was referred into single-room accommodation (generic, low-needs ABEN) and from there he eventually accessed specialist EEA NRPF accommodation.

Cross cutting themes

Cutting across these four subgroups, some additional themes can be drawn out. First, some respondents described a sense of trepidation at the prospect of accessing ABEN. One explained that she had heard her current accommodation described as "*fucking rotten*" (Female, 36-55, Hostel), making her so wary that she asked a taxi driver to wait outside because she was convinced she would not want to stay. Others were anxious and reluctant on account of previous negative experiences in hostel accommodation, sometimes accessing services with abandonment as a pre-accepted possibility: '*you've got to come in and see what they're like first, if you don't like them out you go*' (Male, 26-35, Hostel).

For another group, access to ABEN was less anxiety-ridden in the sense of being simply another move in a long sequence of moves over which they had very limited control. Across the entire sample, choice regarding the accommodation accessed (its type or location, for example) was non-existent: "*They don't give you options… It's not like that. You get what you're given* (Male, 18-25, Hostel). This lack of choice can be seen most acutely in one respondent's suggestion that she could not recall how she had accessed her current accommodation, a large ABEN hostel. She explained that she had been taken to a *"lovely"* hotel where she had settled well, but had then woken up in her current accommodation not knowing how she got there:

> *"I got interviewed by [service manager] ... but I don't remember having that interview with him… because I was drugged up… and I woke up then, I was here, and I thought, where am I?"* (Female, 36-55, Hostel)

A second cross-cutting theme concerns the ubiquity of experiences of eviction and exclusion from and abandonment of ABEN accommodation. While respondents were often clear that their current ABEN accommodation had either prevented them from sleeping rough or had resolved very precarious arrangements around sofa-surfing, many also referred to having slept rough as a result of having to leave this accommodation. They also spoke about other people being evicted from accommodation, and there was a theme across shared accommodation (but particularly hostel) interviews of living conditions improving (for the non-evicted) following a spat of evictions:

> *"[there's a] good set of lads [here since] they [staff] got rid of the idiots... [the] ones that were causing havoc, the ones that were problems really... they've all gone.'"* (Male, 36-55, Hostel)

A respondent from another service noted that the '*bad people*' had been asked to leave and the "*people in now are very decent"* (Male, 56 and above, Hostel). The other side of this coin is that some participants experienced ABEN as "*a never-ending cycle of uncertainty*". This man explained of his current accommodation:

> *"It feels like you have to constantly be on edge, and it feels like these people are just waiting for any excuse to kick people out."* (Male, 36-55, Hostel)

Referring to the same service, another participant explained that people were stuck in a room struggling to sustain accommodation because their needs were not being met. There was, he said, a complete absence of appropriate and timely support (see chapter 5), and although he himself was never at risk of eviction, he described the experience of watching others be excluded as, "*really quite horrible"* (Male, 36-55, Hostel). This combination of unsuitable accommodation and inadequate support, with arising behaviours punishable through eviction, very clearly plays a role in driving chronic homelessness:

> *"It's prevented me from sleeping rough, but at the same time, it's put me in a situation where I could be sleeping rough because they're not messing about in here… people have been dashed out [excluded] for... some small thing... if you've been sleeping rough and you come here and have a tiff... and they kick you out… you're in a worse position because these people have said they've helped you now."* (Male, 36-55, Hostel)

Conclusion

Having peaked in Autumn 2017, levels of rough sleeping in GM - according to nationally-mandated and verified enumeration exercises - have fallen by 57%. ABEN is widely attributed as having played a central role in bringing about that reduction, with Rough Sleepers Initiative outreach services playing a very important complementary role. For many of those we spoke to who had direct experience of ABEN provision, the programme had played a clear and valued role in preventing or ending an episode of rough sleeping, episodes that were experienced as acutely harmful and traumatic.

A number of key components of ABEN can be identified that explain the programme's effectiveness in this regard. First, the provision of low barrier access to accommodation for

groups previously lacking shelter options due to long-term gaps in statutory services; second, a changed mindset among relevant partners in the city-region, that has seen attitudes shift regarding the acceptability of leaving those owed no statutory duties to assistance to sleep rough; and, third, the high profile – politically, publicly and among key partners – of the programme that is seen to have created buy-in and momentum. ABEN is seen to have been especially effective in preventing and reducing rough sleeping among those new to the street and with comparatively low support needs, and migrants with NRPF or restricted access to benefits. Our analysis also suggests that ABEN has provided a route off the street for some – though not all – individuals with long histories of homelessness and complex needs. It also seems to have played an especially important role in plugging gaps that can all too often leave prison leavers on the street.

Despite these extraordinary reductions in recorded levels of rough sleeping, a series of barriers inhibit the capacity of ABEN to prevent and reduce street homelessness more effectively. First, key stakeholders emphasise struggles to engage particular groups among the rough sleeping population as a key challenge, in particular those with multiple and complex needs, and those concerned to remain hidden for fear of the violence or hostility they risk if more visible. From the perspective of those with direct experience, this barrier relates not to an inability or lack of willingness to engage, but rather the inaccessibility or lack of responsiveness of relevant services. While outreach teams and Housing Options services offered a straightforward route in ABEN for some, for others contact with these services was hard to achieve and when made, only the beginning of a difficult route into ABEN.

Second, stakeholders and those with direct experience are clear that ABEN referral and access processes risk precluding access to accommodation for those currently sleeping rough or at imminent risk of doing so. The ease with which participants with direct experience had accessed ABEN varied significantly. While some respondents were able to access ABEN in a timely way via statutory homelessness services, outreach teams or health services, others faced structural and operational barriers to access that either prolonged their experience of rough sleeping or precipitated a first-time experience. While street outreach services were a crucial and swift access route in some areas, in others they were not seen to be a visible presence on the street and extended 'verification' processes meant there could be extended lengths of time between first contact with outreach workers and accessing accommodation. ABEN services can and do reach capacity, meaning that people are sometimes turned away or forced to wait. At the same time, there is a view that some individuals with alternative accommodation options access ABEN due to flawed or absent assessment processes on the part of relevant statutory teams. Gaps between ABEN access routes and other public services – in particular Through the (Prison) Gate services, but also A&E – can leave people with no option but to sleep rough.

Third, endemic use of eviction from ABEN accommodation undermines the programme's effectiveness in preventing and reducing rough sleeping. While a culture of eviction as a last resort, deployed only when there are risks to the safety of staff or other residents, is present in some boroughs and services, in others eviction is used to address a very wide range of behavioural and housing management challenges that fall well short of this 'last resort' bar. Drivers of eviction include breaking the terms of licence agreements, sending a warning to other residents regarding the consequences of unwanted behaviours, a lack of engagement

with support, causing a nuisance to other residents, and an assessment of lack of genuine need for the accommodation. Use of eviction from ABEN services can be associated with wellbeing gains to those that remain in the service, but can also foster feelings of intense insecurity and stress. While it is not at all clear that all or even most evictions result in rough sleeping on the part of the individual targeted, it is apparent that eviction practice varies enormously across the ABEN estate, and that there is scope to reduce it via a review of practice, including a reduced reliance on larger congregate forms of accommodation where intrapersonal conflict and safety concerns are greatest.

Fourth and finally, voluntary avoidance and abandonment of ABEN accommodation by those using it reduces the effectiveness of the programme in minimising rough sleeping. While *not* the result of staff decisions to evict or exclude, abandonment levels may be reduced via service redesign. Rules deemed unacceptable or unmanageable to ABEN users are relevant here (see chapter 5), but perhaps most crucial in driving abandonment are the challenges of shared living environments (night shelters, hostels, B&Bs and shared houses) for those forced to reside in them, including risks to physical safety, mental health and wellbeing and one's personal possessions, often combined with a lack of adequate staffing and support. It is to ABEN's users experiences of accommodation and support provision within ABEN services that the next chapter turns.

Chapter 5: Experiences of ABEN accommodation and support

This chapter considers people's experiences of ABEN accommodation and support, and the effectiveness of the programme in addressing their wider support needs. It begins by drawing on interviews with ABEN users to explore their experiences of living in ABEN accommodation, focusing on: facilities and cleanliness; the availability of private space; rules of residency; and the sharing of living space. Having described the ABEN living environment , we then explore people's experiences of accessing support within that environment. Drawing on data from interviews and focus groups with cross-sector GM stakeholders, local authority level stakeholders and frontline workers, we then explore stakeholder perspectives on the nature, extent, strengths, and weaknesses of support provided within ABEN services, as well as ABEN's connection and access to wider support services. Triangulating these views, we conclude with an overall verdict on the effectiveness of ABEN in addressing people's wider support needs, reflecting too on the interaction between people's living situation and capacity to access and effectively engage with support.

Experiences in ABEN accommodation

Four key themes emerged from interviews with ABEN users in relation to their experiences of ABEN accommodation, these being facilities and cleanliness, private space, rules and shared living. We consider these in turn.

Facilities and cleanliness

All participants bar one (who was in self-contained ABEN accommodation) described sharing facilities with other residents, most often kitchen, bathroom and/or laundry facilities. The sharing of kitchen space was very common and in hostel-type services often accompanied by high levels of staff supervision. One respondent explained that pots and pans are locked away, with only staff being able to grant access; while another described the kitchen as continuously staffed. In shared houses/flats, shared kitchen spaces were generally available without supervision or controls in place, with no obvious negative outcomes.

Two services appeared to have no kitchen facilities available to residents at all, offering instead a microwave and kettle in each room and, sometimes, access to "*donated meals… in a little plastic dish"* (Male, 36-55, Hostel). This lack of kitchen facilities was viewed by one respondent as far from desirable, but better that literal street homelessness, while for others it was associated with hunger and acute frustration:

> *"over the last ten or 11 months I was living in a guesthouse which... [had] no kitchen so I was just living off a microwave and a kettle, but obviously, I appreciated the room because prior to that I was literally street homeless"* (Male, 36-55, B&B)

> *"I'm starving. I've been starving for the full month because I can't buy certain things I want to buy because I've got no facilities to cook them... It's like you're trapped"* (Male, 36-55, Hostel)

Catered accommodation was rare, but those living in such services lamented the restrictive and controlling nature of mandated mealtimes, one respondent described his brief stay in a

hotel as characterised by staff "*controlling time to wake up, time to have breakfast, time to be there for lunch*" (Male, 36-55, Hotel). Others lamented the forced sociality of mealtimes, with one respondent purposefully avoiding them to limit unwanted contact with others:

> *"I don't eat there... I kind of just stay away from everyone. I just stay in my room. I don't really socialise... because it's a different crowd. Most of them are on drugs."* (Female, 18-25, Night Shelter)

Almost all participants shared laundry facilities, with this being viewed by most as challenging in various ways. People reported clothing going missing or being stolen from the laundry room, and an associated need to be vigilant to prevent this. Others explained that access to laundry facilities were often controlled by staff (to guard against theft), but this also caused some inconvenience. In one service, for example, laundry facilities were completely unavailable at weekends. Some ABEN shared houses had no laundry facilities at all. One respondent relied on the generosity of a neighbour, while another had to take his washing to a different "*projec*t":

> *"I haven't got my own washer to do my own clothes… I don't like going to other projects where I don't know anyone… I've got to sit in a room making small talk with someone that I don't know while waiting for my washing now"* (Male, 26-35, Small Shared House)

> *"There's no washing machine... [I used] to go to the launderette and then the lady next door, she said, 'Don't take your washing,' so she does it for us once a week... I don't like asking her because she works hard, but she's offered and with the COVID on, it's hard to get to the launderettes"* (Female, 56 and above, Small Shared House).

Most respondents shared bathroom facilities, with this being viewed by some as problematic, because toiletries went missing, for example, but also in the context of infection control, given the COVID-19 pandemic context. One respondent explained that in previous, mixed ABEN accommodation there was no lock on the shower, so that "*basically you just had to shout so that no one would come in*" (Female, 36-55, Night Shelter).

Many respondents cited cleanliness as a feature of accommodation that they value very highly, and respondents were generally satisfied with the cleanliness of their accommodation, albeit that those who had to share bathrooms expressed concerns around the spread of COVID-19. There were two very notable exceptions in terms of cleanliness standards, both related to shared houses:

> *"That was run down. I've never known anything like that to be honest. There was rats and mouses running around my house and everything"* (Male, 26-35, Large Shared House).

> *"I was in a different one previous to this one. That was just making me feel depressed... [it was a] shared house... The bed and bedroom, the carpet, there was a lot of stains... and dirty smells, and a lot of dust. It wasn't good for anybody"* (Male, 18-25, Shared House).

Private Space or Bedroom

Some respondents were living in dormitory spaces, albeit that these had been sub-divided into "*cubicles*" using partitions "*about six feet high*" (Male, 56 and above, Night Shelter). These cubicles offered no or very limited space for the storage of personal belongings and did not have a lockable door. All were appreciative of the partitioning-off of individual areas, suggesting that this afforded at least some privacy and, with that, an element of individual-ownership, one that a few (though not all) respondents felt was respected amongst those accessing services:
"there's no locks on the doors, but it's very private. There's no trouble or nothing. Men don't go in other men's bedrooms" (Male, 56 and above, Night Shelter).

Most participants, however, had a room of their own with a lockable door, although the sharing of rooms and use of dormitories featured very prominently in accounts of ABEN use pre-pandemic. This gave much valued control over who could enter their room, apart from project staff who could generally access rooms if needed, although most suggested that staff would ordinarily seek agreement beforehand. Having control over at least part of their living space was very important to people, particularly when compared against previous experiences in shared-room/dorm-style accommodation.

> *"You don't have to worry about anyone else coming in your space… You're in charge of yourself really... you don't have to watch your stuff as much... you don't have to be on guard"* (Male, 26-35, Hostel)

> *"You can lock your door. With the [night shelter] there's nothing like that... you're wide open"* (Female, 36-55, Hostel)

Several respondents who accessed ABEN after long periods of rough sleeping were keen to highlight the connection between a room of your own and sleep. This was particularly important because, "*on the streets*", as one respondent explained, there can be "*many, many nights without sleeping*" (Male, 36-55, NRPF, Small Shared House).

> *"The first impact was sleeping... I slept and slept and slept, night, days... after two weeks I started thinking... it's like I'm reborn here"* (Male, 36-55, NRPF, Small Shared House)

> *"The first night I had a big shower, stuffed myself with food and I slept for two days"* (Male, 56 and above, Hostel).

Twelve respondents had a key to the front door of their accommodation, being able to come and go as they pleased. All saw this as extremely positive. For all other respondents, access was controlled by the provider, with this viewed as fine by some and deeply frustrating by others, particularly when attempts were made to curtail entry and exit from services. Talking about a service rule that prohibits more than two people at a time from exiting the building to smoke outside, one respondent said:

> *"People suffer from mental illness and you want people to be in their room for the sake of you, for the sake of these night staff… you've got to implement something else so that people are not walking around pulling their hair out"* (Male, 36-55, Hostel).

Daytime access to a room of your own was considered vital to wellbeing and was most deeply appreciated by those who had previously spent time in night shelter accommodation. This of course related to the practicalities of having somewhere to store your belongings and spend the day, but was also very closely related to individual sense of self-worth. Describing as "*absolutely horrendous"* the experience of having to roam the street all day waiting for a night shelter to open, one respondent commented: "*Even dogs in a dog shelter don't get kicked out in the day*" (Female, 36-55, Hostel).

The five participants in partitioned dorm-style accommodation (accessible only at night) described being exposed daily to the stark reality of unsheltered life, with most being outdoors during the research interviews. Exposure to harsh weather conditions, increases in substance use, enhanced probability of contact with criminal justice system, practical difficulty in accessing support and linking with other services, an absence of meaningful activity and a sense of interminable waiting, are just some of the notable characteristics of the night shelter experience:

> *"everyone's out during the day... taking drugs"* (Male, 36-55, Night Shelter).

> *"It's really cold... it's one of the worst autumns we've ever had... Everybody complains about it really"* (Male, 56 and above, Night Shelter).

> *"People... have to walk around for 12 and a half hours during the day waiting to get back in."* (Female, 18-25, Night Shelter)

These respondents were notable for their expressions of gratitude for the shelter that they were afforded, albeit that it was limited and partial in nature:

> *"if I didn't have this I'd be out on the street or probably dead from exposure… For me in my situation at this moment, this [cubicle] is totally the superlative outstanding best deal in the world, for me."* (Male, 56 and above, Night Shelter)

These expressions of gratitude were entirely distinct from evaluations of whether the cubicle service is sufficient, with respondents clear in their condemnation of the practice of asking people to leave during the day.

Rules

The rules governing shared living environments were a prominent feature of people's experiences in ABEN. Participants acknowledged that some form of agreement around how individuals behave is needed in shared accommodation, to seek to avoid individual conduct that seriously impinges on the wellbeing of others. This was true in hostels especially, where the larger numbers of people sharing necessitated closer supervision and governance of resident behaviour, but it was also a feature of shared housing and was especially important where residents sharing didn't naturally 'get along'. While seen as *necessary* in shared living

environments, participants were uneasy and sometimes unhappy that these rules heavily regulated their day-to-day life:

> *"I've come from a 14-year relationship, always having my own place, always doing my own thing and now I'm in something that's not mine. I've got to follow rules. I've got to do as I'm told. I'm 34 years old, I don't like being told what to do."* (Male, 26-35, Small Shared House)

All hostel/shelter-type services and most house/flat shares prohibited visitors on premises. This was viewed by many as deeply problematic in terms of the limitations it places on existing relationships:

> *"I can't have family members come into the building. I can meet them outside on the road, but they're not allowed in the building"* (Male, 36-55, Hostel).

> *"I've been meeting him [my partner]... outside and just stay out for a while and then go home. We're like teenagers"* (Female, 36-55, Hostel).

It was also viewed as something that risked corroding people's mental health and wellbeing (see also Watts and Blenkinsopp, 2021):

> *"I didn't like it... I'm normally having company… because of my mental health, so it felt a bit weird not having no one there and being on my own"* (Female, 18-25, Small Shared House).

The limiting impacts of ABEN accommodation on relationships were most acutely felt where they related to parent-child relationships, and this was a common experience with nine respondents explaining that staying in ABEN either entirely curtailed or severely limited their ability to see and spend time with their children. Despite rules explicitly disallowing children to visit, many of these participants also noted the unsuitability of shared accommodation for visits with their children, even if it were permitted:

> *"You can't have your kids here. I wouldn't want to bring them around here anyway"* (Male, 36-55, Hostel).

> *"My daughter's just changed [because of] the experience of it [not being able to visit/stay with him in his own home]. She was a proper daddy's girl, her"* (Male, 36-55, Hostel).

> *"that's the big thing for me... not being able to see her regularly... she can't even step through the door... because you don't... know who you're sharing with... That's the only family I've got, my daughter"* (Male, 26-35, Small Shared House)

Most participants residing in hostel accommodation were subject to some form of curfew, although accounts of the precise nature of curfews varied across (and within) individual services. As seen above, those in night shelter accommodation were acutely aware of both morning exit and evening entry times: people had no choice but to leave in the morning and

described waiting on entry times in the evening to ensure access. Most respondents in shared houses/flats, by contrast, made no reference to controls over their day-to-day comings and goings.

In hostel accommodation, there was considerable consistency in rules around 'nights out', with a maximum two-per-week standard, with some kind of 'nights out' also mentioned by those in shared housing. There was a common view, especially in hostels, that missed curfews and unauthorised nights outs would be perceived by staff as evidence of having somewhere else to stay:

> *"You can have two nights out, but you can't have two continuous nights, because if you can stay somewhere for two nights, then you've got somewhere to stay, basically, that's how I think they look at it"* (Female, 36-55, Hostel)

> *"You've got to stay there every night obviously, it's a bed for a night"* (Male, 26-35, Small Shared House)

In services targeted toward women there appeared to be more of a drive toward completely discouraging nights out even where two are permitted, with one respondent explaining her conflicting feelings about this:

> *"I'd like to stay out, but as [the manager] said, why would you want to stay out and not stay in your bed. I think that's totally wrong because there's people that are still on the streets waiting for a chance like this"* (Female, 36-55, Hostel)

Sharing Living Space

Most respondents cited sharing living space with others as the feature of ABEN that they most disliked. For some shared living in any form is extremely difficult, acting to compound the stresses of homelessness and all its associated challenges:

> *"I don't like people around… I start clamming, and I start getting nervous"* (Male, 36-55, Hostel).

> *"I can't really handle it [sharing] you see. I prefer to live alone"* (Male, 26-35, Large Shared House).

Others experienced sharing as inexorably leading to daily hassles and challenges, with this experience pervasive across all forms of shared accommodation, and one that was often presented as grinding away a people's resilience, generating feelings of despondency and low mood. Respondents very rarely saw any advantage in being accommodated alongside others who are homeless, tending instead to emphasise an absence of any meaningful common ground with those they shared with beyond a need for shelter.

> *"We are in this [house] together... because we... have [a] similar problem, to get [some]where to sleep, nothing else'"* (Male, 36-55, Small Shared House)

> *"There was different people from everywhere… all just thrown into one house… we were just all different kind of people… different backgrounds... It was hard to settle, sort of thing, around each other"* (Male, 26-35, Large Shared House)

The experiences of participants staying in shared houses or flats were heavily impacted by the conduct of those they shared with, a theme captured very clearly in one respondents account of contrasting experiences during his time in a shared flat:

> *"I shared the flat with two different guys… they were so nice guys... then both of them, they moved out of the flat... and they bring two different guys, and I wasn't feeling safe at all"* (Male, 26-35, Small Shared Flat)

Negative experiences in shared houses were frequent and pervasive. In smaller house shares, challenges with interpersonal relationships seemed to occur slightly less often than in larger flat shares but were still frequent. Where issues arose in shared houses/flats, they could be extremely intense, perhaps reflecting low levels of on-site support and supervision in these kinds of accommodation. One respondent in a two-person flat share had considered abandoning because he struggled to tolerate his housemate, who was regularly inviting people around and using drugs: *"Once or twice I've considered leaving, and that was just because of the person that I was sharing with… Sometimes different lifestyles don't mix"* (Male, 26-35, Small Shared House). Another in a three-bed shared house described repeated exposure to volatile and hostile incidents, ones that often escalated toward violence and always culminated in exclusion:

> *"we've had like five other different other lads here, who, to be honest, the other four have been nightmares. Just causing hostility… they've all left. They've not left voluntarily, let's just say, they've been asked to move"* (Male, 36-55, Small Shared House)

A participant in a seven-person house share described the accommodation as having a particularly pernicious impact on the mental health of all residents:

> *"it wasn't a good place to be in, to be honest... a lot of people had problems on drink or drugs… and mental health... it was hard to mix with them all, all of us to get along… it didn't go too well for me… I didn't like anything about it... it was quite a bad thing for all of us"* (Male, 26-35, Large Shared House)

This respondent described being placed in several different house shares of similar size:

> *"[they] started putting me here, there and everywhere… not one of them has been nice, to be honest with you... You just feel like you're being treated like an animal and just shoved somewhere"* (Male, 26-35, Large Shared House)

Several respondents spoke of a very stark sense of exposure to risk, as well as actual harms, in the larger, more institutional forms of accommodation, with this being true of both hostel-type and shelter accommodation. One respondent said of a night shelter dorm:

> *"I went to a bed for the night. That was just a massive – the biggest – shock to my system. There was 40 men in there and six women"* (Female, 36-55, Night Shelter).

For this woman, staying in this night shelter was "*absolutely horrendous*", "*soul destroying*", and ultimately made her "*very poorly*" in terms of both physical and mental health (Female, 36-55, Night Shelter). Other respondents described similar experiences:

> *"you were in like a dormitory with 36 other people... It was like an army barracks. You had a bed next to each other... it wasn't a nice place, and they had like two showers between 30 blokes, and they give you an hour-and-a-half to have a shower"* (Male, 36-55, Night Shelter).

> *"I used to... just be there [in the hostel] overnight... as soon as I woke up I left the hostel straightaway... I wasn't feeling safe at all. There are many people. Someone's dealing drugs and stuff like that"* (Male, 26-35, Small Shared Flat)

There was a very clear psychological burden associated with living in these kinds of environments, which could be long-lasting, impacting on people's levels of anxiety and ability to trust others after stays ended.

> *"It's like a prison with no flipping prison officers…... it was horrible... terrible... if you weren't a strong character, it was very easy to get stripped down... you had to have your wits about you… there's a couple of girls here, and they was in [there], and one of them... it's taking her a while to trust anybody, because of what's happened"* (Female, 36-55, Hostel)

Those who were more tolerant of sharing space in the shelter or hostel environment, tended to cite previous institutional stays as the rationale for their comparative sense of ease:

> *"[the] atmosphere was all right. I'd been incarcerated... so it doesn't bother me"* (Male, 36-55, Shared Hostel Room)

> *"I did four years in the [army] and nothing could - the open sleeping area and all that stuff, it takes me back a bit to my days in the barracks"* (Male, 56 and above, Night Shelter).

Sharing was also very closely associated with the theft of personal belongings, with this risk being particularly acute in shelter-style accommodation and in the shared spaces of hostels. Participants described a range of strategies to minimise the risk of loss:

> *"I just told people… 'Listen, if one thing goes missing out of here... It's going to cause problems.' Do you know what I mean?... It's hard enough as it is. You've only got a little 12-inch by ten-inch locker to put your proper goods in... Like God, people nicked my boxer shorts in there!"* (Male, 36-55, Shared Hostel Room)

> *"I was literally even sleeping wearing my shoes, because I don't want them to be stolen... it was horrible days for me."* (Male, 18-25, Hostel)

Several respondents described a reluctance on the part of staff to assist with these issues, with one young woman facing attribution of fault for leaving her things in common areas:

> *"all my bowls and some of my clothes would go [missing]... and I would go down to the staff room and report it and they would say there were nothing they could do about it, it's my own fault for leaving it out"* (Female, 18-25, Small Shared House)

Having one's own room lockable room provided a partial, but psychologically highly significant, means of mitigating the stresses and harms of shared accommodation:

> *"They're always sometimes having dispute. So to prevent those kind of things, to avoid them, so I always stay in my bedroom"* (Female, 18-25, NRPF, Small Shared House).

> *"The place is staffed, and we have security here as well, but how I would handle it [conflict], I just keep myself to myself really... because we have our own rooms so you can just shut yourself away in your room"* (Female, 36-55, Hostel).

Experiences of ABEN support

This section explores the people's experiences of support while living in ABEN, beginning with an overview of the level and nature of support available within ABEN services from a user perspective, before focusing on seven key support-related themes: addressing one's own needs, practical and administrative support, health and wellbeing, substance use, employment, criminal justice, and the support needs of those with NRPF.

All participants reported receiving some form of support while resident in ABEN, but the level and nature of this support varied significantly across and within local authority areas and across accommodation types. Respondents in shared housing in one borough received daily 'check-in' phone calls, while in another area really struggled to access their allocated support worker:

> *"I get a phone call every day to make sure that I'm all right, that I'm coping... if I need anything doing."* (Male, 36-55, Small Shared House)

> *"You are supposed to have a key worker… but she was... never there to help... it was... just a bit of a nightmare to be honest"* (Male, 26-35, Large Shared House)

A similar variance was clear across hostel accommodation. Some hostel users reported receiving very minimal support leading to limited (if any) meaningful outcomes, even in services where verbal offers of support were routinely and regularly made. In contrast, other hostel users lauded the accessible nature of support, with staff being available on-site and responsive to needs as and when they arise. Some hostel users suggested that the level and intensity of support available in some hostel services is determined by the efforts of individuals.

"They're going on like they do this amount of help for you, when really, it's nothing like that, personally." (Male, 36-55, Hostel)

"if I have a problem with something or you want to speak to someone about something you might need, I go and see [my key worker] and she speaks to me and we have a chat about things." (Male, 56 and above, Hostel)

"If you're going to put the work in… if you want that help, here they'll do anything to do that [support people]." (Female, 36-55, Hostel)

Respondents staying in night shelter accommodation reported that staff were approachable and keen to assist, but the practicalities of delivering support outside daytime hours limited the efficacy of any support given, and offering support at a time when people needed to rest and sleep seemed to be a significant barrier to engagement. One respondent, for example, described accessing legal support regarding his immigration status while sleeping at a night shelter (he was subsequently accommodated in a shared house). The support worker would try to assist him in the hour before they sleep. He was grateful for this support and found it helpful, but explained how difficult it was to make progress in this way:

"When you are homeless it's something really you can't even get the words to describe... All those kind of things [support]... you just have to have a home first. We were like, hopeless in life. Understand when I get a place, a house, an address, which is valid, and then it's practical" (Male, 36-55, NRPF, Small Shared House)

Participants described the support they received as a general offering of help with whatever might be needed. They overwhelmingly prioritised support to secure move-on accommodation (discussed in detail in chapter 6), but also described receiving practical support, such as '*help with food*' (Male, 18-25, Hostel); support with administrative tasks, such as '*help with forms*' and '*the computer and stuff*' (Male, 36-55, Hostel); emotional support, such as a supportive chat '*if you're having a down day*' (Male, 36-55, Hostel); and, external support, such as help to secure a GP or more specialist support.

We now consider the most important support-related themes to emerge from our interviews with ABEN users.

Ability to address one's own needs

Most respondents were keen to emphasise their capacity to independently meet their needs:

"*I'm pretty resourceful, me"* (Male, 36-55, Shared Hostel Room).

"I've got all that sorted myself anyway... I was married for bloody.... years and... [have] kids and everything, you have to get independent" (Male, 36-55, Hostel).

This was true even of people with very complex needs, with one such respondent keen to highlight that she had 'sorted' access to a methadone script without any need for support. Respondents really valued unconditional offers of support, particularly ones that they could engage with (or not) depending on their personal circumstances and individual needs: *"I do*

like the support. Even if I don't need it, it's always good knowing that it's there" (Male, 36-55, Self-contained Flat). Some respondents – typically those who were resident in night shelter or hostel accommodation – felt that the nature of their ABEN accommodation curtailed their capacity to independently meet their needs, however: *"They've not got [a kitchen]... for you to look after yourself... they're taking something away from you to make you think you can't look after yourself"* (Male, 36-55, Hostel). This respondent felt that in this institutional and independence-corroding environment support staff then judged him as incapable of independent living, without what he deemed any relevant evidence:

> *"I don't give a shit if you [staff] think I'm incapable... I'm worth – everybody, deserves an opportunity. Let me go and see if I can manage myself"* (Male, 36-55, Hostel).

People therefore felt particularly aggrieved when ABEN accommodation provision itself limited their ability to meet their own needs, but valued many kinds of support available because of accessing ABEN.

Practical and administrative support

Practical forms of support were particularly appreciated – especially the provision of food parcels – with several respondents suggesting that more support of this kind is needed:

> *"[Help] for food and that... because the majority of us in here are struggling... there is help but it's fairly limited"* (Male, 36-55, Self-contained Flat)

Participants who had received support with administrative tasks had sometimes made very real progress toward exiting homelessness as a result. Several respondents spoke about receiving support to obtain identification documents, for example, which in turn opened access to a bank account and (for one respondent in particular) the means to establish a regular source of income for the first time in over a decade. This income was described as central to a newly found sense of stability and security, particularly food security. Describing what prevents him from returning to rough sleeping, he said:

> *"having somewhere to stay, all the support I get, the fact I've got money coming in so I won't be short of anything to eat… staff… that treat you like a human being"* (Male, 56 and above, Small Shared Flat)

Physical and mental health and wellbeing

Access to ABEN accommodation in and of itself could function as a highly effective support to physical and emotional well-being where it allowed people to meet their basic needs, particularly those relating to food, shelter, safety and sleep. Many of those accessing ABEN were doing so from circumstances that presented very real threats to their health and safety, and where ABEN was able to relieve these 'survival stressors' people expressed an enormous sense of relief:

> *"It's cured my mental health completely. I wasn't worried where I was going to eat and where I was going to sleep. That was the main thing. I can have a shower every day and sleep as long as I wanted to and watch TV. Eat food... that's the best of all; hot food"* (Male, 56 and above, Hostel)

> *"It was a massive boost to my mental health because while I was street homeless it was January of all months. That's probably the lowest point I've ever been in my life… when this chap... rang me to say... '[go] there and they'll give you a key and a room', it was an absolutely massive boost... and also to my physical health as well. I'd ended up on hospital while I was on the street, so yes, it was a massive boost to both"* (Male, 36-55, B&B)

For some people then, some kinds of ABEN accommodation can be highly positively transformative (at least in part) because sleeping rough is negatively transformative. However, for those placed in ABEN accommodation where they felt unsafe or unsupported, ABENs negative impacts could be almost as stark as more acute forms of homelessness. One respondent who found sharing intolerable explained:

> *"It [ABEN] impacted my mental health where I was not sleeping... then it starts taking a toll on your physical health... [because] it goes hand in hand, your physical and your mental health. It's quite a dark place to be"* (Male, 26-35, Large Shared House).

For those living in ABEN accommodation where a sense of safety and security could be attained, and survival imperatives relieved, people could begin to think about and plan for the future:

> *"Mentally, I can think more clearly because I know that I've got somewhere that's safe that I can go at the end of the day"* (Male, 26-35, Small Shared House)

> *"It's given me the time to think of what I really want, and I'm not as stressed as I was, and depressed. I'm a lot calmer and looking forward to a lot of things, about hopes and goals and things"* (Male, 18-25, Hostel)

And this was most often associated – not with access to highly specialist support – but with having somewhere safe to live:

> *"I was really bad when I came in… It took me a while to get back to normal… because… [when] you have nowhere to go, you've got nothing. You feel as if nobody's interested, nobody wants to know, and it's hard… when you don't know what's going to happen"* (Female, 56 and above, Small Shared House).

Some participants mentioned the availability of emotional support from ABEN staff within accommodation. While this was generally valued, it was also viewed as limited in terms of its ability to address deeper needs. Speaking of waiting lists for access to a counselling service one respondent said:

> *"I do need to talk to somebody – I can talk to the staff in here, but there's certain things that I can't tell them, I don't want to tell them, I'd rather just tell the counsellor"* (Male, 36-55, Hostel)

This emphasis above, then, on the transformative potential of accommodation on health is not intended to diminish the need for timely access to health services. Some respondents reported very significant physical and mental health support needs. In Manchester, access to health services was generally described by respondents as timely, with – for example – a mental health nurse visiting people in their accommodation and facilitating referral to other relevant agencies and services. One respondent spoke of getting "*medication sorted*" after a prolonged period without (Male, 36-55, Hostel) while others explained that long-standing mental health conditions had been formally diagnosed for the first time (Female, 36-55, Hostel).

Beyond Manchester the picture was more varied, with several respondents describing access to health services as really very challenging, having secured only limited access after many years of trying or still struggling even after having accessed ABEN:

> *"[It] took nearly six years to get an appointment with a psychiatrist... because they kept fobbing me off. They just classed it as a generalised anxiety disorder… when I became homeless, I chased it up myself... I've got to wait... six months… [for my next] appointment it's no good for anyone, let alone me"* (Male, 36-55, Small Shared House).

> *"I've had nothing like that... I haven't got a GP at the moment... I've got DVTs [deep-vein thrombosis] in my legs... it's very dangerous. If I don't get my [medication] soon, I could have a heart attack... I don't know what to do now about my GP"* (Male, 56 and above, Night Shelter)

This somewhat alarming final quote describes the experiences of a man in night-time access only shelter accommodation. In addition to the challenges of accessing meaningful support overnight while prioritising sleep and access to available facilities (see above), this was in an ABEN service where the support model is described as 'asset-based' (see below), meaning that workers would only respond to active requests for help rather than proactively seeking ways to support users. It is perhaps not surprising in that context that even quite severe physical health problems went unnoticed and unsupported.

Substance Use

Substance use did not feature prominently in many interviews, with most respondents reporting no support issues in this area, or that they have recently ceased or reduced use. Of those falling within the latter category, most had sought and secured support prior to accessing ABEN or had done so independently while resident in services. That said, in at least some boroughs, and particularly in Manchester, ABEN had enabled people to access support in this area. One respondent, for example, explained that he is supported by a drug 'in-reach' team who visit his ABEN accommodation weekly and who can be contacted in between if needed; while another spoke of receiving very practical assistance around the collection of methadone scripts.

Several respondents pointed out the importance of housing to addressing substance use, with this respondent (living in a self-contained ABEN property) very firmly linking his current abstinence to having access to what he perceived as settled accommodation. It is

accommodation, he suggests, that has allowed him to positively change his own life trajectory:

> *"I had a drug problem... Since I've come off [the streets] and I've come here... I've got myself a doctor... I needed dental treatment... I managed to get that. I've seen the opticians. So, I've put myself well and truly on the right track now"* (Male, 36-55, Self-contained Flat)

The testimony of those we spoke to clearly suggest, however, that there is a cohort of active substance users missing from services, perhaps unsurprisingly, given that many services (particularly hostel/shelter provision) prohibited alcohol and substance use on premises, with breech of this rule being regarded as particularly serious: "*that's an eviction notice, that one*!" (Male, 36-55, Hostel):

> *"Whatever you do outside is outside [but] if you bring it back on premises or you're not quite with it or whatever and you're causing problems, then that's a problem for the staff"* (Male, 36-55, Hostel)

This group featured indirectly in participants' accounts of the people they knew and lived alongside who had been excluded from ABEN accommodation. For some, this was seen in negative terms:

"there was no support, nothing. I saw a lot of my friends getting kicked out because they were like, struggling with addictions and stuff, and there was no support there... [For] anyone who's got mental health or substance abuse issues then it's pretty much impossible because... you're just stuck in your room and without support. Without anybody around to help you. It's very difficult. I saw a lot of people getting kicked out of this place." (Male, 36-55, Hostel)

But for others it was positive, with experiences in ABEN improving precisely because this group tend to be excluded:

> *"the last person who lived here, he'd been to five or six different places in the last two months. That tells me he doesn't want any help... people like that you should just leave them to do what they do, because he's never going to be right. All he was interested in is drink, drugs... which was no good to us"* (Male, 36-55, Small Shared House)

Employment

Some ABEN resident participants were very keen to work:

> "*I need to go out and get some work and be like a human being*" (Male, 56 and above, Hostel)

> "*I want to be back in work. I don't want to be sat around doing nothing*" (Male, 36-55, Small Shared House)

However, most felt restricted in their ability to move toward employment. Sometimes this was because the stress of homelessness had generated or exacerbated physical or mental

health issue that prevented them from working for the moment, while others felt that they needed settled housing before they could even begin to think about looking for employment: "*once I get this flat, I get set up and thing, I can go back to work*" (Male, 36-55, Hostel).

Work disincentives were at play where benefits covered people's rent in ABEN, with two respondents staying in a hostel lamenting that their rent would be unaffordable if they were to secure employment. This was clearly not a universal issue, however, with two other respondents currently in employment suggesting that rent was not a prohibitive factor in ABEN. On the contrary, one was not paying any rent for his current accommodation and making the most of being able to save for move-on. This likely reflects that some ABEN services receive rental payments via Universal Credit/Housing Benefit payments, while others do not. The latter approach is being rolled out as default during phase 3 (see chapter 3) with disincentives to work thereby likely to increase for ABEN users.

For one respondent, who had just secured a job, there were some practical disincentives around the early morning exit times of her night shelter, ones that really limited her ability to get enough sleep: *"It's harder to get work... I'm having to get up at half-six, but sometimes I don't get back [from work] till 12"* (Female, 18-25, Night Shelter). A few respondents suggested that support in the form of travel allowances would be very beneficial in assisting people to attend job interviews or employment related courses.

Criminal Justice

There is some evidence within our ABEN user data that the programme can reduce offending. One respondent (Female, 36-55, Hostel) explained that when she had been rough sleeping, she used a homeless drop-in centre as a postal address, collecting her post weekly. If she missed a week, however, her mail was returned to sender, which had resulted in her benefits being sanctioned for one year, an experience described as "*horrible because that was like a year without money*". She "*ended up*" shoplifting to survive, was arrested, charged and served a three-month custodial sentence. At the time of interview, this participant was staying in ABEN accommodation, where she can receive post directly.

Another respondent suggested that having accommodation simply reduced the amount of time he spent outside, and as a result reduced his contact with criminal justice services:

> "*now I'm in a more secure place... I'm not out roaming the streets [at night]... I'm less likely to get into trouble [with the police]"* (Male, 56 and above, Night Shelter)

What was also very clear from these interviews is that participants were often the victims of crime while rough sleeping, sometimes necessitating significant criminal investigation and acute admissions to hospital. Service users were of the view that this form of contact could be prevented or reduced by access to accommodation.

> *"I was actually attacked on the streets, literally assaulted… The police found me, because they'd seen it on the camera…He's in prison now, the person who's done it"* (Female, 36-55, hostel)

"One night I was sleeping [rough] and some guys came along and tried to urinate on me, and when I retaliated they smashed my leg so much I was in hospital for 23 days with an infection." (Male, 56 and above, hostel)

NRPF

The small number of participants with no recourse to public funds were helped by ABEN to access legal support around asylum claims or settled status, something that was valued very highly. Respondents who were not permitted to work, reported facing severe financial hardship with the basic supports such as provision of food parcels or very small gifts of cash being vital. All respondents within this group were very keen to work, not least because it offered them the potential to meet their own basic needs. One respondent had been supported to access education, which gave her hope that her prospects of finding work would improve. Another reported being able to secure employment (of his own initiative) whilst staying in ABEN, where he was being assisted to find move-on accommodation.

Addressing people's support needs: key stakeholder perspectives

Reflecting our analysis of the experiences of people with direct experience of ABEN provision, the key stakeholders involved in this evaluation paint a very mixed picture regarding the effectiveness of the programme in addressing people's support needs. There is a clear overall sense that there has been less progress in this area than in preventing rough sleeping:

"[ABEN has had] more impact in terms of addressing immediate rough sleeping than [on] the support side, but that's [getting] increasing attention now because I think people are recognising that it isn't just about the bricks and mortar or the roof, it's around actually the real challenging nature of supporting a complex cohort of individuals." (Local informant, statutory)

"we have a lot of repeaters, so in some senses it's just created a safety net for the revolving door. It hasn't actually addressed the core factors of why somebody keeps, for example, offending, drug and alcohol. That just isn't there… there's some individuals that you think well actually, you've been in ABEN over and over again" (Local informant, statutory)

This slower progress and mixed picture reflects, in part, the highly diverse support needs of those who access ABEN, but also – crucially – two other factors: the highly varying approaches to support needs within ABEN services, and the complex network of services beyond ABEN required to effectively address the needs of this group. We consider stakeholder perspectives under these two key themes

Support provision within ABEN services

The level and nature of support provided to ABEN users varies considerably across boroughs and specific services. A minimum threshold of *"fairly basic"* (Key informant, statutory) support provision is available across all ABEN services and boroughs, reflecting GM-wide policy requiring LAs to have staffing in place to meet safety and safeguarding duties and to facilitate the key functions of the service, with staff expected to have *"the appropriate skills, qualifications and competencies"* needed to deliver a high-quality service. There is an

intention that staff should receive training in a number of mandatory areas[8], supplemented with further training for specific cohorts or needs where this is thought beneficial.

Beyond this, stakeholders describe substantial variation in the level/quantity, nature/focus, and model of support delivered within ABEN services. The frontline workers we spoke to were clear that a support plan would almost always be developed with ABEN clients, albeit not when stays were extremely short, and some noted difficulties developing support plans among ABEN users deemed unable or unwilling to engage e.g. because of a chaotic lifestyle. The way in which support plans were developed and progressed appeared to vary substantially, however, with some services clear that structured, detailed and frequently reviewed support plans were in place for all clients, while in others a less rigid and much lighter-tough approach was taken:

> *"there is a support plan… it's not always rigid… because people, we tend to see people float in and out of service…. I suppose in a way it is a support plan. It's just perhaps not as set in stone in terms of by this date you'll have achieved this sort of thing."* (Frontline worker)

> *"we have a structured support plan session with the customers. Sometimes they're very hard to track down because they're in one minute, but then next minute they're gone, but we try our best to identify what support they need, and what level of support they need… it takes five, ten, 15 minutes. This is not War and Peace. It's just finding out what they want to do; what they need at this moment in time in their life because you've got to do it day-by-day here; probably minute-by-minute"* (Frontline worker)

The COVID-19 pandemic had impacted support arrangements and planning in several boroughs. In one, it had prompted an increase in the number of support workers and a move to a key working approach, rather than clients working with "*whoever is in the pot"* (Frontline worker). This was seen to have been an improvement and one that led to better outcomes, especially concerning move on (see chapter 6). By contrast, in another area the pandemic had led to a more reactive approach to support planning and provision:

> *"we request that the tenant signs the support plan. It's more reactive than proactive at the minute…. there is a support plan that we follow, but I just think in the current times with the pandemic it's not adhered to as strictly."* (Frontline worker)

Relevant here are staffing levels within ABEN services, with caseloads varying considerably. At the time of fieldwork, frontline workers in different boroughs described caseloads of between 10 and 30 per support worker, with this latter figure seen to be twice the desired level and a challenge for support workers. While some frontline workers we spoke to reported being in close contact with their ABEN clients and offering proactive as well as reactive support, in larger boroughs or services, the volume (and breadth, see below) of support work was vast and often overwhelming. One frontline worker described the experience as like 'spinning plates' and another described staff as being 'stretched quite thin'. This was in part compounded by sometimes long lengths of stay: what was conceived of as a short-term,

[8] Including "health and safety, lone working, safeguarding adults, substance misuse, public health safety, and in equal opportunities and diversity", with this training expected to include "security staff". (p. 11)

emergency service was often described as functioning like a longer-term intervention. There was a tension through strategic and front-line worker interviews about the purpose of ABEN in this respect: while strategic level participants were more likely to conceive of ABEN as a triage and rapid move-on service, the reality of frontline worker experience was sometimes instead of longer-term stays, with supportive interventions then seeking to 'settle' residents and support them to be ready for move on at some future point.

One dimension of variability in terms of support provision and accessibility was whether support was on site or not. Whereas in hostels there are often support staff on site 24-7, in much ABEN provision – small or large shared houses, B&Bs or self-contained accommodation (single site or dispersed) – there is no on-site support or on-site support for only part of the time:

> *"they're basically just B&Bs, they're glorified B&Bs… There's no support, in house support in-those places… In some local authorities. It's basically house supervision under the auspices of the ABEN."* (Key informant, health)

> *"There's a person there to make sure nothing untoward is happening, but I think that's it"* (Key informant, criminal justice)

One local authority stakeholder noted the benefits of on-site support and the challenges of the dispersed accommodation used following the COVID pandemic, meaning that support or staffing to address anti-social behaviour issues was a call away rather than near at hand. Note, however, that some participants in such accommodation (see above) described very regular and easy access to support. And indeed, in hostels, the demands of managing congregate setting often took precedence over provision of support even where this was in theory available on site 24-7. For example, in one large hostel accommodating over 40 individuals with high support needs, staff reported being largely occupied with crisis and behavioural management, leaving little time for meaningful support work.

> "*we could do with more staff. An incident could happen on one of the landings or in one of the rooms. There's one support staff per floor, we've got one security on, and we could have multiple incidences that you can't predict."* (Frontline worker)

In other congregate environments, there was no support on site at all for some of the day/night, and this was particularly iniquitous to people's safety and basic wellbeing, as well as their ability to access support when needed. One key informant reported that security guards can end up playing a support role where no or little support is available from support workers, describing security staff "*offering some emotional support… encouraging someone… they [the ABEN resident] put the security guard on [to talk to the mental health professional], because they trusted the security guard"* (Key informant, health).

A key point of commonality across the frontline staff we spoke to concerned the enormous breadth of kinds of support work they provide, spanning financial inclusion and access to benefits, help securing basic documentation, assistance accessing housing advice and finding/bidding on rental and social properties, emotional support, access to education, training or employment, access to daily activities, behavioural and risk-management, harm-

reduction, help accessing specialist health or addiction support, developing independent living skills and budgeting etc. ABEN support workers are by and large generalists, albeit with sometimes considerable experience, and with training in a variety of particular areas. The breadth and demandingness of their role was often recognised by key informants as well as support workers themselves, although these quotations indicate a degree of scepticism that ABEN staff are supported, recognised, and trained sufficiently in these roles:

> *"that they're expected to do a lot… Rate safeguardings, crisis work, physical health crisis as well. People ODing [overdosing] and dying, when they're having to do CPR, and bring them back… You're asking a housing support worker to take on quite a lot,"* (Key informant, health)

> *"you have to know about drug and alcohol issues and support… housing issues… immigration issues… welfare benefits… mental health… it's really a very specialist role that I feel is not recognised and certainly underpaid. You can get paid practically minimum wage for a job where you're very, very skilled, and having those people with that knowledge and that skill set is necessary, because if you bring people in who haven't worked in the sector or haven't got skills in de-escalation, or mental health first aid, then you're going to have so many more crises, and if I'm honest, deaths."* (Frontline worker)

Within this overall picture of ABEN support staff offering a very wide breadth of support, ABEN services and boroughs displayed some variation in the particular focus of the support offered to ABEN users and the 'model' or 'philosophy' of support pursued. In some, there was a traditional housing support focus on financial/benefit-related advice, developing independent living skills, food and budgeting, health and wellbeing. In others, there was a greater focus on enabling ABEN users to connect with services, including via provision of cell phones with paid monthly contracts. Some ABEN services displayed an especially clear focus on securing move-on for residents, with multiple staff employed in various navigating and accommodation procurement/landlord liaison roles. One borough described a focus on recruiting ABEN workers from diverse backgrounds and with various kinds of relevant 'lived experience', either professionally (e.g. in the prison service) or personally (e.g. of homelessness) combined with an emphasis on basic skills development and fostering people's own motivation through a wide offer of activities like art therapy, drama, job support, and outward bound activities.

Two boroughs described taking a harm-reduction approach, with a focus on enabling those with addiction issues to be as safe as possible (via access to clean needles, methadone prescriptions, access to health care etc) alongside a more general focus on physical and mental health. This involved, for instance, a nurse employed via ABEN funding to provide *"quick, targeted health interventions"* (Local informant, statutory) to ABEN users. In another there was a particular focus on staff's ability to address mental health issues among ABEN users, as well as on 'in reach' health and mental health support, albeit that some of this has had to come to a temporary halt during COVID-19 lockdown measures. Finally, one area described taking a 'person-centred' and 'asset-based' approach within their primary ABEN service, described by one frontline worker as follows, which seemed to translate into a responsive rather than pro-active approach to supporting ABEN users:

> *"We do try and help them as much as possible, but because of the approach of the charity, it's very asset based, you have to come to us and tell us what it is you want and then we'll help you. We don't go out and force people"* (Frontline worker)

As we have seen above, this could lead to very serious physical health issues going unnoticed and unsupported among those accessing the service.

Some ABEN services targeted specific subgroups within the rough sleeping or at-risk population, with the focus and approach to support reflective of that group's needs. This was especially the case within Manchester, where the 'critical mass' of ABEN users made such specialisation more feasible. It is most clearly reflected in the centralised provision for those with No Recourse to Public funds at Phase 3, acknowledging the universally shared view that this group require access to specialist, legal advice. Several providers described ABEN as providing the impetus for partnership working with the Immigration Aid Unit (who provide legal support) with the outcomes of this generally considered 'brilliant' (Local informant, housing). A Key informant described highly effective joint working between the GM-level and boroughs in this area:

> *"we've got a really strong asylum and immigration lead within CA, and every team in the local authorities has a LAASLO [Local Authority Asylum Support Liaison Officer]... They Work really well together"* (Key informant, homelessness)

Several participants were keen to highlight, however, that there are two forms of support required for those with NRPF, first, the legal advice itself, and second, support to follow and action said legal advice. The latter was described by some respondents as lacking, albeit that some progress is being made. One respondent lamented that providers are often keen to work with the NRPF cohort because their needs are less 'challenging' (in terms of substance use and mental health) but that many lack the skills and knowledge to offer the type of support required.

ABEN has also seen an increasing focus on specialist provision for women, with local authorities who have developed women-only services reporting an improvement in the support offered as well as increasing proportion of women accessing ABEN. That being said, one participant was sceptical that the emergence of specialist *provision* necessarily went along with the staffing of ABEN services with individuals with the particular specialist skills required to meet the needs of the group:

> *"the council put up a women's ABEN and they pulled the staff out of another mixed-gender ABEN… that they had and put them all in there. I felt like they hadn't really trained the staff about specifically working with women."* (Key informant, health)

Reflecting the funding model and evolving aims of phases 2 and 3, there is a strong focus on access to health care across all ABEN services, with many emphasising the provision of access to basic assistance in relation to immediate health issues and ensuring that ABEN residents register with a GP. In areas where lengths of stay can be very short, this was seen as a barrier to achieve this latter aim.

There is also an expectation from GM-level that ABEN services and support are trauma- and psychologically informed, but there was a view that this strategic vision had not yet effectively filtered down to frontline delivery:

> *"have things improved the last two years, I think they probably have… phase three's got a health element to it… being trauma-informed or psychologically-informed and an emphasis on training is a part of that. Have we noticed the difference on the ground? Not really."* (Key informant, health)

One local authority participant saw this as reflective of the level and depth of training provided to achieve this aim:

> *"I think it's still very aspirational… it's just not happened… certainly locally, that isn't there. There's been some training sessions but it's not really been well communicated, so I think we need to work better at that… The training's just been very low level, superficial, really. There's no attempt to how that's done in practice, locally, or how it should be locally, etc. It's just be*en a very, this is what a personality disorder is… we need to work a bit better at that" (Local informant, statutory)

This willingness of specific service managers to 'free up' staff for training was seen as an additional barrier to achieving appropriate kinds of support in ABEN services. Pockets of good practice were identified, however. One key informant described, for example, an extremely fortuitous and entirely serendipitous concentration of good practice in a service designed to accommodate low risk clients, but in fact accommodating those with high support needs:

> *"there's one that does get PIE [Psychologically Informed Environment] training and reflective practice… they were so brilliant with, they're meant to be low risk, but… the people that came in were really unwell, and needed high support, and I was quite impressed with how they worked… they come from a charity that offered them quite a lot of training… It does make a difference… who's running the ABEN."* (Key informant, health)

This section has focused so far on the levels, model and focus of support delivered within ABEN accommodation, but our data also indicate three 'interaction effects' between the nature of accommodation and the potential effectiveness and value of support provided. First, the impacts of larger more chaotic congregate accommodation models on people's ability to engage with support was a theme strongly emphasised by key informants with mental health expertise, and chimes very strongly with our account of people's experiences in ABEN accommodation above. In such environments, the risk of residents feeling unsafe are reportedly very high (see also chapter 4*)*, something seen as highly inimical to engagement with support by several key informants:

> *"security creates a boundary that's a force then that creates psychological and environmental safety, which means people then can start to relax… if you don't have that basic safety, then you can't do any other work."* (Key informant, health).

A related point was made by a frontline worker in an area using a combination of night shelter provision and hotel rooms as ABEN accommodation at the time of fieldwork, who noted that *"people are more engaged in the Hotel because it is a lot more comfortable"*.

Second, night shelter accommodation from which residents are excluded during the day was identified as highly inimical to effective support by one frontline worker, who had observed the transformative impact of 24-7 accommodation provided during COVID on ABEN users, meaning that they could engage with support workers when other services were open and had alternatives to interacting with 'risky' networks and peers during the day:

> "*the biggest change has been having people available and accessible in the day; not having them have to leave… Now we've got 24/seven support it's been a game changer, really, and I think it would be such a shame if we lost that, because we've done so much more in a short space of time with people than we could previously do, just because we operate during the daytime."* (Frontline worker)

Third, lack of resources required to access support within accommodation were identified as important. One frontline worker commented that the lack of access to wifi within ABEN accommodation in their area, for example, was a barrier to effective support: "*wifi… would be a brilliant thing to be able to put in. Because then that would be a lesser barrier to accessing certain services"*.

In considering the support available within ABEN services, this section has highlighted considerable variation in approaches to and levels of support. Such variation is not intrinsically a barrier to effectiveness. As one key informant emphasises, it can reflect differences in population need, and where this is the case, calls for standardisation do *"a massive disservice… [to] experienced professionals [who] know how best to respond to the needs of their client group"* (Key informant, health). However, we have highlighted a range of points of variation that do not appear to reflect tailoring to local demand or the target group of the particular service, but rather are driven by funding factors, staffing level, management priorities, and organisational culture and philosophy:

> "it varies… there shouldn't be the variation that there is… some of it's very provider-dependent… different providers will have different approaches… different levels of support that they… deliver." (Key informant, homelessness)

> *"there's a lot of inequalities across different homeless projects… ABENs… are owned by different charities or housing providers. They all don't sing from one hymn sheet… There's no one overarching philosophy that they're following. It's down to the manager and then that manager can make up whatever rules they want really, and that will be based on whether they come from the council or a charity and their understanding of homelessness and where they worked before."* (Key informant, health)

Two GM-level factors were identified as driving or facilitating these levels of problematic variation in support identified in this section. First, several informants noted that there is not a robust *"overarching vision"* for ABEN in relation to support provision, meaning that people accessing the service experience *"a completely different response everywhere they go"* (Key

informant, health). Second, and relatedly, ABEN funding has not been directed at ensuring support of a particular kind or volume: rather, *"all of the funding for A Bed Every Night, really, or the vast majority of it, has gone into setting up the accommodation provision, not the support side"* (Key informant, homelessness). The move to recoup rental costs within ABEN via the benefits system at phase 3 might free up GM grant funding to offer a higher level of support provision across services and boroughs.

Wider support services

ABEN services are expected to build relationships with key agencies and partners *"to maximise opportunities for clients and to make best use of scarce resources"* (ABEN, 2020a, p.13), including working with specialist organisations *"to support people with specific needs"* (ABEN, 2020a, p.11). As such, its effectiveness is in substantial part *"only as good as the wider system"* (Key informant, health). We focus on four themes here to assess the efficacy of these connections with wider services: health, drug and alcohol services, mental health, and complex needs.

Local informants and frontline workers described a strong focus on bringing health related services *in* to ABEN provision and connecting ABEN users *out* to wider health provision. This included immediate basic health care (e.g. wound dressing), screening programmes (Hep-C), access to opticians, harm reduction surgeries, provision of flu jabs, mental health support, GP services, and addiction services. One key informant described these as "really practical… basic improvements" (Key informant, health) that are seen as fundamentally important to people's basic physical health and wellbeing:

> *"We've had numerous agencies come on board… They provide blood tests, they do sexual health advice and tests. There's a liver clinic, so it can scan for obviously, potential concerns with the liver. They do advice around Hepatitis C. Podiatry, as well, was included, so there's been quite a wide offer of health included to the ABEN… Previously, in 2018, it was very much a bed".* (Local informant, statutory)

> *"We've done a lot of work in Manchester and I think this is true across some boroughs but not all, around that point of access to primary care. Making sure that you don't need proof of address in order to register. Trying to get colleagues to prioritise people who are homeless in terms of booking in for appointments and arranging longer appointments."* (Key informant, health)

Three key enablers of this health-focus were identified: first, the strategic leadership and funding of ABEN by NHS commissioning staff, including efforts to keep pushing the message that addressing the health needs of ABEN users is centrally important. Second, the availability of health care providers with a specific focus or skill-set in working effectively with this group was seen to be important and effective in a number of boroughs. Several participants explained that the structure of their LA was advantageous, with the housing function sitting within a wider adult social care and health remit, meaning that health commissioning could be directly informed by staff working on ABEN services. Third, several respondents were of the view that health responses had been further catalysed by the COVID-19 pandemic and resulting efforts to proactively bring health supports to ABEN users. This participant described

the response, explaining the positive legacy these developments may have on future ABEN delivery:

> *"Everyone In has really helped with some of that because at the hotel where we relocated everyone… we co-located a number of different organisations and teams on site... That brought mental health practitioners in, it brought in podiatry services, nurses, primary care through GP registration, so we've been able to test out a load of interesting stuff that... would be quite interesting for an ABEN phase three, phase four… we've tested some of that."* (Local informant, statutory)

While several boroughs described *"real good will"* (Local informant, statutory) and positive engagement with relevant wider service partners, important gaps remained. Referral processes to wider services tended to be seen as straightforward and accessible (albeit the volume of referrals needing to be made to different services was a challenge identified by some frontline workers), but there were issues with referrals being responded to in a timely and appropriate way across a range of wider service types.

Access to drug and alcohol services varied across GM. Several boroughs described being *"linked up really well with partner agencies like drug and alcohol services"* (Frontline worker) or having a *"great offer"* (Frontline worker) for those with addiction issues. In Manchester, there is a move towards a 'same day' assessment and prescribing model, and the partner drug and alcohol service in many areas (Change, Grow, Live) is seen to offer a proactive and accessible service: *"they're always available on the phone, they give real-time support to the residents who have issues, so they're great"* (Frontline worker). In other boroughs, however, ABEN support workers faced severe challenges in this area:

> *"length of time engaging into drugs services is a major issue… assessment periods are a month and then a doctors' appointment on top of that will be four or five days over that. You're talking between a month and five weeks, and that's if you make your appointments really. It's reliant on keeping people keen and motivated and available at the point of assessment and for a month that's very, very hard."* (Frontline worker)

These long waits were seen to increase the likelihood of those who had accessed ABEN abandoning or leaving before accessing appropriate support or move on accommodation. Even in areas with an historically strong response, COVID-19 created substantial challenges, with national service providers ceasing face to face support for a period, and ABEN services and users facing delays accessing support, as well as problems securing swift access to prescribing.

Access to appropriate mental health care for ABEN users was an acute concern among the vast majority of stakeholders involved in this evaluation, with mainstream mental health services identified as ill-equipped to engage and adequately support this group. In multiple boroughs, participants lamented very stark differences between their own assessments of individual needs in this area compared to those of mental health services. High access thresholds were seen as a key barrier to effectively addressing the needs of the client group. In Manchester in particular, respondents described 'heart-breaking' levels of 'buck-passing' between services in relation to mental health care: ambulances not attending calls; a mental

health crisis line that often goes to answerphone; and police officers who refuse to engage with people due to risk:

> *"what I've found is that the other agencies, all they ever want to do is pass the buck. They only ever want to pass it on to the next agency that could be found responsible for that person. Nobody actually wants to help these people. It's heart-breaking to be honest."* (Frontline worker)

> *"[you] phone the mental health crisis team and sometimes you get a voicemail and they never get back to you, or you could have phoned an ambulance because he's threatened to kill himself and he's self-harming and sometimes they don't turn up… You could phone the police, and the police arrive and they say, 'We've not come here to get hurt. If this person is self-harming, they might be violent towards us. You guys sort it out'."* (Frontline worker)

COVID-19 was seen to have exacerbated an already severely problematic situation, with GPs no longer routinely seeing patients face to face and the strains of the pandemic also increasing need for mental health services.

> *"You could be trying to make an appointment with the doctor and all the doctor wants to say is, 'Oh no, we've got coronavirus, we can't speak to you or see you or do anything for you. We're just going to let you cope with it.'"* (Frontline worker)

These manifold 'supply-side' issues are seen to interact with difficulties engaging with mental health services on the part of some ABEN users, difficulties that are likely – at least in part – to be a response to previous negative experiences seeking to access support. All things considered, ABEN staff frequently felt left to manage and respond to issues that they were ill-equipped and not resourced to address, with this described as very frustrating for both staff and service users.

Potential solutions to these issues were located in a range of places, including within ABEN services themselves. Some participants emphasised the possibility of improving the skills of ABEN staff in this area, and one was especially keen to point out that mental health issues among ABEN users might not always require *clinical* expertise. Specialist mental health support was already available to ABEN staff in Manchester via the Mental Health Homelessness Team, although awareness and take-up of this service was seen to be variable across the city's ABEN services:

> *"the odd hostel that we have had a relationship with, just through the amount of referrals they've sent us… They've really gobbled up the advice and support that we give them… They're phoning us, and saying, 'Should we do this? What do you think of this?' That's really good… [But] there'll be loads and loads and loads of staff that won't know."* (Key informant, health)

The capacity of the team and of ABEN staff, including night-staff, to engage in such support was seen as a relevant barrier here. Training of existing ABEN staff was seen as part of the

solution, but insufficient in the absence of giving time, space and support to staff in this area (e.g. via reflective practice sessions).

Recruiting staff with pre-existing mental health expertise (including clinical skills) into ABEN services was strongly advocated by two key informants with specific expertise in the mental health sector. Some boroughs had already made small moves in this direction, employing for example a mental health nurse via ABEN funds. One participant called for a radical expansion of this approach, describing a vision as follows:

> *"you would have nurses, social workers, OTs [occupational therapists], physios, drug workers running groups in there. That would be fantastic. People are getting treated while they're there and supported for their physical and their mental health. It's not left to housing staff to do that because it's way beyond their role"* (Key informant, health)

Other participants, especially local authority staff and frontline workers, tended to locate the solution rather in existing mental health services, and systemic change in how these relate to homelessness services including ABEN. While this system change agenda was seen to be recognised explicitly by the ABEN programme (see chapter 3), and as having already begun, progress is slow and difficult, and highly dependent on the buy-in of wider public sector partners:

> *"for mental health… we're trying to do that system change and it's not going to happen unless our other elements, statutory functions like secondary mental health services and things like that, we're never going to do that alone… on the surface, they are well connected, but there's still a massive gap… for mental health and that's a big cohort that's coming through our ABEN"* (Local informant, statutory)

Multi-disciplinary case meetings involving homelessness and mental health services (at least) were identified as a particular mechanism with potential to drive better, and joined-up, responses for this group.

A final gap in responses to the support needs of ABEN users was identified in relation to the subgroup accessing the programme who have multiple and complex needs, spanning some combination of physical and mental health problems, drug and alcohol issues, and involvement with the criminal justice system alongside homelessness. This is largely seen as the consequence of siloed service delivery and lack of clarity about who holds responsibility to assist those with multiple needs:

> "*there's been, historically, some difficult conversations between agencies about whose responsibility is it that that said individual had fallen through the net. Because, of course, a number of the real hardest to reach group are crossing multiple agencies; they may be on our books, but they'll also be linked into health, etc., so that's been difficult"* (Key informant, criminal justice)

Those with 'dual diagnoses' of mental health problems and substance use face particularly acute barriers to effective support:

> *"we're still very much in a space where mental health services won't take on people who are continuing to use substances. Substance misuse services won't treat people who present until their mental health issues are resolved"* (Key informant, homelessness)

> *"mental health and drug and alcohol services… you can't get a diagnosis until you're sober, but you won't get sober until you've got a diagnosis, and then the physical health gets completely lost in there in the middle of that."* (Key informant, health)

There was clear frustration among key informants that these issues persisted, but shifts at the strategic level were seen to have begun: *"we've got really good commitment from partners to remove barriers"* (Key informant, health); "*that has moved on a bit, there's a greater transparency… There's less tension than there was, historically"* (Key informant, criminal justice). Translating this to effective commissioning to address these combined needs was seen to the be the next step, and a challenging one given that the services required *"seem very expensive services on the face of it"* (Key informant, health). The ABEN programme appears to have been partly instrumental in shifting strategic commitments in this area, including by bringing relevant partners together via its governance arrangements (e.g. the Homelessness Programme Board).

ABEN's impact on wider services

While ABEN depends to a significant extent upon wider services to effectively meet the needs of its users, the programme has also brought benefit to those wider services in GM. We have seen in chapter 4 that the programme has made major inroads reducing levels of rough sleeping, and in so doing reduces demand for acute care, including in A&E. By supporting and enabling ABEN users to access health care, ABEN helps prevent avoidable health problems and stop them escalating:

> *"Being inside rather than sleeping outside is better for your health… we're not necessarily talking about health in a clinical sense, we're talking about all of those preventative things that go before someone having a clinical crisis and ending up in A&E. So as a preventative health measure then, yes, absolutely, I think it works"* (Key informant, health)

By accommodating prison leavers – and indeed the wider ABEN using cohort – ABEN reduces people's propensity to commit or be a victim of crime (see above). This is recognised by the criminal justice stakeholders we interviewed, albeit that they noted the difficulty of quantifying these benefits given issues with data quality and linkage. One local informant identified a positive impacts in the local area as a result of reduced rough sleeping, including an improve streetscape "*in terms of potential sleeping bags and debris that's left behind after rough sleeping, even drug use. There's not as many needles, I guess, and sweeps that need to be undertaken [to clear them]"* (Local informant, statutory).

More broadly, the momentum and profile of ABEN have provided significant impetus – and practical mechanisms – for the pursuit of public sector reform to better serve disadvantaged

groups, including efforts to progress an Inclusion Health agenda that seeks to make services work for the least advantaged, thereby improving services for all:

> *"some of it is just working from really poor practice… nobody was advocating in that space, from a public service position… Lots of people were shouting about it, in voluntary community spaces. They weren't really being heard or being taken seriously. I think… now, there's a really big focus through public services, on this cohort, and they need to respond."* (Key informant, homelessness)

ABEN has also built the capacity of voluntary sector services in this area, improved interactions between these organisations and statutory services, and given voluntary sector leaders a central 'seat at the table' in developing and improving GM-wide rough sleeping responses:

> *"in terms of partnership working, it's had a massive impact on the role voluntary and community sector, in decision-making, governance, influence, because this is a space that traditionally charities occupied, the gap in public services, rough sleeping relief, etc. So I think their role has been massively elevated, and purposely as well, there's been a massive emphasis put on local authorities to engage with pre-existing community organisations and assets, who will be proactive in this space already."* (Key informant, homelessness)

Conclusion

Our overall verdict is that ABEN has highly variable effectiveness in addressing the support needs of those who access it, because of barriers and challenges arising within ABEN services themselves and across wider mainstream and specialist support services. We consider this aspect of programme effectiveness in addressing people's support needs under three themes: the relationship between accommodation type and people's needs; provision of support within ABEN services; and access to support outwith ABEN.

There is a very strong relationship between the kinds of ABEN accommodation people reside in, the challenges they encounter while accessing ABEN, and their need for and ability to make use of available support. ABEN can function to relieve immediate survival stressors (providing accommodation is safe) and in doing so generate improvements in mental and physical wellbeing. Where survival stressors are reduced, people report being able to think more clearly, including planning for their future. Experts emphasised the centrality of individual safety to engagement with support, but such feelings could be elusive for those residing within congregate forms of ABEN accommodation. Sharing living space with others brought very significant challenges: sometimes in the form of persistent daily hassles using shared facilities and spaces; but also in exposure to acute experiences of loss and harm, including the theft of belongings and fears for personal safety. Access to facilities that would allow people to meet their own basic needs, including kitchen and laundry facilities that they can access when they choose, without unnecessary supervision and without risk of theft, was very important.

Rules were necessary to manage risk in congregate ABEN accommodation but were nonetheless experienced negatively by people living there, and often as infantilising.

Restrictions regarding visitors could be highly corrosive of wider support networks and familial relationships, including those between parent and child. Few participants with direct experience of ABEN services we spoke to reported active drug and alcohol problems. Our data suggest that this is at least in part the result of the unsuitability-by-design of current provision for this group, and the resultant increases in avoidance and eviction from services in the face of rules prohibiting and sanctioning substance use on the premises.

Crucially, the ubiquitous nature of stressors in shared living environments undermines capacity to engage with the support available, especially where support staff are inaccessible or whose time is taken up with managing risk in chaotic congregate environments. Night-time only accommodation from which residents are excluded during the day is particularly undermining of subjective well-being and sense of self-worth, and presents an enormous barrier to people's ability to access support and to staff capacity to understand the needs of ABEN users.

Turning to the support available within ABEN services, key stakeholders report universal support planning for those accessing the programme, but while some areas and services offered regular access to support workers with relatively small caseloads to assist with a very wide range of support needs, in others, support planning was very 'light touch' and caseloads prohibitively high. ABEN support workers can sometimes be overwhelmed by the breadth and intensity of support work they need to provide and gaps in the wider service network frequently leave ABEN staff addressing issues and managing support needs that they are ill-equipped and under-resourced to. The philosophy or culture of particular services can mean those who access them benefit from especially good practice, but also sometimes expose ABEN residents to unevidenced, or ill-fitting approaches with the potential to do more harm than good.

Practical forms of support (e.g. access to food, help with paperwork, applying for benefits) offered by ABEN support staff were highly valued by those we spoke to and could be instrumental in improving people's circumstances and wellbeing, including move-on to more suitable accommodation, which was most people's overwhelming priority. Some people had secured employment while residing in ABEN, and others wanted to. Where ABEN housing costs are recovered via the benefits system, this could make access to work difficult given the interaction between income and benefit eligibility. Tailored provision for particular groups can increase the capacity of services to effectively address people's support needs. Conversely, delays in accessing specialist ABEN services (for those with NRPF, for example) can severely impact wellbeing.

There is a strong emphasis on ABEN staff connecting people to the wider services required to meet their support needs, but the capacity of these services to effectively respond to these needs varies. There has been a particularly strong emphasis at the strategic level on connecting ABEN users to appropriate health care, and the positive impacts of this are evident in ABEN services across GM. Ability to access timely specialist support to address substance use issues varies: some areas report responsive services and speedy access to help, but others lengthy delays that jeopardise ABEN accommodation sustainment. There are enduring issues in appropriately supporting those with multiple and complex needs, with 'buck passing' between siloed mainstream services – in particular, mental health and drug and alcohol

services – frustrating staff efforts to secure support for ABEN users. There is considerable frustration about lack of progress in this area, but shifts at the strategic level give cautious hope for improvements on the ground in the not-too-distant future if the challenge of funding the high-cost services this group need can be met.

There are particularly acute weaknesses in the capacity of ABEN and wider health services to effectively meet the mental health needs of ABEN users, reflecting in part high thresholds for accessing clinical services. Some stakeholders are of the view that ABEN staff should play a greater role in meeting people's mental health and wellbeing needs, via increased training and support (some of which is already available in Manchester). Some argue that specialist mental health staff should be recruited into ABEN services (something already happening to some degree), in part recognising the length of time system-change within mainstream services will take.

Improving the capacity of wider services to better meet the needs of people in ABEN is seen to require 'systems change', including but not limited to the adoption of an 'Inclusion Health' model thar redesigns services around the needs of disadvantaged and marginalised groups, something increasingly acknowledged at strategic level (and further catalysed by the COVID-19 pandemic) but one which is difficult to achieve and slow to percolate to the service delivery level.

Chapter 6: The impacts of ABEN in supporting move-on to suitable accommodation

This chapter considers the effectiveness of ABEN in supporting move-on to suitable accommodation, by triangulating qualitative data gathered in interviews and focus groups with key stakeholders, with available ABEN data from phases 1 and 2. We begin by considering ABEN users' experience of move-on from the programme, focusing on move-on plans, hopes and support among those residing in ABEN accommodation, and move on outcomes achieved by those no longer resident. We then focus on key stakeholder perspectives of the effectiveness of ABEN in securing suitable move-on outcomes, positioning these views in the context of available programme data. The enablers and barriers impacting on ABEN users' ability to access particular housing outcomes (supported accommodation, social housing, private rented sector housing and Housing First) are then systematically considered, before identifying some challenges that cross-cut these specific housing options, including repeat use of ABEN, sustainability of move-on accommodation, and the impacts of COVID-19 on move-on options. Finally, we consider key stakeholders perspectives on the length of time people tend to reside in ABEN before move-on, and the drivers of this. We conclude by reaching an overall verdict on the effectiveness of ABEN in achieving suitable move-on accommodation for programme users.

Experiences of move-on from ABEN

This section draws on interviews with 28 current or recent users of ABEN accommodation and support to explore people's hopes, plans and expectations for move-on, the support people have received in relation to move-on, the experience of move-on where it has already occurred, and the barriers to accessing move-on accommodation experienced by some.

What People Want

Almost all participants were keen to move-on to a home of their own as soon possible, expressing a preference for self-contained, non-shared accommodation where they could enjoy greater privacy and spend time with friends and family, particularly children:

> *"Just anywhere that's mine. It doesn't matter as long as it's got four walls and a roof, and my own front door, that's all I need"* (Male, 26-35, Small Shared House)

> *"a flat would do, anything, to know that's mine, my place where I can see my kids… anywhere, do you know what I mean?"* (Female, 36-55, Hostel)

Two respondents in hostel accommodation were unsure about moving-on because they were concerned about leaving staff and associated relationships/supports. One respondent was seeking sheltered accommodation for older people.

Help to secure move-on accommodation emerged as the top-priority when respondents described the types of support they most sought and valued, with many suggesting that housing need was *the* need that they most struggled to address:

> *"I get a phone call every day to make sure that I'm all right, that I'm coping, that if I need anything doing. They fill in paperwork for you. They bring you food round, frozen meals. That helps obviously with the crisis that we're all in at the minute, but the main thing for me is the housing situation"* (Male, 36-55, Small Shared House)

Move-On Planning

The sample can be divided into four groups with different experiences in relation to planning for move on from ABEN: those with no clear plan; those with clear plans; those with conditional plans; and those waiting for Home Office decisions.

The largest group (n=10), had no clear sense of how or when they were likely to move-on from ABEN. People in this group ranged from those who had no plan whatsoever – *"to be perfectly honest… [I do] not have a clue"* (Male, 36-55, Self-contained Flat); "*your guess is as good as mine"* (Male, 36-55, Hostel) – to those who were hopeful that something would turn up, but did not know when this might be or in what form it might take: "*The plan was 50 days… but then I've been stuck because all this Covid keeps happening... it's just prolonging it* (Male, 36-55, Hostel).

Several of these respondents reported feeling 'stuck' in their current accommodation, attributing this stasis to the broader impacts of the pandemic. They were generally accepting of the lack of progress around move-on, but also expressed deep disappointment and frustration, particularly when sharing arrangements placed constraints on their ability to sustain or build important relationships (see chapter 5).

Some of those who had no clear move-on plan accepted this stasis as reflective of their overall experience of homelessness which had been a long process of waiting over which they had little or no control:

> *"It takes forever. I don't understand why it takes so long but it actually does. I've been like this for six, seven years now on and off. It shouldn't take that long surely"* (Male, 36-55, Small Shared House)

The second largest group (n=6) described relatively clear plans for move-on. One had been allocated social housing and another had secured a private rented property, with both waiting for final confirmation of move-in date. Two further participants (both in Manchester) had been referred to and accepted by a Housing First programme, with both awaiting a suitable property to be found. Although neither were certain of how long this might take, both were happy with Housing First as a potential outcome, particularly in terms of the support they would receive:

> *"I think it's amazing because of all the support I'm going to have, and that's what I need because... I can lock myself away... and I get really, really depressed*" (Female, 36-55, Hostel)

One emphasised the importance of being allocated a home in a suitable area. She had got "*into a bit of state*" (Female, 36-55, Hostel) about a property she had accepted in an area she did not like and was very pleased that it had then fallen through. Staff had told her to "*speak*

up" about such things in future. Another participant had a clear plan for move-on to supported accommodation. He felt this was his only option, although one he neither wanted nor required:

> *"I'm a difficult one because I don't need that kind of support. I don't take drugs. I don't do drink. The only thing I needed support with was the housing part"* (Male, 36-55, Small Shared House)

The final person in this group had been accepted as eligible for sheltered accommodation and had been placed on a waiting list.

The next group (n=4) described move-on plans which were conditional in nature, either dependent upon successful transition between different forms of accommodation, or loosely based on individual behaviour and conduct. The testimony of this group suggests that 'staircase' approaches (see chapter 1) are in place in at least some ABEN services. One participant currently residing in a hostel, for example, was of the view that move-on can happen rapidly, within weeks even, if residents keep on top of their arrears, attend appointments, and engage with support: "*it's down to yourself basically*", he explained, "*if you acknowledge the support with them you move, if you don't then they'll be stuck here*" (Male, 26-35, Hostel). Two others explained that they would likely be moved to a house-share *before* beginning the bidding process for social housing:

> *"I'm not quite sure. You see, what happens is from here maybe they might move me to a shared house, you know, not a hostel, like an actual house where I'll be there with other people and I start bidding online for properties"* (Male, 18-25, Hostel)

One participant residing in a hostel described a very active staircase approach in operation which left him feeling under "*immense pressure*" to secure move-on accommodation. He suggested that people were being asked to move-on within 68 days or face 'demotion' to a different hostel:

> *"They're telling people they'll help them get rehoused within 68 days, and if they don't, they send them that rough one, and then people haven't got no choice"* (Male, 36-55, Hostel).

He had been successful in sourcing his own accommodation and accessing financial support for a deposit via the homelessness team, but was uncertain about its suitability given how pressured and rushed he had felt. He had found being pressured in this way extremely stressful and questioned the justifiability of the model of sanctions-backed behaviour change that seemed to underpin the approach of hostel staff:

> *"you don't have to be put in a bad situation to make it out... I've got anxiety and depression, I could think, well, fuck this, I want to topple myself"* (Male, 36-55, Hostel).

The final group (n=2) were in NRPF accommodation, where timeframes for move-on were very closely associated with the asylum claim outcomes. Both respondents felt that they would likely remain there until a decision on their claim is reached. Both respondents

expressed a strong preference for (immediate) move-on to a home of their own, but felt because of restriction around employment this was something beyond their control:

> *"If it depended on me, I could already move from this house but... I have no choice... I want to live on my own so if it depended on me then I could just move and live on my own"* (Female, 24, NRPF, Small Shared House)

Barriers to Move-On

People reported significant barriers to accessing social housing. In some boroughs – particularly in Manchester – respondents thought it unlikely that they would ever secure social housing, with the housing options team sometimes described as so overburdened that they are unable to offer *any* help with housing. Some respondents even expressed sympathy for the overwhelming demands the Manchester housing options team face:

> *"[They] are so overloaded, it's just impossible [to get help]... I actually feel sorry for them... I don't think they know what to do"* (Male, 36-55, Hostel)

Elsewhere respondents thought social housing a more likely outcome, but nonetheless spoke of their lack of priority as compared to other groups as a key barrier. One respondent, having spent many years 'in and out' of temporary accommodation, suggested:

> *"They should give priority to some single males that are living in these kinds of situations, so they can bid online... because right now, priority is just... for different other people"* (Male, 18-25, Hostel).

At a more practical level, several respondents were waiting for a 'bidding number' before they could begin the process of seeking social housing, while others were in a general sense uncertain of how to proceed or lacked access to the resources required for bidding, with this being particularly evident in accommodation that precludes access during daytime hours:

> *"I'm waiting for my biding number off the council, but I've got a problem, it's in my phone, sometimes it doesn't receive, you understand, and I can't see my phone ringing. I'm going to have to ask one of the staff to help me"* (Male, 56 and above, Night Shelter).

Respondents pointed to a number of barriers to accessing PRS (Private Rented Sector), including finding a landlord willing to accept housing benefit, securing a guarantor, and having the means to pay a deposit. Some felt that support to pay a deposit could perhaps be accessed, although even here there was a lack of clarity around how: "*just tell us how it works... not telling people the full get down, people are lost in here*" (Male, 36-55, hostel). Another respondent noted that even where deposit support could be secured, other factors often remained unresolved:

> "*The difficult part of being able to find anywhere [PRS]... it's having a guarantor... and it's finding a private landlord [because] they don't take housing benefits, so even though... Shelter [can] get me a deposit, you can't get... a guarantor"* (Female, 36-55, Hostel)

One young female participant had been allocated a place in supported accommodation but had subsequently secured employment, rendering her ineligible and leaving her resident in night-time only communal accommodation awaiting access to social housing:

> *"They was meant to put me in supported housing, I was waiting for that, and then I got a job so they said I weren't eligible, so now I'm waiting to find out if get a flat or not"* (Female, 18-25, Night Shelter).

Securing suitable move-on accommodation

Some participants (n=6) had successfully moved-on from ABEN to take up more permanent accommodation. Four had moved to social housing and one to supported accommodation. Those who had moved to social housing had done so from ABEN accommodation in the Stockport and Bolton areas. They cited proactive, practical help and support to secure accommodation – particularly help to bid on properties – as the key to their successful move-on:

> *"[A Housing Officer]... sort of really got his hands dirty and started helping, going further than some of the other people at the council... He got me fixed up more long-term"* (Male, 36-55, social housing following stay in ABEN)

> *"I didn't have a barrier, really… my case worker… did all my bidding… I told him the specifics. I didn't want to go to no bumpy area, or I didn't want to go in high-rise flats, stuff like that"* (Male, 36-55, social housing following stay in ABEN)

> *"They helped me with my homeless applications and start bidding for my flats, my council house"* (Male, 26-35, social housing following stay in ABEN)

> *"She [key worker] helped me bid on properties and things like that"* (Female, 18-25, social housing following stay in ABEN)

Participants who had moved on to social housing were very happy with this outcome, although one did raise concerns about damp.

> *"It's sick man, where I live… it's well nice"* (Male, 36-55, social housing following stay in ABEN)

> *"I wasn't feeling safe at all… until I moved to my new accommodation"* (Male, 26-35 social housing following stay in ABEN).

One person had moved on to supported accommodation, which he described as 'alright' although he would have preferred move-on to a home of his own where he did not have to share with others (Male, 26-35, supported housing following stay in ABEN). The final person in this group had moved from ABEN to a shared flat but was unsure of the exact nature and type of tenure.

How effective is ABEN in supporting move on to suitable accommodation: data review

Phase 1 data indicates that 34%[9] of those accommodated had a known housing outcome, of which the majority (59%) moved to supported housing, 15% to hostels, 7% to social housing, 4% to PRS accommodation, and a further 4% returning to family. A further third (32%) of those who accessed ABEN left of their own accord to an unknown housing outcome; one fifth (20%) had unknown move on outcomes; and 8% were excluded. Very small numbers (2% or less) were reconnected to other areas (mainly UK, but some abroad), incarcerated or admitted to hospital (Bromley and Briggs, 2019, p 29).

Move on outcomes were recorded for 71% of individuals referred to ABEN during phase 2. Of these, outcomes were reported in relation to three 'meta-categories'. What are described as 'neutral' outcomes were recorded for 53% of individuals. Such outcomes included being admitted to hospital, leaving of their own accord, or those for whom an 'other' or 'unknown' outcome was recorded. A 'positive' outcome was recorded for 39% of individuals, with this positive category made up of a range of specific outcomes including: returning to or having secured accommodation with family or friends; returning to their own accommodation; securing new accommodation in HMO (House in Multiple Occupation), PRS or social housing; entering Housing First accommodation; securing hostel, supported or temporary accommodation; entering alternative ABEN provision; or being reconnected to a GM/UK borough or European Union country. Finally, 8% of individuals were recorded as having a 'negative' move-on outcome, including having been excluded from ABEN, going to prison, returning to rough sleeping, or having died (Connor-Graham and Weninger, 2020).

Interpreting this data is challenging for a number of reasons. First of all, given the uniqueness of the ABEN programme, it is not clear what level of positive move on outcomes would be expected – or deemed indicative of effectiveness or ineffectiveness. These data, if recorded consistently over time, however, could offer a baseline for tracking the progress of ABEN in securing various outcomes for those who use it. That being said, recording progress between phases 1 and 2 is made difficult given the use of different meta-categories in the data reported above.

Second, very high levels of missing data mean that the proportion of known move-on outcomes leaves the experiences of substantial numbers of ABEN users unilluminated.

Third, the grouping of specific individual outcomes into meta-categories at phase 2 in our view obfuscates rather than illuminates move-on outcomes, with the reasoning for categorising certain specific outcomes as 'neutral' or 'positive' unclear. For example, while entering hostel accommodation, securing accommodation with friends and family, and being reconnected to another area are recorded as 'positive', it is not at all clear – in the light of wider evidence – that these will be experienced as positive from an individual perspective, nor that they will be sustainable resolutions to homelessness. For example, Mackie et al.'s (2017) evidence review details the litany of negative outcomes and subjective experiences associated with hostel accommodation. McCoy (2018) details the highly variable and often

[9] The higher figure of 38% were assisted to secure more suitable accommodation according to Bromley, Briggs, & Pritchard, 2020

harmful experiences associated with informal living arrangements with friends and family among young people. Finally, Johnsen and Jones' (2015) evaluation of the use of 'reconnection' in the UK finds that:

> *"the limited data available suggest that reconnection experiences and outcomes vary dramatically, from positive (e.g. accessing accommodation and re-engaging with support services) to negative (e.g. sleeping rough in the recipient area because the services offered are of poor quality or time limited)."* (p.vi)

We would recommend that future analyses of ABEN move-on outcomes report single outcome categories, as opposed to aggregating these into questionable meta-categories.

With these data limitations in mind, we note the following key points from the available data. First, the numbers of ABEN users accessing independent self-contained tenancies appear to be very low, with phase 1 data indicating that only 11% accessed either PRS or social housing tenancies. The proportion accessing Housing First at either phase is not known, but pilot data indicate that 175 people were accommodated in the calendar year 2020 (not all will have come via ABEN)[10]. Second, the vast majority of individuals recording a known accommodation destination appear to access hostels or supported accommodation (74% of known housing outcomes at phase 1). Third, very high numbers of ABEN users are recorded as having 'left of their own accord', with further details of their housing destination unknown (a third at phase 1). Finally, eviction is an outcome for a significant minority of ABEN users - 8% at phase 1, which is greater than the proportion entering social housing, PRS tenancies or returning to family.

How effective is ABEN in securing suitable move-on accommodation? Key stakeholder perspectives

Stakeholders who participated in the evaluation tended to see move-on as a major challenge, and for some the biggest challenge facing the programme. This reflects the difficulties of securing move on for ABEN users, explored systematically below, but adequately summarised in the view – around which there is a universal consensus – that *"there's… a lack of appropriate accommodation"* (Key informant, criminal justice) in GM for the ABEN user group. The critical nature of the move-on question also reflects the reliance of the ABEN model (which has a broadly static capacity at each phase) on the flow of users through the service:

> *"our biggest challenge… is move-on and flow… That's the biggest challenge, because if it's not able to work as people move on, then it can't be effective in relief and prevention, unless we just keep growing it exponentially"* (Key informant, homelessness)

And also a recognition that move-on to suitable accommodation is *the* key outcome in terms of quality of life improvements for ABEN users:

[10] See https://www.gmhousingfirst.org.uk/post/emily-s-blog-a-review-of-the-year

> *"The only column I'm interested in is the positive move on column.... Unless we can see people going from the street into this space and then from there into somewhere that's going to be more helpful, it is not being effective in the way that it needs to be."* (Key informant, voluntary sector)

Despite a very strong consensus that securing suitable move-on for ABEN users was incredibly challenging, stakeholders point to important successes in this area too. Several participants emphasised that the programme is a major improvement in terms of access to suitable move-on, as compared to the situation before ABEN began. In particular, there was a recognition that previous Severe Weather Emergency Provision (SWEP) was inadequate as a means to support rough sleepers into more suitable accommodation (see also Chapter 3). Reflecting on the positive settled rehousing outcome achieved for a specific individual with a long history of rough sleeping, this key informant reflected: *"if we'd just done SWEP again. SWEP wouldn't have been enough"* (Key informant, voluntary sector). Another agreed:

> *"There's been some really positive stories… people have reconnected with their families, people supported to move on to access their own tenancy… those positive outcomes, I'm not sure we would have got with just standard SWEP during winter.... So the building up of those relationships, the ability to build up trust with people, to plug them into other support services, I genuinely do believe that a lot of that success wouldn't have happened if the ability to build that foundation wasn't there"* (Key informant, health)

These perspectives give some vindication to the theory of change that drove the establishment of ABEN, despite the enormous challenges interrupting and complicating its simple manifestation in practice. Indeed, one participant who was an outlier in seeing ABEN as 'very effective' in securing suitable move on for users, worked in a borough where the factors that ordinarily undermine the practical realisation of ABEN's theory of change were less of a problem than elsewhere in GM. Specifically, the area has a comparatively more benign housing market/ better move-on options as compared to some other boroughs; relatively intensive support work arrangements for ABEN clients facilitated by comparatively low caseloads and the availability of RSI funded support workers to assist; and finally, ABEN users reside in self-contained accommodation on a single site, ensuring that this support was easily accessible:

> *"In terms of supporting people to move on, I think it is, it's very effective, certainly in our case, because… We're able to do that kind of quality work with them and the RSI team are also engaged with supporting people in the unit as well. I think that having everybody in one place and having that much-targeted support, both from RSI ABEN plus other services. I think that's really helpful. It's a lot easier to engage with somebody in there, than it is when they're out on the streets. So I think it is very effective in terms of that move on side of things."* (Local informant, statutory)

Move on options for ABEN users

This section focuses in on four of the main positive move-on options from ABEN – supported accommodation, social housing, private rented housing and Housing First – drawing on key stakeholder data to explore their frequency of use as a move-on outcome from ABEN and

variation across GM boroughs, their suitability as a move-on option, and the key enablers of and barriers to accessing these options.

Supported accommodation

Supported accommodation of various kinds were considered a key move on option from ABEN accommodation by stakeholders. These included congregate or dispersed supported accommodation schemes; those run by charities, housing associations or other providers; and schemes with varying focuses in terms of support, target group, and access criteria. Supported accommodation options emerged as the primary, even default, move-on option secured for ABEN clients in some areas, with some reporting relatively quick move-on to this option (within a few weeks). These examples come from three different boroughs:

> *"we moved on a lot of rough sleepers… within a couple of days we were able to accommodate them quickly… we've got commissioned supported accommodation providers… A lot of our rough sleepers move on from ABEN to there."* (Local informant, statutory)

> *"when the vacancies come up we can refer direct… As long as they accepted his referral he would then be able to move into that [supported] accommodation."* (Frontline worker)

> *"We do a lot of referrals into our supported accommodation schemes. They will go into that support scheme for up to two years before they look at move on, so it's like an additional pathway before they have to be responsible for their own accommodation."* (Local informant, statutory)

In some areas the link between ABEN and supported accommodation appears to reflect a highly conditional staircase approach:

> *"so if the person is - it's like a good person. I know it's very vague, good person!... They don't really cause issues, they don't really… They're not aggressive with other residents, they're not aggressive with security or staff. They follow the rules… we keep them there for about a week just to gauge the type of person they are. Then we would move them on. Obviously if the person is difficult, chaotic, they could stay there for months. But usually most guys, after about a week, seven days, ten days, we know whether this person will be okay in supported accommodation"* (Frontline worker)

Other boroughs indicated something like a staircase model in place – albeit less aggressively behaviourally conditional than the previous example – where ABEN acted as a stabilising stopgap, facilitating access to supported accommodation:

> *"We did referrals into the supported schemes and we found that worked quite well with the links so that if a person had been in A Bed Every Night provision and they were doing okay, it was more likely that the referral into the main supported scheme would be accepted."* (Local informant, statutory)

The ability of ABEN services to effectively refer was clearly dependent on the availability of commissioned services in the area that match the needs-profile of ABEN users. Stakeholders frequently noted the potential for the needs of ABEN clients to exceed the threshold for supported accommodation options. In one borough, a fortuitous match between needs-profile and supported provision worked out well: *"a lot of our rough sleepers in phase two, they didn't have that many needs which prevented them from accessing supported accommodation, so it was easier"* (Local informant, statutory). But more commonly, stakeholders reported gaps between the supply of and demand for supported accommodation. The gap identified was primarily a lack of supported accommodation spaces for those with more complex needs:

> *"The supported accommodation provisions we have in [the borough] are low to medium, we do struggle still with any really high-risk persons. We could do with extra provision where they may have more security on, there's more expertise of how to handle the more chaotic profile of client."* (Frontline worker)

> *"It's the ones that have got complex needs… mental health, substance misuse and offending… because it [appropriate supported accommodation for this group] gets full… and the majority of our cohort have these characteristics"* (Local informant, statutory)

One Manchester-based frontline worker specifically highlighted a gap between current supported accommodation models and secure mental health hospitals:

> *"some of these people should be living in supported accommodation but with more intensive mental health support. That's not there, that option isn't there, there's no intensive support scenario out there…. We've got… a mental hospital and then we've got supported accommodation where the support isn't enough, so there's no in-between, there should be… a middle ground"* (Frontline worker)

The absence of suitable supported accommodation for this group has led to the evolution of some ABEN services to better meet their needs. According to one frontline worker, this – combined with the absence of appropriate move-on options for this group – can mean people are reluctant to leave ABEN:

> *"the support we give is quite intensive… They can come out of the room and come and speak to a keyworker straightaway if they feel like they're struggling with something… depression… drug usage… a relationship issue. It could be literally anything and the support's there immediately… you're going to get people who are making progress and they don't want to go anywhere because they're getting the help that they need."* (Frontline worker)

A local authority stakeholder saw the *"reduction in supported housing beds for people across local authority provision, following ten years of austerity"* (Local informant, statutory) as a key barrier inhibiting the effectiveness of ABEN:

> *"That group of people who are now kind of falling out of that hostel, B&B thing, their solution previously would have been supported housing… but that doesn't exist anymore… It's the shrinkage of the more specialist provision that has led to a huge lack of appropriate beds and people now accessing services that aren't really appropriate, but that's all that there is… in terms of A Bed Every Night funnelling people into a system, I'm not sure that that always generates the best outcomes for people, and that's… entirely a circumstantial thing around supply and demand."* (Local informant, statutory)

Social housing

Reflecting indications from ABEN data reviewed above, move-on to social housing is seen to be extremely challenging by the majority of stakeholders, reflecting high demand for limited stock:

> *"Social housing move-ons are really low. Just the pressure that we have on affordable and social supply is just insane at the moment… This is where we've really struggled, unsurprisingly"* (Key informant, homelessness)

In part this reflected a supply issue, with insufficient levels of social and affordable housing seen to have been built in GM for some time, partly because of the nature of national grant regimes and the knock-on impact of what kind of housing is built: *"We've been able to build affordable rents, shared ownership, outright sale, but we've not been able to build that much social housing"* (Key informant, housing). Even more fundamental however, are barriers related to who can access the supply of social housing that is available. In the context of high demand for social housing for groups to whom local authorities and housing providers have statutory duties, ABEN users are – by definition – not prioritised:

> *"you've got that as a massive pinch point where local authorities are looking at their allocation policies and trying to reduce waiting lists … but… statutory obligations don't change. There is still that demand and responsibility there but compare that to somebody who is in A Bed Every Night and there isn't a statutory duty. It's a conflict… we've got a principle that says having a roof over your head is a basic human right, and then we've got local authority policies for very good reason, and statutory reasons saying but actually we don't… We have got no statutory duty to that group"* (Key informant, housing)

These challenges were seen to be intensifying in the context of increased demand for social housing from statutorily homeless groups associated with the COVID-19 pandemic:

> *"Since the beginning of June, there have been 25 per cent increase in statutory temporary accommodation estate across Greater Manchester and that's priority need. So that's like nearly 2000 more people with priority need, who need rehousing, and are owed a duty of rehousing… [that's] really challenging"* (Key informant, homelessness)

Underneath these GM-wide challenges was substantial variation between boroughs. Where boroughs retained control over local social housing stock, and/or their relationship with local housing providers was positive, social housing could be the move-on outcome for *"most*

people" in ABEN (Frontline worker). Local informants in two other boroughs described social housing being a possible and not entirely uncommon outcome for those leaving ABEN. In one, this move-on option was used to accommodate those with low or no support needs:

> "if they don't need supported accommodation… they haven't got the needs which some of the other customers have got - they might have lost their job; they might have had a relationship breakdown. There's no needs, as such, it's purely bricks and mortar, so we have given them their own tenancy." (Local informant, statutory)

In one LA, ABEN users owed a statutory duty (not the intended target group, see chapters 3 and 4) and currently engaging with support, but for whom longer-term ABEN residence was seen to risk abandonment or exclusion, were sometimes prioritised for direct and immediate rehousing in council or other social provider stock:

> *"council tenancies, so sometimes we've got a duty to people, a homeless duty, and those people would be given priority on our list and sometimes we've been able to immediately direct match them because we've said, actually, they're going to bounce in and out of here, there's a million reasons why it's not suitable… they're engaging really well at the moment, but we know that that's not going to last, let's try and leapfrog them into a tenancy quickly and try and put some support in place."* (Local informant, statutory)

In one area, while accessing social tenancies was not problematic given council ownership of the stock and comparatively lower demand, there were concerns about the suitability of available stock for ABEN users:

> *"the majority of our one-bed or bedsit stock is in multi-storey… there can be a concentration of single, younger people in tower blocks and there might be more ASB [antisocial behaviour] there. It's a balance between not wanting to move people into those areas, necessarily that's not worked for them in the past, but at the same time, that's where the turnover happens… because there's just more stock in those areas"* (Local informant, statutory)

In other areas, access to social housing for ABEN users was simply not an option, as described by these participants from three different boroughs:

> *"not a cat in hell's chance of getting social housing"* (Frontline workers)

> *"access to housing just isn't really there in social housing. We don't have any stock as a council. It got transferred over a few years ago now"* (Local informant, statutory)

> *"A huge challenge is just move on, it's just killing, really. The move on is just not available… We're short by a factor of about 5:1 on [social rented] properties that we need coming through… The turnover in our temporary accommodation last year dropped by over 50 per cent… social rent has just really been incredibly challenging."* (Local informant, statutory)

The supply of social housing combined with demand from groups owed statutory rehousing duties and accorded high priority was not the only barrier facing ABEN users in accessing social housing. A history of arrears could also bar access:

> *"If they had a tenancy with [the] Council before or any other social provider and they got rent arrears and they haven't paid those rent arrears off, we cannot then move them into one of those properties until they start to pay those rent arrears off"* (Frontline worker)

Several GM-level key informants noted positive trends that may ameliorate access to social housing for ABEN users to some extent. First, the case for building social housing – rather than other housing types – among housing providers was thought to have been won at the strategic level, albeit that this will take considerably time to impact available supply:

> *"to change from a grant regime and a strategy if you like which wasn't focusing on social housing, to suddenly moving towards that, that takes time for housing providers to redefine their development programmes; to work with local authorities in terms of where the social housing would be, planning for social housing."* (Key informant, housing)

Two key informants were of the view that important progress had been made securing better move on to social housing:

> *"we've taken massive steps forward in opening up access to social… rented accommodation for people that wouldn't usually come top of the choice-based lettings list"* (Key informant, homelessness).

> *"In phase two we did see some extra opportunities coming and in phase three… we've got more again because the housing providers, which to my mind are the key, have really, really got a hold of this now and have started to open their book"* (key informant, voluntary sector)

There was some evidence of this happening at the borough level, with one frontline worker, describing the local authority team doing *"a lot of work with the registered social landlords… around the housing register, or nominations whereby they may offer us some property, then we'd match them to suitable candidates"* (Frontline worker). Furthermore, a June 2020 update to MHCLG detailing homelessness responses to COVID-19 describes Greater Manchester Housing Providers[11] committing 25% of one-bed void properties to ABEN move on over the following year (GMCA, 2020).

Private rented sector

The private rented sector is a feasible option for some of those in ABEN accommodation. It was seen as particularly accessible for those who can afford PRS rents, have decent credit history, were in employment and/or have low/no support supports. In such cases, move-on to the PRS could happen quite quickly in some boroughs:

[11] See https://gmhousing.co.uk/partnerships/providers/

> *"if that person is easily able to access private rented, so hasn't got some of the CCJs [county court judgment for past arrears repayment] or bad credit, the typical things that prevent you getting there quickly, they can have them out within a couple of days. Generally speaking, it isn't a couple of days"* (Local informant, statutory)

> *"Some people it might be a week and then they find a private rented place and they move in… source private rented accommodation that they like and that they're happy with the area and stuff like that, and just make sure everything is financially okay as well, just to make sure it's sustainable"* (Local informant, statutory)

For some ABEN residents, access to the PRS was the move-on option prioritised where they faced barriers to accessing social housing, or to better meet individual housing preferences. In a borough where access to social housing was a primary move-on option, one frontline worker commented:

> *"Occasionally, we do move people onto private rented, because they may have barriers in place to move into social housing. For example, if they've built up a lot of arrears with a social housing provider they won't be accepted. If they've got certain personal preferences for types of accommodation, private might be a better option for them. So we do it on a kind of case-by-case basis."* (Frontline worker)

Given challenges accessing other kinds of move-on options faced in many boroughs, PRS access had become a major focus of Housing Options teams and ABEN services. In one borough, there had been a key focus on opening up PRS access, including via dedicated roles in the LA homelessness team. A local informant in the borough reported that they were *"getting some inroads into private-rented accommodation now"* (Local informant, statutory) as a result of this strategy. But other boroughs reported enduring and acute barriers securing the level of PRS supply needed on reasonable timescales, even where efforts had been made to build relationships with landlords:

> *"The biggest single issue for moving people on really is the lack of private rented… we've got about 34 people who are ready to move-on to private rented, but actually, that process is slow."* (Local informant, statutory)

> *"we do have access to fit-to-let properties, which landlords sort of give us the heads-up about, but someone - it could be months. I'm moving a chap out tomorrow that's been in ABEN for 12 months; he's been there a year."* (Frontline worker)

A lack of suitably sized PRS properties affordable to ABEN clients was a key barrier here. One borough had recently reviewed the availability of PRS properties within LHA rates, finding only 8 properties available. One stakeholder described encouraging ABEN residents to move outside their borough for more affordable properties, although this strategy was recognised to have limited utility given affordability challenges in accessing the PRS across GM. The borough was willing to pay smaller shortfalls between rent and LHA rates for a limited period to help overcome this challenge, but shortfalls could be up too large for this to be feasible.

Landlord attitudes were also identified as a key barrier facing ABEN clients, and this was especially trying in areas where social housing access was seen as rare or particularly challenging:

> *"mostly it's [move on accommodation] in the private rented sector, because there's a really long waiting list for social housing... I think there is enough private rented sector accommodation, but the problem is that landlords are not keen to accept Housing Benefit. So if people are working, then yes, we can find some accommodation really quickly, but if people are on Universal Credit and they have Housing Benefit, then it's difficult"* (Frontline worker)

> *"they don't want to take DSS, or they know where our clients are coming from and they think, 'Hmm, probably not. I'd rather not touch them'."* (Frontline worker)

For ABEN services accommodating groups with higher levels of support needs, the PRS was simply seen as a no go:

> *"they're relying on councils [for move on] because private landlords aren't going to take our residents. It's very, very difficult to find a private landlord who'd take one of our residents. They'd fail credit checks or - there'd be some sort of barrier in the way. It's unlikely that private landlords are going to take one of our residents."* (Frontline worker)

Given these barriers, move-on into shared HMO-style private rented accommodation was often seen as the most attainable in terms of access and affordability, albeit less desirable and/or suitable for many ABEN clients: *"In an ideal world, there would be more social housing stock… more options for people [for whom] shared living might be an issue, or HMO style living"* (Local informant, statutory). Indeed, in one area relative desirability of shared ABEN flats/houses and shared HMO-style move-on options was seen as a significant disincentive for ABEN residents to move-on:

> *"You might think, okay, I'll pay my own gas and electric if I'm going to move to a self-contained property because that's better, but if we're saying to you, you're going to move to another room in a house that's private rented, but now you're going to be responsible for the rent… and you're going to have to pay your Council Tax and your gas and your electric and your water, there's a bit of a disincentive there to move on"* (Local informant, statutory)

A frontline worker in the area explained that this *"bottlenecking"* had led to policy-change within the local authority, requiring ABEN users to leave the service following two declined offers of PRS accommodation.

In addition to borough-level efforts to open up access to the PRS for ABEN users, efforts are also underway at the GM-level. Key here is the Ethical Lettings Agency (ELA) 'Let us', which brings together previously dispersed efforts among GM registered housing providers to lease private rented sector properties in order to offer quality and sustainable accommodation at sub-market rents. The initial focus of the scheme was to provide accommodation for 'general

needs' applicants on social housing waiting lists, but there was a shift in focus to target all lettings to homeless households without *"highly complex needs"* (Green, 2021, p.11). Let Us aims to acquire an additional 600-800 PRS units across all 10 GM boroughs on a lease or managed basis by 2023/24, with support from a GMCA grant to facilitate this. The COVID-19 pandemic has had a negative impact on the growth of the ELA, with 182 units acquired so far (to 18/12/20) (Green, 2021). Of these, around 30 had sitting tenants, and the vast majority of the rest were allocated to households on social housing waiting lists (132 of 151). It is thus unclear at the time of writing that the ELA will significantly open up move-on options for ABEN users, and perhaps for this reason, the initiative was not mentioned in discussions of move-on options by any local informants or frontline workers.

Housing first

Housing First is seen as an extremely positive complement to ABEN provision, in that it offers move-on in self-contained (usually social) tenancies, with intensive wrap-around support to address that person's support needs and ensure that accommodation is sustained. It is thus a highly desirable move-on option for those whose needs are deemed too high for other forms of accommodation (see above). Key informants saw Housing First provision in GM – facilitated by a national government funded pilot programme – as achieving very successful outcomes for those who access it:

> *"a certain number of individuals… struggle with anything because of their behaviour, their complexities, their vulnerabilities; but they're generally discussed and worked through in a multi-agency way at the Housing First meetings… the Housing First model has done wonders for the people that it can work with."* (Key informant, criminal justice)

The pilot was often described as the missing *"bit of the jigsaw"* (Key informant, housing) in relation to homelessness responses:

> *"That's been the powerful part of this whole system… the difference it's made is having support packages around… high-need people, drug and alcohol, petty crime, all of those things. The number of people sustaining tenancies in Housing First compared to just chucking them in and giving them a key is phenomenal"* (Key informant, housing)

This view was also strongly articulated by borough-level participants, as in these comments from participants in three different boroughs:

> *"Housing First is great"* (Local informant, statutory)

> *"we've had some good successes, particularly for our females as well, who have ended up going through the Housing First pathway, then the Housing First model"* (Local informant, statutory)

> *"we have several cases quite often where a person has exhausted all the housing options… because of their chaotic lifestyles… the Housing First model… it's more hands-on… it works really well… We've had some really good success stories"* (Frontline worker)

The capacity of the Housing First pilot was seen as a major problem, however, with demand outstripping the supply of tenancies by quite some way:

> *"the problem is, there's only so many spaces"* (Local informant, statutory)

> *"Everyone's like, 'Well, we'll just put them forward for Housing First but then that's pushing people on to another project that also doesn't have the capacity for all these people"* (Local informant, statutory)

> *"We did refer this particular one… but he didn't quite get on the list. It's just numbers, isn't it, and funding… and I think that should be expanded and that would work for this group."* (Key informant, criminal justice)

Even those accepted into the pilot could wait extended periods in ABEN accommodation awaiting their Housing First tenancy:

> *"We've… got five cases that are still awaiting their first offer of accommodation in Housing First, at least 11 months on."* (Local informant, statutory)

> *"anybody who's particularly vulnerable, who might be on a Housing First pathway, so it's just effectively waiting to move, may also stay in [ABEN accommodation] for a slightly longer period"* (Local informant, statutory)

As a result, a key challenge faced by ABEN staff was preventing abandonment and exclusion among those whose needs exceed or are unsuited to the capacity and capability of ABEN provision:

> *"Sometimes, what we're doing is just trying to keep hold of somebody until Housing First can kick in… even though their behaviour might be horrific and they're causing loads and loads of issues. If we can just keep hold of them whilst that engagement is made… we'll try and do that."* (Local informant, statutory)

These efforts are not always successful. One participant from another borough explained that they had had *"a few cases where we've had to drop off that Housing First cohort because they're now not engaging or have gone back to the street"* (Local informant, statutory). This suggests not only that some individuals are losing access to Housing First because of these wait periods, but also that some level of behavioural conditionality may be being deployed in some LA areas determining access to Housing First tenancies.

Several local authority participants identified the key factor driving low capacity within the Housing First pilot as the lack of tenancies committed by housing providers:

> *"a number of people who were on the Housing First programme who remained in our ABEN facility for a long time… that was just due to the local offer in terms of, they'd procured accommodation… promised pledges across GM but locally for us… on the*

ground that didn't really turn into any suitable one-bed units." (Local informant, statutory)

"we get quite a lot of verbal commitment from the housing providers at a senior level, 'Yes, yes. We'll get you the properties for that,' but they're not coming through!" (Local informant, statutory)

This is in contrast to the comments of a housing-sector key informant, who described housing providers as *"buying in lock stock and barrel to… Housing First"* (Key informant, housing). The key driver underpinning this buy-in is the linking of Housing First tenancies to individual support packages that give providers *"a lot more confidence… that the people we've put into those properties are not going to cause chaos… That has been a major, major breakthrough"* (Key informant, housing).

Cross-cutting challenges

This review of housing options for ABEN users makes clear that securing suitable move-on is an extremely challenging task for individuals themselves and ABEN staff, not least because ABEN is located within a wider housing and homelessness system, which is itself labouring under very challenging structural conditions. While the ABEN programme represents a commitment on the part of GMCA and its partners to ensure that emergency accommodation is available to anyone sleeping rough or at risk of doing so in GM, ABEN users remain systematically disadvantaged in securing settled accommodation. By definition, the vast majority of ABEN users are not owed statutory rehousing duties by their local authority, with demand for social housing from groups who *are* owed such duties or are higher priority than ABEN users on housing waiting lists, vastly outstripping supply. The group who rely on ABEN for emergency accommodation are also systematically disadvantaged in accessing the private rented sphere on account of affordability and supply challenges, combined with unfavourable landlord attitudes. It is not at all clear that the nascent ELA will substantially increase private rented sector access for ABEN users, given demand from and priority accorded so far to other groups.

While some ABEN users manage to access move-on options despite these challenges, many do not. Exclusion from and abandonment of ABEN accommodation are frequent phenomena (see chapter 4), and data reviewed above underlines the very high proportion of ABEN users who move on of their own accord and for whom move-on destinations are unknown. Unsurprisingly then, repeat use of ABEN was a noticeable phenomenon according to many stakeholders who participated in this research:

"there's people who will be quite transient through ABEN… who will both turn up for a few nights and then disappear for a few months and then they'll come back again…" (Key informant, health)

Repeat use of ABEN accommodation was seen to be especially likely for younger males 'cycling' between incarceration and insecure living situations, and entrenched rough sleepers with complex needs:

> *"it's your males, young and middle aged… that generally have been within the criminal justice system and just can't get out and basically will go between emergency provision and back to prison."* (Local informant, statutory)

> *"sometimes we've got incredibly complex, entrenched, difficult, bad behaviour, all sorts of things going on, and those people can be in and out of provision for a long time."* (Local informant, statutory).

One key informant saw an opportunity here to develop tailored and intensive individual responses to repeat ABEN users, but acknowledged that the capacity to do so was entirely dependent on the availability of resources in particular areas or services (see chapter 5):

> *"there's loads of repeat people… There's an opportunity there to develop a relationship… What are their needs, and what are the reasons why they're coming to this situation where they're on the street?... that that then gives you the opportunity to get them engaged with more stuff… Whether we take it up in the right way, or not, is dependent on the availability of resource in the area"* (Key informant, criminal justice)

'Task and target' meetings – in which actors from a range of relevant services focus on how to meet the needs of particular named individuals – were identified as a key potential mechanism for this kind of work. While these were seen to be the *"the most productive meetings"* (Key informant, criminal justice) by one key informant, they are reportedly less embedded as part of the ABEN approach in some areas then others. Another key informant similarly endorsed a move to intensive case management for ABEN users:

> *"the challenge is moving towards case managing all of those individuals and actually developing services around people rather than trying to fit people into services. It shouldn't be beyond the wit of man or woman to design the services we need for 650 people"* (Key informant, health)

One frontline worker saw a need to pursue changed mindset among ABEN staff to ensure that services are focused on achieving *"throughput"* rather than functioning as *"a carousel"* (Frontline worker), suggesting a degree of acceptance among current ABEN staff that repeat use is to be expected and acceptable.

Even where ABEN users *could* access mainstream housing in the social or private rented sectors, there are concerns about their ability to sustain that accommodation. One participant highlighted issues furnishing move-on accommodation as a potentially barrier here, emphasising that they did not *"want to put people in an empty shell"* but struggled to offer support in this area (Local informant, statutory). More commonly, participants highlighted a lack of housing-related support as a barrier to tenancy sustainment. The provision of such support was identified as a major gap in current responses to homelessness:

> *"going back to the old supporting people days where we had lovely floating support type services and that kind of low-level support… that is what a big cohort of this population need*" (Key informant, health)

> *"What is needed is that… follow-on support, basically, to stabilise people in their accommodation… I don't know whether that's something that could be factored into ABEN... I think that would be a huge benefit"* (Local informant, statutory)

> *"ABEN can act as a buffer, and does keep people off the streets… which is exactly what it's meant to do, but then what? What do you do next because there's a lot of people on the streets who can't manage their own tenancy; just not got the capacity"* (Key informant, criminal justice)

While some ABEN services check in with those that access move-on accommodation, this was always very short term (i.e. with one check-in 2 or 4 weeks post service-exit), and many services left it up to former users to come back and ask for help if they needed it. It was acknowledged that this wasn't a terribly effective approach:

> *"they have to reach out to us and you tell them when they leave, 'Listen, if you need anything, come back' but they don't. You just find them on the street and you're like, 'What happened?' 'Well, I couldn't cope.'"* (Frontline worker)

In one borough, tenancy sustainment among those rapidly rehoused without support during the COVID-19 pandemic was seen to have been a particular challenge given the isolation facing those moving into mainstream accommodation during lockdown measures:

> *"with COVID, a lot of people were housed very quickly because the council didn't want people wandering the streets because of the first lockdown. For about a month, three weeks, it actually worked but because of the nature of how rough sleepers see the world, it wasn't going to be sustainable. People abandoned their properties, some properties were turned into drug dens, people would just turn up to the hotel and like, 'I'm homeless, I have nowhere to stay' just because they don't want to be alone in their property."* (Frontline worker)

It was very clear that the key barrier preventing the provision of housing-related support for former ABEN users is financial: *"A lot of this is just down to resources… we don't have the resources to commission that any more"* (Key informant, health); *"The difficulty with the support element is money because it's expensive"* (Key informant, health).

The COVID-19 pandemic was seen by many stakeholders to have shifted the landscape in relation to move-on from ABEN. One borough identified positive changes as a result of the pandemic, brought about by an increase in the quantity and quality of support offered to those residing in ABEN:

> *"since the beginning of the first COVID lockdown… we've accommodated an awful lot more people into private tenancies/into social tenancies than we ever have before… the key worker support has probably got better… it's more structured, we've got more key workers providing more support, people are now allocated their own key worker as opposed to whoever is in the pot, so there's an awful lot of that that's got better which has led to better outcomes"* (Frontline worker)

Much more commonly, however, participants identified an intensification of move-on challenges as a result of the pandemic: *"pre-COVID, [move-on was] challenging; post-COVID, extremely challenging"* (Key informant, homelessness); "*Move on is a big challenge for us and obviously has been increased since COVID because everything ground to a halt"* (Local informant, statutory). One frontline worker was of the view that the quality of hotel accommodation used to accommodate people sleeping rough as the pandemic hit was a barrier to move-on:

> *"they don't want their own accommodation because of the level of comfort in the hotel… they each have their own room with a king size bed, a TV, en-suite, three meals a day and they're still getting their benefits so now they've got money that they don't have to use for food, for clothes, I think it's very comfortable for them."* (Frontline worker)

Other boroughs pointed to more systemic issues, including housing providers ceasing or slowing lettings processes for a period, and the knock-on impact of this on capacity within support accommodation:

> *"The reason we've got so many at the minute is because of COVID… There was no move on from our supported accommodation, so there was no voids for people to move into… our RPs weren't doing any lettings. There's been a whole backlog that is going to take some time to get over."* (Local informant, statutory)

These intense, varied and worsening challenges around access to and sustainment of move-on accommodation, combined with the high demand for ABEN services, led a number of participants to highlight the inadequacy of current efforts to reduce flow into homelessness services, both ABEN and statutory services: *"we need to be crisper on our prevention agenda, people shouldn't really be needing… ABEN in the first place"* (Key informant, health). Some frontline workers reported minimal or even no prevention work focused on reducing demand for ABEN services in their area, which is somewhat surprising given the universal prevention duties now owed to those at risk of homelessness under the HRA (see chapter 1). Others reported prevention activity being reduced as a result of *"lots of budget cuts"* (Frontline worker), and only recent reinvestment in efforts to prevent rough sleeping supported by RSI funding. The COVID-19 pandemic had also prompted a sharp focus on the prevention of rough sleeping and homelessness among those leaving prison by the Ministry of Justice and GM criminal justice and probation services. At the time of writing, GMCA was in the process of developing a homelessness prevention strategy, something seen as particularly important given the *"oncoming wave of new people at risk of homelessness"* (Key informant, homelessness) expected to result from the economic shock associated with the pandemic.

Length of stay

Key stakeholders emphasised diversity in the length of time people stay in ABEN, both within and across boroughs. In the few areas with lower demand for ABEN and easier to access move-on options, some reported average move-on times of a few weeks, whereas others pointed to average lengths of stay of almost three months, which was seen as far too long. In high demand areas, there was a strong emphasis on extreme variability in length of stay, with

some who access ABEN 'dropping out' very quickly, others staying longer but then securing positive move-on outcomes, and a third group described as 'getting stuck' and staying much longer.

These accounts, gathered via qualitative interviews and focus groups in September to November 2020 (during phase 3 of ABEN), are broadly in line with phase 2 data, which underline that a very high proportion of ABEN users stay for short periods. Of those who had left ABEN accommodation by the end of phase 2 (n=1474), the average length of stay was 20 days, and three quarters had a stay shorter than 21 days. For those who remained in ABEN at the end of phase 2 (n=166), average length of stay up until that point had been 123 days.

This variation in length of stay reflects a number of factors, including of course housing market contexts in different boroughs (see above). Also important, however, are staff approaches to encouraging, supporting and/or requiring move-on (see also chapter 5). One key informant for example, described different ABEN services having "different tolerances" in this regard: *"some ABEN properties will let people stay longer, because they know nothing else is going to work for them at that point. Whereas other… will just want people out after a certain period of time"* (Key informant, health). Our data also reveal a series of tensions between distinct understandings of ABEN's role that have a bearing on staff approaches to move on. First, whether ABEN is narrowly conceived as emergency, and highly time-limited accommodation, or as a longer term option given the acute practical challenges accessing appropriate move-on accommodation described above. According to this key informant, there is an acceptance that ABEN needs to play a longer-term role accommodating some users:

> *"ABEN should really only be used for emergency provision… however, of course… we don't have enough stock in Greater Manchester… so there was always going to be a little bit of… an acceptance… [that] some of the A Bed Every Night would have to be used a bit more permanently than we would have… wanted."* (Key informant, voluntary sector)

Previous chapters have already noted a different – though related – tension between those who view ABEN as a rapid move-on service and those subscribing to a 'housing readiness' staircase model. Some respondents spoke about the latter as a necessary and important part of successful outcomes:

> *"it's going to be pointless shipping them out to live independently in their own flat when you know for a fact, they're not ready… it'd be stupid to just turf them out... if they're not ready for it"* (Frontline worker).

> *"You're not going to go from high-needs into PRS in 50 days. You need stabilising. You often need put on a script. That can take some months. You need quite intensive work."* (Local informant, statutory)

Yet others viewed this as entirely anathema to the *"rapid move-on"* (Key informant, health) philosophy they understood to underpin of ABEN, and strongly endorsed on the basis that emergency accommodation stays without access to sufficient support can be harmful.

One participant (expert in mental health and psychology) emphasised that approaches to move-on should be psychologically-informed. Pressuring people to move-on from accommodation in which they are safe/settled before they are ready can, they explained, 'create resistance' and inhibit effective move-on in the long run. By the same token, where individuals are ready to move on but unable to, there is a risk of support needs escalating:

> *"having somewhere ready for someone when, at the right time, for them to move on [is really important]… If they're not… moved on [it] could send them backwards, really, with their mental health and drug recovery."* (Key informant, health)

This participant was not at all confident that those working in ABEN services were in a position to make these psychologically-informed judgements about the timing of move-on.

Particular groups of ABEN users were identified as especially likely to stay in ABEN for longer periods, including those with multiple and complex needs. While some saw the primary driver here as 'unwillingness to engage', others emphasised that – for those with long histories of rough sleeping, the transition involved in 'coming inside' to ABEN was in itself very significant, and so transitioning again to move-on requires time and careful planning, including time to establish 'anchors' in the given move-on community to increase chances of sustaining accommodation:

> *"for those people that particularly have been very entrenched rough sleepers, and have really struggled, it takes them a much longer time to adapt to being just confined within four walls… the transition to then move them again into their own property could unsettle them. It's about getting that right resettlement support worker in place, and anchoring them in that area of the community that they're moving to. Making sure that community mental health might be in place for them, drugs team workers, that type of thing."* (Local informant, statutory)

Longer stays for this group were therefore not always seen in negative terms, and indeed could be seen as an achievement representing service tolerance and flexible working with a group with very limited accommodation options:

> *"they're meant to move them out within… something like 40-something days. They've had some people there over a year, which is fantastic… because they wouldn't get housed anywhere in Manchester. Absolutely nowhere. Really entrenched rough sleepers with a dog. Loads of issues. Screaming and shouting, a lot of the time, sacking all the staff, blowing up. They've managed, they've done an absolutely fantastic job with those people"* (Key informant, health)

A different barrier effecting this group concerned social care or housing services failing to accept their legal duties towards them (see chapter 5). One key informant described attempts to avoid responsibility as a key factor delaying move-on and a resource-drain on workers involved in these battles:

> *"you get… cases where they fall between social care and housing priority… We had one the other week… We've had to push and push and push… you shouldn't have to fight*

a battle - we haven't got time: we've got a million cases to deal with" (Key informant, criminal justice)

Those with NRPF were also seen as likely to have longer stays, given their narrow move-on options (see above). Pursuing legal processes to secure access to public funds is an option – albeit a lengthy one – for some. Accessing PRS accommodation is another, but dependent on the individual being able to afford the rent, which may not be possible due to a lack of legal entitlement to work and/or health and language-related barriers. Where such an option is possible, move-on outcomes could be stable and long-lasting, albeit hard won. A subgroup of the NRPF group who face especially high move-on barriers are those with addiction issues, with alcohol dependency among EEA nationals not exercising their treaty rights emphasised as a particular challenge: *"In lots of cases… people[in that situation] are just static in that space [ABEN], which is really challenging... So yes, small numbers but no solution."* (Key informant, homelessness)

Those especially comfortable in ABEN accommodation, either because move-on options are no more desirable than ABEN accommodation itself or because they value the support within the service, are a final group who may have longer lengths of stay in ABEN. Some local authorities are seeking to incentivise move-on e.g. via threat of eviction, where it is deemed people have other housing options or have turned down multiple move-on offers (see above).

Conclusion

A home of their own – self-contained, mainstream accommodation – was the preferred move-on option for almost all the ABEN users we spoke to, and participants were extremely eager to receive – and valued – practical support to help them to attain this. Those respondents who had secured their own home had received proactive practical help to do so, and some of those in ABEN accommodation also had clear move-on plans in place. Many of those we spoke to, however, had no clear plans in place or even in the process of development, and some faced conditional routes to move-on accommodation dependent on navigating a 'staircase' of provision or meeting behavioural conditions imposed by support staff.

Key informants see move-on accommodation as the biggest challenge facing the ABEN programme, and as crucially important, both in terms of its quality-of-life implications of suitable move on for ABEN users, but also because the ABEN model requires throughput to maintain its ability to prevent and reduce those newly sleeping rough or at risk of doing so. Available data, stakeholder and ABEN user perspectives all indicate the attainment of positive housing outcomes for a subset of those who enter the ABEN programme, and such outcomes are especially likely where housing market contexts are more benign and move-on support more intense. The achievement of positive move-on from ABEN offers some vindication of the theory of change outlined in chapter 1, albeit this evaluation illuminates the manifold barriers limiting the smooth operation of this theory of change in practice.

Available programme data and stakeholder perspectives suggest that the most common move-on destination for ABEN users is supported accommodation or hostels, despite this being a preferred outcome for only a very small minority of the ABEN users we spoke to. The ability to secure this outcome for ABEN users depends on the supply of such accommodation

in the area, as well as its 'fit' with the needs profile of the ABEN cohort. Key stakeholders identify a severe gap in the supply of supported accommodation spaces for those with complex needs in some part of GM, in part as result of long-run local authority budget cuts. In the absence of sufficient supported accommodation for this group, some ABEN services have adapted to better meet their needs, acting as supported accommodation by proxy.

Access to Housing First is considered a highly desirable housing option for those with complex needs, by key stakeholders and those with direct experience we spoke to who were pursuing this option. Access is radically constrained however by the scale of the pilot and lack of materialisation of tenancies pledged by housing provider. This can lead to long waits in unsuitable ABEN for the target group, and services can struggle to prevent abandonment or exclusion in these circumstances. Where this occurs, people face a return to rough sleeping and can also lose their access to Housing First, despite their need if anything intensifying rather than diminishing.

Low numbers of ABEN users appear to access independent self-contained accommodation despite this being the outcome of choice for almost all those we spoke to. ABEN users face very significant barriers to accessing social housing in many parts of GM, primarily related to limited availability compounded by low priority, but also including practical barriers, in the form of access to bidding numbers, knowledge of how to bid, and access to the resources (e.g., phone and internet access) required to do so. In some areas, access to social housing is much easier, largely because council's retain control of their stock, and demand is lower. Those who had accessed social housing were generally very happy with this outcome, though stakeholders in some areas had concerns about the suitability of neighbourhoods where social housing tends to be concentrated for some ABEN users.

Many ABEN users also face significant barriers to accessing private rented sector accommodation, related to affordability, particularly upfront deposits, but also compounded by landlord reluctance to accept housing benefit and difficulty in meeting requirements around guarantors. Those with low support needs, in work and/or with a good credit history face easier access to this tenure. Local authorities are increasingly seeking to secure access to PRS accommodation for ABEN users given challenges accessing other housing options, with success in some areas, but acute and enduring challenges in others. Access to shared HMO accommodation in the PRS is the most feasible option for some ABEN residents, albeit acknowledged as neither desirable, nor suitable for many. Where HMO accommodation is the likely move on option and ABEN accommodation is of a similar nature, this can disincentivise move-on. GM-level efforts to open up access to the PRS for low-income groups are hoped by to promise better outcomes for ABEN users, but to date properties secured by the ELA 'Let us' have overwhelmingly been allocated to other groups.

Available programme data indicate that a large proportion of ABEN users leave the programme to unknown destinations, and stakeholder views confirm that repeat presentation within the service is common. As seen in previous chapters, these dynamics indicate that for some people ABEN operates as part of a cycle of insecure housing and homelessness, rather than a solution to it. Intensive case management approaches and multi-agency task and target group meetings are seen to offer a mechanism to reduce repeat presentations. For those that do access settled accommodation post-ABEN, there are

concerns that a lack of housing-related floating support risk the sustainability of these. rehousing outcomes. While some ABEN services check-in with clients after move-on, this ad hoc and very short-time-span approach is seen to be inadequate, and in any case not the norm. According to the majority of stakeholders, the COVID-pandemic has slowed access to move-on accommodation further, although one borough bucked this trend by investing in more intensive key working with ABEN clients. In the light of this litany of acute and in many cases intensifying challenges, our analysis suggests that ABEN has limited effectiveness in securing move-on accommodation for those who access the programme. Given that at the time of writing the ABEN service is at capacity, it is not surprising that a greater emphasis on the prevention of rough sleeping and reduction in demand for the programme is seen as a key priority going forward.

Chapter 7: Concluding discussion and recommendations

In this concluding chapter we first provide an overview of the answers to the RQs driving the study, explaining the extent to which – and how – ABEN has been effective in achieving its aims to reduce and prevent rough sleeping, address people's wider support needs, and enable move-on to suitable housing. Second, we identify the key wider impacts and unintended consequences of the programme. Third and finally we return to the international evidence base on 'what works' in responding to rough sleeping, reflecting on the extent to which ABEN mirrors and departs from key evidence-based principles summarised in chapter 1 and making a series of recommendations regarding the future development of the ABEN programme.

How effective is ABEN in meeting its core aims?

Our overall verdict is that ***ABEN has been effective in preventing and reducing rough sleeping***. The programme has made a major contribution to an extremely significant reduction in recorded levels of rough sleeping in GM of 57% since 2017, considerably above the national reduction of 43%. The primary mechanism via which it has done so is simple – in conception, if not delivery – that is, providing immediate access, low-barrier emergency accommodation at sufficient scale to ensure that people sleeping rough or at imminent risk of doing so can find shelter. This major investment in emergency accommodation plugs long standing, well recognised and gaping holes in the national statutory safety-net for homeless households in England, and has worked in combination with intensified outreach services funded via the Rough Sleepers Initiative to bring those sleeping rough inside. Political leadership at GM level from the Mayor Andy Burnham has been a powerful enabler of city-region action, and has provided a locus for cross-sector buy-in to the programme, both literally – with health and criminal justice partners becoming co-funders of ABEN – and in terms of contributing to a changed mindset across relevant stakeholders that increasingly sees tolerance of rough sleeping as unacceptable. The profile of the programme among relevant partners and those experiencing homelessness is an important complementary mechanism deemed to have contributed to its momentum and effectiveness.

Nevertheless, a range of barriers operate to limit ABEN's effectiveness in relation to rough sleeping prevention and reduction, including: challenges finding and engaging particular subgroups of the rough sleeping population, especially those reluctant to access accommodation and/or wanting to remain 'hidden'; referral processes often ill-equipped to fairly and effectively prioritise prospective ABEN users; verification processes and lack of out of hours provision that can delay access to shelter for hours or even days; that ABEN services reach capacity, meaning no more access is possible; endemic eviction practices for reasons extending far beyond safety concerns; and, abandonment and avoidance of ABEN accommodation, often reflecting the stressors and harms experienced within it. These barriers are in our view highly amenable to mitigation via reforms to programme design and implementation.

Our overall verdict is that ***ABEN – and the wider network of services on which it depends – have very mixed effectiveness in addressing the support needs of those who access the programme***. Understanding the effectiveness of ABEN in addressing the support needs of ABEN users first requires attention to the nature and form of ABEN accommodation in which access to support occurs. Our analysis makes clear that the kind of accommodation people

are residing in has profound impacts on their needs, their ability to meet their own needs, and their capacity to access, engage with and make maximum use of the support available. Enhancing the effectiveness of ABEN in addressing people's support needs therefore requires improving the accommodation offer, as well as the support available. Having access to facilities to cook, do laundry, and complete administrative tasks maximises people's opportunity for self-reliance and independence, something which is undermined within some accommodation, to ABEN users' great frustration. Feeling safe and secure is a necessary condition for being able to engage effectively with support staff and make plans for the future, but this sense of safety can be elusive in congregate accommodation settings. We would also suggest that the pervasive daily hassles of many shared living environments can – more mundanely – sap energy away from accessing and engaging with needed support, and distract from planning for the future, especially when efforts to engage can sometimes be stressful themselves. Residing in night shelters is particularly and deeply corrosive of people's health, wellbeing and sense of dignity. It is also profoundly stressful, and in these – and more mundane, but equally pernicious, practical – ways, limited people's access and ability to connect with support staff.

Those who access ABEN receive support from staff covering a potentially very wide range of areas and support needs. Minimum support standards are articulated at GM-level, but there is enormous variation in levels of support provided, the skills and training of staff, and the philosophy or approach to support provision within ABEN services. These variations in support level, type and approach interact, of course, with heterogeneity among ABEN users in terms of their support needs, priorities and capacity to seek out or engage with support on offer. Specialist provision for particular groups has become an increasing feature of ABEN (in particular, for those with NRPF, women, and to some extent those with complex needs), especially in Manchester. But by and large ABEN users access services which have capacity and are in their borough, thereby either benefiting or missing out on the particular kind of support that happens to be offered by that service or team.

Some of those accessing ABEN require particular (often health-related) kinds of support not generally accessible within ABEN, and the programme is envisaged in these circumstances as assisting people to access wider mainstream or specialist services. The strategic emphasis on improving access to health care for ABEN users is clearly paying significant dividends at the operational level, albeit with a considerable way to go moving to an Inclusion Health approach. But timely access to drug and alcohol services is very uneven across the city-region and extremely challenging in some areas, which places people at risk of not sustaining emergency accommodation, as well as failing to address their need for support. Mainstream mental health services are not fit for purpose in addressing the needs of ABEN users, and while some ABEN services have recruited specialist staff or have access to advice from specialist teams, these mechanisms do not compensate for the high thresholds and long waits facing those seeking one-to-one specialist mental health support. Available support often fall very far short of meeting the needs of those with multiple and complex needs.

Our overall conclusion is that *ABEN has highly limited effectiveness in securing suitable move-on accommodation for those that use it*. The ABEN programme operates in a wider housing market context that is extremely challenging. Though there are variations in the nature and extent of barriers to move-on across GM, most boroughs face acute challenges of multiple

kinds in accessing move-on accommodation for ABEN users. Almost all ABEN users we spoke to want self-contained accommodation – a home of their own – but the obstacles to achieving this are substantial. In a number of boroughs, access to social housing for this group appears to be simply impossible, and in more still, it is difficult. There are high barriers to entry for most ABEN users seeking access to self-contained PRS accommodation. While HMO style shared private tenancies are a – and sometimes the only – feasible move on option, they are rarely desirable for ABEN users, and acknowledged to sometimes be simply unsuitable by stakeholders. Our analysis and available data suggest that supported accommodation is the main outcome for clients who leave ABEN into accommodation, despite often not being the aspiration for users, nor deemed to be necessary given their needs. Nevertheless, barriers apply in this case too, with access depending on the local supply of appropriate services, and capacity within them. A major gap is seen to exist in supported accommodation for those with complex needs. Housing First is recognised as highly effective for those who access it, but lack of tenancies and capacity within GM's pilot programme leaves a high degree of unmet need for this accommodation. A high number of ABEN users leave to formally unknown destinations, but our analysis suggests that this includes returns to the streets, and insecure and inappropriate living environments. Repeat use of ABEN is a well-recognised phenomenon.

Wider benefits and unintended consequences

In addition to its impacts in these three areas, ABEN has had a number of important wider impacts and consequences. We highlight two clusters of such impacts here.

First, while ABEN depends upon wider services to effectively meet the needs of its users – with limits on its effectiveness to a large extent reflecting the weaknesses of those services – it also brings benefit to those wider services. By reducing levels of rough sleeping, ABEN reduces needs for acute care, including in A&E. By supporting and enabling ABEN users to access health care, ABEN helps prevent avoidable health problems and stop them escalating. By accommodating prison leavers – and indeed the wider ABEN using cohort – ABEN reduces people's propensity to commit or be a victim of crime. More broadly, the momentum and profile of ABEN have provided significant impetus – and practical mechanisms – for the pursuit of public sector reform, including efforts to progress an Inclusion Health agenda (Luchenski et al., 2018) that seeks to make services work for the least advantaged. ABEN has also built the capacity of voluntary sector services in this area, improved interactions between these organisations and statutory services, and given voluntary sector leaders a central 'seat at the table' in developing and improving GM-wide rough sleeping responses.

Second, the operation of the ABEN has provided important intelligence and data on the scale of and need for emergency accommodation in GM. The clearest example of this is the detection of substantial unmet need among young people in the city-region and the subsequent development of specific interventions (outwith the ABEN programme) to better address these needs. In offering accommodation to a previously profoundly under-served group – those with NRPF – ABEN has also enabled quantification and enhanced understanding of need among this group. Also important is the insight ABEN offers into the scale of rough sleeping and rough sleeping risk. The primary data source available to illuminate levels of street homelessness pre-2018 was nationally-mandated point-in-time enumeration exercises based on street counts, estimates or mixtures of the two. The focus on rough sleeping in GM

following the election of Mayor Andy Burnham led to greater use of full counts in the city-region and more regular pan-city-region point-in-time counts. Despite undoubtedly adding value, these methods remain limited in offering a minimum estimate of rough sleeping on a particular night. Data regarding demand for and access to ABEN accommodation provides an extremely valuable weekly supplementary data source on the scale of rough sleeping and risk of doing so across GM, and the profile of those effected. Data collected as part of the Everyone In effort at the start of the COVID-19 pandemic also provide important information on the scale of rough sleeping in GM over time. Both ABEN and Everyone-In related data (see chapter 1) make clearer the true scale of rough sleeping experience in the city-region. Efforts to address data quality issues (especially missing data), move to a real time database of ABEN users, and a GM-wide By Names List of people currently rough sleeping would also vastly improve intelligence in this area and help make the case for levels of investment needed to effectively intervene in this area. Improving ABEN data collection on the immediate triggers of rough sleeping among users would provide an invaluable resource in developing preventative interventions.

'What works' in responding to rough sleeping and the future of ABEN

To assess ABEN in relation to the international evidence base on 'what works' in responding to homelessness is to set a high comparative bar. After all, the ABEN programme was seen from the outset as *"not a perfect solution"* (Bromley & Briggs, 2019, p.3), but rather a practical response to what came to be seen as a 'humanitarian crisis' on the street of GM in the early winter months of 2018. Nevertheless, GM actors have been willing to set very high expectations in relation to rough sleeping, committed to providing a 'A Bed Every Night' for those sleeping rough or at risk of doing so, and aiming to end rough sleeping by 2020. While this target has not been met, enormous strides have been taken in the direction of doing so, generating momentum and significant learning to inform future steps in the direction of driving street homelessness down still further. It is in this spirit that we deploy a number of principles distilled from existing syntheses of the international evidence-based to reflect on the strengths and weaknesses of the programme from an external perspective (see chapter 1), and to inform specific recommendations for the programme's future development.

Swift action and assertive outreach

Taking swift action to prevent or quickly end street homelessness is a key evidence-based principle identified in Mackie et al. (2017). This is seen as important in reducing the number of people sleeping rough who develop more serious and complex needs, and for whom homelessness may become chronic or entrenched. Employment of pro-active and persistent outreach is identified as a key related principle of effective responses. Keenan et al. (2020) additionally highlight the importance of clear approaches to the identification of suitable users, referrals, and prioritisation.

'Immediate pick-up' from the streets and low barrier access to accommodation are foundational to the ABEN approach, and core to its effectiveness in reducing rough sleeping. It is not always achieved in practice however, given the finite supply of ABEN combined with high demand in some areas; verification processes; and gaps and weaknesses in out-of-hours provision. These can all lead to usually short-term delays in access to ABEN, which can leave people sleeping rough for longer than necessary or having to sleep rough where it may have been avoidable. Longer term delays in access to ABEN also occur where people sleeping rough

are reluctant to access the accommodation on offer, largely due to the interaction between the extent and nature of their needs (in particular addiction issues), and the kind of accommodation on offer. Our evaluation has emphasised the importance of outreach work – including that funded via the Rough Sleepers Initiative – in complementing ABEN, 'pulling' those on the street into accommodation. RSI funding is very uneven across GM-boroughs in ways that may indicate level of need and required resource, but equally may not. Those we spoke to with direct experience of accessing ABEN sometimes reported having had little or no contact with outreach services when sleeping rough, sometimes for long-periods.

Recommendations

- Ensure that adequate and sufficiently proactive and persistent outreach services are in operation where needed. Supplement RSI monies via LA funds and/or GMCA ABEN grants to ensure effective outreach where required.
- Address exclusionary practices and processes that can block or delay access to ABEN among those who need it, including inadequate 'out of hours' provision and non-responsiveness and lengthy verification processes.
- Ensure sufficient capacity in ABEN accommodation to continue to accommodate new 'flow' into rough sleeping, rough sleeping risk and the engagement of long-term rough sleepers who decide to access the programme. Ensure sufficient capacity of NRPF specific provision.
- Develop prevention interventions seeking to minimise the risk of (specifically) rough sleeping (as opposed to other forms of homelessness) and informed by improved data collection regarding the underlying causes and immediate triggers of rough sleeping or rough sleeping risk among ABEN users.
- Improve the offer to those experiencing entrenched rough sleeping and unwilling or reluctant to access emergency accommodation, either through ABEN or other services. This could include: greater provision of very low-barrier accommodation with high-tolerance of those with active and problematic addictions; responsive, flexible and persistent access to drug and alcohol services while on the street, in accommodation and/or cycling through multiple informal living situations; and direct access to Housing First tenancies.
- Develop guidance to assist LAs and other relevant services in their assessment of whether prospective ABEN users are 'at imminent risk of rough sleeping' to ensure that ABEN capacity is safeguarded for this group. Work with agencies to ensure that ABEN is used as a 'last resort' rather than 'first port of call', without compromising its capacity to provide immediate access to accommodation. Ensure that those not eligible or deemed in need of ABEN accommodation are encouraged and enabled to return to referral and assessment agencies if their situation worsens.

Housing-led responses

That responses to rough sleeping are housing-led is a key evidence-based principle, meaning that there should be a determined focus on providing swift access to settled housing including the use of Housing First, or other self-contained settle housing options with required support, rather than pursuing staircase approaches that make access to mainstream housing conditional on 'housing readiness', and minimising reliance on emergency and temporary accommodation. As well as recognising the very strong evidence base pertaining to the Housing First programme's effectiveness, this principle speaks to voluminous evidence

attesting to the negative experiences and harms associated with shelters, hostels and 'institutional' living environments (Mackie et al., 2017; Fitzpatrick and Watts, 2016). In specifying the mechanisms via which such harms occur, McMordie (2020) has highlighted the pervasive stressors at play within congregate accommodation; the especially challenging nature of such stressors for people with experiences of adversity and trauma, and the exacting cognitive demands of enacting coping strategies to mitigate and manage the potential harms of congregate living. Watts and Blenkinsopp (2021) have revealed the systematic limits and restrictions on people's control over their immediate living environment in congregate accommodation, and the corrosive impacts that lack of control has on people's capacity to cope to retain, sustain or maintain physical and mental health and wellbeing and positive relationships, with friends, partners, and family, including children.

ABEN is not a housing-led programme, but rather one of emergency accommodation with support. It has relied upon a major expansion in and opening of emergency (and largely congregate) forms of accommodation for those previously unable to access it. People's experiences within much ABEN accommodation (including night shelters, hostels, B&Bs and shared flats and houses) are reflective of the existing evidence base regarding the harms and stressors faced in such environments, including ABEN user's testimony to the negative impacts on self-worth and feelings of dignity associated with night-time only dormitory-style accommodation; the pervasive hassle and stress faced when sharing living space with strangers, and the frustration and sense of infantilisation that results from rules which determine when adults can smoke, cook, leave or arrive. ABEN accommodation – again in keeping with the evidence base – can act to inhibit people's ability to meet their own needs; corrodes capacity to engage with support; and, negatively impacts on existing relationships with family and friends. Congregate forms of shelter and accommodation may – of course – be preferable and less objectively harmful than street homelessness, although where potential ABEN users avoid or abandon ABEN accommodation, it is reasonable to conclude that the perceived or actual balance between harms and benefits falls on the harmful side. The harms can be lessened where stays in ABEN are very brief and can be substantially mitigated (even entirely overcome) where ABEN accommodation is self-contained.

Recommendations

- Cease use of night shelter accommodation entirely and ensure that everyone has uninterrupted, 24/7 access to their ABEN accommodation.
- Rapidly move to single room only accommodation provision and cease use of dormitories and shared rooms. If dormitory/shared room accommodation continues to be used, ensure that privacy and safety are maximised and that lengths of stay are short.
- Minimise use of congregate accommodation and maximise use of self-contained options. Where congregate accommodation is used, these should insofar as possible be small scale, enable access to facilities required for people to meet their needs (e.g. cooking, laundry, wifi), maximise residents' control over their immediate environment, and have sufficient security and support on site to minimise stressors and maximise feelings of safety.
- Monitor and review as three distinct outcomes: 1) eviction and exclusion practices and outcomes; 2) avoidance and abandonment outcomes; 3) repeat ABEN accommodation use, with a view to 1) enhancing understanding of their drivers; 2) implementing rapid

responses to ameliorate negative impacts where such phenomena occur; and 3) developing strategic plans to radically reduce or eliminate their occurrence.
- Work with social and private rented housing providers to increase lets to ABEN users, including increasing provider commitment of tenancies to the Housing First pilot programme.
- Enhance provision of housing-related support to help ensure post-ABEN accommodation sustainment. In addition to improving housing outcomes, this will help secure and maintain buy-in and concrete commitment of properties from housing providers.
- Accord ABEN users greater priority in the allocation of new lets available via the Ethical Lettings agency 'Let us'. Consider 'Let Us' provision of high quality shared PRS tenancies for ABEN users (Note: while HMO-style accommodation is generally not desirably to ABEN users, it is often the only feasible affordable option).

Individually tailored, flexible support

All three evidence-reviews we draw on highlight the importance of individually-tailored, person-centred support in responding to rough sleeping, that accounts for people's highly heterogenous histories, circumstances, needs, preferences, assets, and entitlements. Recognition of heterogeneity is also important at the area – rather than individual – level, given the different housing market contexts relevant services will work in. The evidence base also emphasises the importance of choice, flexibility and meaningful engagement with people in relation to their housing and support needs, and promotes models of support that are persistent, and open-ended (Mackie et al., 2017; Keenan et al., 2020; Fitzpatrick and Watts, 2016). Keenan et al. (2020) find that accommodation interventions with higher levels of support 'blended' into the intervention are the most effective, and that interventions that only address basic human needs (providing only a bed and food) may harm people, and could have worse health and housing stability outcomes even when compared to no intervention. Key to the individual-tailored approach to support is collaboration with other agencies committed to shared objectives (Keenan et al., 2020) and co-ordinated between relevant services and agencies (Fitzpatrick and Watts, 2016).

Core to the ABEN model is the provision of support to those who access the programme. We have seen that whilst minimum levels of support are available to all ABEN users, there is enormous and problematic variation in the level, nature, intensity, regularity and accessibility of that support, as well as in the support models deployed by particular services. Specialist provision for women, those with NRPF and complex needs has begun to address these issues for these groups, albeit that capacity of these specialist services is limited and there are some doubts regarding the specialist skills of relevant services. Recognising the specific circumstances of those with NRPF has been a huge strength of ABEN, with a funding model used that can ensure accommodation is accessible to this group. Co-ordination and access to wider support services is also core to the ABEN model, but these services are not always accessible for ABEN users. Those requiring support from drug and alcohol services face long delays in some areas. There are acute barriers to accessing appropriate mental health care and support across GM, resulting in enormous frustration and risk of harm at the ABEN service level.

Recognising heterogeneity in local contexts is another key feature of the ABEN programme, which – whilst an initiative at GM-level - is operationalised and implemented by individual

boroughs with distinct demand-levels and profiles for ABEN, particular housing market and wider support and service contexts, and also distinct philosophies and resource levels.

Recommendations

- Value, support and develop the ABEN workforce: ensure that ABEN support workers have sufficiently low caseloads to enable effective individually-tailored, and – where required – intensive support and case management. Empower frontline workers to provide genuinely personalised support including through access to personalised budgets or flexible funds to meet the immediate (and often low-cost) needs of ABEN users.
- Develop a GM-wide vision for support provision in ABEN services extending beyond the 'minimal standards' currently in place. This will better recognise the breadth and scope of work already undertaken by ABEN staff and raise the minimum standard of support available to ABEN users.
- Recognise the profound link between people's immediate living environment and their capacity to meet their own needs and engage and make best use of wider support (see Housing-led responses recommendations).
- Audit support models deployed in ABEN services with a view to assessing 'fit' with needs profile of users and existing evidence pertaining to effective support models.
- Ensure support is available to those with NRPF to enable them to make best use of legal advice they are given. Explore funding mechanisms via which to enhance the support offer, where needed, to include drug and alcohol services and other support required by those within this group who are experiencing homelessness alongside other needs
- Prioritise a mixed-strategy to improving the availability of mental health support to ABEN users, including efforts to pursue rapid improvements in access to mainstream clinical services for this group, increased capacity in specialist support available to ABEN staff in responding to the mental health needs of ABEN clients, and recruitment of staff with mental health expertise into the ABEN staffing structure.
- Engage in targeted work to improve timely access to drug and alcohol services for ABEN users (and those rough sleeping or at risk), prioritising swift access where this will promote sustainment of accommodation and avoid returns to the street.

Poverty-alleviation, reintegration and assets

Fitzpatrick and Watts (2016) advocate poverty-informed responses, that explicitly focus on the financial and material hardship that people face, rather than focusing only on their social or personal needs or behavioural issues. They also call for a principle of reintegration, meaning that people are able to go to work and access and benefit from other ordinary social settings. They also note the strong evidence base attesting to the effectiveness of 'asset-based approaches', that is, interventions focusing on an individual's strengths, including 'recovery' models in mental health and substance misuse (building a meaningful and fulfilling life in the face of ongoing challenges), and 'desistance' models in criminal justice (supporting offenders to realise their potential).

Practical help securing access to benefits is an important component of ABEN provision, but not one that was especially emphasised by stakeholders we spoke to. It is essential that welfare rights advice, income maximisation and financial inclusion work are a core focus of ABEN support, as addressing poverty is an essential component of efforts to secure suitable

move-on options for ABEN users, improve their wellbeing, and prevent future experience of homelessness. Newcastle City Council's very strong emphasis on 'active inclusion' and poverty-alleviation has played a key role in the prevention of homelessness in the city (see Watts et al., 2019). Whilst access to education, training and employment featured to some extent in our qualitative findings regarding the support offered to and accessed by ABEN users, this was not a key focus of stakeholders and staff. This is perhaps not surprising given the breadth and intensity of ABEN support work, with more aspirational work like this is at risk of being crowded out by crisis management and a focus on more acute priority support needs. These issues, and in particular access to employment did emerge as a priority for some of those with direct experience involved in the study, however. ABEN funding models that do not require rent-recovery via the benefits system minimise the work disincentive effects often present in temporary and supported accommodation (see e.g. Watts et al., 2018). Asset-based approaches do not appear to be prevalent in ABEN accommodation and were not mentioned by the vast majority of stakeholders.

Reintegration is a core principle of ABEN in the narrow sense that it seeks to support those rough sleeping or at imminent risk to first, access emergency accommodation, and second, secure suitable move-on accommodation. ABEN accommodation itself, however, can have an anti-integration effect, limiting people's ability to come and go from their accommodation, and restricting opportunities to socialise and spend time with friends and family. While some ABEN users may be well suited to and need to access support accommodation as a move-on option, most have a strong preference for self-contained independent accommodation, and where this is suitable and sustainable (with support) this is far and away the most reintegrative housing outcome. Securing rehousing outcomes is, however, a key area of weakness for ABEN given the very challenging housing context in which the programme operates, such that access to mainstream self-contained accommodation is especially difficult.

Recommendations

- Ensure that welfare rights advice, income maximisation and financial inclusion work are a core component and key focus of ABEN support work.
- Explore the potential to roll out evidence-based, asset-based approaches to support within ABEN accommodation, including a focus on education, training and employment opportunities. This recommendation would depend on ABEN support workers having reduced caseloads.
- Consider ways to mitigate the work disincentive effects of a move to rent-recovery via the benefits system for those in ABEN accommodation able to seek and access employment.
- Seek to minimise the anti-integration effects of ABEN accommodation environments and maximise swift access to self-contained move-on accommodation where possible (see Housing-led recommendations).
- Explore with ABEN users who have children, how (if at all) living in ABEN impacts on these relationships and seek to accommodate individuals in or seeking contact with their children in environments where this is safe and possible.

National policy

While national legislation, policy and funding decisions have not been the focus of this evaluation, they play a key role as enablers of and constraints upon the capacity of city-

regional and local authorities to address rough sleeping. In this final section we highlight a series of national level reforms that would enhance GM's capacity to address rough sleeping and achieve the aims of the ABEN programme.

- Central government should pursue legal and/or funding reforms that require and/or enable regional and local authorities to fund services that effectively prevent and relieve rough sleeping.
- Review the NRPF policy, to ensure that those impacted by it are able to avoid rough sleeping and access the support they need, without reliance on discretionary and cash-limited local funds.
- Review the social security system and welfare reforms pursued since 2010, and in particular the Shared Accommodation Rate and Local Housing Allowance caps, to ensure that households in receipt of benefits are able to access and afford self-contained accommodation in the private and social rented sectors where that is their need and/or preference.
- Address funding frameworks that maximise use of congregate forms of emergency and temporary accommodation, rather than self-contained options.
- Rapidly extend funding for Housing First to meet estimated levels of demand for the programme.
- Ensure that local authorities are adequately and appropriately funded to provide housing-relating floating support to those at risk of or who have recently exited homelessness, in order to ensure the tenancy sustainment.

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