


# **MANCHESTER EMERGENCY ACCOMMODATION EVALUATION INTERIM REPORT**

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**Notes for readers:**  
This research was conceived early in the COVID pandemic to capture what was happening while it was still going on. The interim findings contained here are being published to help inform decisions taken as we ‘build back better’, but the full picture won’t be available until follow up interviews are completed with participants. As such, we have resisted drawing conclusions for the time-being and learning points are exactly that.

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EXECUTIVE SUMMARY

Background

On 26th March 2020, the Minister for Local Government and Homelessness wrote to local authorities<sup>1</sup> asking them to urgently accommodate all rough sleepers. The focus was provision of adequate facilities to enable people to adhere to the guidance on hygiene or isolation, including for those who are at risk of sleeping rough. In response, Greater Manchester Combined Authority (GMCA) announced it would spend £5 million in order to house 1,000 rough sleepers and individuals living in emergency accommodation in hotels. The scheme, initially proposed to run for 12 weeks, involved relocating roughly 720 individuals living in shared emergency accommodation as part of GMCA's A Bed Every Night scheme, alongside an estimated 280 who might be expected to sleep rough over the duration of the scheme.

The Holiday Inn Express Manchester East (the focus of this evaluation) was opened as part of the initial phase of this programme, contracted to Manchester City Council. Provision was planned for an initial 40 rooms out of the 100-room hotel with support provided at first by a charity who had previously provided outreach support. Riverside were asked to apply their experience of supported housing and after three days took over the running of the hotel. Residents are in 'Category 1' of Greater Manchester's emergency planning, that is people sleeping rough or housed in unsuitable emergency accommodation and night shelters.

The suggested timeline for the research is as follows:

When	What
May	Initial Interviews with customers and staff
June	Initial analysis and findings released
July	Follow up/round 2 interviews
Late summer/autumn	Full research released and follow up work identified

Evaluation

The aim of providing emergency accommodation was clearly met with an estimated 90% of 5,400 rough sleepers nationwide being rehoused in safety by early May. **This evaluation had two aims related to impact and the future:**

- **Measure the impact on residents. This includes consideration of the way their health, wellbeing, financial situation, substance dependency has changed**
- **Consider learning points and implications of this very specific approach and the potential for adoption of aspects of the approach by mainstream services**

The emergency accommodation appears to be delivered in an efficient and effective manner. Amongst our limited sample the project has, so far, been very successful and very warmly received. We can see positive benefits to all the residents interviewed and few, if any, negative outcomes. A wider sample and follow up interviews will show whether the enthusiasm of residents and (their improved wellbeing) is sustained.

At an early stage, with limited evidence, it is difficult to conclude more than the project is having remarkable results and staff feel that it can be transferred to a non-crisis setting. More research will be required to ascertain whether a version of the emergency accommodation could or should be successfully transferred to mainstream provision.

Residents

There were 45 residents in the hotel up from the initial 40 when research was conducted. At the time of the interviews there were 38 male residents and 7 female residents. In the final report, we would like to include further data / information about the resident's background, needs and support offered to them.

This is a very small sample giving us overwhelmingly positive feedback. As such, reaching conclusions and analysing the efficacy of provision is probably inadvisable. However, the interview group were relatively homogenous and there were many areas where we reached data saturation (i.e. we reached a point in the research process when no new information was discovered in data analysis).

The interviews do show us seven individuals whose lives have been significantly transformed by this intervention.

All residents had been rough sleeping (for periods varying from three weeks to five years) at the time they admitted to the hotel. Some of the long-term rough sleepers begged (largely to fund drug habits). Most residents had multiple experiences of living in hostels, many of these experiences were not very positive.

Five of the residents had been approached by the police in relation to being referred to the hotel. Most residents mentioned that the process of being offered accommodation then being rehoused was very quick (a matter of hours).

All residents are very happy and had had few problems settling in. Residents have a high level of satisfaction with the accommodation and the support they receive. There did appear to be an element of pride in the hotel and the community the residents are building. Most residents seem to be coping with the restricted lifestyle they face and they are, in general, getting on with each other.

Support needs are varied but all residents are appreciative of the support they receive and know they can find support whenever they need it. Key areas of support included registering with GPs, claiming appropriate benefits, sorting out basic health issues and securing referrals to external agencies. Four residents have methadone scripts and are receiving support with drug dependency. Three of the residents with a script mention that they are now stable and would like to reduce their daily dosage. Residents who needed them have been allocated mental health workers who (due to lockdown) they have only had telephone contact with. Some have also secured prescriptions for medication relating to their mental health (e.g. anti-depressants).

Support staff are universally commended. Residents feel that staff are helpful, sympathetic and informed. Residents have no doubt that they can get the help they need from support workers. The hotel and security staff are also singled out for praise.

Residents are also largely appreciative of the support they receive from other partners. Four residents mentioned the police in a very positive light as well as drug support workers and Barnabus.

All seven residents feel that their health and mental health is better. Their overall feeling of wellbeing has increased and their nutrition has improved. Residents feel safe, secure and protected and they feel more positive about their future. The support offered has had a very positive impact on four residents with drug dependency issues and four residents with mental health issues.



There hasn't been a single resident who has been confirmed with Covid-19 so far. Residents imagined that their lives would have carried on much the same if they had not been accommodated. However, they are also aware that Covid-19 would have been a further threat to their health and a restriction on aspects of their former lifestyle.

All residents feel that there is the potential to use the time in the hotel to ensure a more positive future. Whilst accommodation is their foremost concern, there appears to be an increased urgency to tackle other issues from dependency and health to employment and training. None of the residents want to return to the streets. All residents would like to have their own accommodation when they leave the hotel. Three residents also mention getting work as well as accommodation.

### Staff

Interviews were conducted with the Service Manager and two Support Workers.

The project has been delivered in two phases. On arrival, an assessment was carried out and residents' needs were identified. Emergency needs (e.g. securing scripts) were dealt with immediately. Other needs that were dealt with included registering with a GP, applying for benefits and securing mental health support (and medication). The second phase of support (after the initial three-week period) involves dealing with day to day emergencies, making sure all appointments are attended and beginning to identify and deliver longer term support that will allow residents to transition into long term accommodation. It is worth noting that whilst there are clear measurables in terms of support (e.g. referrals to appropriate agencies) a large part of the support offered is less tangible and often spontaneous.

Work is already ongoing to support residents with planning their future when they leave the hotel. Staff feel that some are ready to secure their own accommodation whilst others will need supported (including high needs) accommodation. Activities include registering with Manchester Move, the MAS Gateway system and looking at alternative options for rehousing or moving to an appropriate setting.

The hotel has a basic daily structure built around mealtimes. Throughout the day support is available to residents. Mornings are often used to follow up or instigate contact (on behalf of residents) with partners and support services.

Some residents have abandoned or been evicted (mainly for contravening the hotel's no smoking rules). Some of those that have left have been accommodated in other hotels / B&Bs.

Support staff are very pleased with the effect the security staff have had on residents. The role of security is acknowledged as being vital to the positive atmosphere created within the hotel. Hotel staff are also praised for the way they have dealt with a massive change in their daily workload.

Staff feel that a high proportion of residents have embraced the support and activities offered. As a result, there are discernible improvements in the health, wellbeing and demeanour of many residents. Residents have been supported with claiming Universal Credit, Personal Independence Payments (PIP) and Housing Benefit. Staff are optimistic about offenders who had been involved in dishonesty to fund drugs (e.g. shoplifting, street robbery, burglary). They feel that there is a real chance that behaviours will change.

The most basic (and most positive) impact is that those that were reluctant to come indoors have done so and have stayed. In particular, the impact on those with dependency issues is marked.

There were also a number of positive impacts on staff around job satisfaction and professional development. There have also been very positive relationships with partners and stakeholders who have contributed to the success of the hotel. However, one of the key challenges has included partners having the resource to respond to the needs of residents.

The hotel manager and a member of the security team were interviewed. Both of them felt proud of their role, praised support staff and residents and felt that teamwork had led to a positive outcome.

### Learning points

At such an early stage, it is difficult to conclude that a version of the emergency accommodation could be transferred to mainstream provision. Ostensibly, the project is having remarkable results and staff feel that it can be transferred to a non-crisis setting. This may be wholesale transference (to a similar environment) or selective adoption of some of the learning points that could be applied to other settings.

#### Key learning points include:

- Addressing substance misuse has been a key area of support. There has been a difference (in the nature of the support and the experience of residents) between the hotel environment and hostels. As a result, there is some confidence that changes may be longer lasting
- The scale of provision (45 residents) has worked and not provided as many challenges as expected
- Support staff feel that housing and supporting larger numbers of rough sleepers in one place can work. As a result, there may be an appetite (amongst providers and rough sleepers) for larger scale longer-term hostel accommodation (especially if facilities could be more akin to budget hotel standards)
- The peculiar constraints and regime of lockdown provision may have contributed to the project's success e.g. limited time outdoors. It may not be able to be applied to post-crisis mainstream provision. As a result, staff acknowledge that large scale provision of this type in the post-Covid world would need more activities, more distractions and, possibly, a similar security presence to that in the hotel
- There is a feeling that some residents will gravitate back towards the streets but a hope that the majority are interested in and committed to staying indoors. Signing in and out shows which residents want to spend more time away from the hotel (and, possibly, go back to their old way of life). In contrast, some have embraced the structure and discipline of living in the hotel. It makes them feel safe and they enjoy the sense of community
- The crisis had a galvanising effect. It has brought together partners, funders and stakeholders to focus and co-operate effectively. It also seems that residents have been more responsive to support than they have previously been
- Access to some services has been accelerated (e.g. scripts) and some red tape (56 days relief duty on Universal Credit applications) has been circumvented. As a result, residents (and staff) are less inhibited by bureaucracy and the urgency of their situation is addressed more immediately (and effectively) than it has previously been addressed. This appears to have been a wholly positive situation.
- One aspect of the success of the provision (also cited by residents) are the hotel facilities such as private rooms with a TV, a shower, bin and kettle. In contrast, supported accommodation (despite PIE) can be rough around the edges and a little dishevelled

Background

The Holiday Inn Express Manchester East was contracted to Manchester City Council (MCC) following the extension of public health measures to control the Covid-19 virus outbreak.

Provision was planned for an initial 40 rooms out of the 100-room hotel with support initially provided by a charity who had previously run outreach support in the City Centre. Riverside were asked to apply their experience of supported housing and after three days took over the running of the hotel. Residents are in ‘Category 1’ of Greater Manchester’s emergency planning, that is people sleeping rough or housed in unsuitable emergency accommodation and night shelters.

Individuals were referred via the MCC Rough Sleeper Team and associated Outreach Services to reach the individuals most exposed to catching the virus.

Rooms in the hotel are situated over a number of floors, each with its own bathroom, television and tea/coffee facilities. The lobby of the hotel is split at the entrance, with a sanitising station and the entrance manned by security encouraging all visitors to use hand sanitiser every time they pass and stay 2 metres apart.

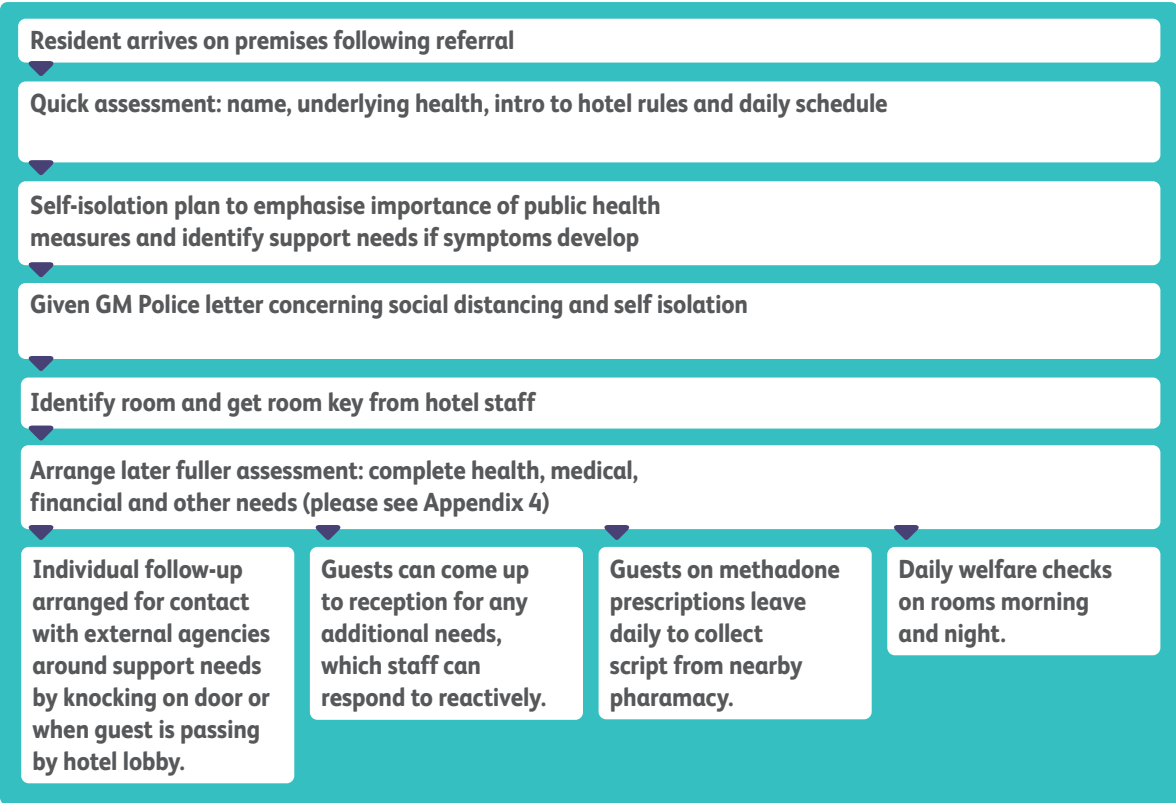
Hotel staff are situated behind the reception desk where they are able to respond to any accommodation-based requests. Support staff use the extended lobby/restaurant area (which is cleared of the usual tables, chairs and sofas) for individual support work and preparing food or other items.

The hotel has a strict no smoking policy inside the building, with guests able to make use of the car park outside the entrance. Guests are allowed to come and go but encouraged to stay in rooms according to current government advice. Meals are distributed three times daily direct to guest’s rooms. Additional items are available on request from the storeroom dependent on staff availability.

- The hotel is staffed by:**
- Support workers who normally work for Riverside at the Manchester Street Engagement Team service. They provide long-term support as well as meeting non accommodation-based needs.
  - A Service Manager is on hand to arrange liaison with external agencies, supervise support work, arrange rotas and oversee activity
  - Security staff are present to encourage guests to follow public health measures and diffuse conflicts. They also play a crucial role in meeting guests immediate needs, including handing out food, supporting welfare checks or other tasks which need completing. This provides much needed extra hands during mealtimes or other peak periods.
  - Hotel staff are on site at all times to meet accommodation-based needs, in a similar fashion to their roles when the hotel is operating as normal. They hand out room keys, complete hotel maintenance, and see to any problems guests have with their rooms
- There are 45 residents in the hotel. At the time of the interviews there were 38 male residents and 7 female residents.
- In due course this section might include aggregated data showing:**
- Demographic data e.g. gender, age
  - Agency support received prior to admission, for instance. GP, benefits, drugs, etc.
  - Support needed e.g. health, mental health, drug / alcohol dependency etc.

Customer journey

Residents at the hotel have generally high needs. The following is a typical approach from arrival to regular daily interactions:



Evaluation methodology

There are two key aims of the evaluation:

- Measure the impact on residents. This includes consideration of the way their health, wellbeing, financial situation, substance dependency has changed
- Consider learning points and implications of this very specific approach and the potential for adoption of aspects of the approach by mainstream services

There are five broad areas of activity

Activity	Actions
Demographic	Capture and analysis of data / management information
Resident interviews	Face to face interviews with a sample of residents covering following areas <ul style="list-style-type: none"><li>— Pre-referral — Current situation — Support provided</li><li>— Impact of accommodation / support — The future</li></ul> Follow up interviews to check on progress
Staff interviews	Face to face interviews with staff covering following areas <ul style="list-style-type: none"><li>— Role / Activities — Support for customers — Customer experience</li><li>— Impact on customers — The future</li></ul>
Hotel / Security staff interviews	Face to face interviews with hotel / security staff covering following areas <ul style="list-style-type: none"><li>— Role — Experiences — Challenges — Future</li></ul>
Analysis and reporting	Production of <ul style="list-style-type: none"><li>— Full report — Fiscal impact analysis</li><li>— Executive summary with recommendations</li><li>— Presentation / discussion of findings</li></ul>

Fieldwork

In the preliminary stage of interviews with staff and residents of the Manchester Emergency Accommodation, six interviews were completed with.

- The Service Manager
- Two Support Workers
- The Hotel Manager
- A member of the security team
- Seven residents

The seven residents included six men and one woman. In general, the seven residents represented an interesting cross-section of the resident population with varying degrees of needs and experiences.

Quotations from residents are attributed using the following key:

- Resident 1: Male, mid-twenties
- Resident 2: Male, age unknown, probably mid fifties
- Resident 3: Male, mid-thirties
- Resident 4: Female, early forties
- Resident 5: Male, age unknown, probably mid-twenties
- Resident 6: Male, age unknown, probably mid-forties but might be ten years either way
- Resident 7: Male, mid-forties (originally from Portugal)

Resident interviews

Pre-referral

All residents had been rough sleeping at the time they were admitted to the hotel.

The length of time residents had been rough sleeping varied:

- One resident’s rough sleeping was intermittent (mixed with sofa surfing)
- One resident had been sleeping rough for four years and another had slept rough for three years
- Amongst the other residents, the time spent rough sleeping prior to being accommodated was three weeks, four months, five months (and a previous eleven-month stint) and an indeterminate (but long) time.
- Almost all the residents had experienced a much longer period of housing instability including time spent sofa surfing, living in hostels and staying with family.



Six residents had been rough sleeping in and around the city centre whilst the fourth was living in a tent in Longsight.

**“Really, this is my first time properly indoors for five years.” (Resident 1)**

Resident’s experience of rough sleeping varied. One resident, who was a heavy drug user (heroin, crack and spice), spent his time begging and hustling to fund his habit. This resident had been robbed and assaulted whilst sleeping rough. On several occasions, robberies took place whilst he was high on spice.

**“Because I was using spice I was constantly waking up with people with their hands in my pockets. They got my money, drugs, phone and I got in a fight and got my front tooth kicked out.” (Resident 3)**

One resident was begging for day to day provisions but was also funding his drug habit.

**“The begging was for day to day stuff. All my claim had got messed up. Because I got epilepsy and I missed a medical. So that went t\*ts up. So, I was digging a hole and every time I tried to climb out of it, it was deeper.” (Resident 6)**

Another resident (and drug user) also begged (with a partner). In contrast, the oldest of the residents received benefits and was relatively new to rough sleeping.

**“I won’t beg I just wandered around and tried to keep my head down” (Resident 2)**

One resident had been housed and employed until losing his job in early March. He existed on the little money he had with him until he was robbed. After that, he relied on people giving him food and drink and a charity that provided sandwiches.

**“I had some money. Not very much. Then I was robbed and they took everything. I didn’t beg but people gave me things and asked if I needed something. People gave me like coffee, chocolate. Some officers from the police station gave me also like candies. Thing like that. But I was struggling of course because my money was gone and I was not holding on anymore.” (Resident 7)**

“One of the residents had benefits and a, relatively, low-level drug usage (mainly weed). Another resident had earned money by selling magazines and information packs.

**“Meant I could get food and, sometimes, accommodation....(and) pay for my drugs.”**

Five of the seven residents had multiple experiences of living in hostels. Overall, that experience was not good. Two residents had spent time in sit-up at Brydon Court. One of these had also spent time in Newbury House whilst the other had spent time in “one in Harpurhey” (possibly the Bed Every Night Shelter in Crumpsall).

**“I got robbed both times (Brydon Court and Newbury House), first time was my money next time my clothes and my money” (Resident 3).**

Another resident had spent time in Brydon Court (alone) then Newbury House (with a partner), they were evicted due to allegations of bullying. One resident had been a resident at Burnage Lane (for 18-25-year olds) which they felt was satisfactory. One of the residents had recently been placed in a hostel (via Barnabus) and had been evicted at the start of lockdown.

Interestingly, the resident who had been rough sleeping for four years had never lived in a hostel.

Prior to being accommodated at the hotel, a wide range of partners and other services were accessed by residents. Residents had positive experiences of using Barnabus, the Ark and the Booth Centre. A couple of residents were registered with (and used) GPs at Urban Village. Residents mention the Police Rough Sleeper Team. One resident was rather stoical about support for rough sleepers.

**“Yeah, I got some help but there’s so many of us they can only do so much. Nobody’s got a magic wand.” (Resident 6)**

Often, the view of support prior to being accommodated was not very positive. One resident on licence had a not very successful relationship with probation (having been recalled three times). One resident had tried to secure a hostel place through Shelter but claims that after initial contact they never got back in touch and he only ever got the answer phone of his Support Worker. One resident mentioned contact with the Rough Sleeper’s Team.

**“I felt that they were checking on my welfare but not offering solutions or options that might help me.” (Resident 4)**

Two residents mentioned the Council’s Rough Sleeper Team and felt that they were instrumental in them being referred to the hotel.



Referral

Referrals were mainly handled by the Police:

- Five of the residents had been approached by the Police in relation to being rehoused
- One resident had been offered the accommodation whilst at the Booth Centre (the day he was evicted from a hostel)
- Two of the residents were part of the original intake that was evicted from the Britannia
- One resident had previously been referred to Sasha’s Britannia and then was refused admission
- One resident had spoken to the Rough Sleeper Team on the phone and within an hour was at the hotel.
- As mentioned above, another resident mentioned that the Rough Sleeper Team (with the Police) had led to his referral.

“One resident described being approached by the Police and feeling a little uncertain. He then describes how he went to find a friend and both were rehoused. He mentions that both were asked to surrender any weapons they were carrying. His friend was also interviewed and describes the process of being referred to the hotel.

**“It was the right time, right place. The Police were going round picking people up in a van cos of the virus. It was a friend. He was going to come here anyway and the Police said is there anyone else. He said me and I knew the Police anyway so he come and got me. I jumped at the chance.” (Resident 6)**

Most residents mentioned that the process of being offered accommodation then being rehoused was very quick (a matter of hours).

**“I was told to go to the Booth Centre. When I got there, there were loads of people there. They put a bus on and brought us here. That all happened, the Police and Booth Centre and coming here on the same day. From the morning to the afternoon done.” (Resident 5)**

One resident who was became homeless more recently said that his referral took fifteen days.

**“They assessed me and said that they would help but that there were over a hundred people. So, I am on the street for fifteen days and then they come and say I can come here. So that’s my story.” (Resident 7)**





## “ Current situation

Four of the residents have been resident since the hotel opened whilst two have been resident for a slightly shorter period and one is a recent arrival.

All residents are very happy. They did not experience significant issues with settling in but are aware that some fellow residents did struggle and have left. For the most part, residents who had left found rules (particularly the ban on smoking in rooms) difficult to deal with.

**“Yes of course (I am happy), finally I am here after being on the street. I am comfortable and looking forward to what is going to happen. It is much better than being in the streets struggling.” (Resident 7)**

One resident had initially struggled to settle in. This resulted from previously having regular contact with his daughter which, currently, isn't feasible. However, he now appeared to be coping with the situation. A few of the residents mentioned that settling in was easier because they already knew most of the other residents from their time on the streets.

**“Yeah, but it was easy cos I already knew people. I get on with most people. Some people find it easier than others, I'm one of those people, I can take to anyone.” (Resident 6)**

Residents have a high level of satisfaction with the accommodation and the support they receive. We will look at the support offered below. However, all residents were highly appreciative of the quality of the accommodation and services available. Having privacy and a TV was mentioned by most. Three meals a day was also a novel, and welcome, experience as was a private bathroom and being able to do laundry.

**“I've got a shower, being on the street that's one thing the cleanliness, I went to the swimming baths.” (Resident 2)**

**“This is top. It's not sit-up, your stuff is safe.” (Resident 3)**

**“Do you know what, just the atmosphere I think. A roof over me head of course, not being on the streets. I've got to know everyone individually and just a nice atmosphere and a nice group of people to live with.” (Resident 6)**

Very few negatives are mentioned. One resident mentioned the night staff then qualified his comment by saying that it related to the first few days of the accommodation opening and that they were dealing with some **“difficult people” (Resident 1).**

Another resident mentioned other residents **“always mithering” (Resident 3).** A third resident also mentioned issues with fellow residents in the early days.

**“Was easy to settle in when they got rid of the riffraff. Homeless drunks doing stupid things.” (Resident 5)**

In fact, there now appears to be an element of pride in the hotel and the community they are building.

Currently, most residents seem to be coping with the restricted lifestyle they face.

**“I just chill and, obviously, I use the time I can go out, have a walk or whatever.” (Resident 1).**

One resident does acknowledge that there are pressures associated with living in the hotel.

**“Being indoors can be stressful sometimes. There are rules you've got to stick to. They're not strict compared to some places, they're pretty fair. A lot of it is common sense, don't take the mick out of people, it's a privilege being here.” (Resident 6)**

All four residents with methadone scripts walk to a local pharmacy every day to collect their prescription.

Residents are getting on with each other. For some, that means not feeling harassed or threatened (which for them is a positive) whilst others mention actual camaraderie and friendships.

**“I feel safe here. Any hostel, any place I've been brought off the street this is top. I can't fault this place. The best support, the best staff.” (Resident 3)**

### Support provided

One resident said they did not need much support.

**“Obviously I'm not as worse as some of the others, I don't need much help but I know that it's available if I do need it”. (Resident 1).**

Another resident who had been on the streets for three weeks said that he only needed help with replacing his spectacles (which were stolen with his money) and getting dental treatment.

**“As far as I'm concerned that's all. Glasses, mouth then start doing work.” (Resident 7)**

One resident had received support with several issues including claiming benefits. Four residents (those with more complex needs) were being supported on a daily basis. These four residents have methadone scripts, the effect of which has been to stabilise their situation and make them less erratic and anxious.

**“I've been addicted to heroin for twenty years; this is the first time I've put my hands out for help. This has changed my life.” (Resident 3).**

Three of the residents with a script mention that they are now stable and would like to reduce their daily dosage. For some residents addressing their primary need has led them to realise that they need help with other issues.

**“Coronavirus has sorted a lot of things out really. I'm not going to lie, I have an addiction. Obviously it was a b\*ll ache. I just thought about that all the time so there are other things that I needed help with but they didn't matter at the time.” (Resident 5)**

Support staff are universally commended. **“Kath is mint” (Resident 1).** Residents feel that staff are helpful, sympathetic and informed.

**“The staff have gone above and beyond to ensure that we have some form of normality.” (Resident 4).**

Residents have no doubt that they can get the help they need from support workers. The security staff are also singled out for praise.

**“It's brilliant this, all the staff are brilliant.” (Resident 1).**

**“These guys are the best team in the world. Some of the things they have to deal with I feel sorry for the amount of sh\*t they have to put up with. They've got families of their own they have to look after and with the virus and all.” (Resident 6)**



“None of the small sample interviewed had (or at least admitted to) alcohol dependency issues. It would be useful to examine the efficacy of support in this area in future interviews.

Residents who needed them have been allocated mental health workers who (due to lockdown) they have had telephone contact with. Three residents have also had prescriptions arranged for drugs relating to their mental health (e.g. anti-depressants). Two residents mentioned how this had helped to address their anxiety.

**“I’m also on medication for my depression now. And, there is always someone I can talk to here. If I get lonely or something is playing on my mind I can always come to one of the staff. Any of the staff even the guards (security team). They’re just like the lads. Everyone knows everyone.” (Resident 6)**

Three residents who weren’t already registered with a GP, are now. A fourth has moved from an inaccessible GP in the suburbs to Urban Village.

Three residents who were not claiming benefits are currently being helped through the process of applying for and receiving the appropriate payments.

A couple of residents mentioned support in relation to moving on such as budgeting and managing bills.

Overall, residents feel that they are getting all the support and care they need. Two residents did mention needing dental services but understand that all routine and most urgent care has been suspended.

Residents are also largely appreciative of the support they receive from other partners. Four residents mentioned the police in a very positive light.

**“They (the Police) bring us food and clothes and have a laugh with us.” (Resident 1).**

Another resident said, **“I don’t even look at them as Police now, they’re our mates.” (Resident 3)**

As mentioned above, residents are in contact with Health and Mental Health Workers where needed. One resident is in touch with Change Grow Live (CGL) and another has had phone contact with their Drug Support Worker. Probation requirements have largely been suspended and the Service Manager has been in contact with them on behalf of one resident. The help from Barnabus in relation to meals is much appreciated.



### Impact of accommodation / support

One of the residents feels much better and much safer.

**“I feel I am in a much better situation than I have been for the last five years, I feel safe and secure and I’ve given up weed. I’m ready to move on.” (Resident 1)**

“One resident had stopped smoking weed and felt that it had improved his physical and mental health. Another resident had spent winter on the street and could see improvements.

**“Your health just deteriorates; I’ve put over a stone on while I’ve been here and feel much better.” (Resident 2).**

As mentioned above, the support offered has had a very positive impact on four residents with drug dependency issues and four residents with mental health issues.

**“Life on the street takes its toll. My health (and mental health) have improved considerably. If you’d seen me when I first came in here!” (Resident 4)**

Another resident who was rough sleeping for three weeks felt that the hotel had provided an opportunity to recuperate from the stress and weariness it engendered.

There hasn’t been a single resident who has been confirmed with Covid-19 so far. This is a remarkable achievement given the impact on other institutional settings such as prisons and care homes. One of the residents had self-isolated when there were concerns that he may have the virus.

**“I have been ill, I had to get put in a room cos they thought I had the virus but I didn’t I was a bit ill. I had a sore throat and I was locked in a room (of my own choice) to stop anyone else getting ill. I’m OK now. Just to be safe, me and Kath put me behind the door.” (Resident 6)**

### All seven residents feel that:

- Their health has improved
- Their mental health is better
- Their overall feeling of wellbeing has increased
- Their nutrition has improved
- They feel safe, secure and protected
- They feel more positive about their future

All seven residents have family that they are in contact with. This has been made easier by having a permanent address. Furthermore, the thought that they may have accommodation in the future has encouraged residents to anticipate having more contact in the future.

Residents were asked about what they thought might have happened if they had not been rehoused in the hotel. All residents feel a significant benefit from living in the hotel. Residents imagined that their lives would have carried on much the same if they had not been accommodated. However, they are also aware that Covid-19 would have been a further threat to their health and a restriction on aspects of their former lifestyle. They were all pessimistic about their prospects had they stayed outside and some felt that they would have ended up in hospital.

**“People like me who were on the streets, homeless, genuinely homeless (scuse my language mate) would have been f\*cked. People like me and (name of friend) would have copped for it. If I were out there another six months I think I’d be dead even without the virus.” (Resident 3)**





The future

All residents feel that there is the potential to use the time in the hotel to ensure a more positive future. Whilst accommodation is their foremost concern, there appears to be an increased urgency to tackle other issues from dependency and health to employment and training.

**“I can’t see nothing but forward now” (Resident 3)**

None of the residents want to return to the streets. All residents would like to have their own accommodation when they leave the hotel.

**“I didn’t see myself off the streets now I don’t want to go back, I’ve got myself settled indoors.” (Resident 3)**

Although some are hesitant, all would be willing to accept supported accommodation as a stepping-stone to permanent rehousing. The hesitancy reflects (for some) the previous poor experiences of hostels and supported accommodation. One of the residents has a positive track record with their own accommodation and feels ready to start again immediately.

**“I’ve never lost a tenancy. I successfully held a tenancy for 20 years then left (due to domestic violence). He then found me and I left that one and moved to Manchester where I had no ties.” (Resident 4)**

**“I’m dreading what happens after this. I don’t want to go back to the streets, I’m not sure about hostels but I know I could look after myself if I had a flat.” (Resident 2)**

**“Hopefully I get my own place and start again. I’m scared cos I don’t know what’s going to happen from here. But everyone’s like that, everyone’s wary. Some might not be bothered but 90% of us don’t want to go back on the streets. They’ve had a taste of proper life and a lot of us like it. I didn’t expect to get a second chance and I’m looking forward to the future. I’ve smiled a lot since I’ve been in here.” (Resident 6)**

Three residents also mention getting work as well as accommodation. One resident had started a mechanics apprenticeship before becoming homeless and would like to complete that. The resident who had recently become homeless when he lost his job was very keen to get back to work. A third resident was also very keen.

**“When I’m off the script I want to get some normal work. And when I get accommodation, I can get a job cos I’ve got a fixed abode. That’s the main thing. Without a fixed abode you’re not even on the map are you? I think I’ve been put on a priority list. I’d consider a hostel or something but it’s not going to help with getting work.” (Resident 5)**



3. Support Staff Interviews

Roles

Interviews were conducted with the Service Manager, two Support Workers, the Hotel Manager and a member of the security staff. This was the Service Manager’s first supervisory role whilst one of the Support Workers (an agency worker) had predominately worked in outreach and the other is a student who is currently finishing her degree. Given the relative lack of experience of the team, the praise and plaudits they garner from residents is very impressive.

**“What is good (and testament to Eleanor’s management) is that she has put together staff who know each other and have worked together in the past. There really is a camaraderie and positive dynamic.”**

Staff felt that staffing levels were appropriate. Staff did feel that an additional Support Worker would allow them to deliver more activities for residents.

Activities

The project has been delivered in two phases. On arrival, an assessment was carried out and residents’ needs were identified. A copy of the assessment form used can be found at Appendix 4.

Emergency needs (e.g. securing scripts) were dealt with immediately. Other needs that were dealt with included registering with a GP, applying for benefits and securing mental health support (and medication).

**“The first three weeks are like intensive care and that is now complete. This initial phase entailed triaging 40 people and identifying their needs.”**

The second phase of support (after the initial three-week period) involves dealing with day to day emergencies, making sure all appointments are attended and beginning to identify and deliver longer term support that will allow residents to transition into long term accommodation.

**“They have three meals per day but need to be able to use their money effectively when they move into supported accommodation. It is also important to stop them getting bored so they don’t abandon. We are now starting to arrange activities.”**

Support for residents

The level of need of residents varies but all have access to wraparound support that meets those needs. Staff felt that most residents were keen to seek support and few, if any, were resistant to it.

**“Different people are on different journeys. Some residents have been through various forms of support over the years and may have not expected much.”**

As mentioned above most residents needed help with support such as securing benefits, finding a GP and accessing mental health support. Some residents (particularly those who had recently spent time in supported accommodation) may already have some support such as benefits or a mental health worker.

**“Support varies from giving them moral support to linking them up to drug services.”**

It is worth noting that whilst there are clear measurables in terms of support (e.g. referrals to appropriate agencies) a large part of the support offered is less tangible and often spontaneous. The latter may include dealing with residents worries or anxieties to securing them commodities to make their life more comfortable. Many residents did not have clothes, toiletries or other personal items when they arrived and these have been sourced and supplied.

The majority of residents also needed support for drug or alcohol dependency. Securing scripts for methadone / Subutex was a challenge because the first tranche of residents arrived on a Friday afternoon. A great deal of effort was made to secure the scripts immediately so that they could avoid potential issues with withdrawal or residents leaving the hotel to score drugs. However, some residents were lost at the outset because they didn’t have a script.

**“Without that guarantee (of a script) it would have been very difficult to persuade people to stay indoors.”**

A similar challenge has been faced with alcohol dependent residents. A couple of residents with alcohol issues went into hospital immediately after admittance. Guidance from the alcohol nurse and making alcohol referrals has helped manage those residents with alcohol dependency.

Work is already ongoing to support residents with planning their future when they leave the hotel. Staff feel that some are ready to secure their own accommodation whilst others will need supported (including high needs) accommodation. Activities include registering with Manchester Move, the MAS Gateway system and looking at alternative options for rehousing or moving to an appropriate setting. One staff member felt that the MAS Gateway would not be able to cope with the volume and complexity of cases being submitted to it. It also requires a high level of detail for each resident (37-page assessment). An added challenge is that many residents feel that they are ready to move on.

**“We are very aware that we don’t know what will be available to them (relating to accommodation) and that we need to manage their expectations.”**

One staff member stressed how important it was that they succeed in finding the right place for each resident. Many have had repeated experiences of hostels where factors such as not having a script have led to them returning to the street. Residents are also hesitant about leaving the hotel because they are happy and settled. As a result, the staff member felt that there was a responsibility to ensure their next step is a success.

**A staff member described a typical day as incredibly varied. However, the basic structure will include:**

- Breakfast at 8 a.m. Residents are in their room so early mornings are quiet.
- Welfare checks 8 a.m. to 10 a.m. A quick check is done to make sure that residents are OK (e.g. not in any trouble and the room is in a decent state)
- Lunch at 12.30-2.00 p.m.
- Evening Meal at 4.30-6.00 p.m.

**“If we arrive (for work in the morning) and a resident is outside then we know that they may be struggling and that they may be waiting to approach us.”**

Throughout the day support is available to residents. Mornings are often used to follow up or instigate contact (on behalf of residents) with partners and support services.

**“I think the routine really helps, it’s built around three meals per day and creates a framework that residents can follow. Many of them had very unstructured lives before this.”**

Settling in

Staff mention that that some residents took some time to adapt to being indoors. For instance, some struggled with the beds and slept on the floor. Residents also wanted to spend much more time outside in the early days.

Some residents have abandoned or been evicted (mainly for contravening the hotel’s no smoking rules). Smoking may have been met with a warning in a hostel. Some of those that have left have been accommodated in other hotels / B&Bs.

**“A relatively small number have left, some in the initial group in Piccadilly Gardens had their own accommodation or were long-term sofa surfing. Some have been sent home and given support, had locks changed and money put on their gas and electric. A couple have gone back to family outside Manchester.”**

One staff member thought that those that have left have included those with low needs and younger residents with attachment issues.

There have been some disputes between residents but staff comment on the very high level of co-operation, friendship and unity amongst residents.

**“There is the potential for friction and for group dynamics to influence individual behaviour. However, that would be the case in any institutional setting.”**

Support staff are very pleased with the effect the security staff have had on residents. Initially, the number of residents (compared to other homeless provision) may have been a concern. However, security have helped to ensure that there are few disputes or challenges despite the number of residents. Moreover, the role of security is acknowledged as being vital to the positive atmosphere created within the hotel. In general, residents and security get on very well and security staff provide informal support and try to boost morale.

**“Security staff have taken it upon themselves to engage, befriend and help the residents. I don’t think there was any expectation they would do that; they’ve done it because they are good people.”**

Hotel staff are also praised for the way they have dealt with a massive change in their daily workload.

**“Hotel staff have been helpful, respectful, understanding and have adapted so well. This is a massive change from their normal working life.”**



Staff feel that residents have pride in the hotel and a sense of community. Rotas, cleaning schedules, etc. have been established. There is also a strict routine relating to mealtimes, time outside, room checks, etc. and most residents are happy to adhere to it. Some residents knew each other before their admission to the hotel but staff feel that stronger ties and new friendships have developed during their time in the hotel.

No resident has contracted Covid-19 although a couple have self-isolated whilst their status was established. Staff have made efforts to ensure that residents are informed about the threat of Covid-19 and the appropriate measures to adopt to avoid infection (or infecting others).

**“Residents have been educated and are aware of the risks of Covid-19 and the need for appropriate behaviour and social distancing. We can be confident that many of them will be cautious in their interactions with other people.”**

Impact on residents

**“Generally, residents are happy, grateful, positive, feel loved and feel looked after.”**

Staff feel that a high proportion of residents have embraced the support and activities offered. As a result, there are discernible improvements in the health, wellbeing and demeanour of many residents. Residents have sought help with physical and mental health issues and both staff and residents see a positive impact. This is impressive given that residents are some of the hardest to reach and have had limited success in accepting and benefitting from support during previous experiences of supported accommodation.

Residents have been supported with claiming Universal Credit, Personal Independence Payments (PIP) and Housing Benefit. Some residents have No Recourse to Public Funds (NRPF). In relation to Universal Credit, staff felt that relaxations in the level of scrutiny associated with a claim had been beneficial. Staff know that residents have a fraught history of claiming benefits with claims being

delayed or disallowed due to missed appointments or incomplete submissions and many residents have past experiences of being sanctioned.

Staff are optimistic about offenders who had been involved in dishonesty to fund drugs (e.g. shoplifting, street robbery, burglary). They feel that there is a real chance that behaviours will change as accessing benefits, accommodation and scripts take away the imperative for offending.

Many residents have not had three meals per day for a long time. Staff feel that this has improved their health and nutrition and mealtimes have provided a structure to the day. It also reduces one area of stress (finding meals) and may contribute to residents being able to focus on other activities that will address their issues.

**“I think that people have become settled and feel safe, it does feel like a family environment.”**

The most basic (and most positive) impact is that those that were reluctant to come indoors have done so and have stayed. In particular, the impact on those with dependency issues is marked.

**“There are some that we would never have expected to stay. The other major impact is those residents on a script haven’t used on top and we are seeing them in their natural state.”**

Staff were hopeful that this is a turning point for residents and that efforts to prepare residents for long term accommodation will be successful.

There was a number of positive impacts on staff. This included experiencing immense job satisfaction and feeling that their professional development had benefitted. Also, there is real interest from some security staff in working in the sector in the future.

Partners

**“Partners’ roles have changed. Their buildings are closed so they don’t do drop-ins or outreach. There is a sense that everyone is mucking in.”**

Better partnership working that inculcated more of a sense of working towards a common purpose. For instance, Barnabus have been providing food for residents throughout the crisis. Dixie’s Chicken were providing food for vegetarians and another person was providing halal meals.

Staff members felt that the relationships that had been built with residents by partners such as the outreach teams and GMP Street Engagement Team meant that the transition to living in accommodation was easier for many rough sleepers.

Registering with GPs and dealing with some health issues was relatively easy. Residents were registered and assessed the same day, often through video calls. Many residents have been registered with Urban Village. This is seen as a positive step because they have a track record of working with and understanding the needs of homeless people. One staff member mentioned that some GPs did not understand the needs of rough sleepers, for instance prescribing pregabalin for anxiety when it is addictive and widely used to supplement opiate dependency.

**“In Manchester, we are very lucky that there is a great relationship between Urban Village (medical practice), the homeless team, the homeless mental health team and the hospital team.”**

It was also felt that the mental health team had been very good at dealing with residents who needed their services.

There is high praise for the work of the Greater Manchester Police Street Engagement Team. They had a key role in taking many of the residents off the streets. However, they have continued to support residents (and staff as well) as described by some of the residents above.

**“An efficient system of risk management was quickly developed. This included PNC-ing residents (checking on the Police National Computer offenders index) and a thorough risk assessment.”**

There was praise for JobCentre Plus / DWP and the way they had handled benefit claims. There has been a dedicated DWP contact who took on all the claims and circumvented some of the requirements for ID. Many residents do not have bank accounts and an arrangement was made to send Payment Exception Codes to their mobile phones.

Staff felt that drug and alcohol services were the weakest link because they were inundated with requests and did not have enough prescribers to meet demand. This led to one of the few negative outcomes, as mentioned above, with some residents’ engagement lost because they couldn’t get a script.

Staff also mention the positive contributions by MASH and Men’s Room towards helping male and female sex workers.

Challenges

- Key challenges have included:
- Partners having the resource to respond to the needs of residents
  - Keeping residents occupied and encouraging them to stay indoors (outside of their permitted exercise). There is the potential for drug dealers to target residents and will increase as supply returns to pre-lockdown levels
  - The potential for residents that are struggling to “bring down” those around them. However, at the moment, the opposite has probably been the case.

Learning points

Addressing substance misuse has been a key area of support. There has been a difference (in support and the experience of residents) between the hotel environment and hostels. As a result, there is some confidence that changes may be long lasting (a hope backed up by the testimony of residents above).

**“In hostels, residents can (and do) still use on top of scripts. That has not happened and may well reflect reduced supply (and limited access to dealers).”**

A key learning point is that housing and supporting larger numbers of rough sleepers in one place can work. Support staff feel that housing and supporting larger numbers of rough sleepers in one place can work. As a result, there may be an appetite (amongst providers and rough sleepers) for larger scale longer-term hostel accommodation (especially if facilities could be more akin to budget hotel standards). However, it is acknowledged that large scale provision of this type in the post-Covid world would need more activities, more distractions and, possibly, a similar security presence to that in the hotel.

**“We have recreated the street community indoors and that has created an atmosphere where change can happen. Some won’t be ready for their own tenancies for a long time and this offers a much better alternative than returning to the streets.”**

However, one aspect of the success of the provision (also cited by residents) are the hotel facilities such as private rooms with a TV, shower, bin and kettle. In contrast, supported accommodation (despite PIE) can be rough around the edges and a little dishevelled.

**“This place doesn’t have the echoes of someone’s anger and trauma.”**

The scale of provision (45 residents) has worked and not provided as many challenges as expected.

**“I expected it to be more chaotic and that there would be more behaviour management.”**

Access to some services has been accelerated (e.g. scripts) and some red tape (56 days relief duty on Universal Credit applications) has been circumvented. As a result, residents (and staff) are less inhibited by bureaucracy and the urgency of their situation is addressed more effectively than it has previously been addressed. This appears to have been a wholly positive situation.

The sense of community engendered by the provision appears to have had a positive (though intangible) effect.

**“Those that are struggling can be pulled up and encouraged by those that are doing well.”**

The crisis had a galvanising effect. It has brought together partners, funders and stakeholders to focus and co-operate effectively. It also seems that residents have been more responsive to support than they have previously been.

Residents increased awareness around Covid-19 and its ongoing threat for months or years to come may be contributing to their resolve to avoid returning to the streets.

Future / sustainability

There is a feeling that some residents will gravitate back towards the streets but a hope that the majority are interested in and committed to staying indoors. Signing in and out shows which residents want to spend more time away from the hotel (and, possibly, go back to their old way of life). In contrast, some have embraced the structure and discipline of living in the hotel. It makes them feel safe and they enjoy the sense of community.

**“They (some of the residents) tend to lead a solitary life without rules, boundaries and obligations.”**

4. Hotel and Security Staff Interviews

Hotel manager

The last few weeks have, obviously, been a massive change for the hotel staff. The hotel had a corporate clientele and high levels of leisure visitors (reflecting its proximity to the Manchester City stadium). The biggest change relates to ensuring the safety of staff (in relation to Covid-19). Staff workload has dropped accordingly with the focus on maintaining computer systems, general maintenance and cleaning. Food services have been completely closed down and staff furloughed. The Hotel Manager had moved to this hotel just two weeks before the current residents arrived.

**“We don’t know how to help the current residents. We can be as friendly as possible, be as professional as we always are but our main thing is to ensure the safety of staff and residents.”**

There was some trepidation before the residents arrived. Residents arrived a day early (and before the hotel was fully prepared) when they agreed to accommodate the rough sleepers displaced by the Britannia Hotel.

**“A double decker bus pulled up outside accompanied by a load of police which initially shocked and scared my team.”**

Residents are looking after their own rooms so cleaning is restricted to communal areas.

**“With the cleaning (of rooms by residents) there is an element of being bored but also a realisation that if we look after the hotel they will look after us. Some of them come to me and ask if there is anything I want them to do.”**

The Atlas Group who own the hotel have opened hotels for the homeless in seven other locations (e.g. Derby and Stevenage) and another eight offering accommodation and free storage for NHS staff and other key workers.

**“We would have been sat here empty and people were outside who have obviously benefitted from us staying open.”**

The hotel adapted very quickly, ostensibly providing a building and building services support.

**“I learned that you need to stop thinking of this as a hotel and start thinking it is a hostel.”**

There were some initial issues including aggression toward staff, inadequate social distancing and spending too long outside. These were addressed by the support staff and no one was evicted because of these issues. Smoking in rooms did lead to evictions as did a couple of rooms being trashed and illegal drug use.

**“There are not that many rules here that differ to those in a hostel. If fire alarms go off it is going to worry and scare a lot of people.”**

Hotel staff have now got a real empathy and understanding of the challenges faced by rough sleepers. As a result, hotel staff have collected and brought in donations to support residents.

**“It has been a big eye opener for me because I’m not used to this world. The lives our residents lived and the changes they have had to make to comply to lockdown have made it a big challenge for them.”**

The Hotel Manager was full of praise for Support Workers and the security staff.

**“They’ve been fantastic. It’s like a little family in here now. The security team are like support workers they are a credit to their company. The support workers work so hard and I will do anything I can to support them.”**

**“We have worked very closely with Eleanor, the Police and the outreach team.”**

Overall, the Hotel Manager is proud to have been involved and proud of the response of her staff and the Atlas Group. She is also amazed by the way Support Workers have supported residents and the way residents have embraced their unique experience. It has also significantly changed her (and her staff's) perception of homeless people. Furthermore, she has been amazed by the transformation from the day the residents arrived to the happy community that exists now.

**“It has been a lovely journey and we are very lucky with the people we’ve got staying here. However, we are aware that a lot of work has gone into that (by support staff) to assess their needs. We’ll be sad to see them go.”**

Security staff

The security team member interviewed had actually worked with homeless people prior to taking up his role at the hotel. He had worked in a drop-in for young people at Centrepont. He had also worked for Coffee 4 Craig (a drop-in service in the city centre). He was also working as security on the door at venues in Manchester. He had personal experience of homelessness and had experienced mental health issues.

Through his previous work he already knew most of the residents.

**“It was really useful. You know what they are like. Their character and personality. From my personal experiences, I know how they feel and that’s why I get on with them.”**

He described the role as a normal security role. However, he did also stress that he and his colleagues took on additional responsibilities. This included engaging with and talking to residents.

**“Anything we can do to help Kath and the team we do.”**

In the days after residents arrived, he described the experience as “dead mad”. The security team member felt that residents were expecting something similar to provision under the Severe Weather Emergency Protocol. He thought that some expected to be returned to the streets after a few days.

This, he feels, may have contributed to unacceptable behaviour by some residents in the first few days.

**“They were thinking what’s the point, we are going to be back on the streets again.”**

When residents became aware that they would be in the hotel for a few months he feels that they settled down. Those residents that couldn’t settle were moved on to alternative accommodation.

The security team member felt that most residents were happy and that they got along very well. There have been some disputes and some tension but it has not been severe or dangerous or involved violence.

The security team member felt that there had been noticeable improvements in the health and demeanour of most residents.

**“From day one they’ve improved, it has been really impressive the way the heavy drug users have changed. You can see their mood is changing week by week. When they didn’t have their scripts, they were rattling proper bad.”**

The role had provided challenges. A more subtle approach has to be taken in order to diffuse tension.

**“If something kicks off you can’t just rough ‘em about (you can’t do that on the door either). You have to try and talk to them and calm them down.”**

Although he hadn’t worked nights he knew that it was “dead chilled”. Residents activity is largely restricted to going outside to smoke. Security team activity includes regular floor checks to make sure residents are in their rooms.

The security team member has enjoyed working at the hotel. When the hotel closes he was hoping to return to his work at Centrepont.

He felt that long-term rough sleepers were coping well with living in the hotel. Some of those residents who became homeless more recently are anxious about the future and what happens after the hotel closes. He was concerned about the impact returning to the streets may have on some residents.

5. Appendices

Appendix 1 - Resident interviews topic guide

- 1. Can you tell me about your life before you moved into the hotel?
- 2. When did you last have a permanent address?
- 3. Were you rough sleeping? What was that like?
- 4. What did you do from day to day?
- 5. How did you get by? Were you claiming benefits, begging, anything else?
- 6. In the past, have you spent any time in hostels / supported accommodation? What was that like?
- 7. Did you get any other help or support in this period? Who from? For example, drug treatment, health services, etc?

Referral

- 8. How did you get referred to the emergency accommodation?
- 9. How did the process work? How long did the process take?

Current situation

- 10. How long have you been living here?
- 11. Are you happy here? Was it easy to settle in?
- 12. Did you get help settling in?
- 13. What is good or bad about their current accommodation? For example, location, other people who live here, level of independence, the meals, level of routine
- 14. Any other good points? Any other bad points?
- 15. What do you do day to day?
- 16. How is your health? Has it improved?
- 17. How is your mental health? Has it improved?

Support provided

- 18. Do you see your support worker regularly?
- 19. What area (if any) do you most need support/help with? Are you getting that support?
- 20. Which of the following have you received help with? How would you rate the support you have received?
  - a. Drug dependency
  - b. Alcohol dependency
  - c. Benefits
  - d. Physical health
  - e. Mental health
  - f. Contacting family
  - g. Police, probation, licences
  - h. Contacting friends / family
  - i. Make effective use of your time
- 21. Are you receiving support from other agencies? How do you rate this support?
  - a. Manchester Drug and Alcohol Service
  - b. Jobcentre Plus
  - c. GP
  - d. Mental Health team
  - e. Men’s Room
  - f. Other
- 22. Have you received any other support, what is it?
- 23. What do you think would have happened if you hadn’t been admitted to the hotel?
- 24. What do you hope will happen when you leave here?



Appendix 2 - Support staff interviews  
Topic guide

Role / activities

- 1. What is your role?
- 2. What is a typical day (if there is such a thing) like?
- 3. Is there a delivery plan?
- 4. Are the primary aims of the project being met?

Support for residents

- 5. What support are you offering residents?
- 6. Are residents willingly engaging with support work?
- 7. What are the challenges of the resident group in relation to dealing with their issues?
- 8. Are there any areas where support (internal or external) is hard to source or provide?

Resident experience

- 9. How are residents coping with the routine?
- 10. Are residents able to stay positive?
- 11. What are they key challenges they face?
- 12. Has anything about the resident experience surprised you?
- 13. Do residents disengage? If so, why?

Impact on residents

- 14. For the following questions, please give examples of the impact on residents you are supporting
- 15. What are the outcomes of the project for the resident?
- 16. What positive impact are you seeing for residents?
- 17. What negative impact are you seeing?
- 18. Is there any sense that progress is fragile or is it embedded?
- 19. Were there challenges setting up the project?
- 20. Is the project where you think it should be?
- 21. Are there any unintended outcomes?
- 22. What are the outcomes of for the resident/individual?
  - a. Access to appropriate treatment
  - b. Access to appropriate statutory services
  - c. Improved general health and wellbeing
  - d. Improved mental health
  - e. Reduced use of emergency health services
  - f. Reduced the chance of offending / reoffending
  - g. Improved substance misuse/addiction issues
  - h. Improved nutrition
  - i. Soft outcomes – resilience, confidence, self-care, self-esteem
  - j. Short term outcomes – reduced A&E use, reduced arrests, reduced substance misuse
  - k. Long term outcomes – Recovery, Health and Wellbeing, management of long-term conditions, housing and independence, social and community engagement, learning and employment

Learning points

- 23. Projects usually generate learning points, what do you think they are?
- 24. What (if anything) has changed in the way you deliver support?
- 25. Are there further changes required to effectively deliver the service?
- 26. What have been the key challenges with delivering the project?
- 27. Is there anything innovative about the project?
- 28. Are you happy with staffing of the service? Are the ratios right? Are staff equipped to do the job? Any concerns re: burn out?

Future / sustainability

- 29. In what ways can the lessons learned be transferred into mainstream supported housing?
- 30. What is the exit strategy for the residents served by this project? What happens to them next?
- 31. Is this experience likely to contribute to a resident’s journey out of homelessness?
- 32. What are the outcomes of the project for the project team / partners?
- 33. What is the impact of the project on external stakeholders and services?
- 34. Have commissioners identified any advantages / benefits of this approach?
- 35. If residents had not received this intervention what would have happened to them? Which stakeholders would be affected?

Appendix 3 - Hotel / security staff  
Interviews topic guide

Role

- 1. What is your role?
- 2. How does this differ to your regular job?
- 3. What is a typical day (if there is such a thing) like?

Experiences

- 4. Have there been any rewarding experiences?
- 5. Were you aware of rough sleepers and their issues before this experience?
- 6. Has this experience changed your view of rough sleepers?

Challenges

- 7. Are the problems residents experience different to those of regular hotel guests?
- 8. Are the staffing levels appropriate?
- 9. Do you get the support you need to do your job?
- 10. Do you feel safe doing your job?
- 11. Compared to your regular job, what are the challenges?
- 12. Have there been many incidents?
- 13. How have they been dealt with satisfactorily?

Future

- 14. Has this experience affected / changed you in any way?
- 15. Would you think about working with homeless people in the future?

Appendix 4 - Assessment forms

For more information on the Operational Model employed at the Holiday Inn Express Manchester East, [please click here](#)

RESIDENT INFORMATION SHEET

Name		Contact number	
Date of birth		Move in date	
Riv No		Tenancy No	
HB Reference		Rehousing application	
N.I. number		Support Worker	
Next of kin name		N.O.K. contact number./address	
Referral agency name		Referral agency contact number	
Name of current GP		Name of current dentist	
Address and telephone no. of doctor's surgery		Address and telephone no. of dentist	
Medical Conditions			
Allergies			
Current medication and how administered. (e.g. frequency /method/time of day)		Collection / storage arrangements	

External support agency details	Name/job role	Contact number

Benefits.	Amount	Frequency	Payment day

SUPPORT NEEDS

Mental Health	<input type="checkbox"/>	History of Violence/Aggression	<input type="checkbox"/>
Sensory Disability	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	Leaving care	<input type="checkbox"/>
Substance Misuse	<input type="checkbox"/>	Prison release	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Harassment/ASB/ Fear of Violence	<input type="checkbox"/>
Autism	<input type="checkbox"/>	ID documents	<input type="checkbox"/>
Offending History	<input type="checkbox"/>	Not registered with GP	<input type="checkbox"/>
Armed Forces Veteran	<input type="checkbox"/>	Does not have own bank account	<input type="checkbox"/>
		Other	<input type="checkbox"/>

Please provide further details for any support needs identified:	
Additional information relevant to application including any known risks:	
What people appreciate about me:	
How best to support me:	
What is important to me?	

CURRENT AGENCY SUPPORT

Is the person on the SIB	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, who is their support worker:	
Name of person:	Agency they work for:		Contact details:			

OTHER SUPPORT NETWORKS (E.G. FAMILY MEMBERS)

Name of person:	Relationship	Contact details: