

## INTERIM FINDINGS

# MANCHESTER EMERGENCY ACCOMMODATION EVALUATION

### About the research

On 26th March 2020, the Minister for Local Government and Homelessness wrote to local authorities asking them to urgently accommodate all rough sleepers. The Holiday Inn Manchester East was opened as part of the initial phase of the 'Everybody In' programme as this came to be called. The hotel was contracted to Manchester City Council and was initially for 40 rooms. Riverside, as an experienced support housing provider, were asked to help manage the Holiday Inn. This was done with the support of a Manchester City Centre Outreach Provider.

This briefing outlines the first phase of a research project commissioned by Riverside. It was conducted in April and May 2020 in the Holiday Inn Manchester East. A second phase of follow up interviews is planned over the next few weeks. This will help us to better understand the longer term impacts of Covid-19 and the Everybody In initiative on people's experiences of homelessness.

### Aims of the research

#### There are two key aims of the evaluation:

- Measure the impact on residents of emergency provision during Covid-19. This includes consideration of the way their health, wellbeing, financial situation, and 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

### In the preliminary stage of interviews included the following participants:

#### Seven Residents:

- 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)

#### Five members of staff:

- The Service Manager
- Two support workers
- The Hotel Manager
- A member of the security team
- Seven residents



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## How does the emergency provision differ to mainstream supported housing?

### Arriving at the hotel

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). The first group of people to be housed had been picked up from a day centre and dropped off on a double-decker bus – an experience certainly not normal to supported housing.

All residents are very happy and had had few problems settling in. There is a high level of satisfaction with the accommodation and the support received. Most residents seem to be coping with the restricted lifestyle they face and are, in general, getting on with each other.

### Atmosphere

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. There now appears to be an element of pride in the hotel and the community they are building. This has extended to relationships with staff and agencies coming into the hotel, including those with whom there may previously have been hostility such as the police.

“We have recreated the street community indoors and that has created an atmosphere where change can happen.” (Staff member)

Being a commercial hotel, the facilities are of a different quality to most usual supported accommodation. 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.

“This place doesn’t have the echoes of someone’s anger and trauma.” (Staff member)

### Staffing

As well as support workers and a Service Manager, the hotel is staffed by a team of 4 security 24-hours a day alongside 2 members of hotel staff. The role of security is acknowledged by staff and residents as being vital to the positive atmosphere created within the hotel. They have helped to ensure that there are few disputes or challenges despite the number of residents. In general, residents and security get on very well and security staff provide informal support and try to boost morale. This was extended to police too.

“I don’t even look at them as police now, they’re our mates.” (Resident 3)

Hotel staff are also praised for the way they have dealt with a massive change in their daily workload, and explicit ‘hotel management’ role has freed up support workers to focus exclusively on meeting customers other needs.

### Structure

Support is available to residents throughout the day, but there is also a well-established routine. Mornings are often used to follow up or instigate contact (on behalf of residents) with partners and support services. 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.

“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.” (Staff Member)

## What has been the impact of emergency provision?

### 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

## Three themes emerge from the interviews that are worth highlighting:

### 1. Health

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 the residents who mentioned they had issues with drug dependency and mental health. Four residents have methadone scripts and are receiving support with drug dependency. Three of the residents with a script mentioned that they are now stable and would like to reduce their daily dosage. There was also mention of getting medication to manage other conditions such as anxiety.

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.

“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)

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 risk of contracting the virus and support them to ensure that the appropriate measures are taken so they stay safe and healthy.

### 2. Lifestyle change

The most basic (and positive) impact is that people who were reluctant to come indoors have done so. They’ve also stayed.

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

Residents imagined that their lives would have carried on much the same if they had not been accommodated. They were all pessimistic about their prospects had they stayed outside and some felt that they would have ended up in hospital. Instead, all residents felt 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.

“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)

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.

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

### 3. Partnerships and staff welfare

There were also a number of positive impacts on staff around job satisfaction and professional development. Staff reported 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.

There have also been very positive relationships with partners and stakeholders who have contributed to the success of the hotel. This stems from a sense of working towards a common purpose. Registering with GPs and dealing with some health issues was relatively easy – often the same day through video calls. In relation to Universal Credit, staff felt that relaxations in the level of scrutiny associated with a claim had been beneficial.

### What challenges and difficulties were reported?

Some residents have abandoned or been evicted. Some of those that have left have been accommodated in other hotels / B&Bs. For the most part, residents who had left found rules (particularly the ban on smoking in rooms) difficult to deal with. One staff member thought that those that have left have included those with low needs and younger residents with attachment issues.

One of the key challenges has been partners having the resources to respond to the needs of residents. Staff felt that drug and alcohol services in particular were inundated with requests and did not have enough prescribers to meet demand. This led to one of the few negative outcomes, with some residents' engagement lost.

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

There has been a challenge 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.

The early stages of the hotel were difficult. One resident mentioned issues with the night staff. They then qualified this 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). The security team member felt that residents were expecting something similar to Severe Weather Emergency Protocol. He thought that some expected to be returned to the streets after a few days which contributed to challenging behaviour by some residents when they first moved in.

Staff identified the challenge of keeping people engaged so they didn't abandon the hotel. This has become increasingly important as time has gone on and the hotel moves further out of the initial 'triage' phase.

Uncertainty about the future was also mentioned, with one staff member concerned that the MAS Gateway housing access system would not be able to cope with the volume and complexity of cases being submitted to it. Keeping up with some residents desire to move on was mentioned as a challenge; for others it was managing their hesitancy to leave a place where they are happy and settled and now anxious about what happens when the hotel closes.

### What might be the key lessons for supported housing beyond COVID?

- Addressing substance misuse early has been a key area enabling people to make the most of the environment
- The scale of provision (45 residents) has worked and not provided as many challenges as expected. There was a feeling that housing and supporting larger numbers of rough sleepers in one place can work and could 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)
- Limited time outdoors and in turn not engaging in negative or damaging behaviors has contributed to the project's success. It may not be possible to apply this to post-crisis mainstream provision, but emphasis on activities, 'distractions' and, possibly, a similar security presence to that in the hotel may help extend the positive affect observed by staff and residents.
- Some residents have embraced the structure of living in the hotel. It makes them feel safe and they enjoy the sense of community.
- The crisis had a galvanizing effect. It has brought together partners, funders and stakeholders to focus and co-operate effectively and made residents more responsive to support offers.
- Access to some services has been accelerated (e.g. scripts) and some red tape (56 days relief duty or 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).
- Hotel facilities such as private rooms with a TV, a shower, bin and kettle were cited as important to the success of the provision. In contrast, supported accommodation still has a reputation as 'rough around the edges and a little disheveled'

“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!”

**i** For further information or to request a copy of the research, please contact:  
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