Greater Manchester Homelessness Prevention Strategy Action Plan: October 2021 – March 2022

This is the first Greater Manchester Homelessness Prevention Action Plan ('GM Action Plan'), which turns the ambitions of our GM Homelessness Prevention Strategy into tangible actions. It has been developed by a Task and Finish Group of the GM Homelessness Programme Board with a remit to work up a plan based on the co-production of the strategy and recommended actions to date.

Like the Strategy itself, the GM Action Plan is ambitious. We have set ourselves a number of challenging missions which, if achieved, will transform our approach to homelessness prevention across the region. The response will need to be wide-ranging. It will involve specific projects and programmes, building a new understanding of how we work together, changes in how we commission and resource our services, new or emerging technology, campaigning, changes in governance arrangements, and much more. It will depend on partnerships, investment and risk-taking by stakeholders, and not everything will work.

The priority actions are **everyone's responsibility** and will require contribution and action from a wide range of partners. The plan outlines these key actors and the different types of governance that will need to act as enablers. The Greater Manchester Combined Authority refers to the ten Local Authorities and the Greater Manchester Mayor.

The GM Action Plan functions as a plan for Greater Manchester where whole system collaboration is required, as well as a framework for action planning in localities (Greater Manchester Boroughs). Cross sector Locality Partnerships can develop and own these plans, in alignment with and building on existing local plans.

The GM Action Plan will be **reviewed every 6 months** to identify progress, and once a year to allow for new or amended actions to be included. Over the next six months we will focus on the following developments to the plan itself: agreeing (through various governance forums) the actions and ensure they are specific, measurable and time-limited; improving accessibility of language; creating Locality Partnership Guidance; establishing Progress and Annual Review process.

The following section details the purpose of each part of the Action Plan and can be read as a guide to the plan itself.

- Missions: The missions are set out in the Strategy as the key goals that we are trying to achieve. They reflect 5 different stages where we need to respond to the risk of homelessness.
- Stages of prevention: This is the prevention scenario that each mission relates to, moving from remote to more immediate risks of homelessness.

- What good looks like: This is a more detailed description of each mission. It tells us what we want to see and feel if we were needing help to prevent homelessness. It describes the best possible operating model against our key principles of being person centred, participatory and preventative.
- Indicators: These are key metrics that we will monitor. Alongside other forms of reporting, they will help us to understand if progress is being made. We have developed a set of principles to ensure that we are choosing the right indicators and using them properly:
 - **There is no silver bullet:** There is no single measure of success that tells us about all of the ways in which homelessness can be prevented, why it happens in the first place and how we can best respond to it. We should accept this complexity and work with it.
 - Names, not numbers: We will focus on the people we are supporting, rather than obsessing over statistics. Numerical data can be helpful, but it is only part of the story. Behind each of our indicators we will also review qualitative data (e.g. case studies, reports) and get people with lived experience of homelessness to tell us what our services feel like and how we're doing against our missions.
 - **Less is more:** we will only measure things that are directly relevant to the missions we have set ourselves, rather than measuring things for the sake of it.
 - **Make it easy for everyone:** wherever possible, we'll use information that is already being routinely collected, rather than creating additional work for people. We'll report on our indicators in an open, accessible way for anyone who wants to get involved.
 - **Collect useful information:** Our indicators should give us enough information to know whether we need to change what we're doing, keep doing it, or do something completely different.
 - **Keep improving:** We will continue to review the indicators we're looking at, whether they're still relevant and whether there is anything else we can add that will help us achieve our missions.
 - We know we don't control all the levers: We recognise that without significant change in national policy and investment that we can only go so far in impacting on these indicators. We will focus our best efforts on what is within our control in GM and continue to make the case for change to central government.

We have split our indicators into 2 categories:

- Main Indicators: the things that we're confident will tell us if we're on the right track, or not.
- Supporting Indicators: things that we think will help to tell us *why* we are on track, or not.

- Where we are now: This challenges us to assess where we are against 'what good looks like.' The process of deciding this is important and should include cross sector partnership with a diverse mix of groups and experiences represented and given equal power. We must decide if we are *starting out, making progress, maturing, doing well*. Scenarios against these stages will be developed to help with this assessment.
- Priority Actions: These actions have been co-produced and are chosen because they will move us forward from 'where we are now' towards 'what good looks like.' There will be many actions that contribute to any mission. These are 'priority' actions because they require collaboration, joint investment, visibility and scrutiny from Greater Manchester partners.









	Universal		Targeted Crisis		Emergency		Recovery			
Main Indicators:	Number of people on Social Housing Registers, broken down by reasonable preference categories	↓	Proportion of positive outcomes from care, prison, asylum and hospital with safe accommodation	1	Number of people successfully supported to prevent their becoming homeless (Prevent Duty)	1	Achieving 'Functional zero' rough sleeping (to be defined against inter/national guidance)	A	People's length of homelessness (3 month maximum/'entrenched')	↓
	Number/proportion of tenants in rent arrears of over one month.	\downarrow	Volume of target groups' placement in B&Bs as indicator of unsuitable / non- safe places	\downarrow	Number of people able to access peer support if	↑	Number of people who are currently homeless successfully supported to	↑	Number of evictions from all forms of Temporary Accommodation	\downarrow
	Number of Section 8 Notice Court applications		Number of asylum destitution cases submitted for ongoing funding	\downarrow	at risk of homelessness	I	successfully supported to secure accommodation (Relief Duty)		Repeat users of specific pathways i.e. ABEN, Supported Accommodation	\downarrow
licators	Number of successful housing disrepair claims	\downarrow	Referral volumes from Adult/Children's social care into homelessness	\downarrow			Average length of stay within temporary accommodation	\rightarrow		
Supporting Indicators	Poverty indicator(s) – i.e. free school meals, welfare dependence, unemployment, school readiness, cold weather payment.	_	Number of homeless adults who have experienced or received care from children	↓	Number of people accessing Dual Diagnosis	1	Number of people presenting as homeless due to: "Family or friends no longer willing or able to accommodate"		Number of people who have experienced more than one episode of homelessness (as recorded through statutory or outreach assessment)	↓
	Number of people receiving custodial sentences	\downarrow	services in the past		Services	and	Number of instances of Bed and Breakfast use and length of stay	\downarrow		
	Number of children in care	\downarrow	Number of homeless adults who are part of the Armed Forces Community	\downarrow			Number of people who are placed outside of their Borough to access temporary accommodation	\downarrow	Housing First tenancy sustainment rate remains above	85%

Mission 1: Everyone can access and sustain a home that is safe, decent, accessible and affordable. Universal Prevention Preventing or minimising homelessness risks across the population at large

What good looks like

Tackling inequalities is the most important approach to preventing risks of homelessness across the population – we are taking radical steps to redress poverty, exclusion and discrimination in all forms. This includes increasing people's ability to participate in decisions that affect their lives.

In every neighbourhood there is sustained investment in resources held by and for local people. This is channelled through local voluntary, community, faith and social enterprises.

There are meaningful and active roles for people with lived experiences and those representing under-served communities to design, commission and deliver public services. Universal basic services such as education, primary care, welfare and neighbourhood policing work together in Integrated Neighbourhood Teams to strengthen and support their communities. They work actively with their local voluntary, community, faith and social enterprises, including social housing providers. These teams take a whole system approach to identifying the earliest risks of homelessness and supporting people to resolve them. They are skilled and able to step in early, being proactive and creative.

Safe, decent, accessible and affordable housing is available to everyone. This is achieved through a focus on increasing social and affordable housing and regulating the private rented sector to improve fair access, quality, affordability and security standards. The welfare system is supportive, rather than a hindrance to securing a safe, decent and affordable home. This also applies to good work that pays, and being able to maintain good health. People are not at risk of losing their home if they are keeping to their tenancy conditions. Where people are not keeping to these conditions, a person centred and whole system response is taken by Integrated Neighbourhood Teams to support the household to find a solution and reduce the risks of homelessness.

Where we are now: Making Progress

Reducing inequalities is a national and regional priority. In Greater Manchester there is a strong understanding of the depth of the issue and the ways in which they need to be resolved e.g. Greater Manchester Independent Inequalities Commission. Participation by people with lived experiences and those representing underserved communities in civil society is recognised as important, however ongoing involvement is largely un-funded or under-resourced.

Resource for voluntary, community, faith and social enterprises is often highly uncertain. This is also the case for core public services such as those provided by national and local government. Resource is often prioritised for those in crisis or emergency, instead of strengthening communities and early help. Integrated Neighbourhood Teams operate in some Greater Manchester boroughs, but not all.

New social and affordable housing is not being developed at the rate required to meet the needs of the population. The risk of losing a tenancy is the primary reason given for being at risk of homelessness in Greater Manchester.

Priority Actions	Enabling actors and governance
Building participation: Support GM partners to resource key participatory infrastructure, including GM Social Innovation Hub and GM Homelessness Action Network (LT) ¹	Enabling actors Greater Manchester Combined Authority, Greater Manchester Housing Providers, Greater Manchester Tenants Groups, Landlords Association, Greater Manchester Health and Social Care Partnership, Greater Manchester Probation, Dept. Work and Pensions in Greater Manchester, Greater Manchester Police, Greater Manchester Homelessness Action Network, Greater Manchester Race Equality Panel
Private Rented Sector: Develop the Good Landlord Scheme and Ethical Lettings Agency to improve Private Rented Tenancy standards and security of tenure.	
Building participation: Ensure frontline staff across GM participate in anti-racism training, to understand and address structural racism within systems and services. (LT)	
Building participation: Ensure Greater Manchester partners involve people with lived experience in the commissioning process (e.g. sitting on evaluation panels). Ensure partners commission services that prioritise actively recruiting, retaining and developing of staff with lived experience. (AVA/Agenda) ²	Governance arrangements that will support and enable us to achieve the actions include, but are not limited to, the following and are subject to change:
Health inclusion: Maximise opportunities to act on health inequalities via GM Integrated Care Service.	Greater Manchester Combined Authority Greater Manchester Reform Board Greater Manchester PRS Partnership Board Greater Manchester Homelessness Programme Board
	Greater Manchester Homelessness Action Network Advisory Board
Embedding prevention: Strengthen the Integrated Neighbourhood Teams delivery model through dedicated support and sharing of best practice by GMCA.	Greater Manchester Joint Commissioning Board Greater Manchester Health and Social Care Partnership (Integrated Care System)
Working with National Government	·

Embedding prevention - welfare reform: Lobbying the government on essential welfare reform including ensuring people's housing affordability and sustainability is not adversely impacted by changes to their welfare benefits, ensuring that starting part time work is beneficial to overall income.

¹ (LT) refers to policy and action recommendations developed through the Legislative Theatre process, led by the GM Homelessness Action Network and the Legislative Theatre Action Group.

² (AVA/Agenda) refers to policy and action recommendations developed through the AVA and Agenda consultation on the gender-based elements of the GM Homelessness Prevention Strategy

Social Housing and Private Rented Sectors: Continuing to work constructively with government on innovative ways to increase and accelerate genuinely affordable housing supply in Greater Manchester, including collaboration on projects such as Affordable Homes Programme, Rough Sleeper Accommodation Programme and ensuring learning from these programmes influences public policy, including the Renter's Reform Bill

Mission 2: Everyone leaves our places of care with a safe place to go.

Targeted Prevention

Upstream prevention focused on at risk groups

What good looks like

Places of care include children's social care placements, in-patient settings, asylum accommodation, custodial settings, and military service. These settings are actively working to be trauma informed and responsive, and ensure that they do not re-traumatise people in their care.

Everyone leaves these places with a home to go to that they feel is safe and suitable for them. They have a transition plan that is developed as early as possible and which they are in control of. Through these points of transition people can maintain the same support worker(s), change doesn't have to mean the loss of a good relationship. The support they can access is gender and trauma informed, accessible and culturally competent. There are options for people to choose from, irrespective of borough connection, which help them achieve the things that are important to them.

Services that provide care and those that support transition and re-settlement deliberately recruit, retain and develop people with lived experience. These services are also integrated; public resource is used to commission services with positive transitions rather than creating cliff edges. There is an understanding of total public spending for an individual. Data is shared effectively to enable a smooth transition and reduce bureaucracy. The welfare system is supportive, rather than a hindrance to securing a safe, decent and affordable home for people leaving places of care.

Where we are now: Making Progress

We are committed to being a trauma informed city region and work to achieve this is underway. We can work to transform our workforce, support practises, our physical environments (i.e. prison estates, hospitals), and data infrastructure. It will also require national government policy and legislation change (i.e. custodial sentencing, social care providers, asylum and immigration policy, greater collaboration with local and regional government).

There are regional and local pathways of accommodation and support in place for people leaving our places of care. However these are not watertight and individuals can be evicted or discharged and leave places of care without somewhere safe to go.

Transition plans are often last minute and people currently have little or no choice about when or where they go and the support they can access. Transitions often result in ending of support relationships and the expectation that people must start new ones. There are a lack of bespoke offers across Greater Manchester for gender specific or culturally competent support. Demand outstrips availability of flexible person-centred support or safe places for high level needs across Greater Manchester.

There is recognition of the strengths of recruiting people with lived experience and a developing understanding of the role that peer support can play, however there is lack of public investment here. Financial resources are commonly not understood for a whole 'customer journey' or 'sustainable successful outcome' at point of service design. Data infrastructure is highly fragmented between service providers and different parts of the public sector.

Priority Actions	Enabling actors and governance	
Person centred: Ensure GM is operating as a Trauma Responsive City Region with a Good Practice Charter that reinforces trauma-informed practices across public services (LT).	Enabling actors Greater Manchester Health and Social Care	
Building participation: Develop a clear GM meaning of 'lived experience' and the value and ways in which it should be recognised within public services.	 Partnership, Greater Manchester Probation, Her Majesty's Prison and Probation Service, Greater Manchester Homelessness Action Network, GM Race Equality Panel, Dept. Work and Pensions in Greater Manchester, Greater Manchester Police, GM Courts Governance arrangements that will support and enable us to achieve the actions include, but are not limited to, and are subject to change: GM Joint Commissioning Board 	
Embedding prevention: Strengthen the Integrated Neighbourhood Teams delivery model through dedicated support and sharing of best practice by GMCA.		
Embedding prevention: Evaluate and improve the impact of the following pathways - GM Hospital Discharge Protocol, GM Care Leavers' Guarantee, GM Integrated Re-settlement Service, and GM Armed Forces Covenant.		
Health Inclusion: Maximise opportunities via creation of the GM Integrated Care Service to reduce health inequalities for at risk groups.		
Health inclusion: Develop and implement Inclusion Health commissioning standards.	GM Reform Board Justice and Rehabilitation Executive GM Homelessness Programme Board Greater Manchester Homelessness Action Network Advisory Board	
Person-centred: Commission quality temporary and settled accommodation with and for at risk groups – i.e. GM Community Accommodation Services, A Bed Every Night for people with No Recourse to Public Funds.		

Person-centred – young people: Develop and deliver Young Person's Homelessness Prevention Service for young people at risk of homelessness.	GM Children's Board	
Person-centred – young people: Develop joint commissioning function for children's social care to improve		
standards of placements and care within Greater Manchester		
Working with Government		
Person centred - asylum and immigration: influence the Home Office to make significant changes to asylum and immigration policy that drives people into homelessness and destitution, with a particular focus on the No Recourse to Public Funds policy and 28-day eviction notice period.		
Person centred - offending: work collaboratively with Ministry of Justice through the delivery of the Integrated Rehabilitation services and Tier 3 Community		
Accommodation Service to reduce repeat offending for people in the criminal justice system, prevent homelessness on prison release and ensure learning and		
innovation from these projects results in policy change.		
Embedding prevention - welfare reform: lobbying the government for welfare reform with a particular focus on the	e Under 35s room rate, No Recourse to Public	
Funds, and opening eligibility to apply for welfare before leaving a place of care.		

Mission 3: Everyone can access quality advice, advocacy and support to preven	t Crisis Prevention
homelessness.	Preventing homelessness likely to
	occur within 56 days (as per 🦰 📥
	homelessness legislation)

What good looks like

At any time when someone needs help to address issues that put them at imminent risk of homelessness, they are easy to find, accessible, and without judgement. This could be for loss of income, poor housing conditions, domestic abuse, relationship breakdown, eviction notice, ill health, or a combination of things. Quality advice, advocacy and support is available and people are treated as active and equal partners in finding solutions that work for them. There is a focus on ensuring that people know their rights and what services there are to support them. Peer mentoring is a well-established advocacy model that is widely used at this stage.

Advice, advocacy and support is rooted in organisations that know and reflect their local communities, but can draw on specialist support as needed. This includes universal basic services such as GPs, schools and neighbourhood policing, as well as community groups and networks. Social Housing Providers play a proactive role in identifying and resolving crises that may lead to homelessness. People can access support to address concurrent mental health and substance misuse challenges, and are able to address these at lower 'thresholds' than they are currently offered.

Case worker or key worker models of support have the resource to be able to build trusting and respectful relationships. Homelessness legislation is applied but getting help does not feel like an extended assessment and referral process. People's assets are taken into consideration alongside their needs. Crisis and

emergency responses are integrated to triage, assess, task and co-ordinate support. Personal data is managed effectively to support integrated prevention and assessments are trauma informed.

Public services across Greater Manchester make trained enquiries about domestic and sexual abuse, and respond appropriately with clear pathways into appropriate trauma-informed support. This is accompanied by data collection on enquiries and responses, to inform the picture of the levels of abuse and help services to adapt in response. There is clear strategic oversight of this process across the city-region so that it is embedded in public service responses and adequate training is provided from specialists in gendered violence. There is a Greater Manchester commissioning framework for gender and trauma-informed services and establish a shared approach across all services, including homelessness, health, drugs and alcohol and criminal justice.

Where we are now: Making Progress

There are a range of advice, advocacy and support services across Greater Manchester, however their capacity, reach and specialisms are limited. Specialist support for excluded groups is both commissioned and also delivered through non-commissioned voluntary groups, i.e. women's centres and asylum legal advice. Peer mentoring is carried out in a range of settings, but not as standard as part of homelessness crisis support. There is an increased focus on relationship based support, and smaller caseloads are recognised as vital to enable this. However, funding to ensure small caseloads is extremely limited to high need or emergency responses.

Advice, advocacy and support to prevent homelessness is increasingly resourced through Local Authority Housing Options Services. There is varied alignment with local and community organisations and groups. Referral into Housing Options is common, encouraged by the Duty to Refer. Triage, assessment and tasking is not always trauma informed and people do avoid or end this process before getting the help they need. Digital infrastructure is fragmented and can act as a barrier to timely and integrated responses.

Training requiring domestic and sexual abuse is carried out across public services, with variation on the quality and frequency of enquiry and recording. There is a GM Gender-Based Violence strategy, however it requires further development to bring strong strategic oversight to all responses to gendered violence.

Priority Actions	Enabling actors and governance
Person-centred; asylum advice and advocacy - increase the capacity and availability of quality independent legal advice (LT)	Enabling actors Greater Manchester Health and Social Care
 Person-centred; homeless families – implement recommendations of the Homeless Families Review including: developing a GM Homelessness and Health Leads network, develop a joint procurement framework and standards for BnB accommodation whilst moving to eliminate it, create a directory of services that acts as a single point of information for all support for families and children. Building participation – Develop a GM Peer Advocacy model where advocates are paid fairly, have experience assessing services and have the neuron and independence to scrutinice agencies that are not carrying out good. 	Partnership, Greater Manchester Housing Providers, Greater Manchester Probation, Greater Manchester Combined Authority, Her Majesty's Prison and Probation Service, Greater Manchester Homelessness Action Network, GM Race Equality Panel, Dept. Work and Pensions in Greater
accessing services and have the power and independence to scrutinise agencies that are not carrying out good practise and identify gaps in the system. (LT)	Manchester, Greater Manchester Police, GM Courts
Embedding prevention: Use GM Data Discovery process and Data Accelerator resource to further develop the GMThink principles across the GM system - prioritising ownership, accuracy, access, and transparency. (LT)	Governance arrangements that will support and enable us to achieve the actions include, but are not
Health inclusion - develop integrated service specifications for commissioned Mental Health and Substance Misuse, using initial pilot and specialist services for joint commissioning and future funding opportunities.	limited to, and are subject to change: Greater Manchester Digital Transformation Taskforce

Person-centred; victims of violence and abuse - Establish a cross-border protocol of local authority co-operation	Greater Manchester Joint Commissioning Board Greater Manchester Reform Board
which defines responsibilities for the provision of housing, care and support services when victims of violence	Greater Manchester Justice and Rehabilitation
and abuse move between local authority areas. (AVA/Agenda)	Executive
	Greater Manchester Homelessness Programme
Social Housing: GM Housing Providers operationalise and monitor Homes for Cathy commitments and Domestic	Board
Abuse Housing Association accreditation.	Greater Manchester Homelessness Action Network
	Advisory Board
Working with Government	
Embedding Prevention: Lobby government to ensure Greater Manchester has the longer-term, more flexible funding needed to invest in prevention at scale.	
Person-centred - asylum and immigration: Influence the Home Office on how changes to asylum and immigration	policy can drive people into homelessness and
destitution, with a particular focus on the No Recourse to Public Funds policy	
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Person-centred - offending: Work collaboratively with Ministry of Justice through the delivery of the Integrated Rehabilitation services and Tier 3 Community Accommodation Service to: reduce repeat offending for people in the criminal justice system, prevent homelessness on prison release and ensure learning and innovation from these projects results in policy change.

Health inclusion: Influence the Department of Health and Social Care to enable an approach to health that tackles inequality, building on learning and best practice from Greater Manchester Health and Social Care Partnership and from programme delivery.

Mission 4: People experiencing homelessness have respite, recovery and re-connection	Emergency Prevention
support.	Support for those immediately at
support.	risk of homelessness, including
	rough sleeping.

What good looks like

Respite: If someone is actually homeless, they have somewhere they feel safe to stay. This is available for everyone who needs it and no one has to sleep rough. **Recovery:** People have the support of someone who takes an interest in their life to help them recover. This considers all elements of what makes a 'good life' as important to ending homelessness; financial stability, improving health and wellbeing, connectivity, good work/education/training, power and participation. The goal is for re-connection: this means leading a meaningful life in the community with choice and agency. A key part of this is having a safe, decent, accessible and affordable home. This should be an accessible process and achieved as soon as possible so that respite accommodation is only ever a short, transitional stay. It is acknowledged that longer term stays in respite accommodation is damaging to one's ability to recover and re-connect. Leaving respite accommodation is seen as a key transition point, and the same principles of support for those leaving places of care are applied.

Homeless families can access respite accommodation that meets the wellbeing, nutritional and educational needs of the whole family. Bed and Breakfast accommodation is not a standard pathway for families, and there is joint working across services to ensure integrated and effective support is available at this time. Children's experience of homelessness is recognised as inherently damaging and psychological support is available to address this.

Respite, recovery and reconnection services, both commissioned and non-commissioned, are joined up to offer maximum choice and specialism. No-one is excluded from respite accommodation due to previous behaviours. All services are gender-informed, trauma responsive, accessible and culturally competent. Individuals have a range of options and have choice and control to access services that reflect their level of need irrespective of borough. There is a Greater Manchester commissioning framework for gender and trauma-informed services and a shared approach established across all services, including homelessness, health, drugs and alcohol and criminal justice.

Where we are now: Making Progress

Respite is available for people who are imminently at risk of, or already experiencing, homelessness in Greater Manchester in line with legislation and additional regional efforts such as A Bed Every Night. There is recognition that people need support to recover. There are a variety of support practise models in use, some of which are trauma informed and person centred. There is a recognition that reconnection should happen as quickly as possible, however this is often unachievable due to lack of suitable housing, ongoing support and/or staircase model of move on. Overall demand for respite, recovery and reconnection support is higher than that which is provided across Greater Manchester, reducing choice and quality (i.e. use of BnBs) and leaving some people without. There is limited availability of 'high needs' respite and recovery support, with endemic use of eviction across emergency accommodation.

Early Help integrated support is in place for families at risk of experiencing homelessness in some GM Boroughs. Many boroughs are pursuing a BnB elimination policy, however this is expected to take time to achieve.

Support services commonly have set support models that are not person centred or recovery focused. Meaningful support which considers people's physical, mental, creative, and emotional health is fragmented. Significant barriers can exist to accessing support due to reasons such as high thresholds or behavioural

policies. Move on from temporary accommodation can be difficult to navigate, with different requirements for social housing providers, variety in support to access private rented sector, and some specialist pathways for eligible groups.

There is a GM Gender-Based Violence strategy, however it requires further development to bring strong strategic oversight to all responses to gendered violence including where people experience homelessness.

Priority Actions	Enabling actors and governance
 Person centred – homeless families: implement recommendations of the Homeless Families Review including: developing a GM Homelessness and Health Leads network, develop a joint procurement framework and standards for BnB accommodation whilst moving to eliminate it, create a directory of services that acts as a single point of information for all support for families and children. Embedding prevention: continued development of A Bed Every Night services as per Herriot Watt and GM 	Enabling actors Greater Manchester Health and Social Care Partnership, Greater Manchester Housing Providers, Greater Manchester Combined Authority, Greater Manchester Homelessness
Homelessness Action Network recommendations to improve quality of respite, recovery and reconnection for people at risk of rough sleeping. Embedding prevention: expand and enhance the Street Engagement Hub to ensure an informed, collaborative	Action Network, Dept. Work and Pensions in Greater Manchester, Greater Manchester Police Governance arrangements that will support and
response to street behaviour and begging, that also recognises and addresses homelessness/rough sleeping issues. Person centred : increase take up of Out of Borough Protocol and introduce monitoring to track reduction of Out of Borough Placements.	enable us to achieve the actions include, but are not limited to, and are subject to change: Greater Manchester Joint Commissioning Board Greater Manchester Reform Board Greater Manchester Homelessness Programme Board Greater Manchester Homelessness Action Network Advisory Board Greater Manchester Housing Providers
 Social Housing: Greater Manchester Housing Providers to deliver on Homes for Cathy commitments: operate flexible allocations and eligibility policies which allow individual applicants' unique set of circumstances and housing history to be considered offer constructive solutions to applicants who aren't deemed eligible for an offer of a home 	
Health inclusion: Influence provision and commissioning of specialist health services through sharing existing good practice through the GM Homelessness and Health Group and Locality Partnerships.	
Working with Government	
Person centred - asylum and immigration: Influence the Home Office on changes to asylum and immigration policy re and destitution, with a particular focus on the No Recourse to Public Funds policy.	equired to prevent or relieve homelessness
Person centred – offending: Work collaboratively with Ministry of Justice through the delivery of the Integrated Reha Accommodation Service to reduce repeat offending for people in the criminal justice system, prevent homelessness of innovation from these projects results in policy change.	on prison release and ensure learning and
Health inclusion: Influence the Department of Health and Social Care to enable an approach to health that tackles ine from Greater Manchester Health and Social Care Partnership and from programme delivery.	
Embedding prevention: Work with the Department of Levelling Up, Housing and Communities to ensure the continue reduce street homelessness across Greater Manchester including Housing First, A Bed Every Night, Street Engagemen results in systems change.	

Mission 5: Homelessness is never an entrenched or repeat experience.

Recovery Prevention of repeat homelessness

What good looks like

There is ongoing support and care for people with a history of repeat or entrenched homelessness, which continues to be available through their transition out of homelessness. It is not time-limited and the support offered is led by the choice of the individual or family. There is recognition that, if someone is experiencing repeat homelessness, they should have access to new approaches and interventions, rather than what hasn't worked in the past. Housing First is an available intervention for those who are experiencing entrenched homelessness, multiple disadvantage and exclusion. This is needed less over time as Housing First principles are adopted more widely into re-housing and support practise.

There is a principle of 'no eviction' without a workable alternative in place across respite accommodation, so that no one experiences repeat homelessness.

There is widely used definition of entrenched homelessness in Greater Manchester that takes account of both time spent homeless and entrenched behaviours. There is a clear understanding of the environmental, societal and psychological factors which can cause somebody to experience repeated and/or entrenched homelessness. All partners understand the role that trauma plays in people's lives and the importance of trauma and psychologically-informed approaches to recovery support.

There is clear evidence of the scale of repeat and entrenched homelessness in Greater Manchester and this is regularly analysed to understand the drivers and support its reduction.

Social Housing Providers provide the range of affordable housing options which meet the needs of all homeless people in their local community. Homes are suitable, accessible and affordable. Social Housing Providers operate flexible allocations and eligibility policies which prioritise Local Authority nominations and allow individual applicants' unique circumstances to be considered.

Where we are now: Starting out

Repeat and entrenched homelessness is common within statutory and emergency services. Repeat homelessness is often met with the same offer of support and move on pathway that was previously tried. Entrenched homelessness occurs due to the lack of suitable affordable homes, but also due to exclusions that are put in place against certain support needs, behaviours and experiences. Support providers and Social Housing Providers do work flexibly and creatively where they are able to, however resource limits this.

Repeat homelessness is not commonly monitored or tracked. There is no widely accepted definition of 'entrenched homelessness' that can be quantified.

Social Housing Providers offer flexible allocations across specific programmes, but this sits outside of Choice Based Lettings and usual allocations policies i.e. Housing First and Rough Sleeper Accommodation Programme. Social housing falls short of the demand of homeless households; scale, affordability, eligibility, suitability.

Priority Actions	Enabling actors and governance	
Health inclusion: Develop integrated service specifications for commissioned Mental Health and Substance Misuse 'dual diagnosis' services, using initial pilot and specialist services for joint commissioning and future funding opportunities.	Enabling actors Greater Manchester Health and Social Care Partnership, Greater Manchester Housing Providers, Greater Manchester Combined Authority, Greater Manchester Homelessness Action Network, Dept. Work and Pensions in Greater Manchester, Greater Manchester Police Governance arrangements that will support and enable us to achieve the actions include, but are not limited to, and are subject to change: Greater Manchester Joint Commissioning Board Greater Manchester Homelessness Programme Board Greater Manchester Homelessness Action Network Advisory Board Greater Manchester Housing Providers	
 Person-centred: Improve practise and policy in respite accommodation to better enable recovery and reconnection, with a focus on where it is not working (repeat and entrenched experiences). Person-centred: – Secure GM Housing First pilot funding to ensure the continuation of support at the end of the pilot programme. Embed Housing First re-housing and support approach for people who are most entrenched in homelessness. 		
 Social Housing: Greater Manchester Housing Providers operationalise and monitor Homes for Cathy commitments: Ensure that properties offered to homeless people should be ready to move into Offer constructive solutions to applicants who aren't deemed eligible for an offer of a home 		
Building participation: Develop a GM Peer Support programme as a tool to prevent and work with longer term entrenched rough sleepers.		
Working with Government	-	
Embedding Prevention: Lobbying government to ensure Greater Manchester has the longer-term, more flexible fund	ling needed to invest in prevention at scale.	
Embedding Prevention: Work with the Department for Levelling Up, Housing and Communities to ensure the continuities to ensure t		

results in systems change.