

A Bed Every Night

**Framework for 2021-22: Preventing and Relieving  
Rough Sleeping through Covid Recovery**



## 1.0 BACKGROUND

- 1.1. A Bed Every Night (ABEN) is a Greater Manchester-wide approach, which provides accommodation and support for people experiencing rough sleeping, or at imminent risk, who have no interim statutory accommodation options open to them. Initially developed as an additional service in the winter months, ABEN has seen continual iteration and grown to deliver an essential accommodation option for people experiencing rough sleeping, year round. Moreover, as the provision has developed our learning has helped us gain greater insight into what works and where the opportunities now lie for us adapt and position our response.
- 1.2. Phase 3 began in July 2020 with an adapted specification building on the support offer and integration of services and requirements due to the Coronavirus pandemic. Key changes were:
  - **Ensuring provision is 'Covid-19 compliant' including preference for self-contained or HMO accommodation where possible**
  - **Ensuring provision supports a safe exit plan for those who have been accommodated in hotels and hostels during the lockdown period.**
  - **Ensuring specialised provision for women as transition from women's only site during Covid-19**
  - **A greater emphasis on holistic support in addition to accommodation which includes; expansion or further development of the holistic health offer, better connecting support for clients with digital and integrated models of delivery**
  - **A professional-led model supported by a robust voluntary sector offer**
  - **A focus on gender-responsive and trauma informed support**
  - **Looking to ensure value for money through Housing Benefit or Universal Credit claims where possible for the ABEN accommodation.**
- 1.3. As we move into 2021-22 and continue to build a coherent response to rough sleeping across Greater Manchester, we want to provide consistency and build on what has been achieved in these short months, not just within the ABEN services but in the overall approach to rough sleeping
- 1.4. It is more important than ever for us to set out the core aims and principles of ABEN and its position within a wider range of support and provision both specific to rough sleeping and within our wider support for people and communities:

Core Aims	Core Principles
To help end the need for people to sleep rough by providing accommodation and support	A consistent Greater Manchester wide accommodation and support offer (within parameters of variety and specialism required)
To invest and work in partnership across relevant sectors and organisations	Transitional, rapid relief pathway
To fill the gaps and complement existing provisions so that everyone has accommodation	Flexible and ongoing access that recognises an individual's journey may not be linear
To constantly learn and improve the Greater Manchester response to rough sleeping, case make and build an evidence base to inform lobbying, commissioning and funding	Support to meet immediate needs (harm reduction, safety and shelter) and give respite
To support a stronger whole system response to preventing and relieving homelessness	Person centred, gender-responsive and trauma informed support to recover and reconnect
To raise public perception of rough sleeping and provide a channel for action	Aligns and complements statutory duties under Homelessness Reduction Act and knits into local infrastructure
	For individuals with a local connection to Greater Manchester
	Continued learning from local practice and personal experiences, feeding into all relevant agendas and policy areas
	To stimulate and raise engagement with voluntary and community organisations, and support mature and resilient community infrastructure

1.5. ABEN is more than bedspaces. The aims and principles speak to our wider homeless and rough sleeping response including the Rough sleeper Initiative, Housing First, Rapid Rehousing Pathways all of which should be delivered with reference to one another and provide options and complementary resources for people who rough sleep.

## 2.0 CORE FUNDING

2.1. The expected funding breakdown is as follows. This will be confirmed by GMCA Leaders on 26<sup>th</sup> March 2021.

<b>Borough</b>	<b>Grant amount</b>	<b>Per quarter</b>	<b>Core units (min.)</b>
Bolton	£ 424,551.60	£106,138	35
Bury	£ 199,893.80	£49,973	15
Oldham	£ 277,200.00	£69,300	23
Manchester	£ 1,693,630.00	£423,407	88
Rochdale	£ 219,680.40	£54,920	26
Salford	£ 1,598,979.00	£399,745	160
Stockport	£ 66,000.00	£16,500	10
Tameside	£ 300,000.00	£75,000	26
Trafford	£ 83,464.80	£20,866	10
Wigan	£ 281,787.60	£70,447	20
	£5,145,187	£1,286,297	<b>416</b>

## 3.0 KEY LEARNING AND DEVELOPMENTS

- 3.1. Over the last 9 months regular Assurance and Learning meetings have taken place with Local Authority teams and been supplemented by local learning conversations at forums such as Homelessness Partnership Boards.
- 3.2. The steps taken by the homelessness services, in particular providing self-contained accommodation, have prevented serious outbreak of covid-19 in the community.<sup>1</sup> We also understand that Coronavirus will be with us well into 2021-2022 and the necessity for self-contained provision remains.
- 3.3. Self-contained provision has also meant that individuals were able to stay in their accommodation continuously. This has been broadly welcomed, improving the quality of accommodation and providing stability to provide support.
- 3.4. Herriot Watt I-SPHERE Unit were commissioned to provide independent evaluation on A Bed Every Night through 2019-2020 and their findings pose critical questions that will be addressed and explored over the coming 12 months as part of the Assurance and Learning process that sits alongside the delivery of A Bed Every Night. These include:
- Improving quality of support through workforce training and a review of caseloads and case management minimum expectations
  - Improving the drug and alcohol addiction support pathways available to this cohort
  - Exploring the use of fully self-contained accommodation, away from congregate or night shelter models which damage wellbeing and restrict ability to cope

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<sup>1</sup> Lancet article

- Reducing the use of eviction and ensuring more consistent and effective accommodation licenses/behaviour policies
- 3.5. These will make up the basis for continued service development through 2021/22.
- 3.6. Alongside this, there will be a continued focus on value from welfare system and best use of LHA or Housing Benefit income against rents and support. This is critical to developing a more cost effective model and comes with considerations regarding accessibility and compliance.
- 3.7. The data monitoring has supported an understanding of people's needs and their outcomes:
- Continued uptake of ABEN by young adults across 18-25, 26-30 and 31-35 age groups. They attest for over 50% of all referrals.
  - Prevalence of move on into supported accommodation settings. This makes up 14% of all positive accommodation outcomes suggesting the high needs of clients.
  - Use of ABEN as a preventative or early rough sleeping intervention, with high records of sofa surfing and people deemed to be at imminent risk of rough sleeping making use of the service. Prevention makes up 70% of total referrals, with a further 30% having rough slept prior to entering ABEN.
  - Prevalence of three self-identified support needs; substance misuse, mental health and English as a second language (for men)/domestic abuse (for women)
- 3.8. The quality of data collected could be more robust, and therefore a Real Systems' salesforce solution will be developed to enable monitoring and reporting through a single system and will allow automatic report generation for Local Authorities, partners and the GMCA.
- 3.9. Despite the reduction in street sleeping, we continue to see high levels of demand for rough sleeping services by those now accommodated and requiring ongoing support, and those new to the streets. This is expected to rise and place greater pressure on scarce affordable rehousing opportunities. It is therefore vital that ABEN works in close alignment with wider programmes and integrated public service delivery and makes use of all available community assets.

#### **4.0 NO RECOURSE SERVICE**

- 4.1. Following the success and evidence of demand for the ABEN NRPf Service, this will continue and at this stage capacity will be maintained for 60 people at any given time.
- 4.2. 60 beds are funded across 4 boroughs, open to all boroughs to refer into, with floating support for these residents and any other NRPf residents that the Local Authority may be working with through street outreach or in additional accommodation.

- 4.3. The service will be focused on increasing the level of triage to work within legal public spending for the majority of cases, and drawing down on the charitable funding only where this is exceeded.
- 4.4. This will result in increased triage and monitoring and will require continued development of partnerships with VCSE organisations to manage long term NRPF cases who are at continued risk of rough sleeping.

<b>Borough</b>	<b>NRPF grant amount</b>	<b>Per quarter</b>	<b>NRPF units</b>
Oldham	£92,400	£23,100	7
Manchester	£396,000	£99,000	30
Rochdale	£52,800	£13,200	4
Salford	£250,800	£62,700	19
Overarching support service: GMIAU and Booth Centre	£65,200	£16,300	/
	£857,200	£214,300	<b>60</b>

## **5.0 COVID-19 AND PUBLIC HEALTH GUIDANCE**

- 5.1. Our provision must continue to acknowledge the threat Covid-19, our standards and framework need to ensure that clients are able to socially distance themselves, that staff are also supported to and have the equipment to carry out safe practices during this period, that we adapt our provision around the current local response (e.g. Community Hubs), and that we are also compliant with the latest government guidance and regulations.
- 5.2. As a minimum all accommodation provision should be in non-shared sleeping conditions as opposed to shared. There may be exceptions but only where there is assurance from DPHs that this is 100% necessary and provision cannot be provided in other ways.
- 5.3. There may be a transitional period for the first quarter should current accommodation not meet this standard.
- 5.4. Current Public Health Guidance is as follows:
- The COVID-19 virus calls for much greater standards of hygiene, both individually, and in the place where a person lives. During the pandemic, accommodation providers should ensure that staff and people they support are maintaining good personal hygiene and managing infection control as much as possible.
  - General interventions to prevent spread of infection may include increased cleaning activity to reduce risk of retention of the virus on hard surfaces, making antibacterial hand gel available where possible and keeping property properly ventilated by opening windows whenever safe and appropriate.
  - ABEN accommodation should be suitable for self-isolation and shielding as far as possible, although there is an acknowledgement some may be group living environments with communal areas and others wholly self-contained. Residents with

suspected or confirmed COVID-19 should be supported to self-isolate and not mix with or spend time in rooms next to residents who are clinically extremely vulnerable. In some cases a move to alternative accommodation may be considered.

- Accommodation providers and staff should follow social distancing measures (2 meters apart) for everyone accommodated wherever possible, and the shielding guidance for anyone who falls into this extremely vulnerable group.
- Substantial lowering of the limit on maximum number of occupants staying in any shared accommodation at any one time (to ensure at least 2m distance can be adhered to) should be considered in dialogue with Public Health colleagues.
- Adjustment on how people move around buildings and use the space within in should be made to ensure safe distancing is possible at all times. This is supported by use of floor marking to indicate safe distances.
- Appropriate signage and posters should be displayed on site to alert people to increased risk. If not available locally, some examples are available here and here.
- If neither the support worker nor the individual accommodated is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices.
- However, residents and staff must wear face coverings by law when in communal indoor spaces unless they are exempt for health, disability or other reasons. Staff should remind residents they are required to wear a face covering and consider providing them.
- It is not expected to have dedicated isolation facilities for people living in the accommodation but you should implement isolation precautions when someone in the accommodation displays symptoms of COVID-19. Where possible any resident presenting with symptoms of COVID-19 should be separated in a single room with a separate bathroom. Contact the NHS 111 COVID-19 service for advice on assessment and testing.

## 6.0 HEALTH SUPPORT

- 6.1. There is continued commitment to further developments to the health support offer for clients in this phase.
- 6.2. Individuals accommodated in ABEN should have access to appropriate health and support services to ensure their wider needs are met. This should be arranged locally, engaging with local providers and commissioners to ensure alignment and support to ABEN. At a **minimum** this should include;
  - Assessment to inform a support plan
  - Access to General Practice and links made with nearby surgeries
  - Mental health support and assessment pathway
  - Drug and alcohol services providing support, including harm reduction interventions

- 6.3. This baseline will be supplemented by interventions that can be delivered at a pan-GM level such as provision of screening and immunisations (Hepatitis C, influenza) and other public health interventions such as smoking cessation.

## **7.0 FUNDING MODEL**

- 7.1. Funding for this phase of ABEN takes into consideration the emphasis on self-contained and HMO accommodation to increase Covid-19 infection control. Local Authorities should seek to claim Housing Benefit or Universal Credit against accommodation provided, in order to continue to increase the financial viability of the service. ABEN will seek to fund the gap in funding provided by benefit and subsidy charges, against actual costs. Local Authorities should project expected rent recovery and bad debt from this cohort and add this into the funding required. This model has now been delivered in numerous boroughs and there are providers available to help deliver this.
- 7.2. Local Authorities should set out expectations around Housing Benefit or Universal Credit claims, including the rate per accommodation and any expected subsidy loss. Where it is not expected that such claims can be made, the reasons why should be set out. Additionally local authorities should clearly set out the landlord and support provider organisations in order to understand in more detail the potential benefit arrangements. Where a private landlord is being used the reasons why should be clearly set out.
- 7.3. If collection rate is higher than initially modelled this would be recovered as per the grant agreements to support continuation of service.
- 7.4. Local Authorities should avoid exclusivity due to lack of immediate ability to claim benefits and keenly emphasise that access to benefits should not be a condition of eligibility for ABEN but a key support aim for people when accommodated. Upon placement clients should understand that help to claim benefits will be provided and that, if eligible, they will be expected to claim to help the provider meet the costs of accommodation and support. Repeated refusal or inability to pay should be approached with a holistic response that considers the risk of rough sleeping and other options that the Authority may have open to them via the Rough Sleeper Initiative.
- 7.5. Local Authorities should outline alignment of wider resources such as Rough Sleeper Initiative and other local services which overlap with this cohort and aim to prevent and relieve rough sleeping.

## **8.0 PROVIDER SUITABILITY AND QUALITY**

- 8.1. It is expected that localities take responsibility for ensure the suitability and quality of providers. We would however, anticipate that due consideration would be given to social value and in particular supporting our collective ambitions around the GM Good Employment Charter.

- 8.2. There is a clear history of ABEN working in partnership with community and voluntary organisations that are active in supporting vulnerable people. Local Authorities are encouraged to include VCSE organisations in their onward commissioning or supply chain where possible, and support the strengthening community infrastructure.
- 8.3. Consideration should be given to the Covid-19 structures that have been established, such as local Community Hubs and food provision services. Alignment with these structures and services may provide helpful throughout Covid-19 recovery phases.

**9.0 PLEASE SEE APPENDIX FOR:**

- 9.1. Appendix 1 Criteria
- 9.2. Appendix 2 Service Description
- 9.3. Appendix 3 Service Delivery and Management
- 9.4. Appendix 4 Performance Management
- 9.5. Appendix 5 Information Management
- 9.6. Appendix 6 Finance
- 9.7. Appendix 7 Accommodation Standards