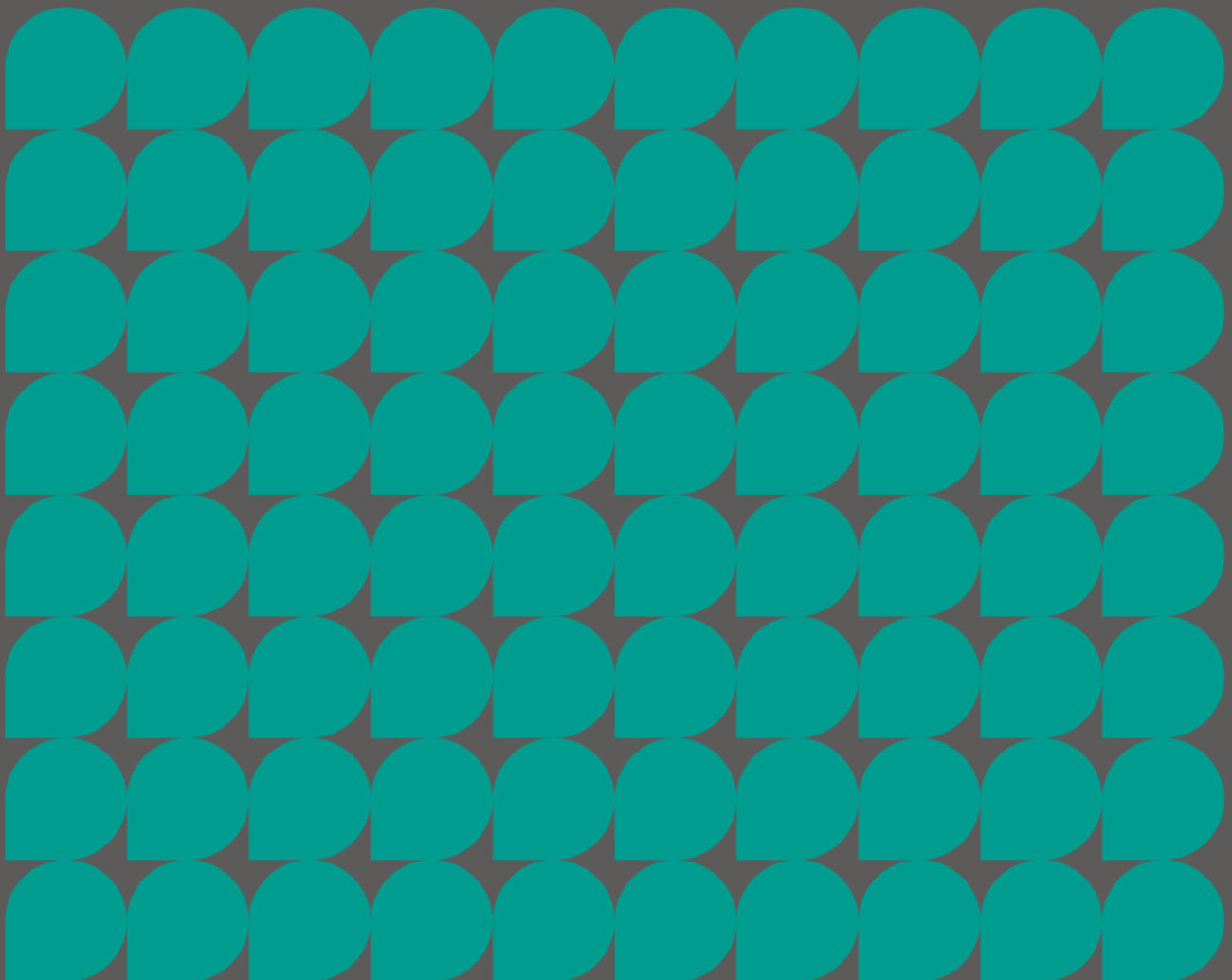


Homelessness Prevention Strategy 2021-2026

Final

July 2021



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1. Introduction

Why here? Why now?

- 1.1 In Greater Manchester, we have a strong track record of innovation and collective action to tackle homelessness. Our effort is backed by strong political and community desire to end rough sleeping and pioneer new ways of working.
- 1.2 A lot of progress has been made. We have invested in new ways of working through regional programmes, including **A Bed Every Night, Housing First** and the **Social Impact Bond for Entrenched Rough Sleepers**. We have reduced rough sleeping by 57% in four years and have learned more about what is required to prevent homelessness for good.
- 1.3 Our **Greater Manchester Housing Strategy** details regional action to increase social and affordable housing supply, improve access to social housing for those who need it, and to support private rented tenants and more vulnerable households. This strategy should be considered alongside our existing commitments that look at housing market supply and affordability issues fundamental to the homelessness crisis.
- 1.4 We have heard from people all over Greater Manchester about their personal experiences of homelessness and of struggling to live the life that they want. This strategy re-frames homelessness prevention in these terms, enabling people to live the lives they want by focusing on what matters to them and addressing inequalities. This has been captured by the **Greater Manchester Independent Inequalities Commission** as 'good lives for all.'
- 1.5 A safe and affordable home is part of what makes up a good life, but it is not just about home. Meaningful work that pays fairly, access to education and skills development, the ability to live healthily, connectivity (digital and transport), access to care and support, using your voice and participating in what matters to you – all of these things and more make up a 'good life'.

- 1.6 Health inequalities and their consequences are well documented in Greater Manchester. The Covid-19 pandemic has shown the impact these inequalities have. Our vision for homelessness prevention is aligned squarely with the Greater Manchester Independent Inequalities Commission and Marmot **Build Back Fairer** recommendations.
- 1.7 The **Greater Manchester Health and Social Care Partnership** recognises the integral role the health and social care system has in reducing inequalities that drive exclusion and homelessness. The Partnership is committed to the ongoing transformation in commissioning, workforce and models of care to reduce inequalities.
- 1.8 This strategy sets out **why** it is that we must work together; to prevent homelessness wherever and whenever it may be a risk. It also sets out **how** we must work together to achieve this with shared principles. This is the **Greater Manchester Mission to Prevent Homelessness**.

Greater Manchester Mission to Prevent Homelessness

- 1.9 Greater Manchester aspires to be the best place to grow up, get on, and get old, as stated in the **Greater Manchester Strategy**. Change is needed to make this a reality.
- 1.10 We will prevent homelessness so that:
- **Mission 1: Everyone can access and sustain a home that is safe, decent, accessible and affordable.**
 - **Mission 2: Everyone leaves our places of care with a safe place to go.**
 - **Mission 3: Everyone can access quality advice, advocacy and support to prevent homelessness.**
 - **Mission 4: People experiencing homelessness have respite, recovery and re-connection support.**
 - **Mission 5: Homelessness is never an entrenched or repeat experience.**

1.11 How will we do this? By working together against the following principles:

- **Principle 1: Working with People; being truly person-centred, reducing and responding to inequalities and trauma.**
- **Principle 2: Building Participation; building inclusive participation so that people can participate in decisions that affect their lives and where lived experience is highly valued.**
- **Principle 3: Embedding Prevention; reforming public services to deliver genuinely preventative and person-centred support.**

1.12 The why and how are clear and explored in detail in this strategy. The deliverables, commitments and indicators will be co-produced to form an **Action Plan** by October 2021. Co-production will build on specific policy recommendations have been developed from engagement sessions with **AVA and Agenda** and creative **Legislative Theatre** sessions with people with lived experience of homelessness or working within frontline services (Appendix 1 - Recommendations for Action). We will continue to support the development of these recommendations, alongside deliverables that are committed from across Greater Manchester authorities and public services, so that they can be adopted into the Action Plan.

GM Mission for Preventing Homelessness

People

Participation

Prevention

Mission

Everyone can access and sustain a home that is safe, decent, accessible and affordable

Everyone leaves our places of care (care, health facility, prison, asylum) with a safe place to go

Everyone can access quality advice, advocacy and support to prevent homelessness

People experiencing homelessness have respite, recovery and re-connection support

Homelessness is not an entrenched or repeat experience

Stages of Homelessness Prevention

Universal

Preventing or minimising homelessness risks across the population at large e.g. poverty reduction across the whole population.

Targeted

Upstream prevention focussed on high risk groups such as vulnerable young people, and risky transitions, such as leaving local authority care, prison, or mental health in-patient treatment e.g. transition pathways and support for prison leavers.

Crisis

Preventing homelessness likely to occur within 56 days, in line with legislation across Great Britain on 'threatened with homelessness' e.g. provision of temporary accommodation.

Emergency

Support for those at immediate risk of homelessness, especially sleeping rough e.g. provision of temporary accommodation.

Recovery

Prevention of repeat homelessness and rough sleeping e.g. Housing First to prevent recurrence of homelessness.

Delivering change

- 1.13 The devolution arrangement in Greater Manchester is built on a proud history of 'doing things differently' and working in partnership across the city-region.
- 1.14 The Greater Manchester Combined Authority (GMCA) sets goals and shows leadership. Ultimately the vision for preventing homelessness will only be achieved if the whole system is working together for residents. This includes, GMCA, local authorities, health and social care and the wider public sector as well as business and trade unions, the community, faith and voluntary sector, and universities.
- 1.15 We have a plan to reform public services, so they are fit for the 21st Century – the **Greater Manchester Model of Unified Public Services**. When we talk about Greater Manchester public services, we mean all services to the public regardless of sector or funding and including our own citizens' role in them. This strategy builds into the principles and operating model for Unified Public Services.
- 1.16 The shared commitment to participation is critical to ensuring that we work together, especially with people and organisations with direct experience of homelessness and inequalities. These partners can use that knowledge to drive change. The **Greater Manchester Homelessness Action Network** champions this way of working and has been a critical group for the co-production of this strategy.
- 1.17 We recognise that some significant changes are needed for national government that are outside of Greater Manchester's control. We set out our priorities for working with the government to achieve this later in the strategy.
- 1.18 The following sections detail the shared principles of how we will work together to prevent homelessness for good; People, Participation, Prevention.

2. People

Person-Centred

2.1 Preventing homelessness starts with people. We have listened to people from all over Greater Manchester who have experienced homelessness, and people who run faith and community groups, work in frontline services and researchers and academics.

2.2 Everyone agrees that people need to be treated as individuals and their unique situations, aspirations, strengths, and personal challenges need to be recognised to succeed. What matters to people changes throughout their lives and is affected by changing circumstances. People told us what mattered most to them – the importance of family, stability and good work were common themes:

- **"I want to be able to support my children and stop them from going through the things I had to."**
- **"I want to have good work, something that feels good and means I have enough each month."**
- **"I want to be near my mum and be able to support her as she gets old."**
- **"I want to be able to live without fear of being evicted."**
- **"I want to be able to cook for my child and eat the food that we like."**

Quotes adapted from Legislative Theatre forums

2.3 When people are not able to achieve or sustain what matters most to them risks of homelessness can start to appear. For many people in Greater Manchester, this can be relationship breakdown with friends, family or partners, loss of work and poor health. These challenges often combine with a housing market that isn't working for people, where there is a lack of affordable options and little security (see Appendix 2 – Evidence on Homelessness).

- 2.4 In any interaction where a person looks for support, with any aspect of their life, they should be treated as active and equal partners to find solutions that work.
- 2.5 People who have experienced homelessness told us about losing trust and giving up on support because they didn't feel seen or heard. If we recognise any form of support as early homelessness prevention, it must enable choice, control and empowerment in order to be effective. If people do not think they can get the help they need, issues are left to get worse.
- 2.6 Support must be flexible, person-led, non-judgmental, and focused on what matters to the person. We need people to be able to make decisions about their support, focus on what's important to them and feel able to develop their strengths and abilities to reach their goals.
- 2.7 Caseworker or key worker models of support must have the resource to be able to build trusting and respectful relationships to be effective.
- 2.8 Peer mentoring and advocacy approaches are good examples of relationship-based support that can have a real impact. These approaches encourage connections and build trust by working with someone who has been in a similar situation and has similar experiences. Personalised budgets can also support person-led ways of working that focus on people's strengths. Creative and therapeutic methods of engagement – such as art therapy, meaningful group activities, and digital research projects such as **Lockdown LIVES** - can support self-expression and confidence, build connection and community, and serve as methods of participation.
- 2.9 Many people facing homelessness are also digitally excluded and lack access to the technologies, connectivity and skills to get online. This can limit choice, control and empowerment for people, as well as creating barriers to getting the right support and feeling connected. In Greater Manchester digital inclusion is seen as a human right, and we have a bold ambition for the **city region to be 100% digitally enabled**. A focus on digital inclusion and accessible support will ensure the benefits of digital technologies are available to everyone, especially marginalised communities.

- 2.10 We must value community-based support and voluntary, community and faith-based organisations that champion person-centred support. As far as possible, support should be local and rooted in organisations that know and reflect the communities they serve. These organisations need support if they are to provide the early interventions needed to prevent homelessness.
- 2.11 Public services are traditionally structured in siloes and increasingly resourced to support people when they are at the point of crisis or emergency. Too often, assessments, single service offers and legal duties overtake these interactions. We must ensure all interactions enable people to be seen and heard and get the correct information to decide what the next step should be.
- 2.12 The data we collect and the way in which it is managed should support integrated working and prevention. Improving the completeness and quality of current data is a critical first step, as the current picture is imperfect and incomplete.
- 2.13 A group of people with lived experience of homelessness have developed **GMTHINK** principles that highlight the need to balance privacy with telling your story just once to trusted people. Re-working data management and governance to be person-centred is a significant and critical task. We must develop the capabilities needed to achieve cross sector data fusion, analytical and predictive work, supporting infrastructure and training, and strong data ethics.
- 2.14 We will also remain aware of the limitations of just taking a data focused approach which doesn't unpick individual experiences, and risks overlooking those who are not connected to services, especially those from marginalized communities. We will go beyond data, and build on existing participatory and peer research, Legislative Theatre, and community reporting approaches to build a fuller picture and understanding.
- 2.15 Substance misuse and poor mental health are common risk factors of homelessness. Effective treatment and support are critical to preventing people from losing their homes.

- 2.16 The challenges that people face to receive ‘dual diagnosis’ support is a critical area for person-centred improvement. Too often people feel ‘passed between’ mental health and substance misuse services, without having their own priorities listened to. We must improve the design and investment in dual diagnosis services as a critical resource for homelessness prevention.
- 2.17 There are already many great examples of personalised, empowering and coordinated support across Greater Manchester. The **Greater Manchester Housing First Pilot** has key principles that can be adopted more widely. We want this to be happening everywhere.

Addressing Inequalities

- 2.18 People’s ability to achieve and maintain what matters to them is not equal. Being person-centred must come with a deeper recognition and proactive response to how structural inequalities and discrimination impact people’s lives.
- 2.19 Our city region has a proud tradition of standing up for one another and against injustice. All homelessness prevention activity should place tackling inequalities at its heart. We will proactively recognise the barriers created by gender inequality, poverty, insecure immigration status, racism, disability, homophobia and transphobia that put people at greater risk of homelessness
- 2.20 We will support the ambitious recommendations of the Greater Manchester Independent Inequalities Commission to take us to the next level in homelessness prevention and support good lives for all.
- 2.21 In Greater Manchester the following groups at higher risk of homelessness because of the inequalities they face:

People who have:

- **Underlying health conditions, including poor mental health**
- **Low paid and insecure work**
- **A disability**
- **Caring responsibilities**
- **Poor connectivity where they live**

People with experience of:

- **Human trafficking and modern slavery**
- **Childhood trauma**
- **The criminal justice system**
- **Sleeping rough**
- **Sex work**
- **Gender based discrimination**

People who are:

- **Under 35, in particular, care leavers**
- **From ethnic minorities**
- **Lesbian, gay, bisexual, transgender and other sexual orientations and identities**
- **Migrants, asylum seekers, including those who have no recourse to public funds**

2.22 To prevent homelessness, we must consider the cross-cutting nature of people's identities and promote equality.

Trauma Responsive

- 2.23 To effectively support people, public services need to understand how experiences of trauma and adverse environments in childhood and adulthood impact the social outcomes of people, families and the community.
- 2.24 We must understand how internal coping mechanisms used to manage traumatic experiences often present in challenging behaviours and the barriers this creates for people when accessing services. There are two stages to this work – becoming trauma-informed (knowing) and then trauma-responsive (doing).
- 2.25 The impact of unresolved trauma is seen most visibly in people who experience repeat or entrenched homelessness. These people are often experiencing poor mental health, domestic abuse, substance misuse or interaction with the criminal justice system.
- 2.26 Trauma can happen to anyone, but we know that it has a disproportionate impact on women, who experience higher rates of interpersonal violence and abuse. If left unsupported this can have lifelong consequences for both individuals and future generations. A trauma-informed approach must also be a **gender-informed and responsive** approach in order to be an effective support model for survivors at risk of homelessness.
- 2.27 We will understand and reflect that people's **experiences of inequalities and discrimination are traumatic** (e.g. racism, homophobia, transphobia, ableism). We should also acknowledge that systems such as immigration, care and prison can re-traumatise people.
- 2.28 Awareness and response to trauma should be embedded in all approaches to homelessness prevention. We want to mitigate and prevent trauma where it is experienced and co-develop and co-design services that empathise better. This will help people with experience of trauma have a more effective recovery.
- 2.29 Greater Manchester has the ambition to become a trauma responsive city-region. We will align our Greater Manchester Homelessness Prevention

Action Plan to the **Trauma Responsive Greater Manchester Programme**.

This will include embedding the Trauma Responsive Greater Manchester core values of safety, trust, inclusion and empowerment in our action plans. We will build awareness, knowledge and skills across communities and services, and support the development of a citizen-led social movement around trauma.

3. Participation

- 3.1 We can reduce inequalities and prevent homelessness by giving people choice and control over their lives. People can thrive if they can choose how to interact with services and understand and influence the decisions that affect them. By participating in the decisions that affect them people can ensure resources are allocated fairly to enable good lives for all.
- 3.2 This strategy commits to **building inclusive participation as a means to prevent homelessness**. Using the phrase '**nothing about us without us**' as the mantra and the norm as we work together to prevent homelessness across our city-region.
- 3.3 The following sections explore the democratic structures that we have and inclusive participation that can strengthen them.

Democratic inclusion

- 3.4 Public services are accountable to local, regional and national government.
- 3.5 This strategy notes that **the national government** has the most significant power in preventing homelessness. We suggest in the Prevention section how government can systemically prevent homelessness through national policies that look to both the public and private sectors.
- 3.6 Homeless prevention has a specific meaning within **local authorities'** powers as set out in the **Homelessness Reduction Act 2017**. Statutory responsibilities and associated decisions regarding homelessness and related functions are wholly the responsibility of local authorities and sit within each authority's democratic governance arrangements.

- 3.7 Local government also holds significant powers relevant to preventing homelessness in both the broader sense (education, employment, built environment etc.). This is structured within an elected local authority executive, portfolio holders, and scrutiny panels made up of councillors. It is the job of councillors to make decisions on how and where resources are best used to serve local communities. Public meetings, scrutiny forums and clinics are all vital means of participation with local councillors.
- 3.8 Under our devolved arrangements, the elected Mayor of Greater Manchester and Combined Authority portfolio holders (local authority Leaders) make up the GMCA as a decision-making body. They are directly accountable for some services and statutory functions, impacting homelessness and rough sleeping, including policing, transport, some skills and employment services, and elements of spatial planning.
- 3.9 This forum also wields ‘soft power’ and exerts influence outside of these specific domains through collaborating on shared priorities, using their political profile to lobby for change, and combining resources to take action in areas beyond their direct statutory responsibility. An example of this is the establishment of the A Bed Every Night programme.
- 3.10 The Greater Manchester Health and Social Care Partnership, Clinical Commissioning Groups and NHS Trusts are directly accountable for delivering NHS services in Greater Manchester including additional local responsibilities not available elsewhere in England. They should also ensure their services meet the needs of diverse communities and vulnerable groups, including people experiencing, or at risk of experiencing homelessness.

Inclusive participation

- 3.11 Greater Manchester has a proud history of social participation and has demonstrated that our democratic functions are made more robust and more equal if they have rich forms of participation and social action around them.
- 3.12 Ensuring that the interests of people at risk of homelessness are effectively heard in our democratic structures is critical to ensuring that the resources are

best used to prevent homelessness. The consultation heard that **greater transparency and investment in participation** is needed to make this accessible.

- 3.13 Across Greater Manchester there is emerging good practice around co-production with people with lived experience. People with lived experience can come together to have a voice to shape and influence local work.
- 3.14 We aim to create an **ecosystem of participation** in Greater Manchester. People with lived experience, people with professional expertise, and people representing communities of interest should take meaningful and active roles in designing, commissioning, and delivering public services.
- 3.15 We must resource participatory infrastructure such as forums, networks and community engagement work, paying for and investing in the personal development of those involved.
- 3.16 There are strong examples of existing participatory spaces. **The Greater Manchester Homelessness Action Network** has established one such area and is strengthening place-based participation across the ten boroughs through **locality partnerships**.
- 3.17 Other spaces include **Greater Manchester Citizens, Poverty Truth Commission, and Greater Manchester Tenants Union**.
- 3.18 We will also develop a **Social Innovation Hub** for Greater Manchester, to be made up of collaborators from public organisations, VCFSE organisations, residents and those with lived experience. This network will help to shine a light on learning, insights and ideas from across Greater Manchester. It will be a creative, and inclusive forum to collaborate on solutions to remove barriers that might stand in the way of homelessness prevention.
- 3.19 Leaders from across our councils and public services must engage with these groups and involve them to adapt decision-making processes to become more inclusive.

3.20 Businesses can also support homelessness prevention. Their investments and corporate governance affect us all, most notably regarding resources for land and housebuilding.

Participation through the workforce

3.21 People who work in public services should reflect the diverse communities that they serve. To enable this, we must **increase the recruitment, retention and development of people with lived experience**. This means changing our approaches to recruitment, the skills we value, routes into employment and revisiting how we support and develop people from different starting points and backgrounds.

3.22 There are good examples of lived experience participation through the workforce in Greater Manchester. Peer advocacy is a means of opening up opportunities to participate for people with lived experience and enables early intervention and meaningful support.

3.23 Other models such as **GROW (Getting Real Experience of Work)** Traineeships create paid opportunities for people who have lived experience of homelessness and multiple disadvantages. As well as developing pathways into employment for people and building a peer approach to support, these models can also help us realise our ambitions for an inclusive and diverse workforce across Greater Manchester.

3.24 It is essential to recognise the unique perspective that people working in different services have. They often see practical things that could be changed for the better. We will create opportunities for the workforce to be embedded in practice, policy and systems change work.

4. Prevention

Unified services

4.1 We already carry out homelessness prevention activity across public services. This activity isn't carried out everywhere consistently and it is too often applied only when someone is in a crisis or emergency.

- 4.2 Homelessness legislation encourages earlier intervention but only allows for statutory duties of support to stretch to a set period of 56 days before the event. The Duty to Refer lacks the strength and depth to ensure joint prevention work across public services.
- 4.3 The ‘typology’ of homelessness prevention that we have used to develop our strategy and its missions demonstrates that this activity must start across the population (universal) and when people access support that may not relate initially to housing insecurity (targeted and crisis).



- 4.4 Greater Manchester has a plan for reforming public services to do this (**Unified Model of Integrated Public Services**). We are committed to improving public services and using this model will help us to prevent homelessness systematically.
- 4.5 This will enable effective early intervention on broader issues that increase homelessness risk such as addiction, financial insecurity and poor health. It will also help us design homelessness specialist services like rough sleeper

outreach and temporary accommodation to be more effective at long term prevention and the avoidance of repeat homelessness.

We are committed to ensuring:

- **Services are geographically aligned to be accessible and joined up within a neighbourhood, serving populations of 30,000 – 50,000.**
- **Leadership and accountability are for place and system, as well as organisation and profession.**
- **There is the look and feel of one workforce functioning together, unrestricted by role titles or organisational boundaries.**
- **Financial resources are shared through joint commissioning at different levels, with a transparent understanding of total public spending.**
- **All strategic plans and programmes of work move in the same direction and towards a common goal of integrated service delivery.**
- **There are formal mechanisms to identify and remove blockages and barriers to reaching our shared goals, and we use devolution to deliver on this.**

One Integrated Neighbourhood

A completely new approach to public service delivery. Breaking down the silos between public services, collaborating on prevention rather than individually picking up the pieces. Promoting a model of public service delivery that is truly preventative, proactive and person-centred.

A single programme of transformation and reform across all disciplines

Further devolution, policy change, new regulatory environment

Supported by place-based pooled budget



Delivering Reform

- 4.6 At the neighbourhood level we will work with communities of 30,000-50,000 people. For each of these areas we should see Integrated Neighbourhood Teams supporting universal and targeted homelessness prevention. Expertise around housing and a range of interrelated issues would be part of the day-to-day work of these teams (see *One Integrated Neighbourhood Function*, page 20).
- 4.7 At a local authority level, the prevention of homelessness at the crisis and emergency levels is a core function of integrated triage, assessment, tasking and coordination. These functions would work closely together and pull on and deploy specialist and targeted support.
- 4.8 This model also enables multi-agency responses for individuals with entrenched complexities, of which homelessness is one. Stakeholders, particularly health and care, should commission and plan so that those experiencing the most harm receive the most attention from across all parts of the system involved in their care.
- 4.9 Beyond the 'operating model' we would expect leadership for homelessness prevention to be fully connected and coordinated with broader work to tackle a range of social issues. The homelessness workforce should work seamlessly with other disciplines beyond their traditional boundaries. The workforce should pool resources across services and communities and come together to understand and address system-level barriers.

Devolution and working with government

- 4.10 Devolution in Greater Manchester influences how we work with the national government. The drivers of homelessness are impacted by economic trends and policy decisions well beyond Greater Manchester. For that reason, we must work with the government to deliver the ambitions we set out here.
- 4.11 There is a solid joint ambition to build on with the government here. There are shared commitments to end rough sleeping and tackle the root causes of homelessness. Some challenges need facing head-on, including national policy, which we believe directly contributes to the homelessness we see in

our city-region. We need a strong partnership with the government, one which allows us to maximise the impact and efficiency of our services on the ground and we need greater flexibility about how we use funding. There should be fair and constructive challenge in both directions, and we will be clear about the specific policy changes we need to see nationally. Homelessness should be considered as the systemic issue it is and not as the siloed responsibility of a single Department or Minister nationally.

We will prioritise:

- **Securing the longer-term, more flexible funding we need to invest in prevention at scale**
- **Boosting housing supply**
- **Changes to welfare policy which drive people into homelessness**
- **Significant changes to asylum and immigration policy that drive people into homelessness, especially the No Recourse to Public Funds policy**
- **Enabling an approach to health that tackles inequality**
- **Reducing homelessness and repeat offending for people in the criminal justice system**

5. The Next Five Years

From Missions to Action

5.1 We all need to work together in partnership to turn the missions and principles in this strategy into visible action and change in our city-region. We all have a role in making this vision a reality.

5.2 The response will need to be wide-ranging. It takes the form of specific projects and programmes, 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.

- 5.3 Making this a reality means that we need to change the way we work. This means everybody – people working in services in different organisations, at all levels and types of roles, whether they be paid or voluntary. This cannot be done on our own or by focusing on homelessness in isolation. We need to come together cross-sector to develop our workforce across Greater Manchester, working much more closely with others not usually in our line of sight or part of our day-to-day work.
- 5.4 This will require significant change in the way we do things, changing relationships between those in official positions and citizens as well as between areas of specialism, changing our approaches, but also widening our skills and capabilities beyond our traditional worlds and exploring new roles in our communities.
- 5.5 The GMCA will play a convening role to maintain political and strategic focus. It will support collaboration and investment, highlight good practice and enable accountability by making progress visible to the broader system.
- 5.6 The **GM Homelessness Action Network** will take a key role in further developing the co-produced recommendations from the Legislative Theatre and AVA/Agenda events, engaging with relevant organisations and authorities to identify where and how these can be adopted.
- 5.7 This will support the development of the **Mission Plan** into an **Action Plan** that will capture key areas of activity and progress towards our missions and principles taking place at a regional level. The **Action Plan** will be reviewed every six months.

Greater Manchester Homelessness Prevention Strategy Action Plan

Everyone can access and sustain a home that is safe, decent, accessible and affordable

Everyone leaves our places of care with a safe place to go

Everyone can access quality advice, advocacy and support to prevent homelessness

People experiencing homelessness have respite, recovery and re-connection support

No experience of homelessness is entrenched or repeat

Stakeholders/
Partners

Local Government, National Government, Social Housing Providers, GM Health and Social Care Partnership, Faith, Her Majesty's Prison and Probation Service, GM Police, GMFRS, Educational Settings, Social Investors, Voluntary Community and Social Enterprise Sector, DWP Job Centres, Private Business.

People

- Addressing Inequalities
- Trauma Responsive
- Person-centred
- Person-centred Data

Participation

- Democratic Participation
- Inclusive Participation
- Participation through the Workforce
- Partnerships

Prevention

- Public Service Reform Enablers (Geographical Alignment, Leadership and Accountability, One Workforce, Single Commissioning Function, Programmes, Policy and Delivery and Tackling Barriers and Delivering on Devolution)
- Working with Government

GM Actions and Local Actions against each of the Missions and Principles are to be designed and agreed in collaboration with the GMHAN (Stakeholders/Partners)

5.8 We are working in a changing and innovative environment in Greater Manchester and a wide range of opportunities for change can be identified. Examples include:

- The re-unification of the Community Rehabilitation Company into the National Probation Service and progressive **Justice Devolution** within Greater Manchester.
- The **Tripartite Agreement** between Greater Manchester Housing Providers, Greater Manchester Combined Authority, and Greater Manchester Health and Social Care Partnership, including the improvement and upscaling of wider supported housing and housing related support offer e.g., support with drug dependence to maintain a tenancy
- The configuration of the **Greater Manchester Integrated Care Service (ICS)** with a mandate to look after population health and act on health inequalities
- The adoption of the **Greater Manchester Independent Inequalities Commission** recommendations
- The **Greater Manchester Adult Social Care Transformation Plan** and progress to become a Trauma Informed City Region by 2023
- **The Greater Manchester Changing Futures activities** to address multiple disadvantage
- Operationalising ‘**Homeless Healthcare in GM - Commissioning for Inclusion**’ as approved by the Greater Manchester Joint Commissioning Board
- Development of the **Good Landlord Scheme** and continued development and delivery of the **Greater Manchester Ethical Lettings Agency**
- **GM Data Accelerator** to enable ‘data fusion’ across multiple systems and partners that will allow a sophisticated system to learn, analyse, evaluate and enhance service offers and build Unified Architecture across digital platforms.

- Opportunities to **work with National Government** on policy change and devolution

5.9 Within each of these, and far more, we will work to embed the missions and principles of the strategy and make the impact visible via the Greater Manchester Homelessness Prevention Action Plan.

Locality Action Plans

5.10 Action will also be taken at a locality level across the 10 boroughs and in neighborhoods. The missions and principles within this strategy provide a framework for developing more specific actions and will require local participatory and/or democratic processes to prioritise and adopt them.

5.11 **Local Authority Homelessness Prevention Strategies** should make visible progress against the shared missions and principles.

5.12 Legal accountability falls on local authorities for specific functions to prevent and relieve homelessness under statutory criteria. It will be crucial that local authorities determine how they will take forward and deliver specific actions to implement the shared missions and principles within this strategy where they hold statutory functions and manage this within individual authority's governance arrangements.

6. Appendix 1: Recommendations for Action

A - Progressing Ava and Agenda Recommendations

6.1 These recommendations are aimed at Greater Manchester and local authority decision makers to tackle women's multiple disadvantage. The following recommendations are overarching strategic recommendations that bring together key policy opportunities across Greater Manchester.

Strategic responses:

- GMCA should hold a stronger convening role across Greater Manchester to ensure local systems work for women facing multiple disadvantage. A strengthened process should be able to take a 'helicopter view' of the system response, encourage collaboration and provide a platform for good practice.
- The forthcoming Gender-based Abuse Strategy, Victims Strategy, Homelessness Prevention Strategy, Drugs and Alcohol Strategy and Health and Justice Strategy should set out how the needs of the most disadvantaged women will be met.
- Consideration should be made for those women who may fall out of the remit of these various strategies, including women with No Recourse to Public Funds (NRPF).
- The Women and Girls Equality Panel, and its allies' network, should have meaningful opportunities to input across all GMCA level strategies. GMCA should undertake an audit of borough level strategies and action plans aimed at responding to the needs of women facing multiple disadvantage, including local authority Violence Against Women and Girls and Domestic Abuse strategies. There should be a cross-border protocol establishing a system of local authority co-operation which defines responsibilities for the provision of housing, care and

support services when victims of violence and abuse move between local authority areas.

- GMCA and local authorities should fully involve the specialist women and girl's sector when developing strategies, commissioning services and identifying gaps in service provision. GMCA and local authorities should develop a strategic plan with the specialist women's sector on how to work collaboratively to break down service siloes and offer person centred, holistic support for women from diverse backgrounds. This should recognise an already stretched frontline and provide adequate time and resource for meaningful collaboration and consultation.

Responses to COVID-19:

- Commissioners across Greater Manchester must work with the specialist women's sector at a regional and local level to ensure that the impacts of the pandemic on women facing multiple disadvantage are recognised and responded to. All future strategies and plans need to reflect both the legacy and the lessons of the pandemic, including the Greater Manchester Strategy. This should particularly include low-income women, women involved in sex work or survival sex, homeless women and women with NRPF.

The following recommendations summarise the more detailed recommendations that are made throughout the briefing:

Gender and trauma-informed practice:

- GMCA should lead on the development of a 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. This should involve commissioning specialist women's services, including specialist services for Black and minoritised, LBT and disabled women, with access for women with NRPF.

- The GMCA Gender-based Abuse Strategy, Health and Justice Strategy and Homelessness Strategy should outline how training on gender and trauma informed approaches should be developed in consultation with specialist services and women with lived experience and provided to all staff working in services supporting women facing multiple disadvantage.
- Public services across Greater Manchester must ensure staff make trained enquiries about domestic and sexual abuse and respond appropriately with clear pathways into appropriate trauma-informed support. This must be accompanied by data collection on enquiries and responses, to inform the picture of the levels of abuse and help services adapt in response. There should be clear strategic oversight of this process across the city-region so that it is embedded in public service responses and adequate training should be provided from specialists in gendered violence. This must be backed by sufficient funding to make this a reality.
- Local authorities should ring-fence funding to commission specialist gender and trauma informed services and developing trauma informed practice and principles across its work. This should involve commissioning specialist women's services, including specialist services for Black and minoritised, LBT and disabled women, with access for women with NRPF.

Co-production and working with experts by experience:

- Women with lived experience of multiple disadvantage must be centred and their contributions prioritised at all levels of decision making across GMCA to help design and commission services differently, including areas where their experiences are often overlooked, including addiction treatment, criminal justice and homelessness.
- Coproduction must be carried out in a way that is meaningful, by involving women with lived experience from the outset, developing consistency in approach, and supporting those

involved with remuneration and/or through accredited skills and training.

- Local authorities should commission services that prioritise the recruitment, retention and development of staff with lived experience.

Commissioning and funding:

- GMCA should set out clearly in its Gender-based Abuse Strategy, Health and Justice and Homelessness Prevention Strategies commissioning processes and specifications that prioritise long-term funding for specialist women's services to ensure the sustainability of vital organisations. This should also commit to ring-fencing funding for women with NRPF.
- Local authorities should build incentives into commissioning processes to encourage mainstream services to work collaboratively with the specialist women's voluntary sector. Specialist organisations should be fully involved at key stages of the commissioning cycle, in decision making and data collection.
- Commissioners should ensure that services provide disaggregated data on which women are being turned away, and why, to allow robust data collection on service thresholds and provide clarity on local need. GMCA should hold central responsibility for the collation and evaluation of this data

B - Progressing Legislative Theatre Recommendations

6.2 A number of specific policy recommendations have been developed from a series of co-production sessions with people with lived experience of homelessness and those working within frontline services and have directly informed the Strategy.

6.3 The GM Homelessness Action Network undertook a rigorous Legislative Theatre process, in which multiple performances creatively explored people's experiences of homelessness, housing and related services. Each performance was followed by a discussion with commissioners and service

professionals to break down the challenges presented and identify opportunities for policy change towards preventing homelessness.

- 6.4 A GM HAN Legislative Theatre Action Group has been formed to continue to develop these recommendations so that they can be adopted across the right organisations and spatial levels, and within the relevant governance structures. This will support the creation of the Greater Manchester Homelessness Prevention Action Plan.

The recommendations are shown here across the three core commitments of the strategy:

People Priorities

- Tackling inequality – Frontline staff across GM participate in anti-racism training, to understand and address structural racism within systems and services.
- Person centred – GMCA and LAs prioritise recruitment of a diverse, representative, culturally competent workforce, with a more inclusive hiring process.
- Asylum system – Safeguard children in the asylum process and provide access to good-quality legal advice at the beginning of the asylum journey.
- Transition from health – Reorganise commissioning to recognise and improve dual diagnosis services (this is repeated below).
- PRS – Tenants should have recourse to a tenants’ union or other centralised tenant support organisation, for information, support and collective action.
- Trauma responsive – Develop a Good Practice Charter that reinforces trauma-informed practices across Unified Public Services.
- Choice and control – People are informed of any key changes to their support immediately, e.g.; a “no surprises policy”
- Choice and control – Data sharing across health and social care and across GM and LAs (via GM-Think) should prioritise ownership, accuracy, access and transparency.

- Choice and control – Housing First principles to be adopted as universal GM policy.

Participation Priorities

- Lived experience – Employ staff with lived experience within public services, aiming for 50% lived experience across teams. Adopt accessible hiring practices for sustainable jobs, across all levels including managers.
- Community participation – Paid participation and engagement budgets for community consultation on policy and practice. Create dedicated staff roles to support involvement within service organisations.
- Discrimination – Zero tolerance to harassment, discrimination, and violence across council / service staff, including the police force.
- Inclusive participation Commissioning - Reduce procurement thresholds to enable localised support from community organisations and offer informal information sessions for smaller providers to dialogue with commissioners and support their bids.
- Co-Producing commissioning -- Commissioners and service users co-create outcomes and targets together and build feedback loops from service users into annual appraisals.
- Peer advocacy – Develop a team of peer advocates across Unified Public Services. Advocates are paid fairly, have experience accessing services and have the power and independence to identify and inquire into agencies that are not carrying out good practice.

Prevention Priorities

- Integrated working – trauma-informed, human-centred staff training across Unified Public Services to be delivered by people with lived experience/or people who have used those services. Training will emphasise the human impact of accessing services via theatre and other creative, accessible tools.

- Place-based resourcing – Funding for specialist organisations to sustain and expand vital, culturally specific and place-based support, in particular organisations working with and/or led by marginalised communities and strengthen communication between smaller groups and LAs.
- Inclusive health – Normalise and promote dual diagnosis and realign commissioning to support dual diagnosis services.
- Collaborative Commissioning: Commissioners re-design process to encourage bids created collaboratively, with inter-sector stakeholders. Encourage more multi-agency partnerships in commissioned projects.
- Working with Government – Lobbying to change the benefits system so that starting part time work does not detract from benefits.
- Opportunities to enhance income and skills – Offer professional development and personalised learning budgets to support people entering or re-entering workforce. Develop inclusive standards and requirements for workplaces and re-organise hiring panels to include people with lived experience.

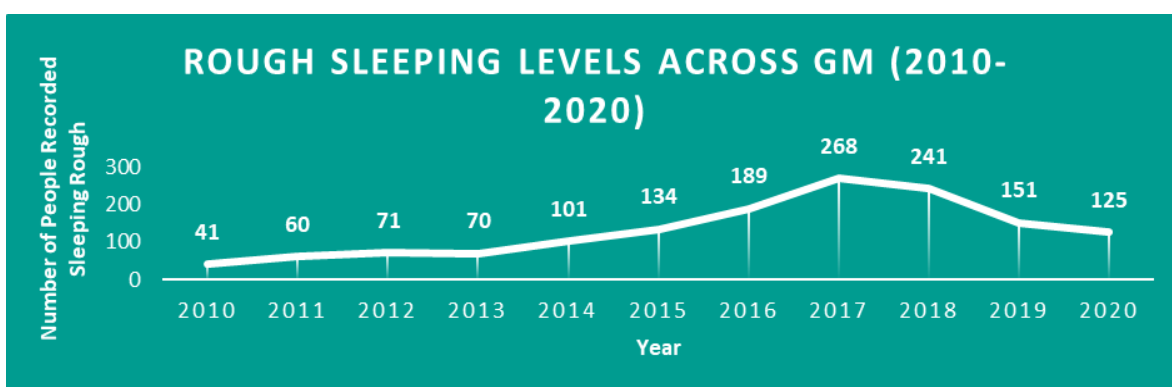
C - Progressing Local Authority Commitments

- Increasing availability and access to quality prevention services before inflection moments of crisis
- Preventing evictions from the Private Rented Sector (PRS) and working with social housing providers on early intervention
- Conducting effective mediation and outreach to prevent the breakdown of relationships and exclusion leading to homelessness
- Joint working with targeted groups, especially at moments of transition such as leaving care or prison
- Working to prevent instances of domestic violence and committing to providing safe housing options to victims to prevent housing instability/homelessness
- Taking person centred and flexible approaches to prevention

- Mitigating the impact of welfare reform and ensure both clients and service providers are made aware of changes and their impact

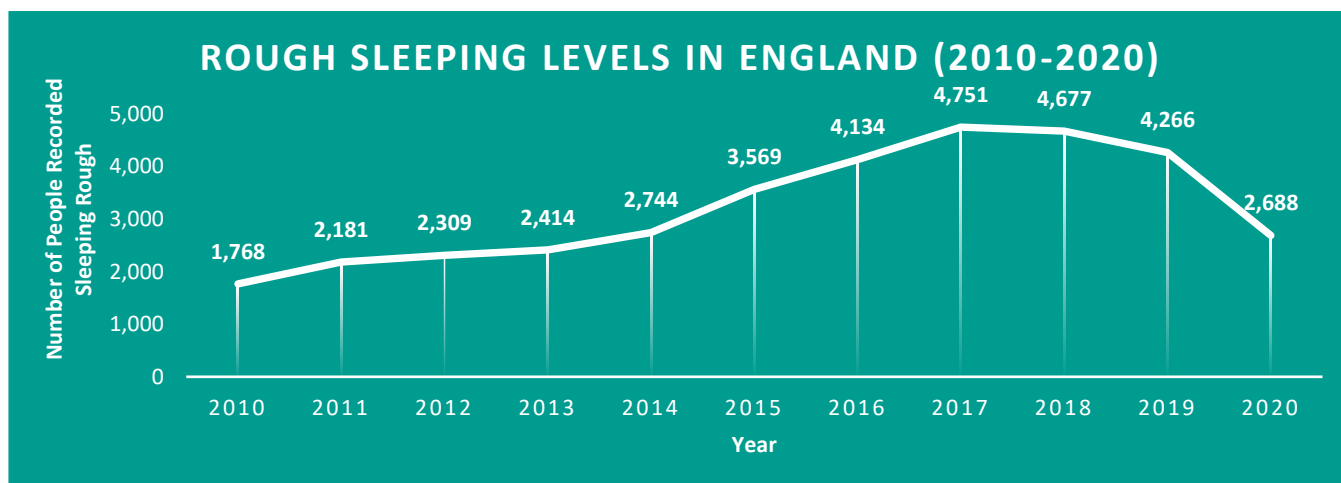
7. Appendix 2 – Evidence on homelessness

- 7.1 This note provides additional information about the data used inform the Strategy and demonstrate key changes across Greater Manchester over the last 10 years.
- 7.2 It then it highlights key information about where data is missing, and the use of non-official statistics. It is intended to provide additional context for the data used, rather than a full explanation of the data’s limitations.
- 7.3 From 2010 to 2017, all forms of homelessness in England and in Greater Manchester increased at an alarming rate.
- 7.4 Between 2010 and 2017, the number of people sleeping rough on a single night in Greater Manchester increased dramatically. 41 people were recorded on a single, typical night in Autumn 2010, compared to 268 in 2017 –a 554% increase.

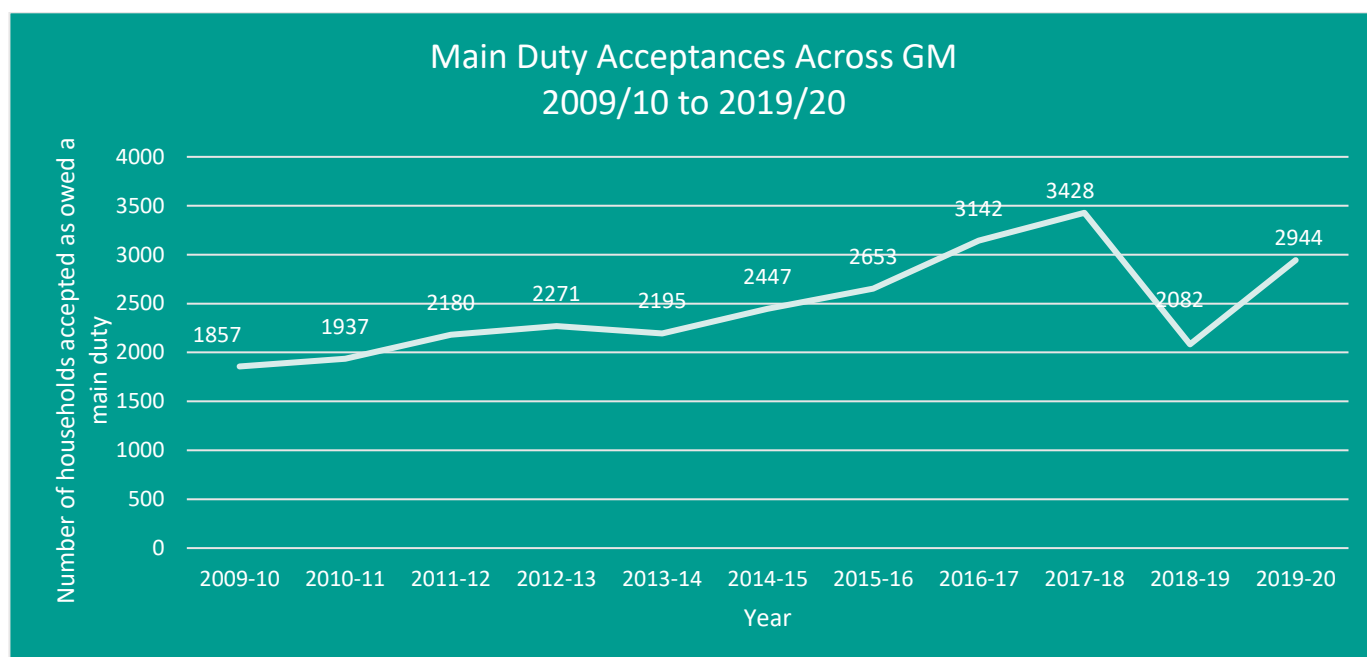


- 7.5 Since 2017 this number has begun to decline, with 125 people recorded as rough sleeping on a single night in Autumn 2020. Whilst this represents a 53% decrease from the 2017 peak, this still three times as high than 2010.
- 7.6 The trend in the level of rough sleeping across Greater Manchester is mirrored at the national level, albeit the rise in homelessness was comparatively much steeper in Greater Manchester. In England as a whole, the number of people recorded as sleeping rough rose 169% from 1,768 in 2010 to a peak of 4,751 in 2017. Since 2017, the number of people recorded

as sleeping rough nationally also fell to 2,688 in 2020. This is a decrease of 43%.



7.7 Homelessness in all forms has increased in Greater Manchester since 2010. In 2009-10, 1,857 applications were accepted by local authorities as a ‘main duty’ of re-housing being owed under provisions of the Housing Acts. This increased by 85% to a peak of 3,428 in the 2017-18 financial year.



7.8 The enactment of the Homelessness Reduction Act 2017 expanded the duties owed by local authorities to those who are homeless (the relief duty) and those at risk of becoming homeless within 56 days (the prevention duty). The drop in main duty acceptances in 2018/19 indicates displacement to these new prevention and relief duties. Despite this change, the steep increase in

main duty acceptances has continued with another significant rise into 2019/20.

- 7.9** Under the new legislation, across Greater Manchester 6,927 households were initially assessed as being owed a prevention duty and 9,673 households as owed a relief duty in 2018-19.¹ In 2019-20 these figures increased by 8% to a total of 17,933 duties owed at initial assessment; 7,569 (42%) prevention duties and 10,364 (58%) relief duties.²

Temporary Accommodation

On the March 31 2020, 3,304 households were in temporary accommodation across Greater Manchester. Of these, 2,089 (63%) were households with children. In total, 4,299 children were in temporary accommodation across Greater Manchester on this date.

Reference: MHCLG Statutory Homelessness: detailed local authority level

Referrals

In 2019/20, 1,377 households across Greater Manchester were assessed as a result of a referral. Of these, 957 (69%) referrals were under the duty to refer.

Hospitals and Adult Secure Estate were the main referrers under this duty, making 258 (19%) and 148 (11%) of all referrals respectively.

Reference: MHCLG Statutory homelessness: detailed local authority-level tables: April 2019 to March 2020.

¹ MHCLG Statutory homelessness: detailed local authority-level tables: April 2018 to March 2019.

² MHCLG Statutory homelessness: detailed local authority-level tables: April 2019 to March 2020, supplemented with quarterly returns.

Outcomes

In 2019-20, across Greater Manchester 51% of prevention and 35% of relief duties were ended successfully, with accommodation secured for 6+ months. This compares to 58% and 40% nationally, which suggests more can still be done to prevent and relieve homelessness before further duties are owed.

Reference: MHCLG Statutory homelessness: detailed local authority-level tables: April 2019 to March 2020, supplemented with quarterly returns.

Additional Information and Data Sources

- 7.10 The data sources used to produce many of the statistics presented in this strategy are presented below.
- 7.11 MHCLG H-CLIC Data - The MHCLG H-CLIC data for 2019/20 is incomplete. At the Greater Manchester level, some information for Wigan is missing from the nationally published statistics. Where the yearly dataset for 2019/20 is used, this means that Wigan is excluded from any statistics.
- 7.12 Where possible, missing information from the 19/20 yearly data has been supplemented with the published quarterly returns, such that only information for Wigan between July and September 2019 is missing from statistics. It is indicated in in-text references when this is the case (see MHCLG Statutory homelessness: detailed local authority-level tables: April 2019 to March 2020, supplemented with quarterly returns).
- 7.13 Population and Ethnicity Data - These population statistics are estimates, based on the 2011 Census, and are not official ONS statistics. They provide a broad view of the GM population by ethnicity but should be treated with caution. As no data was available for Wigan for the breakdown of duties owed by ethnicity, this Local Authority has also been excluded in the population estimate.

- 7.14 **For Rough Sleeping Information:** MHCLG (2021). Annual Rough Sleeping Snapshot in England: autumn 2020 (25/02/2021).
- 7.15 **For Main Duties Owed 2009/10 to 2017/18:** MHCLG (2018). Table 784: Local authorities' actions under the homelessness provisions of the 1985 and 1996 Housing Acts: Financial years 2004/05 to 2017/18 (Revised) (13/12/18).
- 7.16 **For Main, Prevention and Relief Duties Owed 2017-18 Financial Year:** MHCLG (2020). Statutory homelessness: Detailed local authority-level tables: April 2018 to March 2019 (01/10/2020).
- 7.17 **For Information from 2019-2020 Financial Year:** MHCLG (2020). Statutory homelessness: Detailed local authority-level tables: April 2019 to March 2020 (01/10/2020).
- 7.18 Supplemented (where possible) with:
- MHCLG (2020). Statutory homelessness: Detailed local authority-level tables: April to June 2019 (19/03/2020).
 - MHCLG (2020). Statutory homelessness: Detailed local authority-level tables: July to September 2019 (21/05/2020).
 - MHCLG (2020). Statutory homelessness: Detailed local authority-level tables: October to December 2019 (20/08/2020).
 - MHCLG (2020). Statutory homelessness: Detailed local authority-level tables: January to March 2020 (October 2020).
- 7.19 **For GM Population by Ethnicity: ONS (2020).** Population denominators by broad ethnic group and for White British, local authorities in England and Wales: 2019 (26/08/2020).

8. Appendix 3 Greater Manchester Good Practice Case Studies

Everyone can access and sustain a home that is safe, decent, accessible and affordable

Adverse Childhood Experiences

Greater Manchester recognises the need to significantly **develop capability in the workforce** so that we are better at reducing, **preventing and mitigating the consequences of trauma, including Adverse Childhood Experiences**. Research by Public Health Wales reports that the odds of homelessness are increased by 16 times for those who have experienced four or more Adverse Childhood Experiences. Understanding, recognising and being able to appropriately respond to trauma to prevent homelessness is critical. The need for a consistent standard of training in this area across organisation is key and in-line with our one workforce approach.

An e-platform has been secured to provide training with unlimited licenses across health, local authority, VCSE, housing, police and probation to deliver training in trauma responsiveness to all frontline staff. This is currently being rolled out and forms part of the wider Greater Manchester Trauma, Adverse Childhood Experiences and Resilience Delivery Framework.

Integrated neighbourhood teams

Wigan Council has developed a **place-based approach in each of its neighbourhoods** focused around seven 'Service Delivery Footprints'. This enables services to work together in a multiagency environment to **respond holistically** to the needs of individuals, families and the community at earlier stages. This approach works across a range of levels of needs, starting at universal but with a focus on targeted and crisis typologies. Frontline teams have developed **asset-based approach** to working with residents and communities, enabling them to **respond to underlying issues** leading improved relationships and better outcomes.

The full range of services for the public, including the VCSE sector collaborate at a neighbourhood level by working together to **identify and resolve barriers in the system** and using their combined skills to design their response around individual needs and doing the right thing for each person, family or community.

Everyone leaves our places of care with a safe place to go (care, health facility, prison, asylum)

Criminal Justice joint working

The Justice Devolution Memorandum between the Ministry and Justice and GMCA affords us the strategic opportunity to shape probation reform to benefit the lives of Greater Manchester residents and their communities. The National Probation Service has now reunified providing opportunities to enhance the resettlement support offer incorporating learning from the SIB and Housing First programmes.

We have worked with Greater Manchester colleagues across probation, local authority and VCSE to understand how we can create better outcomes for individuals who leave prison with potentially no fixed abode. A new service to support individuals to access accommodation is being co-commissioned which focuses on the transition from custody to the community and provides support for individuals to sustain their accommodation to prevent homelessness and reduce likelihood of reoffending. The service takes into account good practise, innovation and skill within the private and voluntary, community and social enterprise sectors (VCSE) and will provide tailored person

Supporting young people

The Young Persons Prevention Pathfinder is a one-year pilot leading into a multi-year commission aimed at preventing homelessness in young people aged between 18-35 years old. The development of core design principles for the programme has been informed by analysis of data and a partnership approach through discussions with local authorities and engagement with local VCSE organisations.

The principal outcomes for the young people referred to the Pathfinder will be to prevent young people becoming homeless, by interventions (e.g., mediation) to keep them in family homes/current accommodation provision or through accessing and sustaining suitable alternative stable housing.

The ambition for the Pathfinder focuses on learning what works; linking young people into opportunities that are available to them in Greater Manchester such as employment and training

Everyone can access quality advice, advocacy and support to prevent homelessness

An integrated response to helping homeless families

Rochdale Borough Council have a policy of not placing families in temporary accommodation outside of the borough, unless there is a requirement for emergency accommodation. As soon as a family presents as homeless links are immediately made to early help via the Early Help and Safeguarding Hub (EHASH) enabling the early identification of family support if it is required.

The Council's Strategic Housing acts as a triage and first point of contact to check if families are already open at Early Help/Social Care and get an immediate link into the work/issues being presented. The Housing triage officer is also the first point of access for all early help practitioners to ask questions, problem solve and get the right support for families – it's the "one stop shop" for housing issues and means that staff always have access to someone who has up to date knowledge on housing policy. Quick access to the service and has enabled "referrals" made via phone or email and are turned around within 24 hours.

The triage service plays a critical enabling role to broker a solution between different service providers by looks at range of information, data to help clarify or verify information and analyse available options. Strong links between Strategic Housing triage and early help services has led to earlier identification and support put in place that has increased prevention of families becoming homeless.

Access to Legal Advice for Women with No recourse to Public Funds (NRPF)

Manchester City Council Social Services NRPF Team, provide an important safety net for women who are street homeless and initially would not be eligible for housing and homelessness support who have NRPF but are experiencing domestic abuse NRPF and are eligible for the Destitute Domestic Violence Concession and those and.

Whilst offering immediate safe temporary accommodation to women, the team are responsible for referring women directly to an immigration lawyer to support them to regularise their immigration status with a view to resolving their NRPF condition so that they can have access to public services, within usually 10 days.

Whole family support – Early Break

Early break is Children, Young People and Family Charity that works across a number of GM Localities (Bury, Bolton, Rochdale, Salford and Trafford). Working within a “whole family” approach to support children affected primarily by parental substance misuse, emotional and mental health and domestic abuse, they offer emotional and well-being services to children and their families in a trauma-informed way with a key focus on intergenerational substance misuse and criminality. Their Homeless Families+ project has been co-produced and takes a structured child centred approach to working with mothers in prison pre and post release. To meet the needs of mothers, children and families they offer a whole system approach which includes trauma therapy and mental health support.

Women’s Voices

The Women’s Voices Movement brings women together and supports women to raise their voices and influence system change across Manchester and Greater Manchester. The Group has been nurtured and hosted by Inspiring Change Manchester (ICM) and was founded by a group of passionate women from different walks of life who are vocal and proactive about women having a say, getting involved in decisions that matter to them and creating positive system change for women facing multiple disadvantages.

Women-led and co-created with women with lived experience, the group supports women with different life experiences. As well as meeting as women’s groups, they also provide regular 1-2-1 catchups for all the women involved to foster a sense of connection and deepen relationships over time. Women’s Voices provides training and peer support to help women build their confidence and skill set when speaking to other women and decision-makers for peer research, consultations, and other involvement work.

The Women’s Voices Movement has been involved in national, local, and regional consultations on commissioning of women’s services, strategic policy, and plans. They also conduct peer research into women’s lives with specific areas of disadvantage, such as homelessness and domestic abuse. As well as this, they hold key events: bringing decision-makers, services and women together to make positive change for women and girls.

People experiencing homelessness have respite, recovery and reconnection support

Supporting people on the streets

The Street Engagement Hub, Manchester, is a multi-agency service supporting people facing multiple disadvantage who are engaging in street activity. People are able to find consistent and trusted help within their local neighbourhood and where needed they can draw down upon specialist support.

Street activity can include begging, anti-social behaviour, rough sleeping, drug consumption and sex work. The mobile outreach (with a physical) Hub is an inclusive model that supports includes a range of traditional public service responses working together as one team and pooling resources around the individual. This joint service response includes policing, homelessness, drug and alcohol support, voluntary and community responses, immediate medical care, prison and probation, mental health, welfare, social care, and employment.

By offering support to relieve people's immediate needs, focus on safeguarding, and supporting people to get the help they want from services in a coordinated way. This helps people who are in an emergency and need support to recover from repeat homelessness.

Person-centred Support

The Albert Kennedy Trust's mission is to prevent LGBTQ+ Homelessness across Greater Manchester.

Using a person-centred approach with the wishes of young people at the heart of the core they work with partners to secure accommodation and support for young LGBTQ+ people. A trauma-informed approach has enabled them support young lesbian, bi and transwomen the support they are entitled to in an environment that celebrates their LGBTQ+ identities.

Within the last 12 months they have successfully supported 48 young LGBTQ+ women.

Gender Specific Support and Accommodation

The Pandemic Experiences of Migrant Women' highlights the challenges that a woman with NRPF faced when trying to access housing support. During the COVID-19 pandemic a women's hostel was set up in April 2020 and ran for 2½ months specifically for women threatened with homelessness or who were street homeless including women with NRPF.

Case Study

A young European woman approached a local authority homelessness department during the fourth week of the COVID-19 lockdown in Spring 2020, after fleeing domestic abuse in another borough in Greater Manchester. Due to NRPF she referred to the several Local Authority departments was unable to be supported. She paid for a bed and breakfast for two nights with what little money she had on her. When the money ran out, she slept on the streets for two nights. The police found her sleeping on the street and took her to a mixed-sex hostel, who were also not able to accommodate her longer than two nights – due to her immigration status and the NRPF condition. After referrals to five other frontline agencies, she was eventually referred to Safety4Sisters, a frontline feminist Black and minority ethnic majority-led women's charity based in Manchester working with vulnerable migrant women who have experienced gender-based violence. Safety4Sisters knew that she was entitled to be accommodated in the GMCA Covid-19 hostel. Within two hours, she was housed safely in the Covid-19 hostel. The trauma and danger of her sleeping rough for two nights could – with better communications between agencies– have been easily avoided.

This emergency provision was women only, staffed with support workers 24 hours a day, had good security in place, and provided emergency clothing, meals and specific support to women. It highlighted the requirement for specific gender-based accommodation to enable the right support is offered to women, especially those who are fleeing or are survivors of domestic abuse. The learning and good practise from this has enabled Manchester City Council to specifically commission A Bed Every Night (ABEN) provision for women only.

Gender Specific Support and Accommodation

MASH provides non-judgemental support to women who are sex working so they are safer, healthier, and more resilient. The majority of the women MASH work with are working on the streets, are homeless or/and staying in unsafe or insecure housing. They are some of the most marginalised women in Greater Manchester, facing a range of intersecting inequalities.

Despite often having the highest and most complex needs, they often fall through the cracks of mainstream services and face huge barriers to support and opportunities. MASH supports anyone who is sex working and identifies as a woman. Through their expert team of caseworkers, their drop-in centre, their mobile drop-in vehicle and their dedicated sexual health nurse, MASH builds trusted relationships, working with women where they are at, and offering a gender and trauma-responsive approach and environment.

Women tell MASH that without them they wouldn't know where else to turn. Through their engagement with MASH, women take fewer risks, keep themselves safer, access expert support for their physical and emotional health, are supported to access accommodation and have improved self-esteem and resilience.

Safeguarding families

Greater Manchester has come together to review and improve the experience of families in temporary accommodation through a Homeless Families Task and Finish Group. This group is focused on four key areas of activity aimed at reducing harm and supporting family wellbeing. They have been worked up through collective understanding of the experiences and issues that families face in temporary accommodation, with a multi-agency and multi-sector appreciation of risk, responsibility, and opportunity. The activity areas are: Greater Manchester Code of Conduct and Minimum Quality Standards for Hotel Accommodation used as temporary accommodation for families, agreed early help and children's support offer, inclusion health approaches for homeless families, and use of VCSE sector support networks.

No experience of homelessness is entrenched or repeat

Non-conditional support

Housing First is an internationally recognised model based on clear principles of non-conditional and person-centred support. It is a housing led service supporting individuals experiencing multiple disadvantages where types of housing and support has been ineffective at sustaining recovery from homelessness. Individuals have access to intensive support based on 1:7 caseloads and are offered accommodation without usual conditionality. Housing is the first stage of the journey to recovery, not the last.

Housing First brings services together and takes a person-centred approach to support individuals at their pace and on their priorities. This supports individuals to break the cycle of repeat homelessness. Current success shows that 88% of individuals are sustaining their tenancies preventing recurring experiences of homelessness. Moreover, individuals on the programme have gone on to reconnect with their family, reduce substance use and take up voluntary or paid work.

There is no single model of housing and support that is likely to be effective for all individuals experiencing homelessness, however, there are universal learnings from housing as an intervention designed to be trauma informed, strengths based and informed by those with lived experience.

Community and peer support

A KeyRing network offers support through a trained team of staff and volunteers. It builds peer and community support options. The network makes use of existing resources in the area and connects people into them. This means better outcomes for the people they support and better value for money. Each network has nine or more network members (people they support) who live close by.

The KeyRing approach, Oldham, is based on designing services around individuals and communities, their connections, their skills, and their ambitions. They work with people who have experienced homelessness and those who struggle to maintain a tenancy due to physical/mental health problems, addiction, or struggle due to a learning disability. KeyRing connects people with their local community, so that they can be more involved and even better connected. They believe that the more connected a person is with friends, neighbours and other people in their community ensures there are lots of different people who can support you when you need it. This also helps people on their journey from reliance to independence.

No Wrong Door Case Study

Inspiring Change Manchester (ICM) is a Lottery funded multi-agency **learning programme**, supporting people facing **multiple disadvantages** who face repeat and entrenched homelessness. Our No Wrong Door Compact was developed by our lived experience Core Group as a blueprint for our service design and our approach to system change. The compact outlines four basic principles: **Access, Practice, Communication and Expertise**; to shape a more person-centred model for supporting people.

Access: Recognising the importance of creating a safer space and believe peer support and relationships are key for developing non-judgemental, identity informed approaches, which recognises the individual accessing services; their personal wants, needs and experiences. The membership model is not time-limited, designed to stop people dropping out of services then not being able to access support when they are in crisis. We promote flexibility, personalised spending and recognise that whoever comes to us for support, even if we are not the best-fit services, we have a responsibility to support that person to navigate the network, to find and access the right service for them.

Practice: ICM as a multi-agency partnership promotes consistency for members with a shared code of person-centred practice that recognises experiences influence behaviours. We have adopted a whole-person approach, providing support around the individual, designed in psychologically informed and trauma responsive way, with access to personal development, recovery and mental health pathways.

Communication: Language matters and communication needs to be actively inclusive, to ensure support is designed with and not done to. How we share information is important, so people are not forced to repeatedly share their personal stories and history. This resulted in the GM-Think database that allows services to share information safely and sensitively, to support people between our multi-agency networks and to help prevent individuals falling through the gaps in our system. Digital inclusion, recognition of neurodiversity and language barrier are actively promoted when supporting people.

Expertise: By recognising meaningful use of time as a route to recovery, we follow a strength-based approach for engagement and involvement, starting with accessible, creative and active activities for members. By offering adult learning opportunities, volunteering and peer support pathways, GROW traineeships we have successfully supported individuals with lived experience into employment. Professional development, with a focus on action learning and reflective practice is an ongoing commitment.