

# Annex 5: Qualitative Analysis of respondents' experiences of services

## Introduction

Throughout the questionnaire, there were some open questions in addition to the multiple-choice questions, and at the end of each section participants were given the opportunity to provide further detail on their experiences, in their own words. These responses covered a range of topics, but this analysis focuses on respondents' experiences with and perceptions of services. Respondents experiences of Local Authority Housing Services may pre-date the introduction of the Homelessness Reduction Act or prior to the HRA bedding in.

Specific questions with open text responses that were included in this analysis were:

- Where relevant, why they felt at risk of being forced to leave their accommodation
- Why they left their last short-term homeless accommodation
- When they last slept rough, what had prevented them from finding somewhere else to stay, and where applicable why they refused an offer of accommodation

Respondents were also given the opportunity to provide further information at the end of each section. The responses from the following sections are included:

- Housing and homelessness experiences
- Temporary accommodation and hostels
- Rough sleeping
- Health and social support
- Other support needs (drug and alcohol misuse)
- Work and benefits

At the end of the questionnaire, participants were asked specifically about experiences using services with an initial question on whether they had had a positive experience in the last year, and with a follow up question depending on their answer of either:

- What made it a positive experience?
- What would have improved your experience?

There was also an open box at the very end of the questionnaire for any final comments.

## Methodology

Thematic analysis was applied to the open text responses provided by the 563 respondents who had slept rough within the last year. Section 2.2 has further detail about the sampling frame.

### Sample

High level comparisons were conducted to assess whether subgroups within the sample were more or less likely to provide open-text responses. There were broadly similar demographics between respondents who provided answers and those who did not.

**Table 1:** Demographic statistics for the full RSQ analytic sample, by respondents who had slept rough in the previous year and those who had not (n=991).

Category	Provided none or only one open text response	Provided two or more open-text responses	Total (%)	Non-response (%)
<b>All Respondents</b>			<b>100% (n=563)</b>	-
<b>Gender</b>	237	324		
Men	79	84	82	-
Women	19	15	17	-
Other	-	-	-	-
Non Response	-	-	1	-
<b>Age</b>	234	322		
Mean age, years	40	42	41	1
Age range, years (SD)	18-77 (11)	18-75 (11)	18 -77 (11)	1
<b>Ethnicity</b>	236	323		
White	85	84	84	-
Black	7	3	5	-
British/African/Caribbean				
Mixed/Multiple ethnic groups	3	5	4	-
Asian/Asian British incl. Chinese	2	3	2	-
Other Ethnic Group <sup>a</sup>	3	4	4	-
Non-response	-	-	1	-
<b>Nationality</b>	235	323		
UK	83	82	81	-
EU/EEA	13	15	14	-
Non-EU/EEA	3	3	3	-
Non-response	-	-	2	-
<b>Sexual orientation</b>	226	323	549	
Heterosexual	90	89	87	-

Homosexual /Bisexual	5	7	7	-
Other	-	-	4	-
Non-Response	4	2	5	-
<b>In a relationship</b>	<b>19</b>	<b>20</b>	<b>19</b>	<b>5</b>

Mean values displayed with standard deviations.

<sup>a</sup> Includes a subsample of respondents who were able to select Gypsy, Roma, Traveller. This option was added part way through fieldwork.

Participants were given the option of completing the questionnaire alone, or with the help of a researcher. The majority had at least some help from a researcher, with 41% indicating that they had help with the whole questionnaire (*See main methodology section*). A greater number of those who had help provided free text responses, indicating that the involvement of researchers encouraged respondents to provide further information (see Table 2). This may be due to greater engagement with the questionnaire related to it being a collaborative process, or that interviewers actively encouraged participants to provide further information. It should be noted that in many cases the interviewer operated the tablet on which the questionnaire was completed, and typed responses for participants. Due to this, and the need to succinctly distil complex personal stories, the responses are therefore often not direct verbatim quotes of the participants' words, but instead a summary or slight rewording. Quotes have also been edited to remove spelling and typing errors.

Table 2: Whether completed the questionnaire alone or with assistance

	On my own	Mostly on my own, but with some help	Mostly with help, but some parts on my own	Had help with it all
Provided none or one open text response (n=221)	26%	22%	14%	39%
Provided two or more open text answers (n=318)	14%	27%	17%	43%

## Data sources

Participants were asked most explicitly about services in the final section of the questionnaire. Respondents were prompted to either provide positive or negative experiences of services. This therefore means that respondents didn't necessarily provide a balance of views in those two questions. However, these questions were followed (in all waves but spring 2020) by another open text, providing an opportunity for further comment. The remainder of the data regarding services came from questions asked earlier in the survey, for example the open text section of the Temporary/Emergency Accommodation section, which do not prompt the respondent either way.

Due to time constraints, analysis is not based on the full dataset. The key variables related to services have been selected, but whilst it has been checked to some

degree the size of the dataset means it is possible that there are responses pertaining to services in other open text variables. However, as a large amount of data has contributed to this analysis it is unlikely that the small amount of additional data would lead to significant change to the themes identified in this analysis.

### **Thematic analysis**

One analyst read the sample and identified initial granular codes. This analyst then re-read the sample and assigned the codes, adding additional codes where necessary. A sub-sample of the data was coded by a second analyst and this coding compared to the first coder's, to quality assure codes. The codes were then grouped into initial themes, and these further grouped and refined through discussion with the second coder and another principal analyst to produce the themes detailed below.

# Results

## Services in scope

Respondents discussed a range of services across the housing, homelessness and public health sector. These included: homelessness services such as day centres and temporary and emergency accommodation, statutory housing services – the Local Authority Housing Office, welfare services, physical and mental health services, substance misuse services, prison and probation services, the Police and Home Office. Whilst some themes cut across multiple services, some relate more strongly to particular services. The findings presented below attempt to make these distinctions as clear as possible, whilst retaining a thematic overview.

## What services provide

Respondents spoke about the support they received at services, primarily in response to a question about what had made their recent experiences of services positive. Responses to this question and the resultant themes focused primarily on homelessness services (in this report, meaning those services focused directly on supporting people experiencing homelessness such as day centres, and temporary and emergency accommodation). Support provided by other types of services will be discussed later in 'Outcomes'. Four main areas of support provided by homelessness services emerged.<sup>1</sup>

At a most basic level, services provide facilities that **meet users' basic needs** – food and drink, shelter, personal hygiene and laundry facilities, clothing and toiletries.

It helps me do what I need to do laundry showers food etc

they provide somewhere warm and secure to sleep

**Practical support** encompasses support with tasks such as applying for benefits or work, acquiring documentation (often prerequisite for the former), signposting to other services, accessing legal support, and general advice and guidance.

They're able to help and if they can't they point you in direction of help - really useful advice.

[service] have really helped with housing and also getting set up in new accommodation, driving license, bank account

Building on this, services also provide users with **development opportunities**, by providing training and books or other reading materials.

[service] provided training in woodwork

Finally, services provide users with the **opportunity to interact with others** – both staff and other users. Respondents spoke of being made to feel welcome, being

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<sup>1</sup> Not all areas of support will be provided by all services.

listened to non-judgmentally, sharing problems, receiving emotional support, and generally meeting new people.

They provide clothes, food, somewhere outside, someone to talk to. A clean bathroom. clean socks, give deodorant... help with forms and doctors you come in feeling [expletive] and leave feeling like a normal person. The food breakfast and lunch matters. Help with PIP [disability benefit]. shelter from outside. People will talk to you even when you feel [expletive]

## Identifying and accessing services

Respondents described a wide range of features of services which create barriers to access, across all types of service.<sup>2</sup> These include practical barriers, issues surrounding criteria and eligibility, conditionality<sup>3</sup> and rules of services, and the environment of services and experiences that users have when accessing them. These can be seen as accessibility barriers at the stage of identifying and accessing services, and subsequently maintaining engagement with the service and support offered. Practical barriers can influence accessibility at both these points, so are discussed first.

**Practical barriers** included physical factors such as opening hours and locations of services.

It was the weekend and the day centre was closed.

Homelessness is at its most dangerous point during the day. If these organisations want to help homeless people, they need to provide activities during the day. It is during the day when the mind is overactive and leads people to do bad things.

Staff are excellent at hostel but for me this hostel is too far out of town with no local facilities e.g. shops which make it a hard place to come back to.

Process factors such as the inflexibility of appointment systems and difficulties in contacting outreach and speaking directly to staff and instead having to use online services or toll telephone numbers also influence accessibility. These features of services, whilst not problematic for many of their potential users, can create a substantial barrier for those who are homeless or rough sleeping and are therefore less likely to have access to phones and the internet and may find it difficult to travel for appointments.

Someone to talk to. A human voice, face-to-face. It's a faceless system.

I am now trying to place a new claim but am being told I will have to claim UC online and I don't have access to the internet.

The unpredictable and chaotic nature of homelessness can also make it difficult to organise self-referrals or make and keep appointments.

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<sup>2</sup> Not all barriers relate to all types of service – where they relate particularly to a type of service this is specified.

<sup>3</sup> Referring to the conditions that are placed on a person's stay in or other use of a service. These might be a requirement to engage with substance misuse services in order to keep a temporary accommodation place, for example.

Saw GP 5 months ago, they couldn't refer me because I didn't have a settled address. Then when I had a settled address I was informed that it was too far and had to register at a new GP.

Had an appointment for depression, but at a time of needing help and experiencing homelessness, was unable to follow instructions and attend the appointment.

GP is organising talking therapy but [name] has to refer himself but hasn't done so as finds it hard to organise while rough sleeping

**Eligibility criteria** create a substantial barrier to access for many respondents. This applied to housing and homelessness services and health services, as well as to benefits (which will be discussed in more detail later).

With regard to accessing statutory homelessness support (i.e. through the Housing Office) respondents spoke about the need for a local connection, and not being eligible due to not being classified as 'priority need', or because they were classed as 'intentionally homeless'. Respondents also spoke about perceived unfairness in determining priority need – in particular about the lack of support for single adults (often men).

If it's fully booked priority needs come first

You are constantly assessed to fit a certain criteria.

It's backwards. I was entitled to supported housing when I was an addict but when I was clean I wasn't entitled to supported housing.

Respondents also spoke about **referral routes**, particularly the need for an outreach referral (i.e. having been seen and verified as rough sleeping) or to have approached the council to register as homeless in order to access some emergency accommodation.

Refused access to hostels or emergency accommodation due to no local connection or verification of rough sleeping.

You have to wait to be referred and be seen sleeping rough 3 times by outreach to be referred.

Make night shelters easier to get in, without the need of registration in other associations or buildings. First come first serve basis.

**Eligibility criteria** also prove a barrier to accessing other services, such as mental health and substance misuse services. Some respondents spoke of their symptoms being deemed 'not severe enough' to receive treatment, or not being diagnosed due to variations in their symptom severity.

At hospital mental health services said she wasn't severe enough to get treatment

Had two phone assessments for mental health after overdose. First mental health charity refused treatment due to being high risk. Second charity refused treatment due to having a better day due bipolar.

In some cases, people's **multiple needs created a barrier** to accessing support, as they could only be supported by one service if they had resolved other issues they were facing.

It's difficult to get treatment for a mental health need without pushing for it. I also can't get treatment for mental health whilst I am still drinking.

I have had issues but until I give up Spice which I take at night to help me sleep services won't give medication to me.

Some services when it comes to mental health aren't accommodating. Too much criteria to meet for certain accommodation - refused due to mental health high risk.

Closely linked to the barriers produced by criteria and referral routes is the **need for a clear pathway through services**, transparency and clear information, guidance and signposting. Respondents spoke of not knowing where or how to access the support they needed to get off the streets, and how clear guidance would, or did, help.

My most recent period of sleeping rough I had no idea what services were on offer. Luckily, street teams bumped into me one night and supported me into the hostel.

Wish there was more support for people without a local connection. Also if it was clearer what steps and stages you need to through it would help and make it quicker to speak to the right people.

The **availability and capacity of services** is also an important feature of their accessibility. Respondents spoke of the number of services, space within them, waiting lists and time-limited stays.

Respondents felt that there were not enough services available, including homelessness services and specialist services such as for mental health or substance misuse. There was a strong feeling that there should be more beds available for people experiencing homelessness, both in the form of emergency accommodation as well as longer-term accommodation.

Need to provide more accommodation, hard to find accommodation if you don't have local connections.

More accommodation for homeless people, especially one bed properties.

I need more help with permanent accommodation not temporary accommodation as that doesn't help. As it's only temporary and you are back on the streets.

The availability of services was also discussed with regard to support for couples.



There should be more places for couples. My partner is the only person I have got. That's what you see on the street- couples.

hard to get somewhere to get a place together as a couple, will only help apart, not help couples. Will stay out to be together and not in different hostels, so lose my bed

In the existing services, respondents felt that capacity was limited, and a number had been turned away from services due to a lack of capacity to accommodate them.

Need more capacity. No one should be turned away to sleep rough

Refused access because there was no room left

I should have been sectioned last year but there was no bed.

Capacity of services affects waiting times, and a number of respondents spoke of overly long waits to get support or accommodation.

It's always waiting lists and they keep you waiting too long

When you have a drink problem rather than making you wait ages they need to act on it quicker.

A number of respondents also spoke about time-limited stays in emergency accommodation.<sup>4</sup>

You only have 13 weeks at the [service name]

The night shelter is only operating for 6-weeks.

## **Sustaining engagement with support**

Once accessing support, there are a number of factors that can influence whether people are able to and want to maintain their engagement with the support.

**Conditionality of support and rules of services** prevented some respondents from using and maintaining support. These rules included check-in times, not spending nights away from the service, not allowing others to stay, and rules about alcohol or substance use and behaviour. In some cases respondents felt that services expected too much of them.

Difficulty understanding timing rules for emergency accommodation, if 15 minutes late, refused accommodation. If you arrive after 12pm you are refused entry.

one strike and you're out policy

Struggling to adhere to the terms of tenancy

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<sup>4</sup> This may result from a lack of capacity but may also relate to the approach of the service (for example, tenancy conditionality requiring residents to seek employment or progress with treatment during their stay). Time-limited support also exists where funding is provided to a service for a fixed period (for example, the Cold Weather Fund which provides additional funding during periods of extreme weather).

In some cases, respondents were asked to leave services due to misunderstandings and false accusations of breaking rules.

denied access to emergency accommodation after falsely being accused of being drunk.

I lost my duty of care with the council through having a cigarette outside and leaving an unlit cigarette on the side, which led to being wrongfully accused of smoking inside. This then led to sofa-surfing and sleeping rough.

In some cases, people's behaviour or interactions with others can affect their access to services.

I was refused access to a TA due to people claiming they were intimidated by me.

Was evicted from hostel for bad behaviour and had to sleep rough before moving into open house

They don't like my views. I am forceful personality. I was on the streets five years. I have a room ban and it wasn't my fault. I think they will evict me.

In some cases, people's other needs (mental health and substance use) presented a barrier to maintaining engagement with services. Substance misuse needs and other residents' use of drugs are discussed below.

Sometimes nice to have the luxury of a bed but very difficult to maintain due to my mental health state.

Due to mental health I cannot live in large hostel accommodation

The **service environment and users' experiences** with a service and **interactions with people** there also influence its accessibility and their ability to maintain engagement.

Safety and security was one important element of users' experiences of a service. Some felt that services provided a space where they felt safe and secure.

Have housing and the ability to feel relaxed because of the safety and security

Having a safe place to stay instead of sleeping rough and feeling vulnerable and scared.

However, others felt that services were not a safe place. This was usually due to other users of the service.

Has been offered hostels in [city] but chooses not to accept because of other people in there, feels safer in his tent. Was given 4 weeks in [emergency accommodation] but left after 2 weeks because it was busy and noisy.

Fears for personal safety at accommodation that was arranged due to other residents making threats

got offered accommodation but worse than street. Dirty not safe. More people consuming drugs. At least I can walk out of here. Really dangerous accommodation.

For many respondents who had alcohol or drug misuse support needs, staying in a service placed them in close proximity to substances that they were trying to come clean from, which they felt put them at risk of relapse. Several respondents suggested that separating services or spaces within services for those with differing needs would be better.

[hostel name] is a hard place because of the people around you. There is a lot of drugs and alcohol. When I went there I didn't drink, but always being offered drinks and you never have just one. It's not allowed inside but people don't listen and it's always around.

There are lots of complex people concentrated in one place in homelessness accommodation.

Respondents reported a range of experiences when using services and **interacting with staff**. Many spoke positively of service staff and key workers. Workers were said to be welcoming, friendly, active listeners, supportive, understanding and non-judgmental. For many respondents, their main response to the question of what had made their experiences with services positive was about the staff.

treated with respect, actively listened to, didn't assume I had caused problems myself

Trying to help you, to encourage you and make you believe in you

Everything has been positive, people were friendly, non-judgemental, felt comfortable, even at lowest

Some respondents described the individual or person-centred approach being a particularly positive aspect of their experience of the service.

The person centred approach taken and impressed by this. treated the way would want to be treated, with respect.

Individual approach did it

Respondents also spoke of the importance of the knowledge and experience of staff.

A worker who really cares and knows what they're doing.

Know what to do. Having knowledge to help me navigate help. Being listened to.

Key workers don't have experience of sleeping rough and they should.

However, some respondents were less positive about the environment of homelessness services and their treatment there. These included the **concerns about safety** and other service users discussed above, as well as feelings of

**judgement, victimisation or unfair treatment** in services (from both staff and other users).

Left hostel because he was being bullied by other residents

Conditionality on accessing basic services and food, being shamed by worker when asking for things. Being surrounded by people who are in very bad situations making me feel bad.

Felt looked down on. Lack of respect. Incorrectly assumed drug abuse.

## **System and processes**

As well as discussing experiences in particular services, respondents also discussed elements of the wider system and processes for receiving support.

Whilst some people spoke of being helped by the council, the majority of experiences when approaching the council regarding homelessness were not positive.

Housing staff were arrogant and failed to give me paperwork that would assist me elsewhere.

The only place known to get help was the council but did not find them helpful or welcoming

The council asked lots of questions but didn't do anything. The city helpdesk gave me wrong advice and acted incorrectly. Housing office seemed unsure of what to do and how to proceed.

Similarly, whilst some respondents had been supported by services to access benefits, others had had difficulties with **the welfare system**. This included being denied benefits due to eligibility or documentation issues, restrictions or sanctions of benefits or losing access to them altogether, and inadequacy of the benefits received to meet needs such as affording rent.

Because denied access to universal credit due to documentation issues, unable to find anywhere to stay.

Universal credit is complex and having payments monthly instead of fortnightly is difficult.

my UC claim is a joint claim and we have been sanctioned so will have no benefit for the next 15 weeks

A number of respondents expressed a desire to work, but felt that the system disincentivises seeking work, for example by increasing the cost of accommodation or restricting benefits when a resident is working, or by encouraging people to apply for benefits rather than work.

Rent would increase from 20 per week to 230 per week if he got a job, think that this is a loophole in the system so centre continue to get payment from the council. Disincentive to work for residents

UC expects you to work, but if you work you don't receive the benefits. This month I am not receiving benefits because of working last month.

Repeatedly told to go on benefits but he doesn't want to, he is fit to work and wants to work. Services won't help you and just tell you straight away to go onto benefits.

**Coordination between services**, and between services and the council, was seen to be important. In some cases, respondents had been referred to a service for which they weren't eligible or were asked for evidence that they couldn't provide due to the processes of another service.

[Service] refused me accommodation despite council telling me I could go - PSCO and street outreach told me to go to council and they refused me to see me at first and then changed their mind. Services and staff should have the right information and should speak to one another.

Most services have been good but council housing team wouldn't accept ID and wanted letter from Job Centre when they don't issue letters (everything online). Systems should talk together.

Mental health and police services should be linking in with homelessness services to be able to provide the help needed at the time.

However, in some cases, services had facilitated access to other services, enabling people to receive the support they needed.

More communication between the services. He found accommodation through drug support worker.

I didn't ask the council directly for help but through charities and people in the area, the council have offered me help.

CAB able to explain situation clearly and next steps. worker helped direct me and get me a solicitor. Her assistance got me this accommodation.

Non-statutory organisations were mentioned by a number of participants as playing an important role in helping them.

Voluntary organisations (e.g. Christian night shelters) are doing good work doing it off their own back and showing they care. People working for organisations are still good people but volunteers make the most difference. Conversations in hostel can be too focused on drug use and staying clean.

There are lots of charity organisations who give food, tents, sleeping bags, it is important. Need practical support. Sometimes being given lots of food is not helpful as don't have a fridge. Need the right kind of help.

**Transition points** between services were seen as an important time where support was critical and where it was possible to slip through the cracks. Some respondents mentioned experiencing homelessness after leaving care or the forces. However, the most frequently discussed transition point was leaving prison. A number of

respondents reported that they had left prison without accommodation. Reasons for this included the prison service being unable to find accommodation, the accommodation found being full or unsuitable, or being refused support due to being 'intentionally homeless'.

Was refused help from council because I came out of prison and was intentionally homeless

Prison probation indicated there would be space at [temporary accommodation] but it was not true

While in prison I saw resettlement and followed their instructions (set-up bank account and appointment for benefits) but when I got out I was not given any direction on where to go or what to do. Additionally, my bank account was dormant so I couldn't get my benefits paid into it. Nowhere to live, no money and not sure what to do.

These negative experiences across the system, in addition to the problems of capacity and accessibility discussed above, had affected respondents' **trust in the system** to support them when they needed it. Repeated negative experiences with services had left some respondents feeling let down by the system.

A number of respondents discussed not having received support or treatment when they asked for it, or felt they needed it. This includes being turned away from emergency accommodation (as discussed above in 'Identifying and accessing services') or the Housing Office due to eligibility criteria, but a substantial number of responses focused on mental health support and the absence of this when needed.

Could have mental support much sooner. taken too long to diagnose me when I've known for years

The support you get for mental health is [expletive] disgusting. Especially for male mental health. It's not taken seriously.

I have self-medicated all my adult life while begging for support from mental health teams. I have managed to get myself off drugs and alcohol but still can't get the mental health support I need.

In particular, some respondents were dissatisfied with the medication or treatment they had been prescribed by health services.

I have serious mental health concerns that are not being taken seriously and haven't been for years now. I just want proper treatment not just the usual 5 minute appointment and SSRI prescription.

I was in [area] mental health hospital and they told me I had to take a lot of drugs. I didn't want to so I declined treatment.

Most recent service suggested alcohol has brought on bipolar and suggested a course of treatment but [respondent] disagreed as [he/she] knows [she/he]'s had bipolar symptoms before and medication hasn't worked in the past - is in dispute with services about the best course of action

Being listened to and taken seriously was seen to be critical in respondents' experiences with the system. As discussed above in experiences of services, respondents spoke positively about staff who listened actively and without judgement. Conversely, a number of respondents felt that services had not listened to them or treated them as an individual, and this led to them feeling they had not had a positive experience.

I feel like it's a brick wall. They just need to listen to me.

It would have been improved if I was listened to by the public services. You're just seen as another number and nobody cares.

Lack of understanding, failure to listen

Linked to this, the keeping of promises was seen to be important. Several respondents spoke of services promising support that then wasn't provided.

Do what they say. People speaking to me who understand my situation. Services don't keep their word. Going round in circle.

People make promises they can't keep or lie to you about what can be done.

The day centres promise but don't give anything.

Some respondents spoke of a perceived lack of fairness in access to support. This predominantly related to the rules surrounding priority need.

Has bid for properties before with council and got position one but then had other people in queue ( based on time bidding ) who 'gazumped' because they had the same or high priority need

telling a man he can't be housed but then house a woman.

Some felt the government or local authorities could be doing more to tackle homelessness, or that services display a lack of care and are instead focused on saving or making money.

Everything is like business. Too much bureaucracy and not helping the people who need homes

Very disappointed with society and I've lost all faith in the government.

Don't know, given up on system.

## **Outcomes and the impact of support**

Respondents described a range of outcomes that they had achieved through support from services. The main outcome mentioned was having accommodation, whether that was short-term 'off the streets' accommodation, or more stable long-term

accommodation.<sup>5</sup> People had also been supported to access benefits, look for work and address substance misuse issues.

Have housing and the ability to feel relaxed because of the safety and security

Here is permanent accommodation, I get meals, toiletries, 1k to training, allowance to work, leisure fund each year and toiletries. Feels settled here.

I used the help that was offered to get on a script and get off the streets and off drugs

Respondents reflected that one factor that helped make services a positive experience was the timeliness of the support – several respondents spoke about the speed and efficiency with which they were supported into accommodation or to access benefits, and that the support came ‘at the right time’.

Positive approach from [service], impressed by the speed with which I was taken off the street.

They helped me when I needed it

When outreach picked me up from [rough sleeping site] - came at the right time.

Respondents described how receiving accommodation impacted them, reducing the stress in their life and giving them the space to work on their needs and move forward.

Happy I'm off the street and can start moving forwards

Secured accommodation at [service] and took a massive weight off my mind

Moving into here, making my life seem more stable

The help from [service] has meant so much to me and has got me where I am

Alongside the main outcomes discussed above, there were broader and softer outcomes for respondents. Gaining stability and addressing their needs enabled respondents to enrich their lives, taking up hobbies, doing voluntary work and re-engaging with family, for example.

Got back into boxing.

I see my kids now

Gives me a purpose, somewhere nice to go and can help others worse off than myself

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<sup>5</sup> Note that this predominance of response may be a function of the sampling method which, for practical reasons, took place in services, a number of which included accommodation in their offer.