

FOLLOW UP RESEARCH

MANCHESTER EMERGENCY ACCOMMODATION EVALUATION

1. Background

On 26th March 2020, the Minister for Local Government and Homelessness (MHCLG) wrote to local authorities asking them to urgently accommodate all rough sleepers. 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 Holiday Inn Manchester East (the focus of this evaluation) was contracted to Manchester City Council. Provision was planned for an initial 45 rooms out of the 100-room hotel. Residents were in 'Category 1' of Greater Manchester's emergency planning, that is people sleeping rough or housed in unsuitable emergency accommodation and night shelters.

Our initial evaluation was conducted between 28th April and 19th May 2020 (four to six weeks into the contract). This found that the emergency accommodation appears to be delivered in an efficient and effective manner. The project has been very successful and very warmly received by residents. We observed positive benefits to all the residents interviewed and few, if any, negative outcomes.

Between the 28th July 2020 and the 6th August, a small number of follow up interviews were conducted with the Service Manager and some of the residents who had participated in the first wave of research.

2. Residents

Initially there were 45 residents in the hotel, this has risen to 55 residents. Up to the point of the follow up research, 79 residents left the hotel and 55 moved on to other accommodation. A third of residents that left the hotel abandoned. Of these, a third abandoned in the first three weeks. A quarter of residents were evicted for smoking in their rooms (a contravention of the hotel's rules). In the early days of the hotel, six residents were also evicted for not observing Covid-19 guidelines and putting other residents at risk.

Half the residents who have moved on have moved to supported accommodation. 11% had moved to private rented accommodation and a further 9% had moved on to shared accommodation. Nine percent of residents had also moved to low needs supported accommodation. 35% of residents moved on from early to mid-July, this included many of the initial intake.

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3. Residents follow up interviews

Residents

We wanted to use the follow up research to reconnect with those residents we interviewed in the first wave of the research. Three residents were unreachable, one had been evicted, one had abandoned and one had moved on but was unable to be contacted by telephone. This left two residents who were still living in the hotel and two who had moved on but were able to be interviewed by phone.

The four interviewees were:

- Resident 1 – Male, mid-twenties
- Resident 2 – Male, age unknown, probably mid fifties
- Resident 3 – Female, early forties
- Resident 4 – Male, age unknown, probably mid-forties

Key findings include:

- All four residents were well. Whilst they had continued to **improve physically and mentally**, they all seemed to feel that much of the progress they had experienced had occurred by the time of the first interview
- Three of the residents felt that their **health had improved** whilst living in the hotel
- Three residents had **mental health issues**. Reinforcing the comments of the Service Manager (see below), none of the residents currently had a mental health worker despite their apparent needs
- Three of the residents had **drugs dependency issues** and had scripts. One resident had come off his script but “panicked” and resumed it. This resident felt that the script had led to him becoming much calmer. One resident had a drugs worker who had visited the hotel a number of times and was available should an emergency arise

- All four residents had **reconnected with family**
- Residents feel that **staff are very helpful, knowledgeable, committed and professional people**. Residents feel that, largely, they have received all the help they needed
- All four interviewees were insistent that they would not return to the streets. They regarded their time in the hotel as **an opportunity to move on with their lives** and had no intention of wasting it
- **Two residents had moved on**. One was in private accommodation and the other was in low needs supported accommodation
- **The former resident who has been rehoused is living in a one bedroomed flat**. She had received a furniture package to allow her to set up home. This resident felt that there could have been more support with her rehousing. For instance, help with registering with a GP. This may relate to delays in providing floating support
- **Two residents were on the brink of moving on from the hotel**. They had required more intensive support and support workers had wanted them to be able to make a successful transition when they left
- The resident who was now in **low needs supported accommodation** had been there for three weeks. He expected to be there for a few more weeks and then move into **shared accommodation**
- The two residents in the hotel and the former resident in low needs supported accommodation all **wanted their own place**
- Three of the four residents were looking to secure **employment** in the future

4. Service Manager follow up interview

We were interested in understanding what has changed for residents in the intervening 2-3 months and what new challenges have emerged for the hotel.

The key findings from the interview with the Service Manager include:

- **Partnership working is paramount** in the success of the project and new partnerships continue to be developed
- The role of **security staff is still vital** in supporting residents and is acknowledged as a key element of the success of the model
- The hotel has still **not had a case of Covid-19**.
- There is much **greater diversity** amongst new residents and the hotel is now providing accommodation for people who have become homeless since the Covid-19 lockdown. This includes sofa surfers who may have overstayed their welcome, people who have been thrown out by relatives, women who have fled their partner and those made homeless due to job losses and other financial consequences of Covid-19
- There have been **increasing numbers** of new residents (up to 20) who are economic migrants who came to the UK for work
- The final element of the support for the initial intake was **finding them move on accommodation**. There are now only a small number of residents from the initial intake
- The **easing of lockdown** presented challenges and some residents have abandoned since the city centre reopened
- There is a concern that some of the **charitable agencies** who have offered support may struggle to continue the levels of support they have offered

5. Learning points

The interim report contained a number of learning points and challenges for the future. All of these points were still relevant. However, the follow up research also highlighted learning points that had emerged since the initial research.

Key learning points include:

- The **increased scale of provision** (from 45 to 55 residents) has worked and not provided as any additional challenges
- Whilst lockdown was in place, staff felt that its peculiar constraints and regime may have **contributed to the project's success** e.g. limited time outdoors. 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. These activities have increased since lockdown was eased and there appears to be little evidence that abandonments have increased or access to support by residents has been reduced
- The follow up interviews showed that the role of **security staff is still vital** in supporting residents and is acknowledged as a key element of the success of the model
- Follow up interviews show that there are still challenges with **accessing some external support**. For instance, mental health services are inundated and do not have the capacity to meet all the needs of residents (and the wider community). This is a concern because the Service Manager feels that this is a key area where support is needed
- There is much **greater diversity** amongst new residents and the hotel is now providing accommodation for people who have become homeless since the Covid-19 lockdown. This diversity will require the delivery model to be adapted to ensure that residents get the intensity and range of support they require. If possible, the Service Manager feels that it is important to balance the referrals that are accepted. Specifically, she would like to have a mix of people with different needs and experiences. Referrals are made by the outreach team of Manchester City Council, Greater Manchester Police, Housing Solutions and a couple of charitable agencies. The Service Manager is wary of accepting referrals with no issues (from Housing Solutions)
- The **increase in new residents** who are economic migrants presents a new challenge for staff. Many need support or advice relating to immigration law, EU law, No Recourse to Public Funds (NRPF) and applying for settled status. Staff have quickly familiarised themselves with these issues and sought out new partners to help their residents. In particular, an arrangement made by Manchester City Council allows residents to seek support from experts at the Booth Centre in Manchester. Residents have also been receiving advice and support from the Greater Manchester Immigration Aid Unit.
- The hotel will stay **open until 31st December 2020**. This would need to be effectively managed as ending provision in the midst of winter would present many problems for residents and support services. As such, there are discussions about the possibility of extending the provision until the end of March 2021
- There are clearly some **unknown aspects** of the future role of the hotel (even over the next five months). A second wave of Covid, flu season, a harsh winter, more (possibly inevitable) economic hardship may all prompt new or different demands on the accommodation and its staff
- Eventually, there will have to be an **exit strategy**. This is likely to entail residents not being replaced when they leave (over the course of the last two or three months of the service's life).



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

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