

Greater Manchester Entrenched Rough Sleeping Social Impact Bond

Year 2 and 3 evaluation

July 2021

Acronyms

ABEN – A Bed Every Night

ACEs – Adverse Childhood Experiences

ASB - Anti-social Behaviour

CGL - Change, Grow, Live (substance misuse service)

CMHT – Community Mental Health Team

CRC – Community Rehabilitation Company

DP – Delivery Partner

DWP – Department for Work and Pensions

ETE – Education, Training and Employment

GM – Greater Manchester

GMHP – Greater Manchester Housing Providers

GMMH – Greater Manchester Mental Health

HF – Housing First

HP – Housing Providers

MASH – Manchester Action on Street Health

MEAM – Making Every Adult Matter

MH – Mental health

MHCLG – Ministry of Housing, Communities and Local Government

RSI – Rough Sleeper Initiative

SIB – Social Impact Bond

UC – Universal Credit

WEMWBS – Warwick Edinburgh Mental Wellbeing Scale

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Chapter 1: Introduction

1.1 Background

Homelessness in Greater Manchester (GM) has been the subject of much political and media attention for several years, most notably due to the visibility of those experiencing rough sleeping in town centres across the boroughs.

Between the years 2011 to 2017 the estimated number of people sleeping rough across GM on a single night increased from 60 to 268, with the first marked reduction in a decade being recorded in Autumn 2018 (Fitzpatrick et al, 2018). Figures are collated on a single night snapshot and therefore are only an estimate (actual numbers are expected to be much higher), however they give a good indication of the impact of welfare reform and austerity on the number of people now experiencing homelessness.

In 2017 the first Greater Manchester Mayor came into office and as part of his manifesto a reduction in homelessness and rough sleeping was a top priority. Several initiatives to reduce homelessness and rough sleeping have since been introduced with the Greater Manchester Social Impact Bond (GM SIB) being one of these. Others include A Bed Every Night (ABEN), Housing First (HF), and Rough Sleeper Initiative (RSI) funded roles (such as outreach workers and navigators). These initiatives work to both reduce numbers and support those most in need to enable them to sustain accommodation.

In 2016 the Ministry of Housing, Communities and Local Government (MHCLG) announced that Greater Manchester would be one of eight areas to be awarded a Social Impact Bond (SIB) with an initial funding allocation of up to £1.8 million. Following the government announcement of funding, the Great Manchester Combined Authority (GMCA) undertook a full procurement exercise with rate card developed by MHCLG for outcomes. A consortium of investors, delivery partners, and housing providers (GM Homes Partnership) successfully submitted a bid and were awarded the contract for the GM SIB.

The aim of the programme was to move people with entrenched experiences of rough sleeping off the streets into permanent accommodation. Alongside access to a stable place to live participants would receive intensive support to sustain that

accommodation and to address other issues. These include physical health, mental health & wellbeing, and access to Education, Training and Employment (ETE).

In summer 2018 GMCA and GM Homes bid for additional funding from MHCLG after a planned SIB did not go ahead elsewhere in the UK, and was awarded £829,000 bringing the total potential outcomes payments for the project up to £2,629,000.

The GM Homes Partnership delivery model also included a flexible fund of £69,500, provided by a group of nine housing partners.¹ Each put in between £4,500 and £10,000 in grant funding which was provided specifically to pay for specialist services that were not already available via other GM commissioned services. This included The Bond Board for access to private rented sector properties, and a mental health social worker for improved referral pathways into mental health support for SIB participants. It was intended that bringing these additional services to the table would also impact on wider systems change for the future.

In addition to this the GM Homes partnership directly sourced £8000 through Social Value vouchers from the HP contracts, and £5000 was raised by GM Homes staff across the project at the Great Manchester Run to put towards a personalisation fund. Both pots of money could be used to buy anything needed by SIB participants to increase their chances of sustaining their tenancy and improve their health and wellbeing.

1.2 What is a SIB?

SIBs are social outcomes-based contracts where the finance needed for the project to work comes from third parties rather than just from government, local authorities, or service delivery partners. Social outcomes-based contracts are still quite new as a response to homelessness in the UK, but have been used elsewhere including the US, Canada, Australia, and Portugal. A relatively recent SIB in London running from 2012 to 2015 was the first to offer an evaluation of its impact on homelessness, which set out to support 830 people and by the end of the project 64.3% of those

¹ Forviva; New Charter; First Choice; Bolton at Home; Onward; Regenda; Rochdale Boroughwide Housing; Salix; and Stockport Homes

people had achieved stable housing outcomes. The programme also exceeded its outcomes for sustainment at 12 and 18 months ([Mackie et al, 2017](#)). Like the previous London SIBs, the GM SIB aimed to support people using existing services and partnerships, ensuring that services worked in a flexible way to meet the needs of the person rather than asking the person to fit the needs and requirements of the project. Support workers offered consistent and intensive support to individuals on the programme, and a personalisation fund was available which enabled staff to quickly meet the needs of people on the SIB in a creative way.

As SIBs are outcome based, a certain monetary amount is attached to each defined outcome. Outcome payments were defined by MHCLG and can be seen in the table below:

Table 1: MHCLG SIB outcomes payment table

	Outcome	Rate
Accommodation	Entering accommodation	£600
	3 months in accommodation	£1,500
	6 months in accommodation	£1,500
	12 months in accommodation	£2,600
	18 months in accommodation	£2,500
	24 months in accommodation	£1,800
Better Managed Needs	General Wellbeing assessment x3	£100
	Mental health entry into engagement with services	£200
	Mental health sustained engagement with support	£600
	Alcohol misuse entry into alcohol treatment	£100
	Alcohol misuse sustained engagement with alcohol treatment	£1,100
	Drug misuse entry into drug treatment	£120

	Drug misuse sustained engagement with drug treatment	£2,600
Entry into Employment	Improved education/training	£500
	Volunteering/self-employed 13 weeks	£400
	Volunteering/self-employed 26 weeks	£800
	Part time work 13 weeks	£1,900
	Part time work 26 weeks	£1,800
	Full time work 13 weeks	£2,400
	Full time work 26 weeks	£2,200

The average cost that was expected to be paid out for an individual participant was £9,000 over the three years, (i.e., £3k per year on average), with a maximum of £19,000 and a minimum of zero. The programme did not set contractual targets for the number or type of outcomes to be achieved, because it was not possible to make accurate estimates before meeting the individuals seeking support. However, the three front-line delivery partners set high level 'aspirations' of outcomes which may be achievable, based on their prior experience working with similar cohorts.

Ultimately, The GM Homes SIB programme met the (expanded) MHCLG outcome cap of £2,630,000 with eight months remaining on the programme but chose to continue funding delivery beyond this cap and achieved final outcomes worth £3,324,020. Final outcomes were measured at the end of March 2021.

1.3 Structure of the GM SIB:

Whilst the commissioner was GMCA, as part of the delivery model GM Homes Partnership raised investment from One Manchester, Trafford Housing Trust, and a group of socially motivated organisations (such as the Greater Manchester Pension Fund, Pilotlight, Big Society Capital and the European Investment Fund) sourced via

Bridges Outcomes Partnerships². Collectively they committed to provide the working capital and hands-on management needed to deliver the contract in its entirety.

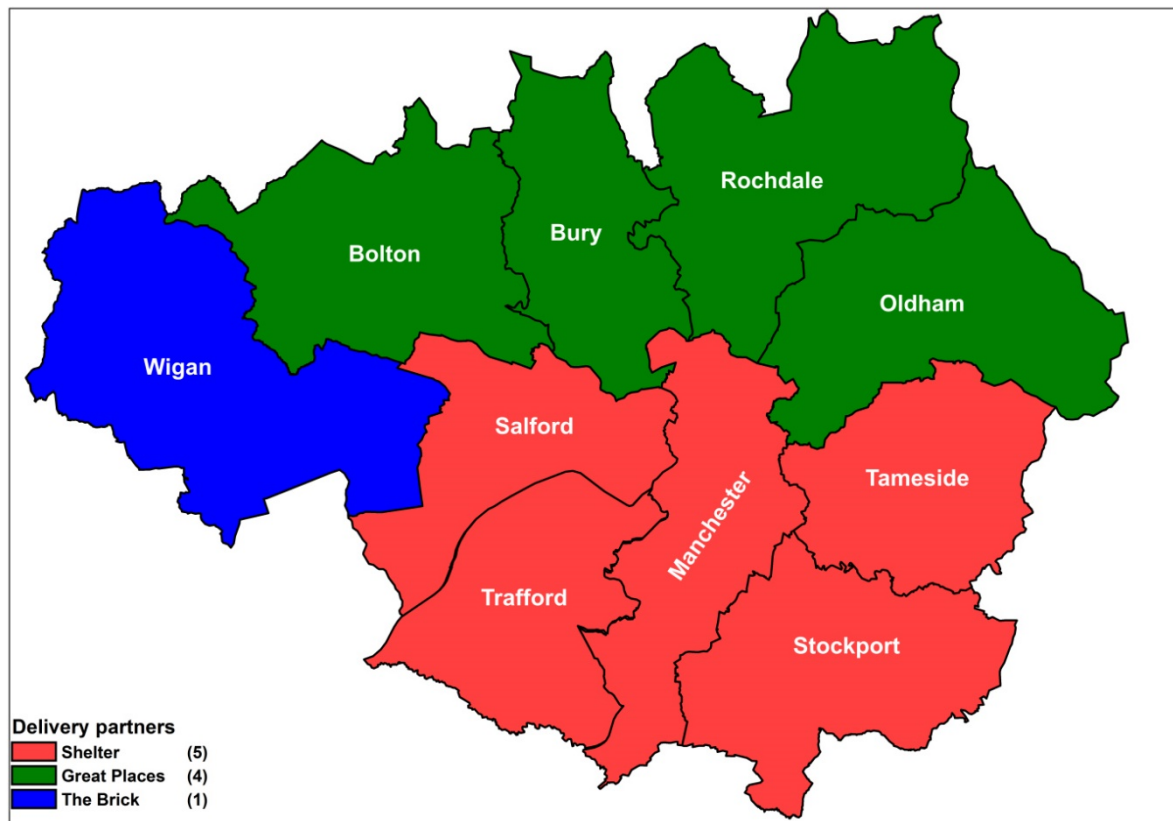
The three delivery partners (DPs) chosen to provide intensive support to people referred onto the SIB were Shelter, The Brick, and Great Places. These partners were picked due to their experience of working with individuals with a history of rough sleeping, as well as their track record for applying person-centred support. The Brick in particular adopt a strengths-based approach, using an asset coach model alongside independent living mentors (ILMs). This was an approach developed by the Mayday Trust and will be explored more in the Asset-Based Approach section of this document. Great Places did something similar using Advantage Thinking, an operational approach used by the whole team focusing on people's strengths and applying trauma informed practice.

All evidence and outcomes were recorded on an ongoing basis via GM Think, an online case management system, with monthly validation by GMCA and quarterly validation by MHCLG. Having all partners use GM Think improved accountability and transparency of the project delivery. It also supported the sharing of information with other homelessness services across GM to ensure that all agencies working with the same individuals were able to communicate effectively with each other.

² For full list of organisations who invested see [Bridges Outcomes Partnerships website](#)

1.4 How the Programme was delivered

GM boroughs were divided between the three partners based on their area of reach and expertise. The image below shows how they were split:



The Greater Manchester Housing Providers (GMHP) were at the centre of the accommodation offer for the SIB. 20 housing providers (HPs) from the GMHP plus The Bond Board joined and pledged a collective 307 properties for people to move into. Approximately 230 properties were utilised across GMHP throughout the programme, and a further 18 private rented properties were sourced by The Bond Board on a bespoke basis in line with matching to individual need across four Local Authorities (LAs).

For the SIB to work, the GMHP committed to adapt and override standard allocations policy for individuals referred onto the SIB. Properties were directly matched to individuals, and any previous experiences of rent arrears, evictions, ASB, or Housing Assessment decisions such as non-priority need or Intentionally Homeless were overlooked. This gave individuals a fresh start and a chance at securing and sustaining a long-term home from which to build a new life. Issues which would

normally result in eviction or legal proceedings were addressed differently, with more hands-on support and alternative pathways such as managed moves, which will be explored later in the evaluation.

As the SIB went on, lessons learnt were applied to future tenancies where individuals had multiple and complex needs to ensure that they were placed in the best area and property for them, with the correct level of support.

1.5 Referrals

The GM SIB had initially expected to receive a list of 300 people known to be sleeping rough across the ten LAs. When this did not happen as planned, the programme opened to referrals from any source and received over 500 submissions in the first few months. Referrals were submitted by a variety of organisations across GM, including charities, religious organisations, day centres, hostels & shelters, councils, as well as HPs and DPs themselves. Ultimately 537 people were referred and confirmed as meeting the eligibility criteria. At the time there were very limited other intensive support options available for people sleeping rough, so the GM Homes partners agreed to try to support more people than originally planned and try to apply for additional funding to expand the contract to maintain an adequate level of resources per person for this significantly bigger cohort. 406 people went on to start the programme.

The 131 people who were referred but who did not go on to start the programme disengaged for a variety of reasons. Five sadly passed away before the programme started, five were known to have gone to prison, and others could not be found due to the seasonal nature of rough sleeping. In the time between initial referral, eligibility verification, and then assessment by the programme, some individuals had moved on and were not contactable. Another key reason for disengagement was a change in the paperwork by MHCLG. Initially individuals had been asked to sign one form twice, however this was then split into two separate forms, meaning that workers had to go back out and gain another signature. Without the second signature individuals were not able to start the programme, and many declined to sign another form as they became suspicious as to why the information was needed. Last minute changes

such as this can easily make people feel that they are not being told the truth about how a programme will benefit them and use their information.

The eligibility criteria set by MHCLG were that a person had to have a history of rough sleeping (seen at least six times over the past two years) and have at least one support need recorded on M-Think, or to a local service provider. Referrals were verified for eligibility by GMCA and allocated to delivery partners once agreed for them to begin making contact for support and matching to properties.

Chapter 2: This Evaluation

2.1 Aims and Objectives

This report will evaluate the SIB's effectiveness in supporting those who were rough sleeping or at imminent risk of doing so in Greater Manchester, to inform the future design and delivery of services responding to the same cohort. Specifically, the research will:

- Explore the different types of support offered on the SIB and how these differed from support previously experienced by individuals
- Capture several innovative approaches and pilots to help tackle barriers often seen by people experiencing homelessness and multiple disadvantage
- Assess whether the SIB has succeeded in helping people with entrenched experiences of rough sleeping move into suitable long-term accommodation
- Summary of what is essential for projects of a similar nature, and recommendations for future work

2.2 Methodology

This evaluation took a predominately qualitative approach to capture the voices of those involved in the SIB at every level. It was intended that face-to-face informal interviews and focus groups would take place, however the ongoing COVID-19 pandemic meant that such meetings were not possible. All interviews were conducted either over the phone or via video.

- 12 interviews were conducted with delivery partner staff, one of which was a group meeting
- 12 interviews were carried out with housing providers, five of which were group meetings
- Three short informal phone interviews were carried out with individuals who had participated in the SIB. Although the intention was to carry out more than this, people’s circumstances changed once the SIB had drawn to a close and people understandably felt less comfortable talking over the phone to someone who they had not met
- Information from seven interviews with participants on the SIB that had taken place previously was also used to inform the evaluation
- Anonymised case studies from HPs, DPs and mental health services have also been included

Any names included in this document have been changed to protect the person’s identity.

Chapter 3: Key Data

The Following section will highlight key outcomes achieved throughout the project and explore some of the participants’ demographics and recorded needs on referral.

The table below shows the number of official outcomes set by MHCLG achieved throughout the programme recorded up until the end of March 2021.

KPI	Outcomes Achieved
Referrals received	537
Starting programme (initial wellbeing assessment completed)	406
Entering Accommodation	328*
Sustained 3mth	329
Sustained 6mth	315
Sustained 12mth	273

Sustained 18mth	243
Sustained 24mth	195
Wellbeing Assessments	830
Mental Health Entry to Services	129
Mental Health Sustainment	81
Alcohol entry to services	17
Alcohol treatment sustainment	8
Drugs Entry to services	81
Drug treatment sustainment	95
Employment P/T 13 weeks sustained	4
Employment P/T 26 weeks sustained	3
Employment F/T 13 weeks sustained	7
Employment F/T 26 weeks sustained	5
Volunteering/self-employment 13 weeks sustained	15
Volunteering/self-employment 26 weeks sustained	10
Education and Training qualifications completed	27

* An additional 29 people referred from unstable temporary accommodation were successfully housed, but no 'entering accommodation' outcome payment was claimed for them, as per the MHCLG programme guidance.

The GM SIB exceeded all its outcome aspirations in accommodation and managed needs in substance misuse, mental health, and wellbeing. The only area it did not achieve original aspirations was in ETE. Delivery partners report that this was partly due to the needs of individuals being significantly more complex than anticipated, and thus original aspirations for employment were seen as unrealistic for this cohort. However, other factors also impacted this area of delivery, such as the impact of COVID 19 during 2020 on the ability of individuals to find and sustain employment or training, sub-optimal interaction between the various ETE support programmes already in existence, and potentially the fact that outcomes definitions for this programme were more stringent than those defined for other ETE support programmes across GM. A suggestion has been made that future rough sleeping

programmes align their definition of ETE outcomes more closely with the standard definitions used in other ETE support programmes designed by government, and clear guidance should be given on how all these programmes should interact.

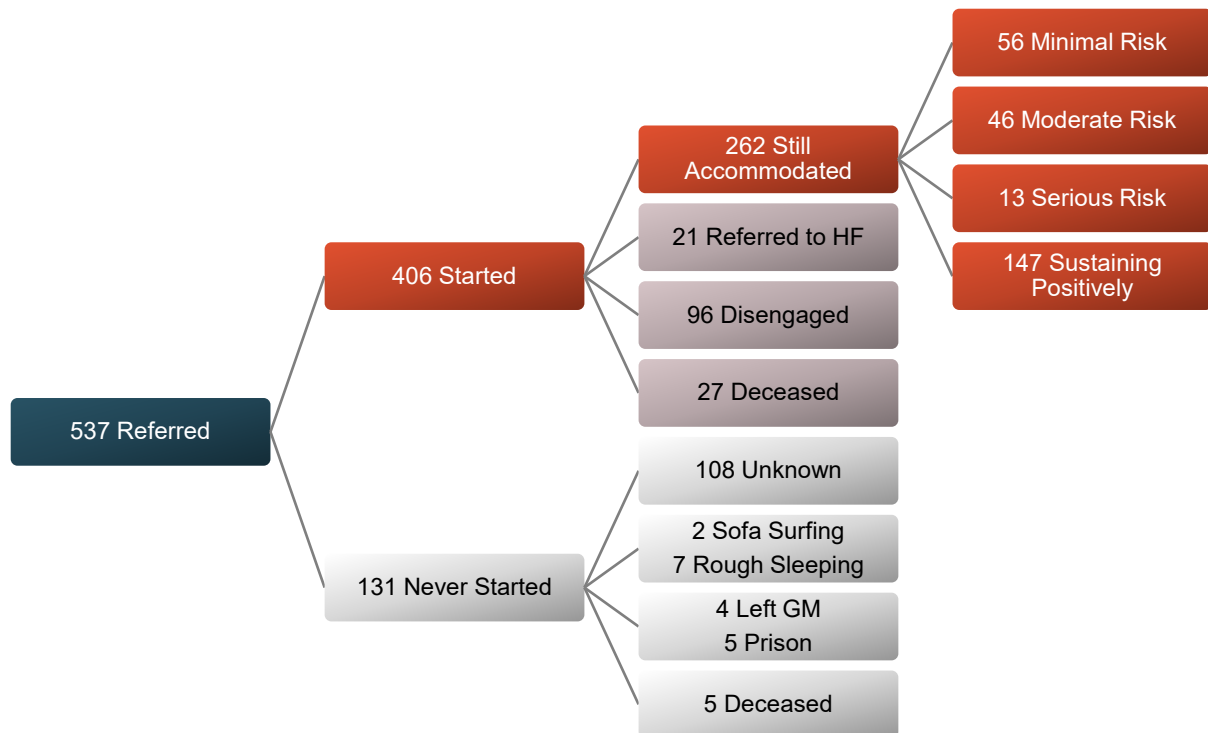
3.1 Demographics and Need:

- 472 people (88% of all) who identified as male were referred, with 350 (86% of all) going on to start the programme
- 65 people (12% of all) who identified as female were referred, with 56 (14% of all) going on to start the programme
- These figures reflect the government data from 2017 (the year the programme started), where of 268 people seen sleeping rough across GM, 87% were male and 13% were female
- Of those who started the programme, 12% were aged 18-25 at point of referral, and 88% were aged over 26
- These figures reflect the government data from 2017 (the year the programme started), where of 268 people seen sleeping rough across GM, 6% were aged 18-25, 88% were aged over 26, and 6% were not known
- The average age on referral across the GM SIB was 39, with a range of 18-68
- 358 (88%) of those who started the programme had a self-reported mental health need
- 344 (85%) of those who started the programme had a substance misuse issue
- 306 (75%) of those who started the programme were recorded as having a dual diagnosis (both mental health and substance misuse issues)
- 194 (48%) of those who started the programme reported having an offending history

The table below shows where those who started the programme are where known. This data was correct at the end of the SIB in December 2020, and is compared against outcomes of the 2012-2015 London SIB:

Cohort started programme	GM Homes Number	GM Homes %	London 2021 %
In Accommodation	262	69%	48%
Long-term Accommodation	226	60%	
Temporary Accommodation	20	5%	
Family/friends	8	2%	
Sofa-surfing	8	2%	
In institution (prison, hospital, rehab)	17	5%	2%
Prison	11	3%	
Hospital/rehab	6	2%	
Moved out of GM/area	19	5%	12%
Long-term accommodation	3	1%	
Temporary accommodation	1	0.3%	
Family/friends	4	1%	
In institution	2	1%	
Moved out of UK	1	0.3%	
Unknown	8	2%	
Suspected Rough Sleeping	11	3%	13%
Disappeared	40	11%	20%
Deceased	28	7%	4%
Total	377		
Transferred to Housing First	29	7%	
Grand Total	406		

The flow chart below shows where each person referred onto the SIB was as of December 2020, where known. This includes where those who were referred but did not start the programme, and the risk status of those who are still accommodated. This risk relates to individuals' chances of tenancy sustainment and is identified by housing provider staff.



3.2 Data conclusions and recommendations

- Although the demographics of those referred onto the GM SIB reflect national data collected in annual counts, intelligence gathered from working with groups such as MASH illustrates that many people experiencing rough sleeping are not seen in the usual ways such as street counts or by most outreach teams. Therefore, any future programmes working with this cohort should use existing networks and groups working with more marginalised cohorts such as women to better access them and offer support

- More demographic data needs to be captured to identify support gaps at a national level. This includes ethnicity, immigration status, and sexual orientation
- Although the outcomes for people are known and well captured at the end of the programme, a more longitudinal study should be carried out to see the true impact of the programme over several years. Some HPs have provided March 2021 updates for their tenancies, however these updates should be captured on an ongoing basis to explore true impact. Several housing providers have committed to providing this information on a quarterly basis.

Chapter 4: Cost Benefit Analysis

This chapter will explore the findings from the cost benefit analysis (CBA) of the GM SIB which was carried out by the GMCA research team using the GMCA (formally New Economy) model. The model was developed as a tool to understand the financial case for interventions and is particularly appropriate for modelling programmes focused on reform.

It is worth noting that this CBA was not carried out to show that SIBs save a large amount of money in the first few years. It aims to recognise that working with this cohort in a different way is an effective investment and results in long term change.

In addition to a core fiscal analysis, which considers the costs and benefits falling to public agencies, the tool can be used to understand the economic and social case for intervention, i.e., the value that the programme contributes to society. This chapter will outline both the fiscal and public value benefits of the GM SIB that have been calculated.

The data available was provided by the project team at the GM Homes SIB. This included information on each person who was referred onto the SIB regarding their demographic information as well as their recorded needs. Information about need was self-identified by people engaged on the programme, including information about mental health and substance misuse. No identifiers were included in the data used during this evaluation; therefore, all benefits are modelled based on a conservative estimation of the most likely outcomes across the whole cohort.

Successful claims for each of the MHCLG outcome targets were also recorded, showing the date by which they were achieved.

The following outcomes have been estimated in the CBA:

- Increased employment (wider benefit to the economy)
- Improved Mental Health
- Reduced A&E Attendance
- Reduced Incidents of Crime
- Reduced Statutory Homelessness
- Reduced Drug Dependency
- Reduced Alcohol Dependency
- Improved Wellbeing of Individuals
- Improved Community Wellbeing

Costs of the SIB taken into consideration include the full SIB investment from MHCLG, plus additional money from the personalisation fund, social value contract vouchers, and the flexible fund pulled together by a group of housing providers. In addition to this, the tool considers the additional costs covered by housing providers to pay for things such as managed moves, changes to staffing, crisis cleans, lock changes, and other costly interventions which occurred outside of the normal amount for SIB tenants. Not all HPs provided these costs but the average for those who did was £30,000, with some contributing significantly more.

4.1 Outputs

The CBA for the GM SIB was set at a payback period of five years. Over this timeframe, it is estimated that the SIB has a fiscal saving of £62,155.86, which is an overall financial return on investment of 1.02.

The CBA also had a public value/economic saving of £6,153,700.38, which is a public value return on investment of 3.12.

The table below shows the estimated annual fiscal and economic benefits for each outcome:

Outcome	Fiscal Benefit	Economic/Social Benefit
Increased Employment	£0	£107,911.41
Mental Health	£12,082.61	£67,996.12
A&E Attendance	£21,462.14	£21,462.14
Reduced Incidents of Crime	£209,810.22	£749,444.66
Reduced Statutory Homelessness	£522,564.18	£522,564.18
Reduced Drug Dependency	£10,668.86	£48,361.16
Reduced Alcohol Dependency	£251.74	£447.26
Improved Wellbeing of Individuals	£0	£513,447.45
Improved Community Wellbeing	£0	£391,668.24
Totals	£776,839.75	£2,423,302.62

These savings were calculated using the listed outcomes for the 406 individuals who started the programme. Although the CBA has been done using the best data to hand, there are some things that we do not know at this stage meaning that some assumptions about impact have relied on evidence from studies outside of GM, or for cohorts who are not explicitly the same as the one accessing the GM SIB, for example, Troubled Families data. The CBA tool has an in-built method of correcting for 'optimism bias', where wider evidence is used. This is designed to prevent an over-estimation of benefits.

One outcome to note is Reduced Alcohol Dependency in comparison to Reduced Drug Dependency. As shown in the MHCLG rate card, the payment for claiming

engagement with drug treatment (£2,600) was more than twice as much as engagement with alcohol treatment (£1,100). Added to this, partners were only allowed to record outcomes against one or the other on the system. Perhaps for this reason 95 individuals recorded a sustained drug treatment outcome compared to just 8 recorded outcomes for sustained alcohol treatment (delivery partners report that many more individuals than this sustained alcohol treatment, but there was no way to record these milestones on the system). Unfortunately, we are not able to see which of the people on the SIB had a drug dependency and which had an alcohol dependency, or how many people reported having both due to the needs category within the data stating 'drug/alcohol misuse'. For any similar programmes in the future which operate a payment by results model, it would be good to give delivery partners the opportunity to record both types of outcomes on the system to understand the needs of the cohort fully even if only one outcome is paid for, or different prices are paid.

The results of the CBA are widely positive. Over the five-year period considered in the tool, the programme breaks even in fiscal savings to the public purse despite the workings out taking a conservative approach to impact and including extra costs put forward by housing providers.

This is an expected outcome due to the nature of people commonly moving from a position of being excluded from services to included and able to access the support that they need. This is shown by the fiscal benefit of £0 for employment, for example. Most individuals on the SIB had not been claiming benefits prior to the programme and therefore there is no reduction in benefits by getting them into employment. That is not to say that this is a negative result, as including people in society and allowing them to claim benefits which they are entitled to brings positive change in other ways outside of a fiscal saving.

Although in the short-term significant investment is required, making long lasting changes to a person's life works to break negative cycles. Providing accommodation and intensive support from the start gives people a better chance of overcoming their barriers to a life away from homelessness, rather than people continually moving in and out of institutions such as prison, detox, care systems, hospitals, or emergency or short-term accommodation, and not being able to make changes to their own circumstances.

The public value return is significant showing the wider impact of supporting people experiencing entrenched homelessness to society. The public value return includes measures such as increased sense of community safety, improved relationships, increased level of productivity in society, and an improved quality of life.

The value of social impact rather than solely monetary savings is important here. The SIB and other programmes offering this type of support aim to deal in people, not numbers. Many in this cohort had been experiencing homelessness for a long time, sometimes up to decades, and had exhausted all other available options across Local Authority support or similar projects. Breaking even financially is a positive, (particularly for a programme which was not designed, primarily, to save money), but the social value impact and the long-lasting impact on individuals is much higher in terms of worth.

Chapter 5: Approaches to Support on the SIB

A distinctive feature of an outcomes-based contract like this is the removal of the normal 'service specification' and 'delivery budget', which allows for freedom and flexibility to change and adapt in order to best meet people's needs. This chapter will explore the approaches and methods of support trialled on the SIB by HP and DP staff, and how these ways of working have helped to achieve outcomes for individuals according to various stakeholders across the project. It will also seek to illustrate how some of these factors helped to produce support that was very different to anything experienced by people on the SIB in the past and capture key learning and recommendations for future projects hoping to work with this cohort of people.

5.1 Housing-Led

The GM SIB took a 'Housing Led' approach, the belief that everyone on the programme should get quick access to safe, suitable, and permanent housing to enable them to start to plan for the future.

The commitment to offering homes outside of the usual allocations policies and procedures across the GMHP ensured that there would be a property offer as soon as they were available, and a suitable match was found. It was agreed that the SIB would need to go outside of usual re-housing structures to achieve a housing-led

approach. This included things such as working around Homelessness Duties, where people had been found non-priority need or intentionally homeless in the past, or Choice Based Lettings where people were often on long waiting lists in line for a council property.

By working alongside delivery partners in most cases HPs were able to offer enough accommodation for a person to have an element of choice in where they moved to. They were also able to consider any previous experiences and support needs for that person. For example, if a person was trying to reduce their drug use, then areas with known drug problems would be avoided to give that person the best chance from the start. The combination of HPs putting forward an allocation of homes and DPs who knew the SIB participants' circumstances to match them to certain properties worked well in most cases.

With the offer of wrap around support for the individuals, HPs took a progressive approach and were comfortable to disregard previous evictions or history of rent arrears which would normally have excluded many individuals. HPs expressed that they were able to learn along the way, and policies and procedures were often changed as the programme went on.

“Yeah we have an allocations panel in place now for that, so it’s kind of myself, support teams sit on that, place managers, community safety teams sit on that, the rents team sit on that, and it’s all to make sure really we’re not setting people up to fail from the beginning, that we’re putting them in the right place with the right surroundings, and the right amenities as well, and services that are local that meet their needs.” HP

This flexible and joined up approach to housing allocation has resulted in many success stories. The case study below illustrates the power of being able to offer accommodation quickly and in response to a person’s circumstances:

Sophie* had been homeless for around 4 years, sofa surfing in various locations including a car. She was a heroin user and suffering from ulcerated legs which impacted on her mobility. Her mental health was very poor, and she had been admitted to a psychiatric unit at the time the SIB got involved. She had former tenant arrears and had spent a significant period in prison. An accommodation referral was submitted for a SIB allocation whilst Sophie was supported to continue treatment for both her mental health and substance misuse. An accommodation offer was made quickly, and she was discharged directly from hospital to the property. Sophie engaged well with her SIB worker and no longer uses heroin. She looks forward to being able to go back to work one day and feels that she has been given the chance to start her life again.

There were some challenges. Not all HPs felt able to accommodate people according to their needs and past experiences, as they felt they didn't have this information at the start when looking to place people. This was potentially the case when participants were not as well known to delivery partners, and so histories were unclear.

HPs have also commented on the challenges of accommodating people with complex needs whilst also having a responsibility to other tenancies across their neighbourhoods. Managing this has been something which has taken a lot of time, effort, and money for HPs. For example, changing staffing so that more support can be offered to certain tenancies, and financial impacts such as lock changes, damage to properties, or the need for crisis cleans. Learning from this alongside a change of practice has illustrated how working slightly differently can in some cases help those who would otherwise not have the opportunity to be housed.

The SIB has shown that successfully housing this cohort is possible across social housing providers, working outside their normal allocations policies, but that it takes significant energy and has financial implications. For any future programmes aiming to provide accommodation for similar cohorts in this way, it should be noted that more support is needed for housing providers, whether that is financial support, extra staffing, or both. Larger providers were able to put more resources into the programme, in some cases up to £50,000. For other smaller providers however, this was not possible. Ensuring that there is financial support reflective of the number of

tenancies taken on by each housing provider would better support them to manage these tenancies alongside their other neighbourhoods and ensure that each person on the SIB had the same support and chances of success no matter where they were placed.

“This work will have given those HPs that participated an opportunity to test this out and to hopefully be committed to doing what they can to provide housing for those most in need in the future.” HP

Delivering a Housing Led approach increased the trust between support worker and individual as it demonstrated that the project was serious in its promise to provide accommodation. For a lot of people on the SIB this was a promise that had never materialised in the past.

“you’re dealing with a cohort of people who have had their trust broken and have had that whole not engaging with services because they don’t trust that we’ve been able to deliver what we’ve promised that person in terms of accommodation...it can be very disengaging as well if that’s too long and it just feel like, you know, “why are you different to every other service that’s let me down?””. DP

A tenancy was only the first step. Ensuring that people felt at home was also something that both HPs and DPs thought affected the success of the move, not only in terms of where the property was, but also what it looked and felt like when tenants went to sign and pick up their keys. The provision of furniture and other basics to make houses feel like homes was brought up throughout the interviews as being a key reason why people may have decided to leave or stay after first seeing their new place. Many HPs provided an “enhanced” tenancy offer in recognition of this. This included carpets and blinds being put into the tenancy before a person’s move in date to alleviate the stress of having to buy these things themselves, and to make homes feel more comfortable from day one.

For those without these enhanced packages who were moving into empty properties, workers reported that some people felt let down. People from this cohort often struggled to imagine themselves living alongside others who had not had the same

experiences as they had. They were often living with trauma and had limited experience of living in a property alone, and so the thought of having to navigate setting up utility bills and accounts whilst sourcing furniture and other property basics was a very daunting thought for many.

Delivery partners were often reliant on charities and welfare to get furnishings and appliances in place for people they were working with, however due to the nature of these offers they often had to wait several days or weeks. In 2018 an annual UK survey of 40,000 households found that only 2% of social rented properties are let as furnished or part furnished, compared to 29% of private rented properties (Nichols and Donovan, 2021). This was down to barriers like relying on a “patchwork of options” such as crisis grants and charities, as well as social landlords not having the financial flexibility to provide furniture to every new tenant.

The GM SIB addressed this need by including provision of a personalisation fund within its delivery model, which alongside £8000 of vouchers for places such as Argos, Tesco, and ASDA meant that where necessary workers could purchase items that tenants wanted and needed to set up their homes. Added to this, after seeing how difficult some people were finding the transition into a new yet empty place, some housing providers put their own packages in place to provide furniture, white goods, or supplied an amount of gas and electricity so that lights and heating could be used as a minimum. These included packs with tea and coffee so that new tenants could make a brew on arrival, and a few essential items like towels and cleaning products. Others had financial packages in place, where furniture could be provided on the day of move in and slowly paid off over the year by adding a small amount to the rent where appropriate. Some housing providers were even able to support on an ongoing basis with food, things such as clothing for jobs, and celebration items for events such as Christmas or Easter. These creative approaches would not normally be provided but were put in place for SIB tenants to help them sustain their accommodation and relieve some of the anxieties that people may have when coming into stable housing for the first time in years, or in some cases, ever.

“you’re coming off the streets and its cold, its freezing, and then you come in to sign up for this flat and walk in, and then that flat is cold, what has actually changed there for that person? Whereas if...we’ve gone there half an hour early and we’ve

switched the heating on, and then somebody walks into a warm place, you're putting them into a different environment straight away then. So, this is learning for us as well in terms of a housing provider.” HP

Overall, the provision of furniture alongside heating and power from the day of move in has a direct link to a person's chances at sustaining a tenancy. It also improves mental health and wellbeing as people feel more settled rather than seeing an empty property which needs yet more time, effort, and money to be spent before it feels like a long-term home.

Packages such as the ones mentioned above which provide certain basics on arrival for new tenants would be a recommendation for any future project working with people moving into new properties without the financial means to buy essentials for themselves. This is something that will need to be discussed at the start of the project so that for HPs who do not have the capital resource to commit to such packages, extra support can be considered.

In their 2021 report 'No Place like Home', Nichols and Donovan also recommend a 'Furnished Tenancy Champion' within HPs to increase their understanding and awareness of furnished tenancy schemes and how they can be delivered. Within GM, this role could start to look at the packages and schemes already being put in place across GMHP to share knowledge and support where available.

Accessible and concise information on where to get extra support such as crisis grants, or furniture should also be made available to all support workers at the start of any programme to speed up processes where possible.

80% of people who started the SIB entered accommodation, and staff reflected that it was an essential aspect of the programme. Starting from the belief that everyone has the right to safe and affordable housing, regardless of what has happened in the past gave workers more time to build up trust with their client and move on to looking at other aspects of a person's journey towards independent living. This evidence poses a challenge to policies which exclude individuals with specific histories as a blanket policy, as it shows that with the right kind of support even those with the most chaotic of histories can successfully sustain a tenancy.

“I think one of the main reasons it worked so well was having the housing offer, because I’ve worked on other projects where you haven’t had that housing offer and so all of the worker’s work goes into finding them the accommodation. And that quite often proves to be the most challenging thing.” DP

Having a secure offer of housing is essential for projects wanting to offer housing led support. The GMHP was vital to this across Greater Manchester. Having such a strong partnership ensured that there would be access to housing for participants, including those who found that their first tenancy was not the right one for them. Working to form these partnerships and get a commitment of housing, as well as an agreement to adapt where necessary to support people is strongly recommended when working to tackle homelessness.

5.2 Managed Moves

As the SIB took a flexible approach to working with people, managed moves were possible for those who were placed in a property that was not right for them. Over the course of the project 33 tenants had a managed move, just over 10% of people who entered accommodation. Managed moves were offered to move a person out of an area or property due to safeguarding concerns, in instances of cuckooing (where a person/people take over a property, putting the tenant at risk of abuse or total loss/control of their home), ASB carried out by either themselves or guests, or if the tenant needed a different type of property due to accessibility, e.g., a ground floor flat.

The case study below illustrates an example of when this was appropriate:

Peter* had spent several years rough sleeping, which had an impact on his physical health. He was allocated a tenancy through GMHP and moved in with support from drugs workers, social workers, and district nurses. Due to Peter's vulnerability, he started using drugs again and he allowed former associates into his flat who subsequently took advantage of him. This escalated quickly and he was assaulted, and the property was extensively damaged. Through multi-agency working a managed move was agreed and Peter moved out of the area and his support was transferred to ensure he had ongoing service involvement as required. Peter is now sustaining his new tenancy, feels safe in his new home and is looking forward to a positive future.

Although we cannot say with certainty what would have happened to these tenancies had a managed move not taken place, the likelihood is that tenants would have abandoned due to fear for their safety, or under normal circumstances they may have been evicted for ASB etc. There was also a risk that tenancies which may have been cuckooed would have brought harm to the individual and heightened the risk of them becoming involved in criminal activity. HPs worked hard to ensure that alternatives were available in these circumstances.

One person who went through a managed move reflected that he was ready to leave his accommodation and go back to sleeping on the streets before he realised that a move was possible:

"I was quite frustrated in [first property] because I didn't have a lot of support apart from [worker], but no family support or anything like that so it was frustrating at times and I just wanted to go back to how I was [rough sleeping], because although I had problems then I could deal with them because that's what I was used to" SIB participant

Having the support to be able to solve problems as and when they arise is vital to ensure that people who otherwise would not have the tools, cultural capital, or confidence to challenge issues themselves are able to do so.

100% of participants who benefited from managed moves went on to successfully sustain their new tenancies, illustrating their value. For any future programmes, a

recognition that the first accommodation a person is placed will not always be the right one is essential.

To have this offer of a managed move, consideration of property stock will need to take place before the start of the project. The strength of existing collaboration across GMHP, and involvement from so many housing providers from the project outset, mean that moving tenants was possible wherever needed. For other areas who may not have such a well-established partnership of housing offers, having a plan B for people who may need to move will need to be considered to avoid having to move people back into emergency accommodation, or risk them abandoning. Making participants aware of this option if they are unsafe or unhappy is also key, as it reassures people that they do have some form of control over where they live and what happens to them.

5.3 Second chance philosophy

The SIB made clear that any previous evictions or instances of behaviour that had resulted in support being ended would be overlooked, and everyone referred would be given the same opportunities regardless of their history.

“the people we were working with, some were banned off the housing register for anti-social behaviour or rent arrears, and it was kind of like going, we’re just kind of wiping that clean, let’s try again, and I think we’ve had some really, really good successful [outcomes], some people who have been homeless, they’ve had four accommodations in like a year, and now they’ve had one for nearly three.” DP

It was also made clear that non-engagement would not result in closure of the person on the SIB. They were welcome to come back for whatever support they wanted when the time was right for them. For many, it would take a long time to build up trust with workers. Support teams on the SIB understood that people from this cohort have lived chaotic lifestyles for years; sticking to strict appointment times was not something they were used to. Sometimes getting someone at the right moment when they feel able to engage can take weeks, if not months, and this was not underestimated on the programme.

“There was one guy who...wouldn’t speak to me. I went again the next week just to check in, he didn’t want to speak to me. I spoke to some of the other outreach teams and they were like, “we’ve tried, he’ll never accept anything”, and I still persevered and he’s in his own tenancy and has been for about a year and a half now...I guess people’s circumstances change all of the time, and one week they might be really chaotic and not have the time to speak to you, whereas in the next week they might have sorted a script out and got a doctor and been in a completely different situation, so I think it is important to keep trying.” DP

Support workers who had been in the sector for a long time commented on how great it was to finally have an offer for those people who they struggled to find any options for. To be able to put those people forward for the SIB, regardless of what had come before was a lifeline for a lot of people who otherwise would have continued to be excluded from services that are set up to accommodate and support people.

As with managed moves, second chances when it comes to support is vital when trying to reach people who have been experiencing homelessness for a long time. Banning people from services, especially in relation to historic instances only excludes people further. Working alongside people and assuring them that support will be there for them when they are ready is essential.

5.4 Trauma informed approach

Understanding how a person may have been impacted by trauma and abuse in the past, and how that affects their lives now is critical. Many individuals on the SIB have had several Adverse Childhood Experiences (ACEs), which often lead to health and behavioural issues in later life. ACEs can be in the form of abuse (physical, emotional, or sexual), neglect, or household dysfunction (such as mental health, substance misuse, or a parent in prison). Those who have experienced four or more ACEs are at significantly greater risk of issues such as substance misuse, missing work, or a lack of physical activity. Experience of ACEs have also been found to have a direct impact on a person’s mental and physical health, increasing the risk of suicide attempts, heart disease, cancer, and depression (Joining Forces for Children, 2020) These findings, alongside increased risk of assault whilst sleeping rough, may

lead us some way to explain why the mean age of death of someone sleeping rough in the UK is 46 for men, and 43 for women, compared to the average in the general population of 76 for men and 81 for women (ONS, 2019).

In 2018, Larkin et al found that of a sample of 224 people experiencing homelessness, over half of them (53.2%) reported four or more ACEs. 80.4% of people referred onto the SIB reported drug or alcohol misuse. Crisis found that those living on the streets do so in a constant state of fear and stress, with regular experiences of being verbally, physically, or sexually assaulted, having their belongings stolen, or being kicked/hit by complete strangers (Crisis, 2016).

Understanding how all of this can cause a person to behave or react to certain situations is key to ensuring that people get the support that they need. People from this cohort are often banned from services or have cases closed due to the way that they have behaved. Delivery partners on the SIB were given trauma informed training by Greater Manchester Mental Health (GMMH) so that they could best understand how to work with people differently to consider these experiences. HP staff also went to great lengths to support people who in normal circumstances would be facing eviction. They were able to look at addressing the reason for behaviour alongside a person's SIB support worker.

“The way people have been recruited and trained to work with people was great...you may phone somebody and they shout and put the phone down, you just think ‘God they’re horrible people’, but they don’t realise they’ve just been to a counselling session and just unloaded this and you happen to phone them, and so I think it’s just bearing in mind that we don’t all come from the same background and experiences.” DP

Some HPs recognised that training given to delivery partners would have also been beneficial for them, as in some cases it was a struggle to engage with someone or understand how best to help them. This is something that individual housing partners are looking into rolling out for their staff. One Manchester have recently had ACEs training for their support teams which they hope will help them better understand some of their more complex tenants' behaviour. Embedding this understanding to allow tenancy support teams to look at how to address the issue, rather than going

down the eviction routes will hopefully support tenants, both SIB and general, to sustain their accommodation and feel able to come forward for support without fear of losing their home.

5.5 Asset-based approach

One of the key design features of the SIB was that it utilised an asset-based approach. For change in a person's life to be sustainable, individuals on any programme set up to support them must be given the tools, skills, and confidence to be able to make the same changes themselves once the support has come to an end (Wilson et al, 2018). Without this a person may not feel able to help themselves should they face challenges down the line, and they may then be perceived to have failed, either by themselves or services involved. This can damage that person's confidence in themselves and faith in a system that promised to help them. Inadequate support and single service offers have been highlighted as potentially harmful to individuals for these reasons (Mackie et al, 2017).

Participants explained that support offered on the SIB was completely different to what they had experienced before:

“I've had experiences in the past where I've been put in hostels, and you're just basically left, once the people have put you there that's it, you're kind of left to fend for yourself... I wasn't very stable, and they [SIB support] kind of helped me ground myself a little bit and look at what I needed to do and how to do it.” SIB Participant

Having a trusted worker to act as a security net to help if they struggled made people feel more inclined to help themselves in areas that they had felt unable to tackle for a long time. Workers didn't push people, but they were there to encourage them to keep moving forward and recognise when they did achieve something, no matter how small. This feeling of accomplishment and success is what builds confidence and self-belief for a person. The support each person received was tailored to what their personality was like, what experiences they had in the past, and how they wanted to be supported. Many support workers ensured that they didn't jump in and do things for people to avoid them becoming dependent on support, and to ensure

that when they were gone people would have the skills and confidence to do it for themselves. This could be anything from calling the doctor, to doing their shopping and budgeting.

“if I wasn’t in the mood for it...he [support worker] still made it where I knew that I had support but I had to try it, do you know what I mean? I had to give it a go myself as well, but knowing all the time that he’s there, do you know what I mean? It was support that I’ve never had, you know, and he made me feel good when I got something done, it gave me a sense of achievement.” SIB Participant

Workers on the SIB have commented that it was vital to their approach that individuals felt listened to, and that they decided what it was they wanted to focus on. If a person can work on something that matters to them and they can use their own skills to make changes rather than focusing on what they cannot do or what is ‘wrong’ with them, then it follows that they are more likely to feel motivated to make small changes with the help from their workers. Having relationships that are based on honesty allows for people to fully work on the programme together, rather than a more traditional ‘us and them’ division where projects attempt to fit people into preconceived ideas as to what is going to happen and how it will work (Rippon, 2017). This strengths-based or asset-based approach allowed delivery partners to understand what is important to them and put steps in place for how to achieve whatever goals the individual has put forward.

*“The SIB was very different in my experience...it was always in the past about how to get bodies moving, so not to be taking up public space...but there was never anything permanent, it was never positive, permanent outcomes. With the SIB the concept of it was very different because it was showing people that they had choices, that they weren’t just a statistic where you **have** to go into temporary accommodation, you **must** sort out and overcome your substance misuse or your alcohol, no. It was a case of we’re going to work with you, your main goal is to get a property and to be able to sustain that property we need to look at the complex needs surrounding you and to be able to put a wraparound support package in place.” DP*

The Brick specifically had a service model set up that allowed for people on the SIB to take the lead, using Independent Living Mentors (ILMs) and Asset Coaches. ILMs focused on helping people with more practical support, for example getting someone set up with benefits or registering at a GP, whereas the Asset Coaches worked alongside the person to “find a meaningful use of time that was strengths based, things they enjoy doing” (DP).

“it’s all asset based and all person centred, so it’s, instead of us being the professionals, it’s the people we support, they’re the professionals of their own lives and it’s their lives that we’re working with and that we’re talking about, so I do think it’s had a really positive impact on most of them” DP

This model of support was based on the Person-led, Transitional and Strength-based response (PTS) developed by the Mayday trust. In 2011 they spoke with over 100 people about their experiences of homelessness and the support on offer that was intended to help move them out of it (Wisdom from the Street, 2020). They found that it was vital people went at their own pace, and that services understood how to support people to achieve their own goals. An assumption often made was that people experiencing homelessness were not able to do things for themselves and they were often made to ‘prove’ services otherwise. This resulted in people feeling patronised, humiliated, and deskilled. Hobbies and interests that they enjoyed and were good at were rarely something that people were asked about in any intervention with services, and a constant focus on the negative aspects of their lives further distressed people who were having to tell their story again and again. The Mayday Trust applied a position of “how would I feel if this was me?” to all their policies and procedures, and from there a truly strength’s-based approach was applied to all their work with people experiencing homelessness.

Asset coaches at The Brick allowed people to build up a relationship with their worker, so that if a person was finding the work too intense or wanted to spend a day doing something that they enjoyed they felt able to have these conversations without fear of it negatively impacting on the rest of their support or housing offer. Focusing on something they enjoyed doing naturally resulted in achieving official outcomes set within the programme.

“Engagement rates have definitely been better (working in an asset-based way). Nobody wants to feel like the support has been forced on them. They’ve got to be part of the process, it’s their journey. I’ve just got to set them up in the best way I can so they have everything ready to live independently.” ILM

Of the 60 people who started the programme under The Brick, eight sadly passed away. Of the 52 remaining who did engage, 41 of those were sustaining their tenancies at the end of the project (79%).

Working with people to develop their confidence and strengths makes people want to be able to help themselves to get a sense of achievement and pride in their own lives. Having workers come and do things for a person may be the quickest way to achieve outcomes, but it rarely engages the person at the middle of the intervention. To create long term change whilst ensuring that people are engaged and happy, a strengths or asset-based approach is key when supporting people into independent living.

5.6 Intensive support and small caseloads

Having a “single, consistent and trusted point of contact” supporting an individual is listed as one of the most important aspects of working with people experiencing multiple disadvantage according to the Making Every Adult Matter (MEAM) framework (2019). If a person needs extra support or goes into crisis, workers should have the flexibility to be available for that person. Key workers on the SIB had often spent a lot of time with people they were working with in order to build up a good relationship. For people who have just moved into a property, their support worker may be the only person they can call when they needed help. Having that contact avoided issues escalating into a crisis.

“It’s been good to have the same person because I think once you start building a relationship with that person you start to trust them.... when you’ve been on the streets sort of thing, you don’t trust people you know what I mean? And getting somebody like that is a really good thing.” SIB Participant

A lot of support workers went above and beyond to ensure that their SIB clients felt supported and had the best chance of sustaining their tenancies and achieving any other goals they had set for themselves. As a result, participants were quick to praise their workers when reflecting on their own success and how they got there.

“He [support worker] did for me more than what I’ve had any other worker doing for me ever. He didn’t leave nothing for chance or anything, he went for 100% and never faltered from it, do you know what I mean? If I needed to get in touch with the council or the doctors about my medication you know things like that, he was there, and he never once complained or say “you’ve got to do this, you need to try this” he didn’t, he just took it in his stride, and let me take it in my stride as well you know so that I weren’t getting overwhelmed? And that was one of the best parts about it.” SIB

Participant

Due to the increased demand for the service (203% of initial target) the SIB was unfortunately not able to stick to the intended caseload of 12:1. This was in part due to the fact that when the project expanded and housed over 80% more people than originally anticipated, the total funding envelope made available by MHCLG/GMCA was only increased by 45%. Hence the project budget per person on the programme declined from £9k per person over three years to £6.5k per person over three years. Added to this, the SIB had aimed to stagger referrals so that services could work intensively to get people settled in their accommodation before starting work with newer referrals. Because all referrals came through to partners at the start of the programme, support teams were stretched while dividing their time between people and across boroughs. One referral agency alone sent around 100 names through over a single weekend, massively impacting on the capacity and ability to respond to individual need. Large caseloads were created when individuals were at the peak of support needs and engagement requirements.

Although intensive support was still offered to a lot of people on the SIB resulting in great outcomes, there was a concern that people who were maybe quieter and managing well in their tenancies did not get extra support which could have resulted in even more successful outcomes for them, such as accessing volunteering or training.

“Court appearances, hospital appointments, all those things you’re talking two or three hours per person per day needed in order to support each individual with their specific needs. It was just completely unrealistic on the numbers front, definitely. It needed to be staffed with a much higher level of staff.” DP

The SIB was originally designed to offer a caseload of around 1:12, however due to increased referrals this was not always possible, with some delivery workers holding caseloads of around 20. The GM Housing First pilot which is currently in its third year was designed with higher costing and a focus on smaller caseloads of maximum 1:7. An evaluation will look at the impact of the support offer.

Delivery partners were able to recruit more support workers when it became clear that caseloads were going to be higher than planned from the start of the programme. As a result, caseloads did reduce for some.

As well as being able to provide more intensive support to clients, a smaller caseload would have also benefitted staff. Dealing with sensitive information and working with people who can often display challenging behaviour and pose a risk to themselves and others can have a negative impact on staff wellbeing if not monitored carefully.

“I mean we’ve had so many that passed away and the impact of that on staff is phenomenal. When you’ve got someone that is literally, has an open safeguarding every couple of month because of the level of danger to that person, you know that’s a lot of pressure on one engagement worker and to have more than two or three on your case load when you’re carrying that high level of risk to clients is a lot of pressure. I think that could in the future probably be looked at. Wellbeing of staff...and that comes down to staffing levels and structure of, you know, the modelling.” DP

As some support staff were having to work across GM supporting a lot of people, often in boroughs that they were not very familiar with, some HPs expressed a frustration at the time it took for people to be able to support their SIB tenants without needing more support from the HP themselves. A suggestion for staff training or

guidebooks for areas was made to help support staff feel more equipped and aware of already existing services when looking to support people locally to them.

“what became clear quite early on, and it was no fault of their own, but effectively you know, some of them didn’t know [the area], some of them didn’t have those local networks and stakeholders...having people with local knowledge of the local town is really valuable. I think with the SIB there was people travelling from Bolton, Bury, Rochdale, trying to kind of re-create the wheel. Use your local stakeholders in those areas”. HP

Although this may have been felt in some boroughs, other DP staff spent a lot of time getting to know their areas and the services available. Some worked out of offices in the local authority or from established charity locations, such as a worker in Tameside who based himself at a community centre where individuals felt comfortable coming to see him. Having appropriate resource is essential for work like this to take place and to allow for DP workers to spend the time getting to know their areas and the key stakeholders within them. For those areas which did struggle, staff capacity was the main concern.

To support delivery partner caseloads, some HPs put in place their own support teams who worked specifically with SIB tenants. For some this meant pulling support staff away from working with general tenancies, whereas for others it was balancing both and working with the DP staff as best as possible to offer a two-pronged support approach. This ensured that when DP staff were not available, HP support teams could aim to help wherever possible.

“what we decided was that our internal housing support in effect shouldn’t be looking at any more than six on their caseload. So even though we had the support of the SIB...it wasn’t enough, so we also had to additionally put our own internal housing support, otherwise we’d have lost that customer, and we’ve learnt that really quickly that we, you know, nothing to do with the SIB and the support workers from the SIB, their caseloads were too high and always have been from the beginning so one customer who’s in crisis who’s got a rent letter and can’t get to the doctors who, you know, needs their hit of drugs, they need sometimes they need four, five hours with them that day, so we quickly learned that as draining as it is the rewards are keeping

that customer out of every service and consistently having meetings about the same thing going over, so we changed everything.” HP

For some HPs where there was not the resource for specialist support staff just for SIB tenants, barriers were faced when people did not feel comfortable talking to them and in some cases would not open the door to them. Added to this, some HP staff did not feel they were given enough information on a person at the start of the tenancy. Knowing what helps people individually, and what experiences they have had before would help staff know how best to support an individual.

Information on a person and their level of risk was available to all HPs, however it was not shared at the point of allocation as the programme was striving for a truly asset-based approach which looked past a person’s previous issues or convictions. Individuals on the SIB had expressed that telling their story over and again, specifically focusing on their past “failures” and negative aspects of their lives was something that frustrated them about other services. Replaying negative events does not allow for people to look forward and shake off any stigma or reputation which may have followed them around previously. Information was usually shared where necessary, especially in relation to risk.

HP staff meeting SIB tenants at the time of tenancy sign up may have improved their relationship in instances where it was felt they did not have enough information, as meeting someone and building trust would enable tenants to feel more comfortable sharing what they have been through in the past. Some HP staff who managed to put these relationships in place earlier on expressed that this really helped their ability to support people when DP workers were not around.

Communication between housing and delivery partner staff could have been improved on the SIB in some cases. HP staff expressed not knowing where SIB tenants were up to in terms of the support they had received, any issues that they were facing, or when they had last been seen. Because of this, if DP staff were unavailable and a SIB tenant needed some support, HP staff felt ill prepared to step in.

Many HPs managed to work around this lack of formal communication by putting in place their own agreements and meetings where SIB tenants were discussed with

both HP staff, DP managers and support workers. This joined up working helped to tackle a lack of resource where this was an issue, and also put in place the foundation for HP workers to continue lighter touch support once the SIB came to an end and DP support was completely withdrawn.

“we put in place very early on probably after the first six months where we met them [DP staff] so at least every six or seven weeks we could just re-group and everybody knew where we were on everybody, and that was our baseline really, we would all just sit down and go “what about____, what about____” or whatever, and then we would know exactly where we were and that helped enormously, I think.” HP

The flexibility of the HPs throughout the SIB made these kinds of adjustments possible which ultimately helped support people with sustaining their tenancies. It is important to highlight that the GM SIB was the first project of this scale in Greater Manchester that brought together such a wide range of partners in order to be able to work in this flexible way. The programme was always seen as an opportunity to learn and improve existing processes, and so some level of miscommunication should be expected. Identification of these issues provides all partners an opportunity to learn and make improvements for future collaborative projects.

The communication between housing providers and delivery partner support is something that has been learnt and implemented on Housing First (HF), where a requirement for weekly contact between the support worker and the HP (neighbourhood officer or equivalent) has been introduced. For any projects working to support people experiencing multiple disadvantage, especially ones which have a limited time attached to them, having a small caseload is important so that everyone gets the amount of support needed to thrive and become more independent. Some HPs highlighted that this also includes those who may not have been at crisis point but were sustaining well and therefore not attracting as much attention from support workers. Although they may not have needed managed moves or referrals to other crisis services, they could have further benefitted from volunteering or activities to improve their skillset or general wellbeing had they been seen more often. Intensive support is there to help people move on to the next stage of their lives, and this is different for each person.

It is vital that different agencies are working together and have a shared goal throughout the project, which was made possible here due to the flexible nature of the SIB.

5.7 Personalisation fund

An integral part of the delivery model to allow for flexible working and support was the use of a personalisation fund. This was budgeted for in the project costs and was then supplemented by a further £5000 raised by members of the partnership at the Manchester Great North run. The fund was put into a central pot for delivery partners to use on items or services they thought would help people on the SIB. Unlike personalisation funds in other projects, money wasn't allocated to each person. It was down to the support worker's professional judgement to decide when to dip into the pot and how this was used (with manager sign off).

289 people accessed the personalisation fund, with an average spend of £231. The lowest spend was £2, with the largest being £2020, illustrating the variety in what it was used for. Because the personalisation fund could be used at the discretion of the support worker, some used this more than others. As with many of the principles surrounding the support on the GM SIB, choice and control was at the heart of the use of a personalisation fund. People on the SIB were encouraged to identify their own needs and the personalisation fund alongside support from their worker would enable those needs to be addressed (Mackie et al, 2017).

Some of the things purchased using this pot of money encouraged health and wellbeing, such as art materials, sports equipment or gym passes. These kinds of purchases came in use especially during the COVID-19 lockdown period, where people were constrained to their own homes, often with little equipment to keep themselves busy and maintain a positive mental attitude.

“We were able to purchase things for people that they really wanted to do, so for example one gentleman he didn't want to attend any groups, but he wanted to go and play golf on his own, so we funded that and that really improved his wellbeing”.

DP

As well as buying items that improved tenants' wellbeing, the fund also improved access for people. It was used for taxis and bus passes to ensure people didn't miss important appointments. Being able to pick up prescriptions or access day centres all hugely improved a person's chances of sustaining a tenancy.

"We've now moved somebody over to...Beswick, [but] their chemist, their doctors is still in the city centre, we can't get them registered but they have major health needs so we've had to pay for taxis, you know, other things like that have been absolutely vital to keeping them in their property." DP

Access to mobile phones is also a huge factor for people on the SIB. Not only does it allow for workers to keep in touch with them and vice versa, it improves their access to other support such as the GP, mental health and drug workers, as well as any friends or family that they are in contact with. This also gave people on the SIB some more control in their own support, as they were able to reach out when they felt ready.

"Mobile phones was such a big one as well because it means that you can keep in contact with people and you don't have to go and find them, get them in a bad time or wake them up or, you know, they would pick up the phone when they were OK to speak to you." DP

Staff reflected on the fund as not only being beneficial to the SIB tenants themselves, but it allowed them to be creative with how they supported people, and further improved their relationship with their clients. It also allowed for them to just try without fear that if it didn't work it would be seen as a waste of money, and instead would be considered learning for working with others.

As Mackie et al (2017) highlight, there is a level of uncertainty as to what personalisation funds should be spent on, with some support workers saying they were quite strict with it, whereas others used it regularly. Some workers used the fund to push the people they worked with out of their comfort zones with a 'meet me halfway' approach:

“I used to have one client who got paid Universal Credit monthly, and I would say to him “look, I will see if we can get you a bus pass or something, but if you pay two weeks I’ll see if we can get you a bus pass for the third week and the fourth week.” and sometimes they’d come along and say “I’ve only got enough for one week” and I’d say “right well one week you’re going to be walking then aren’t you?” But that’s the way you have to work with people.” DP

Ultimately, the fund was extremely easy for workers to access, with no bureaucracy involved in accessing the money. Added to this, it further allowed for workers to be creative and ‘just do it’ when exploring new ideas or methods, and truly treating people as individuals. The fund was especially important during the COVID-19 pandemic as it allowed for workers to provide their SIB clients with activities to do whilst in their flats, alongside essentials like food or power. Access to a personalisation fund is highly recommended for any project wanting to work in a person-centred and creative way with people who have experienced homelessness.

5.8 Flexibility between commissioners and partners

A flexible relationship between GMCA and the GM Homes Partnership was a key factor in the success of the programme, specifically in relation to how partners were able to identify and tackle barriers often faced by this cohort. The level of flexibility that was allowed is rarely seen in traditional commissioner-supplier relationships. Rather than being restricted by having to work in prescriptive ways to meet outcomes as quickly as possible, the partnership was able to adapt throughout the programme to meet the needs of the partners and the participants. GMCA left the service specification blank to allow the project to be as innovative as possible.

“Having a flexible approach has allowed GM Homes to grow and develop an innovative approach to deliver outcomes and has allowed them to change and amend the delivery process to ensure outcomes are achieved with a truly person-centred approach over and above the initial contract ask. The GMCA and GM Homes have been equal partners in the delivery of the GM Entrenched Rough Sleeper SIB and the success of the first GM SIB is a testimony to that.” GMCA

Some examples of GM Homes being able to adapt the programme along the way include a change in staffing at The Brick, and the secondment of a mental health social worker:

At The Brick, workers quickly realised that their staffing structure was not the most effective for what they needed at the time. As most people needed help with more practical matters at the start of the programme, such as support with benefits or getting bills set up etc., they were struggling with the number of people needing their help.

“at the start we’d got one asset coach and one ILM, but obviously that meant really at the start not everyone needed an asset coach, they all needed an ILM so like my caseload was like grim, but then we went back to the SIB and they were like ‘let’s get another ILM’, because the asset coach was doing work with some people, but not everyone was ready whereas the majority of people needed that housing, that immediate crisis support.” DP

Rather than struggling with caseloads and potentially not being able to support everyone as effectively as they would have liked, The Brick were able to be honest with the partnership which resulted in them getting more resource in place.

The secondment of the mental health social worker was another success in being able to recognise a gap in support and have the trust and flexibility to do something about it.

Workers across the partnership found that they were struggling to get appropriate mental health support for their clients due to very high thresholds in place within statutory MH programmes, largely in place due to budget restrictions. Referrals were often closed as traditional mental health workers were unable to contact individuals, or the services that staff believed their clients needed were not available to them. Services were also struggling to navigate the system due to not having any staff with a mental health background. The partnership was able to build a relationship with GMMH and secure a mental health social worker for the last 18 months of the project who could work with people on the street or in their homes and refer directly into the services needed to further support people. They were also able to access low to medium support and more community-based treatment, often preventing cost to

public health services and meeting need where individuals may otherwise have self-medicated with substances, or eventually reached crisis point as mental health needs were left unaddressed.

The relationship between GMCA and the partnership reflected a trust in partners to know what was needed to best support their clients. Delivery partners were chosen due to their track record and success in working with people experiencing homelessness and multiple disadvantage and acknowledging this when it came to delivering the SIB made sense. Rather than struggling to make it work with the resource in place from the start the SIB was able to learn and develop as the programme went along.

5.9 Conclusion

The SIB adopted several different ways of working which ensured people on the programme felt listened to and respected. Being flexible with support, alongside considering what a person wanted and what mattered to them worked to engage people in the programme. Rather than a focus on the quickest way to meet outcomes the SIB let the participant take the lead in how they wanted to be supported. Seeking to understand a person's history and experiences up until the point of their referral was also vital in appreciating what they may have been though, their view of the world now, and importantly which interventions or approaches had not worked for a person in the past. Workers were able to change their styles and focus depending on who they were working with and what they wanted. For some participants, this kind of support was not like anything they had experienced before and the consideration of their own aspirations engaged them on the programme, resulting in the SIB exceeding its outcomes in almost all areas.

Of the 356 participants accommodated across the programme, 262 were still in accommodation in Greater Manchester at the end of the SIB. This shows how vital the partnership has been in securing the offer of housing to people who otherwise would have been excluded, or not been able to access due to the level of demand.

The combination of the housing offer, a change in culture, practice, and policy across HPs, and a flexible, person-centred and trauma informed approach by all staff has supported people in a holistic way. People have achieved outcomes for themselves

far past the ones listed on the MHCLG rate card, such as securing ID, reconnecting with family, or having a place for their children to visit.

Learnings:

- Support of the GMHP (working outside their normal allocations policies) is crucial in helping to provide housing and to support people to sustain. Partnership working with housing providers is recommended for successful housing led programmes
- Support packages and staffing for HPs to ensure that people from this cohort can move into furnished/part furnished accommodation is recommended, including financial support from the programme where possible/necessary
- The use of a personalisation fund is vital to be able to offer fully flexible support and respond quickly to a person's needs
- A second chance philosophy alongside the ability to carry out managed moves is essential when working with people who have a history of rent arrears or evictions to ensure that every person has the chance to access secure and permanent housing with appropriate support in place
- Asset-based and trauma informed support is essential to be able to ensure a person is understood and their own experiences, strengths, and aspirations are at the heart of their journey to independent living
- A caseload of no more than 10 people is recommended to ensure that support workers have the flexibility to respond to a person's needs, have the time to build trusting relationships with the people they are working with, and to avoid staff burnout. Where projects agree to expand to house more people than anticipated, government should agree to increase the project's budget proportionally

Chapter 6: Tackling Barriers on the SIB

This chapter will look at the barriers commonly faced by people experiencing multiple disadvantage and homelessness, and explore how the SIB worked to overcome them. It will make recommendations and share learning so that long term systems change can be made. It will also explore how short-term commissioning within itself

acts as a barrier to sustainable change, and how the ways of working explored in the previous chapter should become business as usual.

6.1 Access to the Private Rented Sector

Helping the SIB to access the private rented sector across GM (specifically the north), the Bond Board is a registered charity which works to support people on low income to secure accommodation through the provision of bond guarantees in place of deposits. At the same time, support is offered to both tenants and landlords to ensure security and sustainability.

The decision to launch a pilot with The Bond Board was made possible through GM Homes' flexible fund and came after many participants expressed interest in areas that were not covered through the other social housing partners or were not available to them due to issues of affordability. Barriers were also being faced when people did not want to commit to a long-term tenancy but needed somewhere more secure than emergency accommodation to live temporarily whilst exploring where they wanted to live and getting benefits etc. in place. PRS was also a positive alternative to the delay for social housing often caused by stock availability issues in some LAs.

The Bond Board were able to work with landlords via their housing management scheme called Letting Out, who manage properties on the owner's behalf. This made access possible for participants who may otherwise have experienced exclusion or blockages due to previous experiences in tenancies such as evictions, rent arrears or lack of a deposit. Access to the private rented sector also allowed for further access to one bed properties which are in high demand across the partnership and tend to have a slow turnover.

“it made sense with a project like the SIB rather than a traditional bond scheme where you kind of have to go and find your own landlord, or your own property with the offer of a bond, to put the SIB under Letting Out because we could [access] the property without needing landlord consent. We're aware that tenants, how they present might be a bit challenging in an open market, that they weren't subject to that level of scrutiny. They're very much around an approach of appropriate people for an appropriate property, commissioned across GM but with a focus on affordable housing” HP

Access to private rented properties also offered more flexibility in contract length. Participants could move into somewhere for a few months and treat it as a stop gap before accessing a longer-term tenancy. This was especially useful when people wanted or needed to leave an area quickly in instances of cuckooing, ASB, or other safeguarding issues.

Short-term tenancy agreement allowed participants to move without feeling the pressure that they would have to stay there regardless of how they liked the area. They were aware that if they weren't happy, they could leave without there being any negative impact upon them and their chances of getting a tenancy in the future. This offered safe accommodation for those who otherwise would have nowhere else to go, and provided that stable base for people to get used to living in a tenancy. An example of how this can be the perfect interim offer for someone is illustrated in the case study below:

"[SIB client] was due to be released from prison on the Friday morning, the SIB workers are talking to me three weeks before, we know we're going to have a flat empty, he wanted Oldham, his family was in Oldham, the flat was in Rochdale but it was given to him on the, (we have a very organic approach to tenancies), "this is a six month tenancy, it's yours as long as you want it, if you don't want it that's fine". So, with somebody like this chap who in July '19, he wanted Oldham, that Friday he had nowhere else to go, that worked for him for the 12-14 weeks, he got settled, he's got his benefits in place, he got re-accustomed to getting into the world again and then was able to bid and look for something in an area that he wanted. It just meant it was a perfect steppingstone – he's got no pressure from us about "you've got to see out your tenancy" or "you've got to do this", you know, he engaged really well with the workers, he engaged really well with us and it was a pleasure to see him move on." HP

The Bond Board wanted to ensure they found appropriate properties for each person, for example considering the type of property for each individual rather than offering the first property that was available in a certain area. They originally pledged 40 properties to the SIB, with 18 being used supporting 22 participants over the three years. 11 of these are still sustaining their tenancies at the end of the project.

Challenges experienced through the pilot included the ongoing issue of affordability for this cohort when trying to access the private rented sector. A cap on the amount of rent under local housing allowance that individuals could get meant that properties were often unaffordable, and this limited the number that could be accessed in each area. Added to this, the amount of support that people needed once accommodated was not always met. This seemed to stem from a misunderstanding between the Bond Board support staff and the delivery partner staff about which team would support with what. This was an issue specifically in relation to helping to set up UC and other housing benefits for rent to be paid on time. The Bond Board found themselves chasing DWP trying to find out where claims were up to and attempting to fill the gaps. Sharing the knowledge of the set-up required between service delivery staff is recommended to tackle these issues.

Access into the private rented sector is something that really works for some people, as the examples above have shown. It gives the client more choice and does not tie them down to anything long term if they are just looking for somewhere to stay whilst finding a more permanent offer.

6.2 Universal Credit and Money Management

Setting up of Universal Credit (UC) or other relevant benefits once a participant has accessed a property was, and still is an ongoing challenge for this cohort and their support workers. For HPs especially, mismanagement of benefits can result in avoidable rent arrears, sometimes from the day a tenant gets their keys. Not only is this problematic for the HP, but it also puts the tenant on the back foot straight away. Some HPs felt that a miscommunication between their support teams and the delivery partner teams resulted in benefits not being set up properly.

Some HPs found it easier to continue supporting with benefit set up that specifically impacted on the rent themselves. For those who had the capacity, teams were already in place that specialised in money management for tenants, and so if DP support workers were not familiar with certain processes HPs took control themselves to ensure arrears didn't start to build. Those with money advice teams and the ability to do benefit calculations were happy to step in to get rent set up from the tenancy start date.

“...because of the expertise that we have, is that we often have more housing knowledge around benefits than the staff, so for example we would say “right, they’ve moved out, Universal Credit is due to us next week, that’s 28 of the 31 days of the last month that they’ve been in our property, we’ll collect the rent and we’ll pay the three days that are leftover to the new provider”. We have that conversation, and then the Universal Credit got cancelled early, so we lose out on the whole rent, so we had some, and we raised it a couple of times, we had some with avoidable rent arrears, that if that would have had a bit more skills and knowledge, and it’s a case of how do we share that, because again the private landlord may not have knowledge about how to get UC directly from day one, so how do we blend that knowledge?” HP

Although many support staff were aware of how the benefit systems worked and were able to support people and advocate on their behalf, having knowledge of where to pull support from when unsure would help to alleviate any confusion relating to set up of benefits. This is something that can be put in place at the start of any new programme to ensure that common mistakes or misunderstandings can be avoided in the future via training or a database of contacts.

The addition of linked contacts at local Job Centres and the DWP has also been a key strength for some support workers, especially those at The Brick who had clear pathways and an escalation process in Wigan. This level of partnership working allowed for The Brick to be open and honest with Job Centre staff about the difficulties them and their SIB clients were facing.

“we all got the team leader’s names for each Job Centre, because even changing things like that, the fact that we’d ring up and we’d have to book one appointment, and then they’d have to wait and get another appointment so they’d do the ID check and then start the claim on a different day, and I was like “you don’t understand how difficult it is for me to try and find somebody to come for one day”, so they were like “that’s fine, lets like change it and do it together”, and that was something that they didn’t just do with the SIB people, it’s something that we could roll out with everyone if they needed it.” DP

For wider services to understand the complexities and issues faced by people within this cohort is key for them to be able to work around the person's needs to avoid excluding them for not fitting into strict procedures and timelines. In the example above, workers have had the opportunity to explore how Job Centres can change their ways of working even in something as small as pushing two appointments into one day. Without this level of flexibility and understanding, claims get cancelled and people are forced to start from the beginning.

As with other services touched upon in this evaluation, Job Centres are stretched to capacity with limited time for each person due to the number of people waiting to be seen. Being able to change the way of working is not something that comes easily (Guardian, 2017). A better relationship between Job Centres and local support staff would not only ensure that benefits are set up correctly for the SIB participant, but it would also result in rent payments being made on time and take pressure off front line Job Centre staff who likely see people from this cohort multiple times due to missed appointments and confusion around processes.

Alongside working to get people set up on the correct benefits in a way that works for them, an understanding of people's histories and the challenges that they are still facing is something that support staff felt was always an issue for the DWP and Job Centres. Some thought that the system itself worked in a way that was detrimental to a person's recovery and ability to live independently.

"If I had to change anything it would be the way that the benefit system works...despite the application being made for direct payment of rent to landlords, so many got paid into the client's accounts, and again when you're talking about people that have high level addiction most of them started off the first one, maybe two months in arrears because obviously the money went into their account despite us doing everything to prevent that from happening. It did still happen. That sense of they've failed, that sense of disengagement because they're ashamed of the fact that they're now in this situation that they've had so many months, if not years of sobriety to suddenly be back in that situation – they felt they'd really let themselves down."

DP

Large amounts of money were often received in backpay by individuals on the SIB, especially in claims for Personal Independence Payment (PIP). On one occasion, a

participant received £5000 in a one-off payment. Workers expressed how dangerous this would be for some people, especially for those recovering from addictions. Although some were supported to purchase large items such as TVs and white goods so that the money was out of their accounts, others did not have the experience of managing such large amounts. Sadly, for some this resulted in relapse, loss of accommodation, and financial exploitation from other people. Added to this, as some had been sober for a period of time it increased risk of overdose and even death as people no longer had the tolerance that they once had. In instances where larger amounts were due back to people, a conversation with the DWP as to how they wanted this to be managed would be preferable so that people could have the choice to receive it gradually or use it to invest in something larger such as paying rent or bills in advance.

“When they were on the street...their addictions were managed by how much money they had coming in, and then all of a sudden, you’ve got three, four, in some cases over five thousand pounds – because some of them we had to go to appeal so the back pay was even larger because it took longer. To suddenly have that amount of money just really undid [their work], and to be fair also created a situation where we had cuckooing and people targeted them because all of a sudden they had a lot of money. Not only in a lump sum, but monthly as well.” DP

In 2017, the DWP announced that they would be rolling out specialist homelessness training to hundreds of its Job Centre managers to help them work with individuals and other agencies, such as Shelter, Crisis and Homeless Link. This wraparound knowledge would enable staff to signpost to other homeless support, as well as *“ensuring people facing homelessness receive the right support at a time when they need it most. By helping to shape this training we hope it will ensure that front line jobcentre staff are better equipped work with people experiencing homelessness”* (DWP, 2017). This training was due to be completed by August 2017. It is not clear how well known this offer is to other support services, or how well embedded training is for new staff. Given that this offer was launched four years ago, it would be interesting to see if this training is still ongoing and whether it involves other front line support staff across GM who are struggling to get their clients access to the correct benefits that they are entitled to, but in a way that works for them. The DWP have

recently announced that they will be working more proactively with people who are experiencing issues around rent payments and filling out their online journals to avoid people building up debt which may result in evictions. This is something that HPs within GMHP are aware of and will be working alongside DWP staff to address.

For any programmes which seek to house people who are claiming benefits, an understanding of the system across all support teams would ensure those who need that extra support can be helped proactively. Bringing the DWP or local Job Centres into local partnerships would also help to create a shared understanding of what programmes like the SIB are aiming to achieve and would work towards system change to make the process of claiming correct benefits more accessible for people experiencing multiple disadvantage. As The Brick has shown through their local partnerships in Wigan, flexibility when supporting people is possible even within very structured processes, and these small changes can make a huge difference to people. A more person-centred approach is needed across larger organisations to make services more accessible, which would in turn reduce the amount of time that Job Centres etc. spend supporting people through the system multiple times.

6.3 Mental Health and Substance Misuse

Access to mental health services and substance misuse teams across GM and nationally is a key issue when looking at preventative work to avoid people going into crisis or tipping into entrenched experiences of rough sleeping. As some of the main outcomes of the GM Homes SIB, support workers and other staff spent a lot of time working as a navigator between people they were supporting and mental health and substance misuse teams across GM.

Of the 406 individuals who started the programme, 88% of these were noted as having a mental health issue of some kind. As one delivery partner pointed out, it would be fair to assume that almost all, if not all people referred into the SIB have a need for trauma informed working or mental health support, as the experience of losing accommodation and having to sleep rough for any length of time is traumatic.

Mental health support was often hard for participants to access for several reasons. People who have experienced rough sleeping and homelessness for several years

have often been in and out of services and so may not feel comfortable trusting someone enough to open up about their mental health concerns after only having met them a couple of times, or only having spoken to them over the phone.

“Some [mental health teams] have been in touch with me, but as I say a telephone conversation with somebody who I’ve never met, don’t know, I’m not really going to tell them anything.” SIB Participant

People from a rough sleeping background can be hard to find due to not always having a phone and having no fixed place where they can be contacted. If a person misses two or three appointments in a row, they are likely to have their referral closed meaning they will need to start the process again if they do still require a mental health intervention.

“The famous ‘lack of engagement’, you know, booking people into appointments and if they didn’t attend...then they would just close them down, and not knowing where to find people, people not having telephones or...losing them or you know, that’s obviously a cycle. I mean they would say through “lack of engagement” but sometimes I wonder on who’s part? you know I must say cynically I wonder on who’s part is it, because staff from the community teams would say, you know, “well we had this referral but we didn’t know where to find her because she was homeless” and it’s like, that’s not really good enough, if you’d have asked us as a service or the homeless outreach services we generally between all the different services in town roughly know where somebody is, so yeah a bit of both. And behaviour I suppose, if people are going in kicking off, screaming and shouting and stuff because they’re in distress...the next time a GP or service referred them they’d just say, “oh no, it’s all behavioural” because of that incident where they’d misbehaved.” MH DP

Mental health services across the country are stretched and getting access to support if you are not in crisis can be difficult for people who do not know how to navigate the system. Mental health staff often do not have the capacity to spend time looking for people who may be sleeping on the streets or engaging in street activity, nor have the time to build a relationship with people who are hard to contact in the usual way.

Staff themselves expressed feeling powerless when trying to navigate mental health services for their clients, and lack of knowledge or insight into how the system works can be intimidating and result in dead ends. Clients who feel let down by mental health services can deteriorate into crisis, leaving support teams with no mental health training to try and manage situations as best they can.

“What we seem to find is that the team are firefighting a lot of the time...some of the information we’ve been given from some of the participants is that the questions they are asked is very much, “are you going to kill yourself?” or “do you feel like you’re going to put yourself in risk?” and a lot of the time the answer is no, and then that was it. And there wasn’t really much follow up in terms of “here’s someone you can speak to, here’s this, here’s that”. DP

Working with this cohort, substance misuse is often an added barrier to mental health support. Dual diagnosis broadly refers to those who have both a substance misuse issue and a mental health concern, although it is not always the case that the person has an actual diagnosis. Both mental health and substance misuse services often request that one issue be addressed before they can continue support for the other, and mental health concerns are often dismissed as the result of prolonged drug or alcohol use. Of the 406 individuals who started the programme, 306 were identified as having a dual diagnosis, illustrating how common it is within this cohort.

“We frequently heard “they need to deal with their addiction side, its more addiction than it is [mental health]” and vice versa. So, you’re in an awkward situation whereby...it’s sort of frustrating for the client as well as for engagement workers because you’re in a sort of stalemate, and you can see why they’re going to continue being in stalemate as long as those two services are working separately rather than together.” DP

A recent review of the relationship between substance misuse and mental health teams in Greater Manchester, carried out by the substance misuse lead at GMCA highlighted that despite both services crossing paths regularly, they are still working in silos. Both have different workforces, strategic leadership, and funding. Added to this, both services are stretched in staff capacity and funding, and so taking on complex cases which require more support add to this strain. This can also lead to

staff feeling that they are working outside of their expertise, causing further work stress. They also point out that at the centre of this there is always a person who is in need of support, who likely does not really distinguish between a mental health and a substance misuse issue.

In 2018 issues around access to support and dual diagnosis were raised by the partnership and money from the flexible fund was used to recruit a mental health social worker from GMMH. This role was seconded into Shelter for an initial 12 months and then extended to 18 months. Over the course of these 18 months 72 people were referred to the mental health social worker. 53% of these were fully assessed and went on to complete recommended treatment or were referred to secondary services. 19% were assessed but refused treatment, and 22% did not engage.

Having a mental health social worker within the homelessness support teams meant that they could have interactions and carry out assessments in places that best suited the client. This could be on the street or at their tenancies, and it also meant that if a client could not be found or decided they didn't want to engage at that specific time, then the social worker had the flexibility to try again at another time or try a different approach. Understanding the pressures on the mental health teams throughout GM as well as the barriers for this specific cohort allowed teams to use this added knowledge and access to work around barriers and advocate on client's behalf. It also gave support workers more access into mental health support and information which enabled them to better understand a client and support them further.

“Probably about 80% of the people that I assessed was not ever going to get, you know, your traditional mental health services like a CMHT, but it was my role, I felt it was my role to find alternatives, find different ways of helping them the same which was often psychology, because IAPT which is the instant access to psychology, at...the time they wouldn't accept people who was using drugs or alcohol, so I knew that wasn't an option for 99.9% of the people that we worked with, so that's why having access to the psychologist on our team was an absolute dream really, to be fair.” MH Social Worker

A case study provided by the mental health social worker shows how she was able to support people who otherwise would have been passed on as having a substance misuse problem first and foremost:

“Heather* was a lady who had presented at A&E on a few occasions outside of Manchester with physical health issues and had been by seen by mental health liaison staff but had been assessed as suffering from Drug Induced Psychosis. She had also been opened to safeguarding enquiries around debts to drug dealers and threats of violence that she had received in a previous tenancy. As part of the safeguarding enquiry, she was assessed by a mental health worker but deemed to want to be under services as a way of seeking out medication and they felt her issues were all related to her use of street drugs. I received a referral for Heather from SIB staff at a time that she was sleeping rough and although initially it was difficult to meet up with her to complete an assessment, with the help of the day centres she frequented I was able to complete a full care act assessment of her needs. As a follow on from my assessment she received psychological input from our team and also had a few appointments with our psychiatrist who prescribed her with antipsychotic medication and then reviewed her again a few months later. Heather was rehoused to an area in greater Manchester by the SIB project and I made referrals to the relevant mental health services where she had moved to. She is still in this tenancy and is under services she would not even have been assessed for if she had not have been under the SIB project.”

Having the Mental Health social worker on the team at Shelter was a huge help for both staff and participants, and their ability to work flexibly and in line with the ethos of the rest of the programme really broke down barriers for people, not just in terms of access to mental health services, but also in their trust of them.

Unfortunately, as the mental health worker was bound within GMMH they were only able to offer support to people mostly in Manchester (although support was expanded to Salford and Trafford towards the end of the programme). Manchester was the biggest area in terms of mental health referrals on the SIB, however it has still been noted that this type of service would be hugely helpful in other areas. More specifically, support teams wanted a mental health worker who understood the

complexities of the cohort and were willing to listen to them and work in the same person-centred and flexible way.

“I think something like that would have been really good if it could have been across the whole of the partnership and the delivery areas, because that can help overcome barriers and, you know sometimes with the best will in the world it’s helpful having people who understand the health side of it and how to get through the pathways, and what pathways there might be, you know just something helping to remove those barriers really” DP

Although it is recognised that a roll out of this support to other areas across GM would be helpful, the structure of the different trusts made this harder to implement. GM mental health services are covered by GMMH (Manchester, Salford, Trafford and Bolton), Pennine Care (Bury, Rochdale, Tameside, Oldham and Stockport), and North West Boroughs Healthcare (Wigan). Data sharing agreements and referral pathways differ across these trusts. Whilst the MH social worker in Manchester was able to refer directly into a psychologist within the team, challenges can arise when trying to access clinical information or the risk information recorded within different systems used, and referral pathways into services are also often different. For example, certain services may only accept referrals from GPs, meaning that practitioners will have to approach GPs to share their assessment to get the referral into the relevant service, which can slow the process down for the person awaiting support.

Learning from the SIB has been taken forward onto Housing First, who have four dual diagnosis workers across all ten boroughs. Although they do still come up against bureaucratic barriers and data sharing issues, being able to access each area has been a huge help. For any future commissioning with mental health support, it is suggested that as well as mental health social workers in place, there also needs to be a role above that such as a consultant. Mental health workers on Housing First and within RSI funded roles are still facing challenges when trying to add medical weight to their assessments. This role would not need to be full time but could just be on hand to offer support to workers struggling to get the support they need in a timely way. Whilst practitioners can clearly see the unmet need and make

assessments, without this weight it is not always escalated as quickly as needed for the person experiencing mental health issues. Without a timely and suitable referral, participants on the SIB can disengage as the process is taking too long, or their issues may escalate leading to crisis and the need for emergency intervention which can be more traumatic and costly.

Work is currently being done within GMMH to bridge gaps into services, for example a Hub and Spoke Model for homeless services has been set up which looks to address gaps in the system and hopes to bring about system change. The homeless mental health services (HF, RSI, Homeless Mental health team) make up the hub, and senior spoke leads have been identified across the different treatment teams. This hub can look at live examples as they come through and try and unpick what the barriers are and navigate and challenge some of the issues. Because the hub sits within GMMH changes can be made relatively quickly, however these are only changes for GMMH and do not impact processes or barriers within other trusts.

Alongside these steps towards change across GM, learning has also been taken on board by HPs who have recognised a need for proactive responses to mental health issues across their tenancies. One Manchester have recently put together a pilot scheme for the provision of a Housing Link Practitioner. Learning from the SIB, as well as a scoping exercise of level of need across their neighbourhoods they found that 80% of tenants on their Support and Wellbeing team caseload had some form of mental health issue, including hoarding behaviour. They were also aware that due to limited capacity across mental health teams and mental health charities, interventions were often emergency reactive responses to crisis, which could often result in evictions. One Manchester have partnered with Mosscafe St Vincent's (MSV) and Great Places alongside the GM Community Mental Health Team (CMHT) to fund the practitioner for one year initially with the aim that by being out in the community and making referrals at an earlier stage, a more proactive approach to mental health support will reduce the number of people going into crisis, facing loss of tenancy, and avoid damage to property. One Manchester hope to build a sustainable model of support so that mental health considerations within HPs are embedded into business as usual. There has already been interest from other HPs across GMHP who are looking to bring in a similar model, which will hopefully

change the way that support teams across HPs are able to respond to mental health concerns

For any future programme working with homeless people needing mental health support, a recognition of these issues and work going on in the background is necessary to avoid duplication. The right teams need to be involved from the start of the programme, with contacts across the different trusts and support services. Importantly, a shared commitment to working differently where possible to reach people who need support and break down barriers is essential to proactively addressing mental health support before crisis or loss of contact occurs. For those experiencing dual diagnosis, the substance misuse lead at GMCA suggests that information sharing needs to expand across mental health and substance misuse services. Understanding how organisations work in order to allow for joint working will be vital after so long working separately, and different stakeholders working together is a key way to slowly change this.

6.4 UP Card and Digital Locker

Within the first 12 months of the SIB, two issues kept coming up for people on the cohort:

1. How difficult it was for people to access bank accounts, employment, income, housing, and independence due to a lack of ID.
2. When people did have these documents, they had nowhere secure to store them. Sleeping on the streets or moving between temporary accommodation regularly resulted in belongings getting lost or stolen.

Attendees at Inside Housing's Hackathon in 2019 proposed a digital solution to this problem, which was then developed by SIB participants and the central team. A biometric ID system was created with data stored securely within GMCA. SIB participants used their fingerprint to access their data and had the option to print out what they needed there and then. The use of physical lockers to be stored in accessible places such as Shelter for people to keep their documents in was also suggested.

For the idea to work, the SIB needed buy in from other key partners and stakeholders. SIB staff met with the CRC, DWP, Banks and GMHP, who all agreed it was a great solution to a common problem. Crucially, the banks and DWP agreed that the ID cards printed would be accepted as a form of ID for opening accounts, accessing income etc.

As well as professional buy in, the SIB team also had conversations with participants to make sure it was something that they wanted and would work in a way that best suited them. Participants fed back that they didn't want physical storage lockers but wanted something Cloud based so that they could scan documents and they would be stored on the database. Participants felt that documents would not be as safe if physically stored, and due to the transient nature of people's lives they wanted to ensure that if they moved between boroughs or out of area, they would still be able to access their ID. Public libraries were instead suggested as places that people could go to scan and print their documents and ID cards. Libraries are accessible, comfortable, and as the issue of library cards is common practice participants felt they would not feel stigmatised being given a type of card on these sites. Librarians also had place-based teams set up that could offer further support, and sites would still be available after the SIB had ended if the idea was scaled up or rolled out to other communities.

The project was linked up with a similar one within GMCA and Action Together, who were looking at cards for people to access public transport, clothing vouchers, and food banks. They were also exploring the possibility of assessments and background information being stored on there so that services could access information about a participant (with their consent), which saved people the frustration of having to re-tell their story over and over to access services.

It was agreed that Action Together in Oldham would pilot the card with people in ABEN and on the SIB. Three libraries were identified to hold card printers. The card was named the Universal Pass card (UP) and the look was designed by service users to ensure that it wasn't stigmatising. It was also agreed that if a card was ever lost or stolen, it could be terminated and a new one printed, which accommodated the transient nature of the participants.

Unfortunately, despite everything being signed off and the pilot ready to go the COVID-19 pandemic stopped the roll out of the UP card and digital lockers. This is something that still has the potential to be started up again once libraries etc. are open post the COVID-19 lockdown, however another scoping exercise will need to take place to ensure the same level of need is there.

Despite SIB participants not benefitting from the digital ID, several key learnings can be taken from their development.

Firstly, the solution was thought up by both staff teams and participants. This is a great example of true coproduction. Rather than staff involved in the SIB thinking of a solution and rolling it out, participants were asked their opinions and the development changed as a result.

Secondly, it has shown that buy in from other partnerships and businesses is both key and possible. Without banks and the DWP on board, the ID card would not have been accepted and therefore would not have held as much weight. Already proving what can be done when multiple partners with different expertise come together, the SIB again showed what can be achieved when you bring in experience and skills across GM.

6.5 ETE Growth Company Pilot

Education, Training, and Employment (ETE) covered seven of the possible outcomes listed on the GM SIB rate card. However, delivery partners reported that they found that this cohort was much more complex than they had originally anticipated, and their original aspirations around employment were not realistic. For example, looking at all 180 people they had accommodated, Shelter found that 144 (80%) had been assessed as unfit to work by the DWP. The remaining 20% still faced multiple barriers to work. To help participants to overcome these barriers and access employment opportunities, a pilot with existing ETE focused organisations and projects within Greater Manchester, such as The Growth Company and Motiv8 was established.

Barriers included a lack of experience in work or limited qualifications, limited skills in relation to creating CVs or interviewing, and a need to build confidence to be able to

enter the world of work. Participants on the SIB had been out of work for long periods of time, some having never worked due to their circumstances and health. Simply applying for a job was not an easy or available option for those wanting to move towards volunteering or paid employment.

There were three main programmes for participants to be referred onto, depending on their individual circumstances:

- Work & Health programme (Growth Company) – support for unemployed participants with health conditions and/or disabilities
- Skills for Employment (SSE – Growth Company) – support for participants with multiple barriers to overcome them and find suitable employment/training
- Motiv8 – support for participants with multiple complex needs, furthest away from work and/or training

There was also support within some HPs who had their own internal ETE services to support their SIB tenants with accessing training or employment opportunities if they wanted to. For example, One Manchester had an employment arm called One Future which supported their tenants into employment, training, placements, and volunteering using both internal and external contractors. Following the asset-based approach, only participants who wanted to explore ETE opportunities were referred onto one of these three programmes meaning that not everyone accessed these services. Added to this, many participants were unable to work for medical reasons, and this was potentially more people than DPs anticipated. Most employment outcomes for participants were originally anticipated to occur during the final year of delivery (2020), however as a result of the COVID-19 pandemic and subsequent national lockdown training and employment opportunities were no longer readily available during this time.

Overall, there were 45 referrals across the three programmes listed above, with 12 people engaging. Across the SIB, ETE is the only outcome where the delivery partner's original outcome aspirations were not met. Reasons for low outcomes vary. Programme delivery partners expressed that the needs of the participants were more complex than anticipated, and so the length of training courses were too much for some to consider. Those who were engaging well on the SIB were often focusing on their accommodation and their health as a priority and did not feel ready to start

looking into ETE in the space of the three years. Added to this, an income would have resulted in a change of benefits for many who had just spent a lot of effort getting them set up in the first place and were learning to live with that income.

Secondly, the services were variable across each area, and so it was often difficult for both SIB support staff and participants to navigate. Referrals into the programme's themselves were more complicated than first expected. For example, due to the commissioning of the Work & Health programme, referrals had to be made via the Job Centre. Direct referrals could not be made, which was unexpected and only came to light towards the end of the programme. Due to previous bad experiences with Job Centres, many participants were reluctant to engage with them for the referrals to be made. Motiv8 offered very similar support to that which the delivery partners on the programme were already offering, and therefore if support was already in place for barriers to employment such as mental health or drug and/or alcohol use, then they were unable to accept the referral as they would not be able to claim outcomes for supporting with this barrier. Since the programme has come to an end, it has also been identified that decision making at senior level was not cascaded effectively across operational offices and so local services were not aware of the alternative model. This further highlights the importance of communication across all levels in services, especially when working with this cohort. The SIB appears to have been less successful at influencing the behaviour of surrounding services in the ETE support ecosystem, compared to the successes it had with other local systems such as mental health and criminal justice.

To address some of these barriers, a single referral form was created which was designed to be triaged by the Growth Company and passed over to the most suitable programme for the participant. Despite this, the more streamlined process never quite got going as it came into the programme 18 months in, not long before the COVID-19 pandemic hit which put more barriers in place for accessing ETE.

These barriers revealed a challenge around silo contracting. ETE companies all have their own targets, practices, and contracts. Learning of the challenges in this project came up as the SIB went along, and so a recommendation would be to have single referral points, or a shared agreement between different companies as to how participants can access opportunities from the start. As with other aspects of the SIB, asset-based approaches worked best for this cohort who had historically struggled to

engage. This level of flexibility was not available within the Growth Company and Motiv8 due to different commissioning of the programmes. Hubs attempted to contact participants directly who often didn't want to/were unable to answer, rather than being aware of who their SIB support workers were, who would have been able to help build relationships and bridge that gap. For this reason, referrals were closed due to non-engagement or non-contact.

Further learning from the ETE pilot was that questions around a person's interests and future goals should have been a consideration from the very beginning. For a lot of participants, it was only introduced later down the line when accommodation had been secured and health issues addressed. This is a linear way of looking at a person's life, and although it may have been the case that people were not ready to start ETE immediately after being referred to the SIB, understanding someone's interests and ambitions can lead to them getting involved in volunteering or similar activities in a more organic way. This would have been a more asset-based approach and is something that was adopted in Wigan by The Brick.

The role of an asset coach would be useful when working on future programmes, as they were able to have conversations about a person's interests right from the start of the SIB. Although that likely will not result in a referral directly into ETE, it can be used to slowly start to build a person's skills and confidence to get them to a position where they feel able to volunteer or train in something that can lead to employment.

The addition of an ETE specialist staff role within each DP would also be beneficial for any future programmes. This role would support participants who wanted to explore opportunities but would also have knowledge of the different services across GM, enabling them to navigate through the system for the participant. This approach has since been replicated in new Bridges Outcomes Partnerships programmes such as the Kirklees Better Outcome Partnership and has had very positive signs of success to date. This is a real example of systems change and shows how learning from the GM SIB and other programmes can be carried forward to improve future services, embedding them to become business as usual.

The MHCLG rate card and related evidence requirements did not consider some of the barriers individuals would need to overcome and was overly prescriptive, reducing the number of outcomes GM Homes could claim. For example, working as

a seller of the Big Issue was not initially counted as meaningful 'employment' under the definitions, despite it representing significant progress for some participants. Negotiations with MHCLG resolved some of these issues, but the rate card definitions remained more stringent than many other ETE programmes working with lower need cohorts. As well as this, some individuals may have achieved things for their own personal growth that were still huge successes for them but were not captured. This included unaccredited training courses and developing CVs. It is recommended that these kinds of successes towards employment should be recognised for any project working with people experiencing homelessness who have been unable to work for very long periods of time. For some they may not be in a position to secure full-time work within the space of three years having come from sleeping rough, but something like creating a CV and starting to think about the future is an enormous step, and the distance travelled by people should be recognised. It is also recommended that any future rate cards for ETE aspects should be better aligned with the success measures of other contracts, such as Motiv8, Work & Health, and Skills for Employment, so ensure that success is recognised uniformly across partnerships.

6.6 Diversion from Custody pilot

The Diversion from Custody pilot was a partnership approach between GM Homes and Criminal Justice to prevent people being recalled on short sentences which would have a detrimental effect on their support from the SIB, benefits, and their tenancies. 57 people were identified as being referred onto the SIB from custody, and 46% of all SIB participants had been involved in some level of criminal activity prior to being referred to the programme.

Recalls often happened due to people released from prison not engaging with probation services, or if probation were not able to contact them.

GM Homes contacted the CRC to discuss people who were engaging well on the SIB and explore the detrimental effect that a recall would have on their progress. An agreement was made that if someone was due to go to court GM Homes could hand over information in terms of their engagement and accommodation to help understand their position. It was agreed that it was better for both the person and the

criminal justice system if someone on the SIB was given the opportunity to continue to engage and make progress, rather than spend more time in prison if they had not re-offended.

A manager at the CRC communicated with their case managers that if they were working with someone on the SIB, they were to talk to SIB support workers about any concerns. GM Homes and the CRC aimed to improve the communication pathway between the two to improve outcomes for SIB participants and the services involved.

The case study below gives an example of when this process worked well in preventing a short-term recall, and potentially undoing a lot of good progress made by a SIB participant:

“Ben* had been working with the SIB for over 12 months when Greater Manchester Police found him in possession of a letter opener. Ben stated this was for opening parcels for a new entrepreneurial venture he was undertaking. With the first 3 months of 2019 being described as a ‘knife crime epidemic’ in local media, Ben’s solicitor advised he would be facing a minimum 6 month custodial because of this crime. Shelter received a call from Ben’s brother advising he had been arrested the night before and was facing trial the same day for this crime. Shelter provided a supporting letter advising of the progress Ben had made in the 18 months as a client of SIB. Rather than receiving a prison sentence, the judges instead sentenced Ben to 12 months’ probation. Upon sentencing the presiding magistrate stated

“This letter is the only reason you are not going into custody today; I hope you will continue this work with Shelter and progression you have shown”.

Ben is still in his tenancy and has gone on to volunteer for Revolving Doors. He has recently been promoted to ‘Community sentence treatment requirements representative’, essentially giving his views on offending behaviour and ways to improve treatment services within the Ministry of Justice. He also campaigns with Shelter. None of this would have been possible if he had received a custodial sentence which in turn would have likely meant a return to rough sleeping and offending behaviour.”

Working in partnership with the criminal justice system has demonstrated that avoiding recall on short sentences can be hugely beneficial for all involved. Building a relationship between support teams and the Community Rehabilitation Company (CRC), prisons and probation services can also help to identify people still in custody who will need support at the point of their release to avoid a return to rough sleeping, which can result in criminal activity due to the lifestyle involved. This work has contributed to further campaigning by London Prisons Mission, and the learning has contributed to a paper submitted to Government asking for more support for women, in particular, who are leaving prison, specifically around ensuring they have access to suitable accommodation and wrap around support.

To make this work more successful, there needs to be a better system in place for follow up between the different CRC areas. Management and staff change resulted in the progress being lost in terms of communication, as the messaging was not cascaded across new managers. Nevertheless, the relationships established and the impact of the outcomes of people's lives were great achievements on the SIB, and this kind of partnership working with criminal justice is a recommendation for any similar project, to help partners understand the importance of access to housing and how easily short recalls can have a hugely detrimental effect on progress made. Having criminal justice departments involved from the start of programmes will help to embed this knowledge of where to refer people to wraparound support, and how best to support people on release to avoid re-offending. Having a lack of stable income and no positive community support increases the likelihood of repeat offences specifically in relation to low level offending such as shoplifting.

This links to the targeted prevention work laid out in GMCA's Homelessness Prevention Strategy, which states the need to work together to reduce reoffending for those experiencing homelessness. The GMCA has worked in partnership with probation, local authorities, and VCSE to ensure we work effectively with people leaving prison with no fixed abode. In June 2021 the National Probation Service (NPS) and the CRC will be reunified and learning from the GM SIB and GM Housing First pilot is already being applied by NPS to enhance its offer, which includes a co-commissioned service that will support individuals leaving prison into accommodation, preventing homelessness and reducing re-offending. Like with the GM SIB, the support will be strengths-based, and person centred.

6.7 Peer mentor scheme and lived experience

Across the SIB, participants had access to staff who had lived experience of some of the issues faced by themselves. Great Places and Shelter also had a peer support model which took on people wanting to volunteer who also had lived experience and wanted to give back to people in the same position they once were in.

Participants on the SIB have reflected that being able to speak to someone who has been through a similar journey to them has been extremely helpful.

“When you’ve got someone who’s lived it, supporting someone who’s living it and trying to get out of it, they’re much easier to work with. You can recognise that they’ve been in a similar position and you can tell they know what they’re talking about. If anyone’s going to help you it’s someone like that.” SIB Participant

Participants felt more understood by people with lived experience, and they felt more able to relax and share what they had been through as well as current anxieties or struggles.

Peer Mentoring schemes have also been a great source of support and guidance for people on the SIB. Because peer mentors were volunteers, they were seen to want to be there and really care about the people they were working alongside. As they were not support workers, peer mentors offered more of a befriending service with professional boundaries in place. This was someone to chat to if participants were feeling low or concerned about something. Many supported with going shopping, topping up gas and electricity, or just meeting for a brew and a chat.

“They quite often disclosed more to the peer mentors than they did to the paid workers, and that’s what I think made it work in that they recognised that these people had experienced similar things to them, they were choosing to be there because they weren’t getting paid, and also when they said, “I’ve been there mate, I understand what you’re going through”, they meant it.” Peer support coordinator

Peer mentors went above and beyond to compliment the work that engagement workers were doing, and fully embraced the person-centred approach to working with each person.

As well as supporting the participants on the SIB, peer mentors themselves got a lot out of the programme in terms of personal development. Many had stated that they wanted to give back having come through various support routes themselves, and for others they wanted to improve their confidence and skill set so that they could go on to more formal work in the future or get into other areas of training or volunteering.

Although the peer mentoring service at Great Places never really got going (one peer mentor supported two individuals) the service at Shelter had 34 Peer Mentors who supported 48 participants. Five peer mentors from Shelter have gone on to secure paid roles or paid traineeships within the organisation. The peer mentor coordinator at Shelter highlighted that the retention rate was very high for a volunteering service with some staying for two years. Ensuring that peer mentors themselves feel supported is also crucial if offering this service.

“For me with people with lived experience you need to be at the end of the phone, you need to be there to support them because like I say they still do have things, personal things going on in their lives, things that go wrong. It has to be person centred around the peer mentor as well, they’re all individuals they’re all doing it for different reasons, they’re all at different stages.” Peer mentor coordinator

The use of peer mentors and people with lived experience is invaluable in projects where people are dealing with multiple complex needs, as it allows them to feel truly understood and listened to. It also gives people hope in seeing others who have been through something similar and are now out on the other side. Learning from successful peer mentoring schemes also needs to be captured and shared across other services who may want to replicate it for the benefit of their customers, including HPs. Shelter’s peer mentoring scheme has already offered to help any organisations who want to offer something similar.

6.8 Gender and ‘Hidden Homelessness’

Compared to the numbers of males referred onto the SIB, the number of women is low with just 12% of those starting the programme identifying as female. Although

the number of women on the programme is reflective of the national rough sleeping data (87% male and 13% female in the 2017 national count), there are varying reasons why women are less likely to be seen sleeping rough. A rapid evidence review commissioned by St. Mungo's in 2018 found that due to increased vulnerabilities and gender-based violence, many women sleep in harder to find places such as quieter areas, or vehicles, garden sheds etc. They may also be more likely to walk around during the night and sleep in the day when there are more people around, therefore they are often not picked up on rough sleeper counts or found by outreach teams. This is often referred to as 'Hidden Homelessness', however by using the correct networks and understanding patterns of rough sleeping in more marginalised groups such as women and other vulnerable people, they can be located and offered the correct support.

Understanding the difference between a female's experience of rough sleeping compared to that of a male is hugely important when setting out to work with them. The SIB found that complex relationships were often at the root of female offending and homelessness, and these experiences often led to drug misuse and/or sex work. Government data shows that women are more likely than men to have experienced traumas such as self-harm and domestic abuse, and they have a higher rate of mental ill health. They also have a lower life expectancy of just 42 when experiencing rough sleeping, compared to males whose average is 44. This is even more stark when looking at the average for the general population – 76 years for men and 81 years for women (ONS 2018). Added traumatic experiences such as sexual assault and removal of children contributes to the many complexities presented when reaching out to women experiencing rough sleeping.

Having come to understand some of these issues, the SIB ensured that it used the partnership across GM to offer wrap-around and fully informed support. The partnership worked closely with Manchester Action on Street Health (MASH), a charity supporting female sex workers in Manchester city centre, many of whom are experiencing homelessness and rough sleeping. The SIB also made use of the Women's Homeless Action Network Working Group to adapt delivery specifically when working with women. Using these contacts allowed for the SIB and delivery partners to reach the most vulnerable women via networks that they knew and trusted, and most importantly felt safe with. Although many day centres and support

groups in GM welcome both men and women, many women say they avoid homeless services where men are present (St. Mungo's, 2018).

As well as working alongside these groups and networks, specific training was offered to delivery partners and adaptations to service delivery included giving women a choice in support worker, and often involvement from Children's Services in relation to access to children. This approach ensured at delivery was person centred and gave women more choice and control over their support.

Case Study:

Pam* was 17 when she became pregnant and was a victim of domestic abuse perpetrated by her daughter's father. After suffering from depression and severe anxiety she put her child up for voluntary adoption as she had no support. She was evicted from her accommodation as she was affected by bedroom tax and had no ongoing support after giving her daughter up. She ended up homeless and slept rough for several years.

When Shelter started working with Pam, she was reluctant to accept the support as she had been let down by so many services in the past since she gave her daughter up for adoption. She was still suffering from mental health difficulties and had started using drugs whilst living on the streets.

Shelter was able to provide specific support to Pam through the programme, giving her time and space when needed, and referring her to the Mental Health Practitioner through the programme.

During the course of the programme Pam was sexually assaulted in her flat, and due to safety fears, she was immediately moved via a managed move to another property out of the area.

Pam is continuing her recovery and has engaged well with Shelter and the Mental Health Practitioner and is settled in her new property. Shelter provided consistent, clear, and concise support she had not received historically. This approach has enabled Pam to rebuild trust with services and allowed her to accept the support that has been offered, but only when she has been ready to do so.

Of the 56 women who started the SIB, only nine had disengaged by the end of the programme in December 2020. Analysis of the WEBWBS surveys which monitored improved wellbeing found that women had a 20% increase in comparison to men who had a 16% increase between the first and third assessment. These figures show not only how impactful this kind of person-centred support is for women, but also the need to truly understand the different kinds of experiences that women tend to have which lead to or exacerbate their homelessness. Having a different approach for women makes support more individualised, but also ensures that women feel safe and properly listened to.

Going forward, preventative work to end homelessness should aim to target not only those who are visible on the streets or in ABEN/emergency accommodation but should work with charities and groups that know and support women to access them and offer lasting support and accommodation. Working in this way will not only help more people, but it will ensure that women are appropriately captured in national statistics to fully understand how women experience homelessness and how they can be helped.

Understanding that females have a different experience of rough sleeping and homelessness and therefore require a different approach is essential to engage with participants and support them access the necessary services. Working closely with specialised local services as well children's services where appropriate helps ensure this approach is adopted, as well as giving participants choices in the support offered.

6.9 Staff turnover and short-term commissioning

Staff turnover was raised by partners as often having a detrimental effect on the consistency of the support offered, especially in the final year of the project. As the SIB was only commissioned to run for three years, a lot of the DP support staff were on fixed term contracts which would end around December 2020, if not before. It can take over a year for some participants to build up a relationship and a level of trust with a new support worker, and if that person leaves the participant is left facing that process all over again. Learning from the SIB is that programmes like this need to

recruit on a permanent basis where possible to support staff stability. Great Places were able to do this, and their staff retention rate was much more positive.

“The only bad thing I can think of where the SIB is concerned is that it just leaves you really with...you get to know somebody, and for people that are in our situation it’s hard for us to develop the trust to tell people certain things and it’s like, by the time you’ve got to that for some of us, for some of us it takes a long time, then all of a sudden that person’s no longer there. I think that was the only bad thing about it, if you know what I mean. Even though you’ve put me onto other charities it’s just that, like I say I’ve now got to get to know somebody else again now, and that’s what I’ve got to say has probably been the worst thing about it.” SIB Participant

Participants on the SIB may have developed the confidence to live independently by the time the project ended making the removal of support less of a daunting prospect, however for some it was still something that would be a challenge.

If support workers are facing unemployment within a few months, then it can be anticipated that they are going to start looking for work in the lead up to that date. A recommendation for these types of projects would be that they are eventually business as usual, and not short-term commissioned services with a deadline for all involved. Even if staff do stay within the project for its full duration, not all participants will be in a position by that time to maintain a tenancy without further support, and so they will likely be moved onto another project again or left without the necessary help that they may want.

“It comes down to short-term commissioning, people are looking for better jobs and there’s so much of this work around in GM, which is great on one hand, but people will jump to get a longer-term contract, because why would you not? I fully understand that. People weren’t leaving because they didn’t like the work, or I don’t think we ever got [that] impression...a SIB worker went because they got a two-year contract somewhere or they got more money, people didn’t leave because they weren’t committed to the work, but everyone’s got to pay the bills haven’t they, and not worry about not having a job at Christmas.”

Another thing for consideration is that when there are multiple short term commissioned programmes in an area, they should be done with consideration for staffing implications on existing services. Ideally this will include a built-in approach which means that there is a managed transition of any staff between programmes. In the case of the SIB, some staff left to join the newly starting Housing First pilot which had funding for a further three years, providing longer term security and better paid delivery roles. To minimise these issues, they could be highlighted in the tender specification for future projects.

In the meantime, however, staff and participants have suggested simpler solutions to alleviating the impact of a staff member leaving or being off for an extended period because of illness or annual leave. Housing First now have two or more people working with one person so that participants build relationships with more than one worker. Like having an ILM and an Asset Coach at The Brick, participants are able to choose which worker they want to speak to for certain reasons. If they don't get on as well with one, they have the other available.

This also helps to avoid staff burnout and keeps both staff and participants safe. As touched upon earlier, some participants can display challenging behaviour because of the experiences that they have had in life. For staff to have a 'buddy' where they can take a step back for a week or two gives that time to re-charge and ensure they have the support in place to come back to that participant feeling mentally ready, without feeling that they have let anyone down.

For when two staff members is not an option, a participant has suggested that new workers are slowly introduced to them wherever possible so that a relationship can be built more gradually. When talking about his old worker potentially introducing him to a new one, this participant reflected the following:

"I think that would have been an ideal situation. Obviously with COVID and everything else I understand that things have been hard, but yeah to actually have introduced you to somebody, because it's easier to talk to somebody new when there's somebody else there that can help the conversation along." SIB Participant

Added to the fact that changing of support workers can have a negative impact on a person's progress, it can also slow the process down for the overall programme, especially where there are time limits in place. Both staff on the SIB and now on HF

have reflected that it took the first year of the programme to get all of the support and structure in place, as well as staff getting to know areas and contacts across the ten boroughs. If knowledge and wider partnerships are retained for longer, then new commissioned services would not necessarily need to spend this length of time re-establishing links. If the ways of working established throughout the SIB, and now in HF, were business as usual this would ensure that valuable knowledge of systems and support was retained. Workers would build up more experience, and most importantly the principles discussed would be carried on meaning that support would last longer for anyone who wanted it, and systems could be challenged consistently rather than in waves when commissioned programmes are running. For those participants who are not in a position to live independently without ongoing support at the end of a programme, there would still be an offer of support in place. Although some HPs were able to provide ongoing support for SIB tenants after the programme ended, not all have this level of resource.

HP and DP staff have each given examples of SIB tenants who only started to engage towards the end of the programme, and it is these tenants in particular who will likely need the ongoing support in place. One HP reflected on recognising this from the beginning of the programme and putting extra support in place right from the start to avoid SIB tenants having to get to know new people right at the end of the programme. This ensured that trust with the HP workers was established, and tenants didn't get support worker fatigue.

“My view is somebody’s life doesn’t change in 18 months, we commission on too short a basis because we commission to political cycles and in any long term work that remains the most difficult thing in a period of austerity cuts...where people need structure and people need trust and building trust, and so we knew [DP] weren’t going to be around forever, we knew pretty early on that some of the people we were rehousing had complex needs where we probably could assist in that, but also we wanted that to be in a way that is also...sometimes somebody’s got so many professionals involved in them that they do just shut the door, I don’t blame them, “somebody else coming and telling me how to live my life, I’m not interested, bugger off”, and therefore we wanted a level of continuity really which was part of our other reason for doing it.” HP

This supports the GMCA's campaign to introduce more long term and multiple year commissioning opportunities. Whilst longer term commissioning is a recommendation for programmes, having HP support in place would be a recommendation in the short term. As with having more than one DP support worker which has been introduced in HF, having an exit plan in place at the start of the programme would relieve that anxiety for people who may be concerned that they are not ready to live independently, or those who do not want to have to meet and build up trust with yet another person. If this support can be provided, then introducing tenants to HP workers as soon as possible is advised. Some HPs have expressed that not having the relationship from the start resulted in a lack of engagement from SIB tenants once the DP support was coming to an end, which put some tenancies at risk where individuals had issues or were struggling to pay rent but didn't feel comfortable asking for help.

Not all HPs have the staffing or resource to move staff support around or provide any extra support to SIB tenants. For these smaller HPs, resource for extra support could be built into the model to ensure staff can get to know their SIB residents as much as the DP support workers. Whilst all providers have worked hard to ensure that their SIB tenants have sustained, working in new and more flexible ways to suit their need, this is always going to be more difficult when also supporting your usual tenancy cohort which can cover hundreds of properties.

6.10 The COVID-19 Pandemic

In March 2020, three months into the final year of the GM SIB, COVID-19 reached the UK, and the first national lockdown was imposed. Many staff moved to working from home, day centres and non-essential provision closed, and people were asked to stay at home for anything other than essential travel. For people on the SIB this was a huge concern as those who were experiencing isolation or poor mental health were to be further isolated, and face to face support for the most part came to an end. Appointments moved to phone calls, and any community activity and interactions towards education, training and employment had to be put on hold.

Some SIB tenants did find this extremely difficult, with some retreating and ignoring calls or visits from tenancy support teams and delivery partner support workers.

“We can’t get in, we can’t go and see them, it’s easier to ignore a phone call than it is to ignore a door. It’s hard, because if you’re knocking on a door, you can see through the window – “you’re there”. When you’re ringing a phone, you can’t see that you’re ignoring it.” HP

Digital exclusion has also played a part in isolation for SIB tenants. Support workers spent a lot of time trying to ensure that everyone had access to a mobile phone, but a lack of confidence or equipment for video calls or appointments and social activities meant that some were simply not able to engage with online alternatives.

Not all experiences however have been as negative as predicted. Both delivery partners and housing providers have used asset-based approaches to support those who needed extra help through the pandemic. New virtual ways of working and supporting people were introduced, for example one person expressed that they enjoyed cooking and so video sessions were set up for him and his asset coach to cook the same meals. Another was interested in crosswords, so he and his coach spoke weekly and completed the same newspaper crossword. Although these may sound small, they have been vital in ensuring that SIB tenants still got to do what it is that they enjoyed and avoided becoming too isolated. It also reduced the risk of tenants feeling unable to cope and abandoning properties.

Staff on the SIB have also expressed that they believe the impact of COVID-19 forced some of their clients to step out of their comfort zones and do more for themselves, as support workers were simply no longer able to do it for them. Not only did this improve their own level of confidence and skills, but it made the withdrawing of the support in the final year more of a gradual process, rather than some clients becoming too dependent and then suddenly having no support from delivery partners.

“I’ve felt that a lot of my clients, it’s empowered them, it’s made them actually do things for themselves rather than relying on other professionals, “can you do this, can you do that, can you do the other?”, they’ve actually picked the phone up and done things for themselves, so I feel like a lot of mine have grown as well in that time.” HP

We can never be certain how people would have progressed or whether even more outcomes would have been met if it wasn't for COVID-19 happening, however both service staff and the clients themselves have managed to find creative and innovative ways in order to cope and provide the best support possible throughout this extremely challenging period. One piece of learning to take from the experience is the realisation that not all people want to be supported in person all the time, and access to online appointments or social activity may make some people feel more included than the daunting prospect of going to large gatherings in person. Of course, this is only possible if people are given the access to attend and so digital inclusion is something to be considered more, especially as activities and appointments become more common online. This not only includes access to phones/tablets/laptops, but also affordable and reliable internet access, and training to develop the confidence to use items and online platforms such as Skype and Zoom.

Chapter 7: Conclusion

This chapter will explore whether the GM SIB has been successful in meeting its outcomes set by MHCLG and helping to provide sustainable and meaningful support to its participants. It will also highlight key learnings and what is essential for any future projects looking to support people experiencing homelessness and multiple disadvantage. Finally, this chapter will look at the continued demand on homelessness services and accommodation across GM, what work is taking place, and what needs to happen in the future to ensure demand for support and stable accommodation is being met going forward.

7.1 Has the SIB been a success?

Over the course of the three years, despite a relatively small budget, the SIB successfully supported 357 people into accommodation across GM (328 from homelessness and a further 29 already in temporary accommodation at the start of the SIB). At the end of the project 262 (73%) of those were still in accommodation. Outcome aspirations for support around mental health & wellbeing, and substance misuse were exceeded. Although aspirations were not met for the ETE outcomes of the project, valuable learning has been taken from the experiences across GM

Homes so that for any future programmes different aspirations can be considered, alongside a knowledge of barriers and who to bring in from the start of the project. The SIB was also delivered at a 30% lower cost per person than originally planned (£6.5kpp over three years rather than £9kpp) due to the need to expand to accept more referrals, but the total contract size not being expanded proportionally to the additional number of people on the programme. This likely impacted on the ability to invest in ETE due to higher caseloads and more pressing priorities for people such as accommodation or health & wellbeing.

The overall conclusion is that the SIB has clearly been a success in helping support people who have experienced rough sleeping and multiple disadvantage into accommodation. The flexible, person-centred and trauma informed approaches to support each individual has resulted in sustainable change in people's lives, building their skills and confidence in themselves and supporting wellbeing as it was understood by each individual. The ability for other services such as HPs and mental health teams to adapt to these ways of working has also been vital in ensuring that approaches are consistent and embedded into teams for future support with SIB tenants and also general needs tenancies who may also face issues and barriers in the future.

It is also important to recognise that people on the SIB achieved much more than just what was listed on the rate card. Success should also be acknowledged in instances where a person may not have reached a listed outcome, but they have still come a long way from where they were before the SIB. GM Homes staff listed successful wellbeing indicators such as having a routine, reaching out to family, having children who had not been seen for years come to visit, obtaining photo ID or a birth certificate for the first time. Some of these may seem small compared to the larger outcomes of sustaining treatment for substance misuse or mental health support, however for every small achievement that is a step forward for someone who otherwise would likely still have been sleeping rough with limited options to move forward.

People's journeys to independent living are never linear, and the SIB has been successful in giving people the experience of achieving things for themselves so that even if they do have a lapse in their recovery, they may still be in a better place than

they were before. Allowing people to focus on what they wanted to focus on resulted in a lot more success for them personally.

Despite being a payment by results programme, the kind of support on the SIB ensured that participants did not feel pressured into making changes for the sake of the SIB and could go at their own pace. This is one of the most important aspects of the GM SIB, alongside the partnership across Greater Manchester. The level of shared learning and best practice, as well as the relationships built along the way with services has enabled support workers to be creative and change their approach depending on where their SIB client was up to and what barriers they were facing.

“I don’t think I’d be where I am today without them. [support worker] has probably saved my life really.” SIB Participant

7.2 What is essential?

Throughout this evaluation the following approaches have been raised as essential when working with this cohort to provide secure accommodation and long-term change:

- **An asset-based, person-centred approach.** Treating each participant as an individual and understanding what they want to achieve throughout the course of the project is vital when looking to engage participants and ensure they have a vested interest in their own journey to independent living.
- **Housing led.** Having an offer of housing so that participants have a secure base from where they can start to look forward was key to the success of the SIB. This was made possible due to the existing strength of partnership working amongst GMHP prior to this project, Housing Providers’ leadership in the design and set-up of the GM Homes partnership, and their willingness to go outside the normal allocations policy for this cohort.
- **Having small caseloads and appropriate staffing level.** Following the MEAM recommendation of a caseload of no more than 10 people is advised for future projects. Government should ensure that the budget made available to such projects is adequate to allow for this and is maintained at an adequate level where projects are asked to help more people than originally planned.

- **Partnership working.** The number of cross-sector partners brought together by GM Homes partnership in the delivery of the SIB has been critical to its success. Being able to draw upon learning and experiences across GM has improved the offer of support across the different agencies.
- **Flexibility between commissioner and partnership.** The flexible relationship between GMCA and the partnership has resulted in the development and delivery of several exciting pilots and changes to the structure of the SIB. Trusting partners to understand what is best for their clients is vital to successfully meet people's needs and address systems change.
- **Appropriate mental health support.** Having mental health support that understands the complexities of the client group and are able to work in the spirit of the programme is essential if they are expected to build trust with participants and meet them in places most appropriate for them.
- **Involvement of people with lived experience.** Having access to people with lived experience is an important aspect of any support for people experiencing multiple disadvantage. It ensures that participants feel understood and can see how others have gotten through similar experiences.
- **Support for Housing Providers.** For the sake of long-term sustainment, financial or staff support for HPs should be built into programmes from the start. HP staff are increasingly having to deal with stressful and often traumatising situations such as deaths, suicides, and serious domestic incidences. As well as funding for staffing etc. HP staff have asked that they have access to more emotional support, for example reflective practice to be able to look after their own health and wellbeing.

7.3 Ongoing demand and Next Steps

The GM SIB had a set end date and the outcomes outlined in this evaluation relate to that period of time. When the programme delivery ended in December 2020 the support was also phased out.

Of the 262 sustaining their tenancies at the end of the programme in December 2020, 147 were sustaining positively and 13 people were assessed by the provider as being at serious risk of losing their tenancy. To assess the impact of the end of the programme at the end of March 2021, nine HPs sent updates on their SIB tenants. By that time, although 186 were still sustaining positively or with minimal risk, 21 tenancies were at serious risk of failing.

The table below shows a like for like comparison of data from December 2020 and March 2021:

	Sustaining Positively	Minimal Risk	Moderate Risk	Serious Risk	Disengaged
Dec. 2020	147	56	46	13	96
March 2021	132	54	53	21	97

Although many people are still doing well in their tenancies, this shows that the loss of intensive support before a person is ready can result in a person struggling to maintain their tenancy. Reasons given for people deemed to be at serious risk include reports of involvement in ASB, reports of cuckooing or other safeguarding incidents, and lack of engagement/potential abandonment of the property. The SIB has shown that this type of person centred, and trauma informed approach does work for people, but some may need support for much longer than three years.

Since the end of the SIB, HPs have expressed that many from this cohort require ongoing support, potentially for the rest of their lives. Although some HPs have staff who can fill this gap, this is not without its challenges. Even larger HPs with several staff teams still have between 30-40 people on their caseload, which they view as being unsustainable when working with this cohort. Staff are dealing with increasing instances of safeguarding and are having to deal with more harrowing cases, for example tenants passing away, often in distressing circumstances. Tenants are still experiencing exploitation and cuckooing, with managed moves taking place which although is beneficial for the tenant, can be very costly and complicated for the HP. Moving forward, looking after staff is vital when working across any project working with vulnerable people and complex tenancies.

Moreover, demand for ongoing support for this cohort is still high. At the end of the GM SIB in December 2020, there were 566 people in ABEN, and people being supported by GM Housing First. People in these schemes have either experienced rough sleeping or are at very high risk of doing so. In December 2020, 51% of those accommodated were aged under 35 and local authorities have reported an increase in people accessing ABEN who are new to homelessness and/or rough sleeping.

Government data from October – December 2020 shows that across the ten local authorities in GM, 4561 initial homelessness assessments took place, with 4477 of these resulting in an owed prevention or relief duty. 1648 of these were threatened with homelessness within the next 56 days, and 2829 were already experiencing homelessness.

After the COVID-19 pandemic the number of people expected to experience homelessness is predicted to increase dramatically. A ban on evictions that has been in place over the pandemic is due to be lifted in June 2021, alongside the removal of the government furlough scheme and Universal Credit uplift. A study by Shelter found that in November 2020, 445,000 private renting adults were already in rent arrears, or had been threatened with eviction by their landlord or letting agent in the last month. 40% of private renting adults in England worry that they will struggle to find another home in the future based on their previous experiences of both finding and trying to keep their current home.

Moving forward it is clear that accommodation for people experiencing homelessness who also have other needs such as mental health, substance misuse, and repeat experiences of rough sleeping also need the support in place to help them sustain their accommodation, and work with them to achieve whatever aspirations they have for themselves. This support should be long lasting, not restricted by short term funding pots and available to everyone who needs it not as part of special one-off programmes.

“If a lot more people had that support, then there wouldn’t be people having to live in hostels and everything. If they could be given that support to keep living on their own, you know or as a couple or whatever, but everyone should have that kind of support.” SIB Participant

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