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Greater Manchester's A Bed Every Night programme: An independent evaluation Summary Report

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I-SPHERE
Institute for Social Policy, Housing and Equalities Research

1. Key findings

This report evaluates the effectiveness of Greater Manchester’s (GM) A Bed Every Night (ABEN). Introduced in Autumn 2018, ABEN seeks to prevent and reduce levels of rough sleeping across the city-region, address the wider support needs of those accessing the programme, and enable move-on to more suitable accommodation. These aims have been pursued without national funding, and via GM-level major investment and scaling-up of emergency accommodation and support targeting people rough sleeping and unable to access or sustain access to statutory accommodation. Prior to ABEN, this group had access to emergency accommodation during winter periods only, and commonly in night shelters.

The key findings of this mixed methods evaluation are as follows:

- Levels of recorded rough sleeping have reduced 57% in Greater Manchester since 2017, higher than the nationwide reduction of 43%. Nationally, the bulk of this decline is associated with the ‘Everyone In’ response to COVID-19 in 2019-20, whereas in Greater Manchester most of the reduction occurred pre-pandemic.
- ABEN has played a central role in achieving these dramatic reductions in levels of rough sleeping by providing low barrier accommodation for groups previously lacking shelter options due to long-term gaps in statutory services, and by fostering a changed mindset among key organisations that sees rough sleeping as unacceptable. Rough Sleeper Initiative outreach and support services have played a key complementary role.
- There are barriers inhibiting the capacity of ABEN to prevent and reduce street homelessness more effectively, reflecting much wider challenges associated with emergency accommodation provision. These include: difficulties engaging those with complex needs and/or reluctant to access services; problems with referral and access procedures, including verification processes, ABEN reaching full capacity, and a lack of join-up between existing services; endemic use of eviction from ABEN accommodation; and avoidance and abandonment of ABEN accommodation.
- ABEN’s effectiveness in addressing the support needs of those who access it has been highly variable. Some ABEN users benefit from regular access to support workers with relatively small caseloads to assist with a wide range of support needs. For others, support is very light touch and case workers managing heavy caseloads. ABEN support workers can feel overwhelmed by the breadth and intensity of support work.
- The philosophy, culture or specialist focus of particular services can mean that some of those who access them benefit from especially good practice and tailored support, but variation in service philosophy or approach can also sometimes expose other ABEN residents to unevidenced, or ill-fitting approaches that are poorly suited to their needs.
- ABEN users’ experiences and outcomes were strongly influenced by the type of temporary accommodation allocated. Shared and congregate forms, which dominate nationally and internationally, were highly detrimental to some people’s wellbeing and undermined their ability to meet their own needs and engage with wider supports. Night-time only, night shelter accommodation was especially damaging to people’s wellbeing and sense of self-worth and mounted a substantial barrier to their ability to access support, as well as staff capacity to understand the needs of ABEN users.
- Self-contained, mainstream accommodation was the preferred move-on option for almost all ABEN user interviewees, but access to it was extremely problematic. High demand and lack of priority made access to social housing extremely challenging across much of the city-region. Private rented options were usually unaffordable, and landlords often reluctant to let to this group. Housing First was seen to be an extremely effective and positive move-on option, but access was very limited given the current scale of provision in Greater Manchester.
- ABEN has had a number of important wider impacts including reducing demand for wider public services among the rough sleeping (or at risk) cohort; providing impetus to the public sector reform agenda; and generating intelligence and data on the scale of rough sleeping and need for emergency accommodation in Greater Manchester.

2. Background, evaluation aims and methods

Greater Manchester’s (GM) A Bed Every Night (ABEN) programme was launched in November 2018, with the aim of providing accommodation and support to anyone sleeping rough in the city-region. At that time there was no formal or ongoing accommodation and support available to people who couldn’t access statutory accommodation. There were high numbers of people sleeping rough across the city-region with no accommodation or support offers available through public services. The ABEN programme was a major component of the Mayoral focus on ending rough sleeping by 2020. ABEN targets people often excluded from other forms of accommodation and support, including those with No Recourse to Public Funds, those not owed statutory interim accommodation or rehousing duties under homelessness legislation, and those excluded from statutory temporary accommodation. From the outset, ABEN was not conceived as an optimal or evidence-led response to rough sleeping, in part reflecting its introduction in the context of eight years of significant cuts to local authority budgets. Rather, it was viewed as a practical response to a ‘humanitarian crisis’ on the streets of Greater Manchester that sought to address long-standing weaknesses in statutory and non-statutory provision. It has evolved substantially since this time (see below) reflecting a process of continuous review and improvement.

This study evaluated the effectiveness of ABEN in achieving its core aims of reducing rough sleeping among those experiencing it or at imminent risk of doing so, addressing the support needs of those accessing ABEN, and securing move-on to more suitable accommodation. A key focus was understanding the experiences of those who have accessed programme accommodation and support. Informed by the principles of realist-evaluation, we sought to understand the effectiveness of the programme by exploring first, *what it is about ABEN* that does or does not ‘work’ in achieving its aims or other outcomes, identifying specific *mechanisms* or *components* key to effectiveness or ineffectiveness; second, *the impacts of local context* on the extent to which ABEN is able to meet its aims or other outcomes; and third, the extent to which ABEN is *more or less effective for people in different circumstances* or with different characteristics or experiences. We took a primarily qualitative approach, involving a phased series of interviews and focus groups with:

- Cross sector key stakeholders with GM-wide expertise spanning homelessness, health, criminal justice, housing and/or the voluntary sector (n=10)
- Strategic local authority-level stakeholders across all 10 GM boroughs (n=19)
- Staff involved in the delivery and implementation of ABEN services (n=17), and
- People with direct experience of using ABEN accommodation and support (n=28).

All fieldwork took place between August and December 2020. This was supplemented by a documentary review of existing literature pertaining to the ABEN programme and a light-touch review of relevant and accessible quantitative data. Key quantitative data sources included nationally-mandated street homelessness enumeration exercises, and ABEN programme data. Weaknesses in the latter data in particular limit their utility in illuminating programme effectiveness.

3. Origins and evolution of ABEN

The impetus for ABEN was a GM-level commitment to the idea that rough sleeping could and should be reduced across the city-region, following stark rises in street homelessness in the 2010-2018 period in GM and nationally, and very visible street homelessness in the City of Manchester in particular. Also relevant were the homelessness

impacts of the so called ‘Beast from the East’, a spell of very bad weather in early 2018, that necessitated longer-than-usual severe weather provision. Stakeholders involved were struck by the value of consistent access to accommodation and support in improving the capacity of services to enable engagement and moves off the street. Also key to the programme’s origins was the coming into office of GM Mayor Andy Burnham, following election pledges to end rough sleeping.

ABEN is underpinned by a theory of change regarding how rough sleeping can better be prevented and reduced for those not owed and/or excluded from statutory provision. This approach considers low-barrier, well-publicised emergency accommodation, accessible over consecutive nights, combined with support to address wider needs and enable move-on to suitable accommodation to be more effective than the itinerant and sporadic severe weather provision that had previously been the norm for this group. Over time, ABEN has come to be seen as a mechanism for achieving system-level change too, including as a way of promoting and embedding effective interagency working between homelessness, housing, health, criminal justice and voluntary sector services.

The programme has evolved significantly over its three phases to date, driven by a combination of internal drivers, including multiple service reviews and ‘feedback loops’, and external shocks. Service capacity has grown, and there have been substantial increases in programme funding and changes to the funding mix and model. Health and criminal justice partners now fund the service in partnership with the Greater Manchester Combined Authority and local authorities, and in the most recent phase three (July 2020 onwards) there is an increasing focus on recovering rental costs via the benefit system. There has also been a professionalisation and formalisation of provision, including increasingly clear expectations of accommodation and support providers (especially in relation to health) and the putting in place of oversight and governance arrangements. ABEN provision has also seen diversification and specialisation, including the introduction of services specifically for those with No Recourse to Public Funds (NRPF), women, individuals who identify as LGBT+, and those with complex needs. The overrepresentation of young people in phase 1 and 2 referrals has led to the development of specific youth prevention services outwith ABEN (the Young Persons’ Homelessness Prevention Pathfinder). Over time, the intended ‘last resort’ focus of the programme on those not owed statutory rehousing duties under homelessness or social care legislation has become clearer, and increasingly emphasised.

The COVID-19 pandemic had very substantial impacts on homelessness responses in GM (as well as nationally), leading to an intensive focus on accommodating those sleeping rough and a radical transformation in the ABEN accommodation estate, previously characterised by a high proportion of communal dormitory-style night shelter provision and shared rooms. The first half of 2020 saw a shift to ‘fully single room’ provision, with only one night shelter having re-opened since then.

While ABEN is a GM-wide programme, it is implemented at the local authority level and there is a great deal of variation in the nature and delivery of the programme between services and across GM’s ten boroughs. The nature of accommodation provision varies, including use of self-contained accommodation, shared private-rented flats or houses (often leased), hostels, B&Bs/hotels, and night shelters. Services and local authorities also vary in the extent to which they conceive of ABEN as a preventative intervention (accessible to those at imminent risk of rough sleeping) in addition to its core role of relieving current rough sleeping. Finally, it is not always clear among stakeholders at the city-region and local/service level whether the programme is intended to operate as a rapid triage and move-on service or, rather, whether provision is intended to allow people space and time to settle, consider their next steps, and develop independent living skills.

4. Programme effectiveness

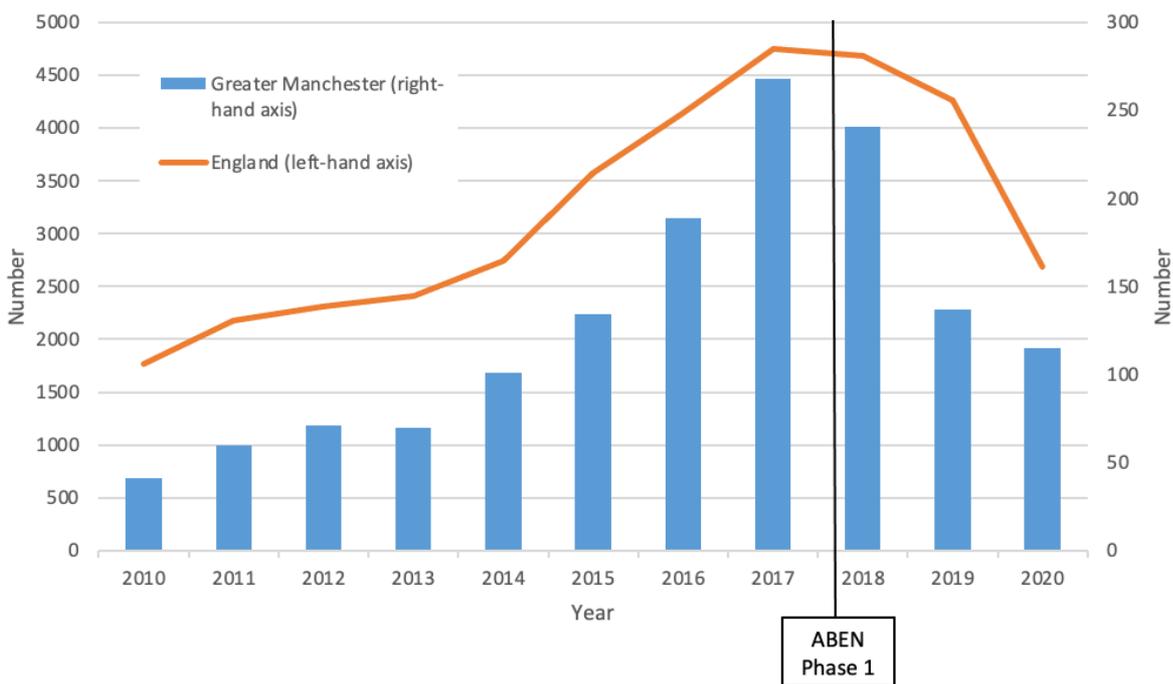
We considered the effectiveness and impacts of the ABEN programme in relation to three key themes: reducing rough sleeping among those experiencing it or at imminent risk of doing so, addressing the support needs of those accessing ABEN, and securing move-on to more suitable accommodation.

Reducing rough sleeping

Our overall verdict is that *ABEN has been very effective in preventing and reducing rough sleeping, but also that a range of barriers operate to limit greater effectiveness in this regard.*

Having peaked in Autumn 2017, levels of rough sleeping in Greater Manchester – according to nationally-mandated and verified enumeration exercises – have since fallen by 57%, greater than the nation-wide reduction of 43% (see figure 1). GM reductions also occurred earlier than national falls, driven by responses put in place prior to the COVID-19 pandemic and ‘Everyone In’ response. ABEN has played a central role in bringing about these reductions, with Rough Sleepers Initiative outreach services playing a very important complementary role. For many of those we spoke to who had direct experience of using ABEN provision, the programme had played a clear and valued role in preventing or ending an episode of rough sleeping, episodes that were experienced as acutely harmful and traumatic.

Figure 1: Trends in local authority rough sleeper estimates in Greater Manchester & England, 2010-20



ABEN has been especially effective in preventing and reducing rough sleeping among those new to the street and with comparatively low support needs, and migrants with No Recourse to Public Funds or restricted access to benefits. Our analysis also suggests that ABEN has provided a route off the street for some individuals with long histories of homelessness and complex needs, and has played an especially important role in plugging gaps that can too often leave prison leavers on the street.

Three key components of ABEN explain the programme’s effectiveness in this regard: first, the provision of low barrier access to accommodation for groups previously lacking shelter options due to long-term gaps in statutory services; second, a changed mindset among relevant partners in the city-region, that has seen attitudes shift regarding the acceptability of leaving those owed no statutory accommodation duties to sleep rough; and, third, the high profile of the programme – politically, publicly and among key partners – that is seen to have created buy-in and momentum across wider public services.

Despite these extraordinary reductions in recorded levels of rough sleeping, a series of barriers inhibit the capacity of ABEN to prevent and reduce street homelessness still further. First, key stakeholders emphasised struggles to engage particular groups among the rough sleeping population as a key challenge, in particular those with multiple and complex needs, and those eager to remain hidden for fear of the violence or hostility they risk if more visible.

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

Third, endemic use of eviction from ABEN accommodation undermines the programme’s effectiveness in preventing and reducing rough sleeping. While a culture of eviction as a last resort (deployed only when there are risks to the safety of staff or other residents) is present in some boroughs and services, in others eviction is used to address a very wide range of behavioural and housing managements challenges that fall well short of this ‘last resort’ threshold. Drivers of eviction include breaking the terms of license agreements, sending a warning to other residents regarding the consequences of unwanted behaviours, lack of engagement with support, causing a nuisance to other residents, and an assessment of lack of genuine need for the accommodation. Use of eviction can be associated with wellbeing gains to those that remain in the service, but can also foster feelings of intense insecurity and stress among this group. While it is not at all clear that all or even most evictions result in rough sleeping on the part of the individual targeted, it is apparent that eviction practice varies enormously across the ABEN estate, and that there is scope to reduce it via a review of practice, including a reduced reliance on larger congregate forms of accommodation where intrapersonal conflict and safety concerns are greatest (see below).

Fourth, voluntary avoidance and abandonment of ABEN accommodation by those using it reduces the effectiveness of the programme in minimising rough sleeping. Rules deemed unacceptable or unmanageable to ABEN users are relevant here, but perhaps most crucial in driving abandonment are the challenges of shared living environments (night shelters, hostels, B&Bs and shared houses), including risks to physical safety, mental health and wellbeing and one’s personal possessions, often combined with insufficient levels of staffing and support.

Addressing support needs

Our overall verdict is that *ABEN has highly mixed effectiveness in addressing the support needs of those who access it*, because of barriers and challenges arising within ABEN services themselves and across wider mainstream and specialist support services. We consider this aspect of programme effectiveness in addressing people’s support

needs under three themes: the relationship between accommodation type and people's needs; provision of support within ABEN services; and access to support outwith ABEN.

There is a very strong relationship between the kinds of ABEN accommodation people reside in, the challenges they encounter while accessing ABEN, and their need for and ability to make use of available support. ABEN can function to relieve immediate survival stressors (provided accommodation is safe) and in doing so generate improvements in mental and physical wellbeing. Where survival stressors are reduced, people report being able to think more clearly, and plan for their future. Experts emphasised the centrality of individual safety to engagement with support, but such feelings could be elusive for those residing in congregate accommodation. Sharing living space with others brought very significant challenges: sometimes in the form of persistent daily hassles using shared facilities and spaces; but also in exposure to acute experiences of loss and harm, including the theft of belongings and fears for personal safety. People using ABEN did not always have access to facilities that would allow them to meet their own basic needs, including kitchen and laundry facilities that they could access when they chose, without unnecessary supervision and without risk of theft.

Rules were necessary to manage risk in congregate ABEN accommodation but were nonetheless experienced negatively by people living there, and often as infantilising. Restrictions regarding visitors could be highly corrosive of wider support networks and familial relationships, including with children. Few participants with direct experience of ABEN services we spoke to reported active drug and alcohol problems. Our data suggest that this is at least in part the result of the unsuitability-by-design of current ABEN provision for this group, and the resultant increases in avoidance and eviction from services in the face of rules prohibiting and sanctioning substance use on the premises.

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

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

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

There is a strong emphasis on ABEN staff connecting people to the wider services required to meet their support needs, but the capacity of these services to effectively respond to these needs varies. There has been a particularly strong emphasis at the strategic level on connecting ABEN users to appropriate health care, and the positive impacts of this are evident in ABEN services across GM. Ability to access timely specialist support to address substance use issues varies: some areas report responsive services and speedy access to help, but others lengthy delays that jeopardise ABEN accommodation sustainment. There are enduring issues in appropriately supporting those with multiple and complex needs, with ‘buck passing’ between siloed mainstream services – in particular, mental health and drug and alcohol services – frustrating staff efforts to secure support. There is considerable frustration about lack of progress in this area, but shifts at the strategic level give cautious hope for improvements on the ground in the not-too-distant future if the challenge of funding the high-cost services this group need can be met.

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

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

Securing move-on accommodation

Our overall conclusion is that *ABEN has highly limited effectiveness in securing suitable move-on accommodation for those that use it*, reflecting the systematic barriers and lack of priority facing ABEN users in accessing appropriate move-on options.

A home of their own – self-contained, mainstream accommodation – was the preferred move-on option for almost all the ABEN users we spoke to, and participants were extremely eager to receive (and valued) practical support to help them to attain this. Those respondents who had secured their own home had received proactive practical help to do so, and some of those still in ABEN accommodation also had clear move-on plans in place. Many of those we spoke to, however, had no clear plans in place or even in the process of development, and some faced conditional routes to move-on accommodation dependent on navigating a ‘staircase’ of provision or meeting behavioural conditions imposed by support staff, including being deemed ready for independent housing.

Key informants see accessing move-on accommodation as the biggest challenge facing the ABEN programme, and as crucially important, both in terms of the quality-of-life implications of suitable move on for ABEN users, but also because the ABEN model requires throughput to maintain its ability to prevent and reduce rough sleeping. A subset of ABEN users move on to positive housing outcomes, and this is especially likely where housing market contexts are more benign and move-on support more intense. The achievement of some positive move-on outcomes offers partial vindication of the ABEN theory of change, albeit that this evaluation has illuminated manifold barriers constraining its smooth operation in practice.

The most common move-on destinations for ABEN users were supported accommodation or hostels, despite this being a preferred outcome for only a very small minority of those we spoke to. The ability to secure this outcome

depends on the supply of such accommodation in the area, as well as its ‘fit’ with the needs profile of the ABEN cohort. Key stakeholders identify a severe gap in the supply of supported accommodation spaces for those with complex needs in some part of GM, in part because of long-run local authority budget cuts. In the absence of sufficient supported accommodation for this group, some ABEN services have adapted to better meet their needs, acting as supported accommodation-by-proxy. Access to Housing First is considered a highly desirable housing option, but is radically constrained by the scale of current Housing First provision within the city-region. Together, these issues can lead to long waits in unsuitable ABEN for the target group, and services can struggle to prevent abandonment or exclusion in these circumstances.

Low numbers of ABEN users appear to access independent self-contained accommodation despite this being the preferred outcome for almost all those we spoke to. ABEN users face very significant barriers to accessing social housing in many parts of GM, primarily related to limited availability compounded by low priority, but also including practical barriers, in the form of access to bidding numbers, knowledge of how to bid, and access to the resources required to do so (e.g. phone and internet access). In some areas, access to social housing is much easier, largely because these councils retain control of their stock, and demand is lower. Those who had accessed social housing were generally very happy with this outcome, though stakeholders in some areas had concerns about the suitability of areas where social housing (often high-rise blocks) tends to be concentrated for some ABEN users.

ABEN users face significant barriers to accessing private rented sector (PRS) accommodation, related to affordability, and compounded by landlord reluctance to accept benefit recipients. Those with low support needs, in work and/or with a good credit history have easier access to the tenure. Local authorities are increasingly seeking to secure access to PRS accommodation for ABEN users given challenges accessing other housing options, with success reported in some areas, but acute and enduring challenges in others. Access to shared Houses in Multiple Occupation (HMO) accommodation in the PRS is often the most feasible option for ABEN users, albeit acknowledged as neither desirable, nor suitable, for many. Where HMO accommodation is the likely move on option and ABEN accommodation is of a similar kind (i.e. shared flats or houses), this can disincentivise move-on. GM-level efforts to open up access to the PRS for low-income groups are hoped to offer better outcomes for ABEN users, but to date properties secured by the Ethical Lettings Agency ‘Let us’ have overwhelmingly been allocated to other groups.

A large proportion of ABEN users leave the programme to unknown destinations, and repeat ABEN use is common. Intensive case management approaches and multi-agency task and target group meetings are seen to offer a mechanism to reduce repeat presentations. For those that do access settled accommodation post-ABEN, there are concerns that a lack of housing-related floating support risks the sustainability of these rehousing outcomes. While some ABEN services check in with clients after move-on, this ad hoc and very time-limited approach is seen to be inadequate, and in any case not the norm. The COVID-19 pandemic appears to have slowed access to move-on accommodation further in most areas, although one borough bucked this trend by investing in more intensive key working with ABEN clients. Given that at the time of writing the ABEN service is at capacity, it is not surprising that a greater emphasis on the prevention of rough sleeping and reduction in demand for the programme is seen as important.

Wider benefits and unintended consequences

ABEN has also had a number of important wider impacts and consequences. First, our evaluation suggests that ABEN achieves a range of positive – though as yet unquantified – impacts for wider services. By contributing to very substantial reductions in levels of rough sleeping, ABEN reduces needs for acute care, including in A&E. By supporting and enabling ABEN users to access health care, ABEN helps prevent avoidable health problems and stops them escalating among its users. By accommodating prison leavers – and indeed the wider ABEN using cohort – ABEN reduces people’s propensity to commit or be a victim of crime.

More broadly, the momentum and profile of ABEN have provided significant impetus – and practical mechanisms – for the pursuit of public sector reform, including efforts to progress an Inclusion Health agenda. ABEN has also built the capacity of voluntary sector homelessness services and organisations, improved interactions between these organisations and statutory services, and given voluntary sector leaders a central ‘seat at the table’ in developing and improving GM-wide rough sleeping responses.

Second, the operation of ABEN has provided important intelligence and data on the scale of and need for emergency accommodation in GM. The clearest example of this is the detection of substantial unmet need among young people and the subsequent development of interventions to better address these needs. In offering accommodation to a previously profoundly under-served group – those with NRPF – ABEN has also enabled quantification and enhanced understanding of need among those in such circumstances. ABEN has also offered substantial additional insight into the scale of rough sleeping and rough sleeping risk in the city-region, helping make clearer (alongside ‘Everyone In’ Covid-19 response data) the true scale of rough sleeping experience in the city-region. Efforts to further improve ABEN data quality, move to a real time database of ABEN users, and introduce a GM-wide By Names List of people currently rough sleeping would also vastly improve intelligence in this area and help make the case for levels of investment needed to intervene more effectively. Improving ABEN data collection on the immediate triggers of rough sleeping among users would provide a valuable resource in developing preventative interventions.

5. Concluding discussion and recommendations

We conclude by bringing our key findings into conversation with the international evidence base on ‘what works’ in responding to rough sleeping¹. This sets a high bar for assessing the ABEN programme, which was introduced as a practical crisis response, rather than an evidence-based and optimal solution to rough sleeping. It is in the spirit of the city-region’s high aspirations and ambition in relation to reducing and ending rough sleeping that we reflect upon the ways future programme development could be informed by this evidence base. We identify recommendations in relation to four themes: the need for swift action and assertive outreach; the effectiveness of housing-led responses; the value of individually tailored, flexible support; and the importance of a focus on poverty-alleviation, reintegration and assets, before closing with a consideration of policy changes at national level that would support these developments.

Swift action and assertive outreach

Existing evidence highlights the importance of swift responses to rough sleeping that minimise the likelihood of support needs intensifying on the streets; deployment of pro-active and persistent outreach; and clear approaches to identifying and prioritising those in need.

While ‘immediate pick-up’ from the streets is core to the ABEN vision, barriers to achieving it in practice include: sometimes lengthy verification processes, high demand for/limited capacity in ABEN accommodation, gaps or weaknesses in out-of-hours access processes, reluctance to engage among some prospective users, and in some

¹ We draw on the following three evidence reviews: Mackie, P., Johnsen, S., and Wood, J. (2017) *Ending rough sleeping: what works? An international evidence review*. Crisis: London; Keenan, C., Miller, S., Hanratty, J., Pigott, T., Hamilton, J. and Coughlan, C. (2020) *Accommodation-based programmes for individuals experiencing or at risk of homelessness: a systematic review and network meta-analysis*. Campbell UK & Ireland; Centre for Evidence and Social Innovation, Queen’s University Belfast; and Centre for Homelessness Impact; and Fitzpatrick, S. & Watts, B. (2016) Poverty & complex needs, in JRF, *UK Poverty: Causes, costs & solutions*, pp. 217-247. JRF: York.

areas difficulties accessing outreach services or non-responsive Housing Options teams. To address these issues, we make the following recommendations:

- Ensure that adequate and sufficiently pro-active outreach services are in operation across the city-region.
- Address practices that risk blocking or delaying access to ABEN, including verification processes, and poor out-of-hours access options.
- Ensure sufficient capacity within and flow through ABEN services so those newly in need or engaging can always access accommodation and support, including via improved prevention work specifically targeting those at risk of rough sleeping.
- Improve the offer to those experiencing entrenched rough sleeping and/or reluctant to engage, including via increased access to Housing First tenancies and swift access to drug and alcohol services.
- Support local authorities to effectively assess whether prospective ABEN users are at ‘imminent risk of rough sleeping’ to ensure that provision is safeguarded for the intended target group.

Housing-led responses

A key principle to emerge from the international evidence base is that responses to rough sleeping should be housing-led, providing swift access to settled housing and minimising stays in emergency and temporary accommodation. The multiple harms associated with shelters, hostels and ‘institutional’ living environments are very well recognised.

ABEN is not a housing-led programme, but relies on often congregate forms of emergency accommodation to get people off the streets. People’s experiences in this accommodation are often negative, frequently characterised by daily hassles and stress, harm, rules and restrictions deemed problematic, and a lack facilities via which individuals can meet their own needs. Night shelter accommodation is especially corrosive of people’s wellbeing, sense of self-worth and ability to engage with support. Some ABEN services appear to pursue staircase-like approaches involving assessment of ‘housing readiness’, and access to mainstream tenancies, including Housing First, is limited and challenging. To address these issues, we make the following recommendations:

- Cease use of night shelter and night-time only accommodation. Move to single-room only accommodation and maximise use of self-contained options. Ensure that all ABEN accommodation enables flexible access to cooking and laundry facilities.
- Monitor and review eviction and exclusion practice and outcomes, avoidance and abandonment outcomes, and repeat ABEN use to enhance understanding of their drivers, mitigate negative impacts, and reduce their occurrence.
- Work with social and private landlords to increase access to mainstream accommodation for ABEN users, including via the Housing First programme and Ethical Lettings Agency, and ensure the sustainment of move-on accommodation by enhancing housing-related support provision.

Individually tailored, flexible support

International evidence demonstrates the value of individually-tailored, person-centred support (alongside accommodation) in responding to rough sleeping. Support should be flexible, persistent and co-ordinated between relevant services and account for people’s highly diverse backgrounds, circumstances, needs, preferences, assets, and entitlements. Service user choice in relation to accommodation and support is also identified as important.

Minimum levels of support are available to all ABEN users, but there is enormous and problematic variation in the level, nature, intensity, regularity and accessibility of that support, as well as in the support models deployed by particular services. Specialist provision for women, those with NRPF, and those with complex needs has begun to address these issues for these groups. Co-ordination and access to wider support services is core to the ABEN model, but the accessibility of these services for ABEN users varies in practice, with variable access to drug and alcohol support and acute barriers to accessing appropriate mental health care. To address these issues we make the following recommendations:

- Develop and empower the ABEN workforce to effectively deliver a newly developed GM-wide vision for ABEN support provision via training and capacity building; and by ensuring caseloads and access to resources that enable sufficiently intensive and flexible support.
- Ensure support is available to those with NRPF to enable them to make best use of legal advice they are given and in the small number of cases where this group have more complex needs, explore means of better addressing them.
- Prioritise and pursue avenues for improving the availability of mental health support to ABEN users. This may include training ABEN staff, recruiting staff with mental health expertise into ABEN services, and/or improving the capacity of mainstream mental health services to better support ABEN users.
- Engage in targeted work to improve access to drug and alcohol services for ABEN users (and other individuals rough sleeping or at risk), prioritising swift access to maximise entry into and sustainment of accommodation.

Poverty-alleviation, reintegration and assets

Effectively addressing rough sleeping requires a focus on poverty and material hardship, and reintegration, meaning that people are able to go to work and benefit from other ordinary social settings. There is also a strong evidence base attesting to the effectiveness of ‘asset-based approaches’, that is, interventions focusing on an individuals’ strengths and potential to build meaningful and fulfilling lives in the face of ongoing challenges.

Helping users secure access to benefits and/or education, training or employment are features of ABEN support, but not ones especially emphasised by stakeholders. Asset-based approaches did not seem to be prevalent and a reintegrative focus was not apparent. ABEN accommodation can have an anti-integration effects in limiting people’s ability to come and go from accommodation as they please and interact with friends and family, including children. While access to suitable move-on accommodation is a core focus, there are acute challenges achieving this in practice. To address these issues, we make the following recommendations:

- Ensure that welfare rights advice, income maximisation and financial inclusion work are a core component and key focus of ABEN support work.
- Explore the potential to roll out evidence-informed, asset-based approaches to support within ABEN accommodation, including a focus on education, training, employment and wider reintegrative opportunities.
- Seek to minimise the corrosive impacts of ABEN accommodation on people’s capacity to build and sustain positive relationships with friends and family (including children), and maximise swift access to self-contained move-on accommodation where possible.

National policy

While national legislation, policy and funding decisions have not been the focus of this evaluation, they play a key role as enablers of and/or constraints upon the capacity of city-regional and local authorities to address rough sleeping. It is significant that ABEN was established and scaled-up without national funding and pushed the boundaries of rough sleeper responses that were previously limited to winter periods and commonly in night shelters. In this final section, we make a series of national level recommendations that would enhance Greater Manchester's capacity to address rough sleeping and achieve the aims of the ABEN programme.

- Pursuit of legal and/or funding reforms that require and/or enable regional and local authorities to fund services that effectively prevent and relieve rough sleeping.
- Review of No Recourse to Public Funds policy, to ensure that those impacted by it are able to avoid rough sleeping and access the support they need, without reliance on discretionary and cash-limited local funds.
- Review the social security system and welfare reforms, in particular the Shared Accommodation Rate and Local Housing Allowance caps, to ensure that households in receipt of benefits are able to access and afford self-contained accommodation in the private and social rented sectors.
- Revise funding frameworks to disincentivise use of congregate forms of emergency and temporary accommodation, and encourage provision of self-contained options.
- Rapidly increase funding for Housing First to meet estimated levels of demand for the programme.
- Ensure that local authorities are adequately and appropriately funded to provide housing-related floating support to those at risk of or who have recently exited homelessness, in order to foster tenancy sustainment.

About I-SPHERE

The Institute for Social Policy, Housing, Equalities Research (I-SPHERE) was established with a mission – to use world-class research to help drive change for people affected by extreme disadvantage. Our staff specialise in research on homelessness, destitution, complex needs and other forms of disadvantage. I-SPHERE is among the UK's top social and housing policy research centres, with a strong international reputation. In 2020 we were awarded the Queen's Anniversary Prize for Higher and Further Education. In our joint submission with the University of Edinburgh we were ranked first in Scotland and second in the UK on the comprehensive Research Power indicator in the 2014 Research Excellence Framework. This indicator reflects size, scope and quality of research. I-SPHERE members have a robust track record of externally funded research, including multiple research council grants and long-term commissions from a wide range of charities and government departments throughout the UK and beyond. Find out more at www.i-sphere.hw.ac.uk

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