Manchester

Homelessness Review

2013

Contents

List of Tables and Graphs

Table Number	Description
1	Welfare Reform – main changes
2	General needs lettings 2010 – 2013
3	Manchester tenure change 2001 – 2011
4	Social Housing stock Manchester 2012/13
5	Household composition – homelessness approaches 2007 – 2013
6	Reasons for homelessness 2009 – 2013
7	Homelessness acceptances per 1,000 households – core city comparison
8	Top 5 homelessness acceptance reasons 2009 – 2013
9	Homelessness prevention and relief per 1,000 households – core city comparison
10	Homelessness approaches from single applicants 2011 – 2012
11	Outcome of homelessness applications from single households 2011 – 2012
12	Reasons for homelessness - single households 2011 – 2012
13	Homelessness approaches by ethnicity 2007 – 2013.
14	Homelessness presentations following loss of NASS accommodation 2007 – 2013
15	Homelessness approaches by ethnic group compared with overall Manchester population – 2012 – 2013.
16	Homelessness presentation reasons - comparison between White and BME households 2011.
17	Homelessness acceptances - domestic abuse 2008 – 2013
18	Homelessness acceptances - domestic abuse 2008 – 2012: household composition
19	Summary of household composition - domestic abuse acceptances 2008 – 2012
20	Homelessness approaches from Young People 2007 – 2013
21	Manchester Rough Sleeper count 2008 – 2012
22	Homelessness approaches by age group – MCC service user survey
23	Economic status – MCC service user survey
24	Household type – MCC service user survey
25	First language – MCC service user survey
26	Country of origin – MCC service user survey
27	Time living in the UK – MCC service user survey
28	Ethnic group – MCC service user survey
29	Current accommodation – MCC service user survey
30	Location of current address – MCC service user survey
31	Reason for leaving current accommodation – MCC service user survey
32	Sources of advice – MCC service user survey
33	Referral sources – MCC service user survey
34	Expectations from visit – MCC service user survey
35	Repeat visits – MCC service user survey
36	Repeat visits with same problem – MCC service user survey
37	Manchester population ethnic breakdown 2011 – comparison with England.
38	Manchester residents earnings 2012 – comparison with North West and England

39	Manchester residents qualifications 2012 – comparison with North West and Great Britain
40	Forecasts for Manchester across a range of indicators 2011 – 2020
41	Accident and Emergency visits – Urban Village patients July/August 2012

Graph Number	Description
1	Approaches by age group – MCC service user survey
2	Economic status – MCC service user survey
3	Household type – MCC service user survey
4	Sought advice before approaching homelessness – MCC service user survey
5 & 6	Length of time since last visit – MCC service user survey
7	Population change in Manchester 2001 – 2011
8	Age groups as a % of Manchester's population
9	Change in broad ethnic groups 2001 – 2011
10	JSA Claimant count Manchester 2008 – 2013
11	Forecasts of mental ill health for people aged 18 – 64 in Manchester 2012 - 2030

SECTION 1 Homelessness – National Strategic Context

1. Introduction

The Homelessness Act 2002 places a legal duty on the Council to carry out a robust review of homelessness in Manchester so that we can develop a homelessness strategy which will prevent and respond to homelessness. The findings from this strategic review have been used to inform the priorities in the Homelessness Strategy 2013 – 2018.

The review helps us to analyse the effectiveness of work delivered under the previous Homelessness Strategy, take stock of resources available to deal with homelessness, interrogate data to identify current trends and demand in homelessness and to paint a picture of the economic, demographic and environmental context, and assess the impact of recent and forthcoming legislation.

The review has considered evidence from a range of sources, including data from the Council and other agencies and relevant research in homelessness and associated areas. In addition, we have consulted with partners and stakeholders and with key service user groups to ensure that their views are represented and that our services meet the needs of homeless people in Manchester.

Since Manchester's first Community Strategy was agreed over 10 years ago we have seen Manchester change – increasing population, a successful city centre, growing knowledge sectors, investment in our neighbourhoods. Our population will continue to grow and change. The recent Census results show that Manchester is the fastest growing City in the UK outside London, and that over the past decade our population increased by 19% taking us above 500,000. This has been driven in large part by increases in working people and their young families. Detailed socio-demographic information is included in Appendix 1.

Reducing homelessness is a key priority for Manchester Council. The outcome of this homelessness review highlights that prevention services across Manchester have had significant success in preventing homelessness over the past 5 years, and Manchester is currently not seeing the increases in homelessness apparent in some other areas of the country. The findings from this strategic review have been used to inform the priorities in the Homelessness Strategy 2013 – 2018.

2. National Strategic Context

The resource base within which we all need to deliver services in the future will continue to be extremely challenging. Coupled with the further budget reductions projected over the next 3 years at least, there will be significant changes to the local government finance regime. This will be compounded by reductions across other public services and the very significant reductions in welfare. Supporting a radical reform agenda across public service boundaries will be critical if we are to manage these changes and deliver better homelessness outcomes for the City.

Government's Policy on Homelessness

The government has signalled a commitment to tackling rough sleeping and homelessness and has established a cross-Government working group made up of Ministers from eight government departments. This group set out its strategy in **Vision to end rough sleeping: No Second Night Out nationwide** published in July 2011**.** No Second Night Out (NSNO) has five standards:

1. New rough sleepers can be identified and helped off the streets immediately
2. The public can alert services if they see anyone sleeping rough so they get help
3. Rough sleepers can go to a place of safety, where their needs can be assessed and they can get help
4. Rough sleepers are able to get emergency accommodation and other services they need.
5. Rough sleepers from outside their area can be reconnected with their community

Greater Manchester was an early adopter of this approach and AGMA fund the No Second Night Out Greater Manchester pilot with the aim of creating an infrastructure for NSNO across the 10 local authorities.

In August 2012 the Homelessness Working Group produced **Making Every Contact Count – A joint approach to preventing homelessness.** This focuses on tackling the complex underlying causes of homelessness, preventing homelessness at an early stage for everyone at risk of homelessness, and delivering integrated services that support individual recovery. It presents ten challenges to local authorities which it believes are necessary to achieving its vision and providing a Gold Standard service.

The Localism Act 2011
The Localism Act came into force in November 2012, and supports the improvement of local housing options. The Act includes a number of key provisions with direct relevance to homelessness:

• Local Authorities are given the power to discharge their homelessness duty with an offer of accommodation in the private rented sector.
• Social housing tenure reform which will allow social landlords to grant fixed term tenancies with limited security of tenure;
• The need for Local Authorities to set out their approach and response in a Tenancy Strategy.
• Social Housing allocation reform which allows Local Authorities to set allocation policies appropriate to the local area.

Welfare Reform

The government has introduced a series of welfare reforms and changes to the welfare to work provision under the provisions of the Welfare Reform Act of 2012 to simplify the benefit system and help more people move in to work whilst also seeking to support vulnerable people. Welfare Reforms include for example the introduction of Universal Credit, changes to Housing Benefit Regulations, and introducing a cap on the amount of benefits working aged people can receive.

The major reforms are set out in Table 1 below.

Table1: Welfare Reform

Date	Change and Impact
April 2011 – April 2014	Increased **non-dependant deductions** by 27% in April 2011 and by a further 22% in April 2012.
April 2011	**LHA rates** for private tenants are based on 30th percentile rather than the median market rents (50th percentile). This reduces the number of properties that benefit payments can cover the full rent.
January 2012	Extension of the **Shared Accommodation Rate** to single claimants aged 25 – 34, as well as to those under 25.
April 2013	**Under-occupation** limits for working age social sector tenants – the "bedroom tax". **Council Tax Support** – all working age people expected to pay a minimum of 8.5% Council Tax which means that a proportion of people currently receiving 100% rebate will now become liable for a part of their bill.
By September 2013	Maximum **benefit cap** in place for all out of work claimants. This restricts the total amount of benefits a household can receive to £350 per week for singles, and £500 per week for couples/families.
October 2013	**Universal Credit** for new claimants. Universal credit is a new single benefit payment and will replace a number of existing benefits including Child Tax Credit, Housing Benefit, Income based Jobseekers Allowance, Income related Employment and Support Allowance, Income Support, and Working Tax credit.
By March 2014	**Work Capability Assessments** done for all Incapacity Benefit and Income Support (unfit for work) claimants who will be moved onto JSA or ESA.
By April 2014	Planned transfer of existing claimants to Universal Credit over four years.

SECTION 2   Homelessness – Manchester Context

1. Vision

Our vision is of Manchester as a world-class city as competitive as the best international cities:

- that stands out as enterprising, creative and industrious;
- with highly skilled and motivated people;
- with successful neighbourhoods whose prosperity is environmentally sustainable;
- where all our residents can meet their full potential, are valued and secure.

This includes a city where homelessness continues to reduce year on year, and integrated services underpin increased high self-esteem, and enable citizens to reach their full educational and employment potential.

Early intervention and prevention services provide a neighbourhood focus, and universal services support people to maintain their independence. Our vision is also of a city that offers a wide choice of housing options, enabling people to live in their neighbourhoods of choice.

This vision is connected through a set of principles including:

- Universal services that are responsive, efficiently provided, and reduce the need for targeted services;
- Better timed and coordinated delivery of targeted services that deliver better results, reduce demand and release resources for early intervention and other universal services;
- Early intervention and prevention services not only provide a safety net, but also help people to maintain their independence;
- A neighbourhood focus that drives a model for integrated neighbourhood delivery supported by greater cross public, voluntary and community sector cooperation and joint working.

2. Homelessness Services in Manchester

Homelessness services support some of the most vulnerable citizens across Manchester. Services are commissioned from a range of external and in-house providers. Manchester's in-house Homelessness Service within the Directorate for Families, Health and Wellbeing currently uses a mix of provision to discharge its duties to secure accommodation:

1. Accommodation schemes owned and managed by the Council
2. Accommodation schemes owned by a registered social provider (RP) and managed by the Council
3. Dispersed, self-contained accommodation procured from the private rented sector (PRS) and registered providers. This provides the majority of temporary accommodation for homeless families.

4. Bed and breakfast accommodation for emergency, short-term use only. Additionally, a number of households fleeing domestic abuse (DA) are accommodated in Women's Aid refuges.

Specialist provision is also commissioned for young people through the Homelessness Pathway for 16/17 yr olds which ensures that Homelessness and Children's services work closely together to assess and respond to the needs of vulnerable young people.

Homeless people may also be accommodated within a range of external services commissioned through the Supporting People programme. Demand for supported accommodation in the city is high and we need to ensure that it is used appropriately. Plans are underway to develop eligibility criteria for supported accommodation which will mean that it is used for those who need it most, and we can prioritise places when demand is high. For people that do not need this level of support we need to help them to access alternative private rented sector accommodation, where possible, within their neighbourhood of choice. Manchester Move already provides a route into the private rented sector through LetsHelpYou, but we need to further develop access into the private rented sector for households at risk of homelessness.

Information about homelessness services in Manchester can be found in Appendix 2.

3. Housing Supply in Manchester

Aspirations for home ownership remains high, however for many people on average and low incomes the level of monthly repayments and current lending criteria can act as barriers to home ownership. Much of the housing market therefore faces an affordability challenge, which particularly affects first time buyers and households on low to middle incomes.

The number of people on the Manchester housing register is usually around 17- 18,000. Table 2 below shows that the number of lets of general needs properties has slowed in the last few years.

Table 2: General Needs Lettings

	2010/11	2011/12	2012/13 (First Half)
1 Bedroom	1,643	1,498	689
2 Bedrooms	1,650	1,612	639
3+ Bedrooms	1,268	1,197	569
Total	4,561	4,307	1,897

Bedsits are counted as 1 Bed
Source: MCC Strategic Housing

Manchester has a greater proportion of social housing and a larger private rented sector, with fewer owner occupiers in comparison with the sub-regional, regional and national picture.

Table 3 below shows the change in tenure in Manchester from 2001 to 2011. There has been a decline both in the number of houses owned and the number of social lets, and a corresponding increase in the number of properties in the private rented sector.

Table 3: Manchester Tenure Change 2001 - 2011

Year	Owner Occupied %	Social Housing %	Private Rented %
2001	41.8	39.4	18.8
2011	38.5	31.6	30.0
% point Change	-3.3	-7.8	+11.2

Source: MCC Strategic Housing

Social housing stock in Manchester for 2012-2013 is shown in the table below.

Table 4: Social Housing Stock 2012/13

SRF area	Room	1 Bed	2 Bed	3 Bed	4 Or More	Grand Total
Central	45	2,725	3,838	3,004	674	10,286
City Centre	8	374	156		1	539
East	186	3,507	4,698	6,178	559	15,128
North	98	3,633	4,953	5,836	818	15,338
South	469	2,643	2,676	4,921	266	10,975
Wythenshawe	108	2,392	4,393	7,766	311	14,970
Grand Total	914	15,274	20,714	27,705	2,629	67,236

Source: MCC Strategic Housing

Access to Housing

Manchester Move is the city's Choice Based Lettings (CBL) System designed to greatly improve access for Manchester residents who are looking for a new home. Manchester Move incorporates the Council's single housing register, allowing applicants to apply for the vast majority of the city's social housing by filling in one application.

It includes on-line bidding for social housing, realistic and localised prospects advice, and allows access to private sector solutions via Pinpoint and LetsHelpYou. It also has links to employment support advice, home swapper service, advice with staying in your current home, and links to low cost home ownership schemes.

Pinpoint is Greater Manchester's sub regional CBL and was launched in July 2008. The scheme aims to provide more choice across the region in selecting a home and offers home seekers greater opportunity in deciding where they want to live.

LetsHelpYou is designed to match low income and benefit dependent households to landlords who will have accommodation at a price that can be let to them (it includes a local housing allowance calculator).

4. Homelessness Statutory Duty

Statutory Duty
Manchester's Statutory duties are primarily set out in the Housing Act 1996, including:

- Section 179: Duty to provide advisory services
- Section 184: Duty to make enquiries in respect of eligibility and duties owed
- Section 188: Interim duty to accommodate in cases of apparent priority need
- Section 192: Duties to people found not to be in priority need and not homeless intentionally.
- Section 193: Duties to people found to be in priority need and not homeless intentionally.
- Section 195: Duties to those threatened with homelessness

The 2002 Homelessness Act also introduced a requirement on Local Authorities to take a strategic approach to dealing with homelessness. This is done by:

- Carrying out a review of homelessness in their area, and
- Based on the findings of the review, developing and publishing a strategy to tackle and prevent homelessness.

Approaches to Homelessness Services
Approaches to homelessness services in Manchester have remained fairly constant over the last five years, with a decline in 2008/0 and 2009/10. Table 5 shows that around two thirds of presentations are from single applicants.

Table 5 : Household composition – homelessness approaches.

Household Composition	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Families	2223 36.72%	1941 34.73%	1727 31.79%	1925 31.62%	1967 33.34%	1970 33.14%
Singles	3831 63.28%	3648 65.27%	3705 68.21%	4162 68.38%	3932 66.66%	3975 66.86%
Total	**6054**	**5589**	**5432**	**6087**	**5899**	**5945**

Source: MCC Homelessness Data

Presentations – reasons for homelessness

There are a wide range of reasons for people approaching homelessness services, but there are consistently five main reasons as shown in Table 6. These five reasons account for between 60 – 63% of all approaches. In the last two years there has been an increase in the numbers seeking help as a result of a relationship breakdown with parents, friends or relatives. There has also been an increase in the last 12 months in the number of people who have approached homelessness services because of eviction.

Table 6: Reasons for Homelessness

	2009-10		2010-11		2011-12		2012-13	
Dispute parents, relatives, friends.	402	7.4%	444	7.3%	802	13.6%	895	15%
Loss of lodgings (all types)	1251	23%	1586	26%	1049	17.8%	674	11.3%
Overcrowding (all types)	417	7.7%	461	7.6%	331	5.6%	310	5.2%
Relationship breakdown	340	6.3%	318	5.2%	518	8.8%	567	9.5%
Domestic Violence	520	9.6%	502	8.3%	584	9.9%	586	9.9%
Evicted	333	6.1%	365	6%	370	6.3%	565	9.5%

Source: MCC Homelessness Data

Acceptance of Statutory Homelessness duty

The total number and the proportion of people accepted as homeless with full duty has fallen overall since 2007-08, reflecting the focus on homelessness prevention in recent years. The rate of households accepted as homeless and in priority need has dropped between Q1 2012 and Q1 2013, and Manchester continues to perform well in comparison with other core cities, as shown in Table 7 below.

Table 7: Homelessness acceptances per 1,000 households

City	Q1 2012	Q1 2013
Birmingham	2.10	2.15
Sheffield	1.60	1.20
Nottingham	1.14	0.63
Manchester	**0.72**	**0.61**
Newcastle	0.38	0.48
Bristol	0.42	0.42
Leeds	0.52	0.42
Liverpool	0.36	0.19

Source: CLG Homelessness Data

Domestic violence, loss of lodgings, loss of National Asylum Seeker Services (NASS) accommodation, and dispute with friends, relatives or parents are consistently in the top 5 acceptance reasons, as shown in Table 8.

Domestic Abuse is consistently the biggest single acceptance reason. Loss of lodgings has remained fairly static, whilst fear of outside violence and loss of NASS accommodation have both fallen. Disputes with friends, relatives or parents have risen in the last 12 months reflecting the increasing number of people presenting for this reason.

Being evicted for the first time is in the top 5 reasons in 2012/13, reflecting the recent increase in households presenting following eviction.

Table 8: Top 5 acceptance reasons.

Reason	April 2009-March 2010	April 2010-March 2011	April 2011-March 2012	April 2012-March 2013
Domestic Violence	142 29%	184 29%	209 36%	197 37%
Loss of lodgings	66 14%	88 14%	111 19%	67 13%
Loss of NASS accommodation	59 12%	101 16%	52 9%	26 =5%
Fear of outside violence	30 6.2%	38 6%	-	-
Dispute with friends, relatives, or parents	28 5.8%	43 6.7%	41 7%	60 11%
Relationship breakdown			29 5%	26 =5%
Evicted				39 7%
Total acceptances	482	643	580	533

Source: MCC Homelessness Data

5. Homelessness Prevention

Preventing homelessness makes sound economic and social sense. The cost of activity to prevent homelessness is often less than the cost of placing homeless households in temporary accommodation. There are also wider costs linked to the additional health and support needs of homeless people, the links between homelessness and offending behaviour, a greater reliance on out of work benefits and housing benefit, and more support needed to enter the labour market. The Department for Communities and Local Government looked at a number of research studies which suggested that the estimated gross costs of homelessness to government is between £24k - £30k per person per year[1]. Most of the additional financial costs to health and support services and the police and justice system were attributable to the most vulnerable and hardest to help, including those with multiple and complex needs, either sleeping rough or hostel dwellers.

Homelessness prevention is carried out by the Homelessness Advice and Assessment Team when people approach homelessness services for assistance. It is also carried out by a range of internal services and external providers including advice agencies, voluntary and community sector, and housing providers.

Comparison with core cities demonstrates that Manchester's performance overall in this area is effective, as shown in Table 9.

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[1] DCLG – Evidence review of the costs of homelessness – August 2012

Table 9: Prevention and relief per 1,000 households - 2012/13.

	Prevention	Relief	Prevention and Relief
Nottingham	30.31	0.94	31.25
Newcastle	25.52	4.10	29.62
Manchester	**24.08**	**0.55**	**24.63**
Bristol	17.49	0.01	17.50
Birmingham	17.13	0.31	17.45
Leeds	8.09	0.38	8.47
Liverpool	6.27	0.23	6.51
Sheffield	2.73	0.95	3.68
England	7.29	0.92	8.20

Source: CLG Homelessness Data

Whilst it does appear that the number and proportion of successful preventions done at the point of presentation has fallen since the peak in 2008/09, there have been a number of new initiatives to help people avoid homelessness in the last few years. These include:

- **Court Advice Service**
  The MCC court advice service was established in 2009 to assist court users facing debt and housing problems where they had been unable to access advice at an earlier stage.

- **Landlord Advice**
  The landlord advice service provides advice to private sector landlords with an emphasis on mediation with tenants to reach a solution to make tenancies sustainable wherever possible.

- **Mortgage Rescue**
  Mortgage rescue is designed to assist owner occupiers faced with problems paying their mortgage.

- **Repossession Prevention Fund**
  The fund is used for one off grant payments to lenders and landlords where there are no other options to prevent possession and there is a sustainable solution meaning rent or mortgage will be paid going forward.

- **Greater Manchester Prevention Plan**
  The funding enables a coordinated strategic approach to tackling homelessness across local authority boundaries, and is intended to support work across GM authorities to assist front line services to address and prevent single homelessness. The aim is to ensure that all single homeless people approaching an authority for assistance get:
  - Tailored advice and assistance in writing
  - An offer of suitable accommodation if required
  - Referred or signposted to appropriate services.

6. Homelessness in Manchester

Single Homelessness

Table 10 below looks at single homelessness households during 2011 - 2012 in more detail. As can be seen this group is predominately lone applicants, male, with over 80% of approaches coming from the 18 - 44 age group. There is a disproportionately high presentation rate from BME households at 42.96% compared to 33.42% overall BME population in the city.

Table 10: Single Homelessness - Approaches to Homelessness Services April 2011 - March 2012

Household Type	Number	%
Lone Applicant	3711	94.33%
Childless Couple	149	3.79%
Other Household Type	74	1.88%
Total	**3934**	**100%**
Ethnicity		
BME	1690	42.96%
White	2098	53.33%
Unknown/Unavailable	146	3.71%
Total	**3934**	**100%**
Gender of Main Applicant		
Female	1103	28.04%
Male	2831	71.96%
Total	**3934**	**100%**
Age Group (by age of main applicant)		
Under 18	97	2.47%
18-24	1173	29.82%
25-44	1976	50.23%
45-59	584	14.84%
60 and Over	97	2.47%
Unknown/Unavailable	7	0.18%
Total	**3934**	**100%**

Source: MCC Homelessness Data

Outcome of Application

In cases where a decision was made on homelessness, only 5.21% of single presentations were given a full homelessness duty. The majority were found not to be in priority need. Table 11 shows the outcome of applications for single applicants 2011 – 2012.

Table 11: Outcome of application - single households April 2011 – March 2012

Full Duty	205	5.21%
Intentionally Homeless	123	3.13%
No Priority Need	655	16.65%
Not Homeless	172	4.37%
Not Homeless (Successful Prevention)	157	3.99%
Not Eligible	72	1.83%
Prevention (Successful)	236	6.00%
Prevention (Failed)	13	0.33%
Closed Before Decision or Prevention	2258	57.40%
Previous Discharge/ Cessation Still Applicable	39	0.99%
Referred to Other Agency	4	0.10%
Total	**3934**	**100%**

Source: MCC Homelessness Data

A high proportion of single homeless people presented because of disputes with parents, relatives or friends, and loss of lodgings. These two reasons alone account for over a third of approaches. Other common reasons were being evicted, relationship breakdown, domestic abuse, or having no fixed abode. These 6 reasons accounted for two thirds of all presentations, as shown in Table 12 below.

Table 12: Single households – reason for homelessness April 11– March 12

Loss of lodgings (all types)	742	18.86%
Dispute parents/relatives/friends	619	15.73%
Evicted	382	9.71%
Relationship breakdown	370	9.41%
Domestic Violence	288	7.32%
No fixed abode	234	5.95%
TOTAL		**66.98%**

Source: MCC Homelessness Data

LGBT and Homelessness

Some Homelessness services do not currently monitor sexual orientation or gender identity so it is difficult to assess how accessible and responsive homeless services are to the LGBT community. Research indicates that LGBT people can face additional challenges and barriers to accessing services[2], and can face homophobia and discrimination which increases their risk of homelessness For example, Stonewall report that harassment in the home and neighbourhood is experienced by a significant minority of transgender people.[3]

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[2] Sexuality and Homelessness. Crisis (2005)

[3] Understanding the housing needs and homeless experiences of LGBT people in Scotland, Stonewall (2005)

BME Homelessness

For a number of years there has been a high and apparently disproportionate number of approaches to homelessness services from BME households in Manchester.

Table 13 below shows a very broad ethnic breakdown of white and BME presentations since 2007/08. The proportion of approaches from BME households which were already high, noticeably rose in 2010-11 when there were more approaches from BME households than from white households. One reason for this might be the spike in presentations following loss of NASS accommodation in 2010 -11 – as seen in Table 14.

Table 13: Approaches to the Homelessness Services by ethnicity.

Ethnicity	2007 - 08	2008 - 09	2009 - 10	2010 - 11	2011 - 12	2012 - 13
BME	2431 40.16%	2199 39.35%	2159 39.75%	2836 46.59%	2696 45.70%	2640 44.41%
White	2931 48.41%	3125 55.91%	2732 50.29%	2665 43.78%	2907 49.28%	3110 52.31%
Unknown/ unavailable	692 11.43%	265 4.74%	541 9.96%	586 9.63%	296 5.02%	195 3.28%
Total	**6054**	**5589**	**5432**	**6087**	**5899**	**5945**

Source: MCC Homelessness Data

Table 14: Homelessness presentations following loss of NASS accommodation

	2007 - 08	2008 - 09	2009 - 10	2010 – 11	2011 - 12	2012 - 13
Loss of NASS accommodation	401 6.6%	315 5.6%	403 7.4%	605 9.9%	262 4.4%	250 4.2%

Source: MCC Homelessness Data

Whilst approaches from BME households have fallen since the 2010/11 peak they remain disproportionate compared to the overall BME population in Manchester. The 2011 census showed that Manchester's population is increasing and is becoming more ethnically diverse.

The 2011 census results show that the proportion of residents within the White broad ethnic group has fallen in Manchester from 81.0% in 2001 to 66.6% in 2011. Comparison with 2011 Census data in Table 15 reveals that some ethnic groups are significantly over-represented whilst some are under-represented. The ethnic groups over-represented are Black, Black African, Black Caribbean, and Middle Eastern. In contrast White and Asian groups appear to be under-represented.

Table 15: Approaches to homelessness services 2012-13 by ethnic group compared to overall population of Manchester

Ethnic Group	Number of presentations	% presentations 2012 -13	Overall Mcr pop
White British	2729	45.9	59.3
White Irish	109	1.8	2.4
Other white	272	4.6	4.9
All White Groups	*3110*	*52.3*	*66.6*
White and Asian	20	0.3	1.0
White & Black African	50	0.8	0.9
White & Black Caribbean	114	1.9	1.8
Other mixed	68	1.1	1.0
All mixed groups	*252*	*4.1*	*4.7*
Indian	38	0.6	2.3
Pakistani	383	6.4	8.5
Bangladeshi	35	0.6	1.3
Chinese	*29*	*0.5*	*2.7*
Other Asian (incl Vietnamese and African Asian)	153	2.6	2.3
All Asian groups	*638*	*10.7*	*17.1*
Black Caribbean	264	4.4	1.9
Black African (incl Somali)	786	13.2	5.1
Other Black (incl Black British)	204	3.4	1.6
All Black groups	*1254*	*21.0*	*8.6*
Middle Eastern	*261*	*4.4*	*1.9*
Other	*235*	*3.9*	*1.2*
Unknown	*195*	*3.3*	
Total	**5945**	*100%*	*100%*

Source: MCC Homelessness Data and 2011 Census Data, Crown Copyright

Reasons for BME homelessness

The data tells us that whilst the main presentation reasons are common to white and BME population, there are specific reasons more associated with ethnicity:

- white people are more likely to be rough sleepers or have no fixed address, and are more likely to present following prison discharge, because of fear of outside violence, or following eviction.
- People from BME communities are more likely to be homeless because of overcrowding, loss of NASS accommodation, and domestic violence from associated persons.

The top 6 presentation reasons for both groups are set out in Table 16. These account for roughly two thirds of presentations.

Table 16: Presentation reasons BME and White Households, 2011.

BME		White	
Loss of lodging	23.61%	Loss of lodging	20.08%
Loss of NASS accom	10.49%	Dispute friends / relative	12.04%
Dispute friends / relative	10.01%	Relationship breakdown	8.5%
Overcrowding	8.24%	DV (partner)	7.68%
Relationship breakdown	7.17%	Evicted (other)	6.82%
DV (partner)	6.58%	Overcrowding	5.04%
	66.10%		**60.16%**

Source: MCC Homelessness Data

A more detailed analysis linking ethnicity with presentation reason (for the top 10 presentation reasons) shows some specific features:

- One third of presentations from Bangladeshi people are for Domestic Abuse, followed closely by dispute with friends or relatives. The biggest presenting reason from the Pakistani group was Domestic Abuse.
- A large proportion of Black Africans, Chinese and Middle Eastern people lost NASS accommodation
- Overcrowding seems particularly prevalent amongst Black African and Middle Eastern people.

Domestic Abuse and Homelessness

Domestic Abuse remains the biggest single acceptance reason for full duty decisions, and the number and proportion of households accepted for this reason has increased since 2008. In 2012/13, 37% of acceptances were because of domestic abuse – this is in contrast to the national figure of around 12% of acceptances.

Table 17: DV acceptances for full duty decisions.

	April 2008 – March 2009		April 2009 – March 2010		April 2010 – March 2011		April 2011 – March 2012		April 2012 – March 2013	
DV (partner)	95	17.6%	102	21.2%	129	20.1%	160	27.5%	159	29.8%
DV (associated persons)	33	6.1%	40	8.3%	55	8.5%	49	8.45%	38	7.1%
Total	**128**	**23.7%**	**142**	**29.5%**	**184**	**28.6%**	**209**	**36%**	**197**	**37%**

Source: MCC Homelessness Data

Table 18 gives a more detailed household breakdown of Domestic Abuse acceptances from April 2008 to March 2012.

Table 18: Household breakdown - DV acceptances April 2008 - March 2012.

DV (Partner)	April 2008-March 2009		April 2009-March 2010		April 2010-March 2011		April 2011-March 2012	
Total	95		102		129		160	
of which								
Lone Female Parent or Expectant Mother	71	74.74%	63	61.76%	75	58.14%	92	57.50%
Lone Male Parent	3	3.16%	1	0.98%	1	0.78%	0	0.00%
Couple with Children or Expectant Couple	1	1.05%	0	0.00%	1	0.78%	1	0.63%
Single Female	17	17.89%	37	36.27%	48	37.21%	58	36.25%
Single Male	3	3.16%	1	0.98%	4	3.10%	9	5.63%
DV (Associated Persons)	April 2008-March 2009		April 2009-March 2010		April 2010-March 2011		April 2011-March 2012	
Total	33		40		55		49	
of which								
Lone Female Parent or Expectant Mother	13	39.39%	16	40.00%	12	21.82%	16	32.65%
Lone Male Parent	0	0.00%	0	0.00%	1	1.82%	0	0.00%
Couple with Children or Expectant Couple	4	12.12%	3	7.50%	5	9.09%	2	4.08%
Other Family Household	1	3.03%	0	0.00%	0	0.00%	0	0.00%
Single Female	11	33.33%	10	25.00%	33	60.00%	23	46.94%
Single Male	3	9.09%	10	25.00%	4	7.27%	6	12.24%
Childless Couple/Other Single Household	1	3.03%	1	2.50%	0	0.00%	2	4.08%

Source: MCC Homelessness Data

There has been a marked increase in the numbers and proportion of single people accepted as homeless because of domestic abuse. This is summarised in Table 19 below.

Table 19: DV Acceptances – families and singles.

Household type	2008/09		2009/10		2010/11		2011/12	
Families	93	73%	83	58%	95	52%	111	53%
Singles	35	27%	59	42%	89	48%	98	47%
TOTAL	**128**		**142**		**184**		**209**	

Source: MCC Homelessness Data

Young people

Approaches to Homelessness Services
There has been a marked year on year decline in the numbers and proportion of under 18 year olds approaching homelessness services since 2007/08. This may be attributable to the development of a homeless pathway for 16/17 year olds, and the specialist homelessness prevention service currently delivered by Young People's Support Foundation (YPSF). Presentations from the 18 – 24 age group have also declined in the last two years, having peaked in 2010/11. However approaches from this age group still account for over a quarter of all approaches.

Table 20: Approaches to homelessness services – young people.

	2007-08	2008-09	2009-10	2010-11	2011-12	2012 - 13
Under 18	345	249	229	191	146	93
	5.7%	4.45%	4.22%	3.14%	2.48%	1.56%
18 – 24	1715	1710	1709	1872	1790	1628
	28.33%	30.60%	31.46%	30.75%	30.34%	27.38%

Source: MCC Homelessness Data

Since the last homelessness strategy the response to 16/17 year olds at risk of homelessness has been enhanced. There is a Homelessness Protocol and pathway in place for 16/17 year olds at risk of homelessness, with joint working between YPSF and children's services. The purpose of the protocol is to ensure that partners continue to work together to provide a consistent and coordinated response to 16 – 17 year old young people who present as homeless and in need of accommodation and accommodation support services. The protocol includes an integrated pathway for referral to, assessment for and planning for access to accommodation and accommodation support services to streamline and make the most effective use of existing resources.

The primary objective of the protocol is to promote and safeguard the well-being of the young person and to prevent homelessness; returning young people to their family wherever possible. If a return home is not possible, the objective is to find the most suitable accommodation for the young person and to support them to remain in and move on from their accommodation when appropriate.

YPSF are currently commissioned to provide a single point of access for young people at risk of homelessness, which not only responds to their housing needs, but provides advice and support on a range of other issues including education, employment, and health.

Reasons for Homelessness

16/17 year old service – 2012/13.
In 2012/13 in Manchester 86% of 16/17 year olds were homeless because of a relationship breakdown with family or friends (62% were asked to leave by their parents and 24% were asked to leave by other relatives or friends).

There was a high proportion (54%) of presentations from young people defined as Looked After Children (LAC).

There was a similar number of female and male single-headed households presenting (45% respectively), and the remaining 10% of households consisted of either pregnant teenagers or households with children.

The majority of households were White British (62%), with 38% describing themselves as BME. Approximately 14% of those describing themselves as BME also described themselves as "persons from abroad".

The representation rate was 11%.

Particular Factors affecting Young People

There are a number of factors which make young people vulnerable to homelessness and restrict their housing options:
- There are high levels of young people not in employment, education or training.
- Young people face challenges in finding accommodation through a combination of Local Housing Allowance restrictions and shared accommodation rates, a lack of resources for a deposit, and competition in the private rented sector.
- Tough lending criteria and lack of a deposit which keeps them from home ownership,

Young people who experience homelessness often come from disadvantaged backgrounds, and are more likely to have suffered trauma and disruption in childhood. Research[4] into homelessness amongst 16/17 year olds found that over half (52%) reported that they had experienced mental health problems, 37% reported that they had experienced substance misuse, violence featured in 41% of cases where family relationship breakdown was the cause of homelessness, 57% were not in education, employment or training, and 37% of these said it was because of the disruption of being homeless. Pleace also found that 58% of homeless 16 and 17 year olds had "missed a lot of school" and 54% had been suspended or excluded from school at least once.

Recent research by Homeless Link shows that 65% of young people are homeless because of a relationship breakdown with family, friends or partner[5]. They found that there were often underlying reasons including abuse and financial problems, and that young people often have a range of complex needs including drug, alcohol and mental health issues, and a lack of skills to live independently or build relationships. Many are not in education, training, or employment.

Research has shown that a high proportion of homeless adults with complex needs reported risk factors which can lead to homelessness at a young age, such as domestic abuse, exclusion from school, and running away from home in early life[6]. A high proportion of adults who have experienced long-term homelessness had traumatic problems in early life[7]:
- 50% often truanted from school

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[4] Statutory Homelessness in England: The experience of families and 16-17 year olds –
Centre for Housing Policy, University of York – Pleace et al 2008
[5] Homeless Link, Young and Homeless 2012, December 2012
[6] Suzanne Fitzpatrick et al, Multiple Exclusion Homelessness in the UK, Briefing Paper 1, 2012

[7] Homeless Link, Tackling homelessness and exclusion: Understanding complex lives 2011

- o 36% were suspended, excluded or expelled from school
- o 34% had run away from home for at least one night
- o 29% did not get along with parents or carers
- o 27% experienced violence between parents/carers
- o 24% had parents/carers with drug or alcohol problems
- o 23% were sexually abused
- o 22% were badly bullied
- o 22% were physically abused at home
- o 21% were brought up in a workless household
- o 16% had been part of a family that was homeless
- o 16% had spent time in local authority care
- o 15% sometimes didn't get enough to eat at home
- o 15% were neglected
- o 15% had parents/carers with mental health problems

Young LGBT People

Research indicates that as many as 1 in 3 homeless youth are from the LGBT community.[8] A study by the University of Brighton[9] found that in most cases the initial homelessness was directly or indirectly linked to sexual or transgender identity. Reasons for homelessness included family rejection or intolerance; homophobic bullying and assaults at school or in the local community; and feelings of isolation. The report also found evidence that young LGBT people were more vulnerable to abuse within the home.

Rough Sleepers

In 2011 the Government reconfirmed its commitment to end rough sleeping and launched a new strategy – No Second Night Out (NSNO). Greater Manchester was an early adopter of this approach and the Association of Greater Manchester Authorities (AGMA) fund Riverside ECHG to deliver the NSNO Greater Manchester pilot with the aim of creating an infrastructure for NSNO across the 10 local authorities.

NSNO has five standards:
- New rough sleepers can be identified and helped off the streets immediately
- The public can alert services if they see anyone sleeping rough so they get help
- Rough sleepers can go to a place of safety, where their needs can be assessed and they can get help
- Rough sleepers are able to get emergency accommodation and other services they need.
- Rough sleepers from outside their area can be reconnected with their community

NSNO has been in operation in Manchester since April 2012. Led by Riverside ECHG and working in partnership with Counted In and the Begging and Street Homeless Team and other agencies such as Young Person's Support Foundation, The Booth Centre, and Cornerstones, NSNO delivers a service to new rough sleepers in Manchester and aims to contact new rough sleepers within a short time scale and find a solution before they become entrenched. An evaluation of the first 6 months indicates that the NSNO approach is effective in dealing with new rough sleepers with lower level support needs.

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[8] Roche, Brenda, Sexuality and Homelessness, Crisis (2005)
[9] Out on my own – University of Brighton, 2006

In addition to NSNO there are a range of services targeted at rough sleeping in the city funded through the homelessness grant. These services include an assertive outreach service, day support services to enable people to engage in meaningful occupation, education and work. These services have been very successful in meaningful engagement with individuals and tackling rough sleeping in the City and this approach can be seen to work.

For some homeless people, being homeless will be one issue amongst many other support needs. Recent research[10] found that nearly half of street homeless people had experience of institutional care, substance misuse, and street activities such as begging, with almost half (47%) reporting all four experiences. The research also showed the links between multiple exclusion homelessness (MEH) and traumatic childhood experiences such as physical and sexual abuse and neglect. There is also a strong correlation between poor school attendance, being brought up in a workless household, and experiencing homelessness as a child.

The statistical analysis showed that factors associated with more complex MEH were:
- Being male
- Being aged between 20 and 49 years old
- Having childhood experience of physical abuse or neglect, there sometimes not being enough to eat at home, or homelessness
- Having had parents who experienced drug, alcohol, domestic abuse or mental health problems
- Having had poor experience of school – ie truancy, exclusion
- Having lived on welfare benefits for most of adult life

It is difficult to accurately identify the number of people sleeping rough at any one time, however there are indications that rough sleeping is on the increase after a period of decline.

Table 21: Manchester Rough Sleepers

Year	Manchester Rough Sleeper Count
2008	11
2009	9
2010	7
2011	15
2012	27

Source: MCC Homelessness Data

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[10] Tackling Homelessness and exclusion: Understanding complex lives; Theresa McDonagh, JRF

SECTION 3   Homelessness: What service users told us

As part of the review, consultation was carried out with service users and stakeholders in developing the strategy. This included:

- A service user's survey carried out with service users approaching the council's homelessness service (A copy of the questionnaire is attached in Appendix 3).
- Consultation with service users.
- Consultation with stakeholders, including with a range of services and organisations that support homeless people or people at risk of homelessness.

Service User Survey

A survey was carried out between September 2012 and April 2013 with service users who approached the Council's Homelessness service. A survey form is shown in Appendix four. The survey was designed to allow us to gather intelligence about who is using homelessness services, what issues they have, and what expectations they bring. It was anticipated that the data would allow us to identify differences between BME groups and the wider population and draw some conclusions about the specific needs of BME groups. To be statistically significant we aimed for a minimum of 20% of the total numbers presenting (based on 5,900 per annum) – this equates to around 1200 survey returns. Within this we need to ensure that 361 participants are from BME communities. The total number of respondents was 1379.

Broad findings from the survey are shown below.

1. Age

The majority of respondents are in the age range 18-54, but these tend to be concentrated in the age ranges 18- 24 and 25-34 which account for 62.7% of all respondents. There are noticeably small numbers of under 18s and over 65s.

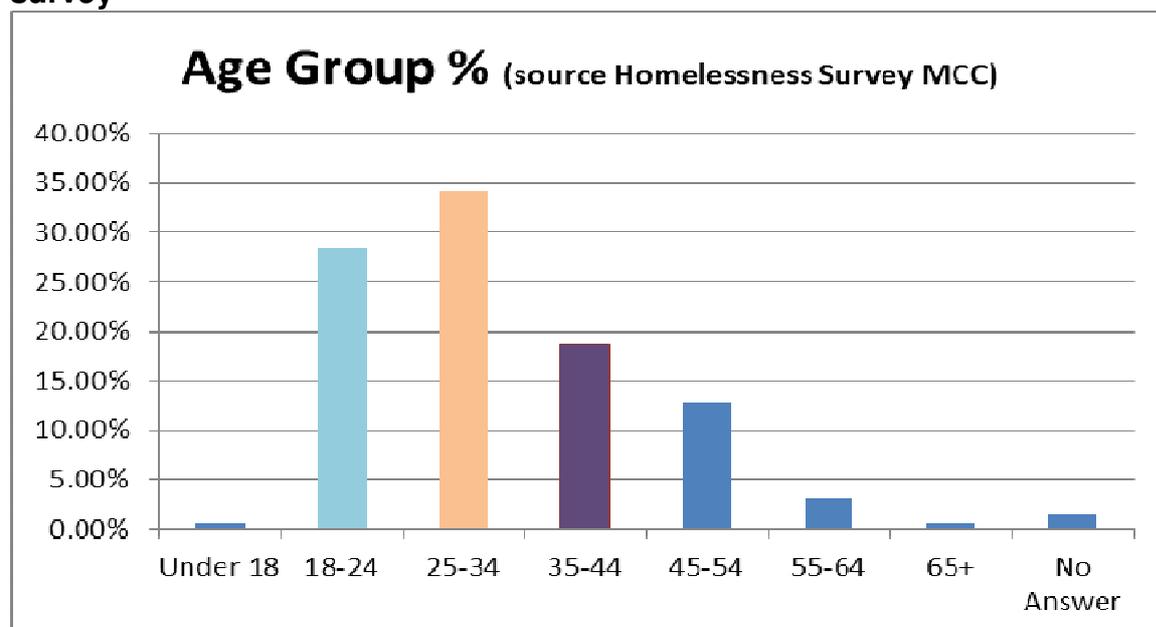**Graph 1: Approaches to Homelessness Services by Age Group – MCC service user survey**

Table 22: Approaches by Age Group – MCC service user survey

Age Range	Number of responses	% of responses
Under 18	9	0.65%
18-24	392	28.45%
25-34	472	34.25%
35-44	257	18.65%
45-54	177	12.84%
55-64	43	3.12%
65+	8	0.58%
No Answer	20	1.45%
Grand Total	**1378**	**100.00%**

Source: MCC Service User Survey 2012/13

2. Gender
The majority of respondents are male:
55.8% Male
42.6% Female
1.6% Not answered

3. If female, are you pregnant?
15.3% (90 of 587) of female respondents are pregnant.

4. What is your economic status?
The majority of respondents are economically inactive, mostly unemployed and looking for work (56.87%), or unable to work (21.6%). Only 13.02% of respondents are currently in work or self-employed.

Graph 2: Economic Status – MCC Service User Survey
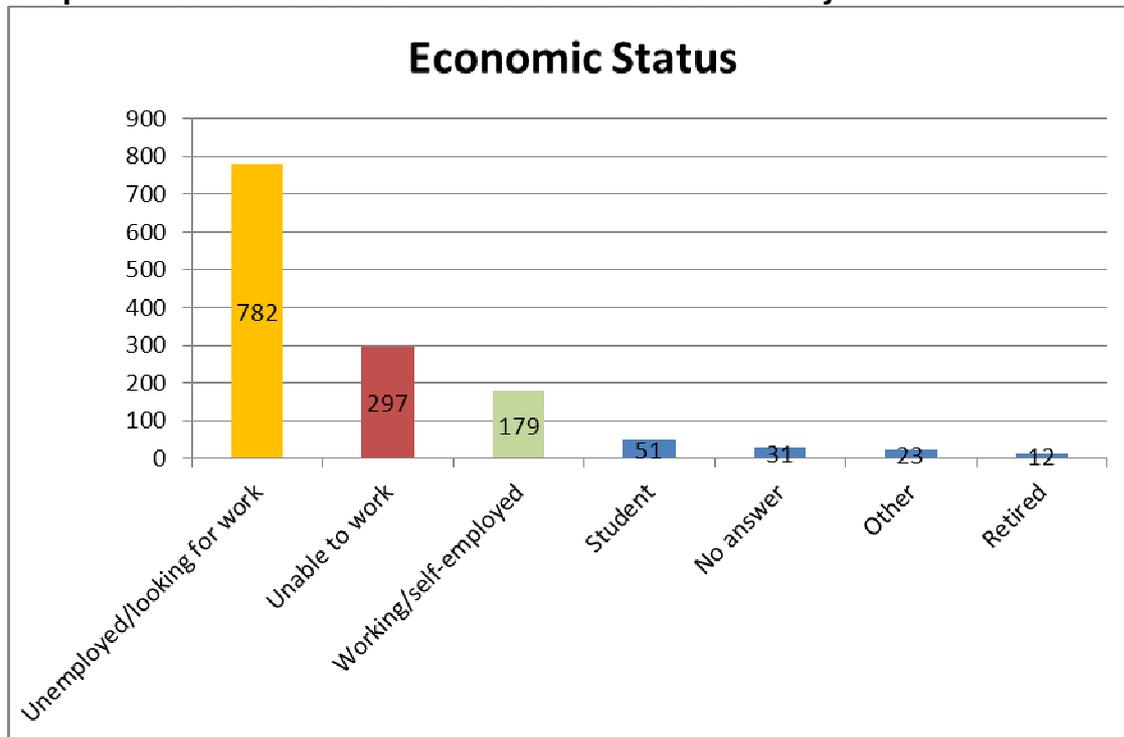
Source: MCC Service User Survey 2012/13

Table 23: Economic Status - MCC Service User Survey

Economic Status	% of responses
Unemployed/looking for work	56.87%
Unable to work	21.60%
Working/self-employed	13.02%
Student	3.71%
No answer	2.25%
Other	1.67%
Retired	0.87%
Grand Total	100.00%

Source: MCC Service User Survey 2012/13

5. Household type

The majority of households, 61.37%, are single households. However, 31.4% of households include children.

Graph 3: Household Type – MCC Service User Survey
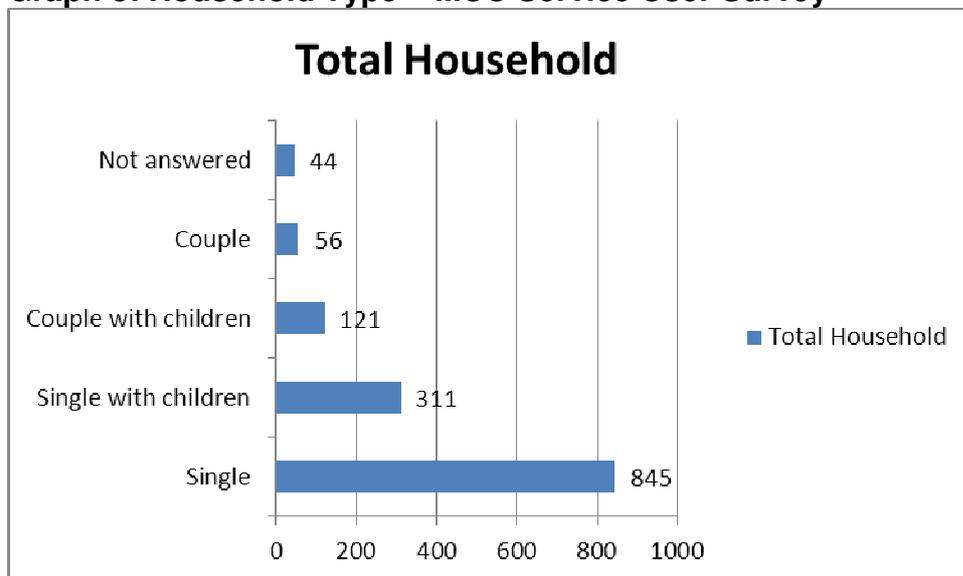
Source: MCC Service User Survey 2012/13

Table 24: Household Type - MCC Service User Survey

Status	Number of responses	% of responses
Single	845	61.37%
Single with children	311	22.59%
Couple with children	121	8.79%
Couple	56	4.07%
Not answered	44	3.20%
Grand Total	**1377**	**100.00%**

Source: MCC Service User Survey 2012/13

6. First Language
Whilst 983 (71%) of respondents identified English as their first language, the remaining respondents identified a further 63 separate languages as their first language. The most frequently spoken first languages are set out below.

Table 25: First Language – MCC Service User Survey

Language	Number of responses	% of responses
English	983	71.28%
Urdu	53	3.84%
Arabic	39	2.83%
Farsi	31	2.25%
French	28	2.03%
Somali	27	1.96%
Polish	23	1.67%
Portuguese	20	1.45%
Kurdish	17	1.23%
Russian	8	0.58%
Czech	8	0.58%
Swahili	6	0.44%
Italian	6	0.44%
Shona	5	0.36%
Romanian	5	0.36%
Amharic	5	0.36%
Other Languages (fewer than 5 responses)	83	6.02%
No Answer	32	2.32%
Grand Total	**1379**	**100.00%**

Source: MCC Service User Survey 2012/13

7. Country of birth/origin

834 respondents identified the United Kingdom as their country of origin. The remaining respondents identified 82 other separate countries as their country of origin. The table below shows the countries of origin stated by 5 or more participants.

Table 26: Country of Origin - MCC Service User Survey

Country of Origin	Number of responses	% of responses
UK	834	60.48%
Pakistan	54	3.92%
Somalia	38	2.76%
Iran	36	2.61%
Nigeria	33	2.39%
Zimbabwe	27	1.96%
Poland	24	1.74%
Ireland	23	1.67%
Jamaica	19	1.38%
Congo	16	1.16%
Iraq	14	1.02%
Ghana	13	0.94%
Afghanistan	11	0.80%
Portugal	10	0.73%
Sudan	10	0.73%
Angola	9	0.65%
Czech Republic	8	0.58%
Gambia	8	0.58%
Syria	7	0.51%
Cameroon	6	0.44%
Eritrea	6	0.44%
France	6	0.44%
Ethiopia	6	0.44%
Latvia	6	0.44%
Sierra Leone	5	0.36%
Italy	5	0.36%
Algeria	5	0.36%
Kenya	5	0.36%
Romania	5	0.36%
Other Countries (fewer than five repondents)	96	6.96%
No Answer	34	2.47%
Grand Total	**1379**	**100.00%**

Source: MCC Service User Survey 2012/13

8. Time living in the UK

Almost 82% of respondents have lived in the UK for over 5 years, with only 7.4% of respondents having moved to the UK in the last 12 months.

Table 27: Time living in the UK – MCC Service User Survey

Length of Time in the UK	Number of responses	% of responses
More than 5 years	1127	81.73%
1 - 5 years	115	8.34%
Less than 1 year	102	7.40%
No answer	35	2.54%
Grand Total	**1379**	**100.00%**

Source: MCC Service User Survey 2012/13

9. Ethnic Group

White British is the biggest ethnic group at 667 people, and almost half of the total respondents. The next largest group is Black African.

Table 28: Ethnic group - MCC Service User Survey

Ethnic Group	Number of responses	% of responses
White British	667	48.37%
Black African	202	14.65%
Asian - Pakistani	85	6.16%
White - other	84	6.09%
Black Caribbean	64	4.64%
Middle Eastern	47	3.41%
Asian - other	38	2.76%
White & Black Caribbean	30	2.18%
White Irish	30	2.18%
Black - other	26	1.89%
White & Black African	23	1.67%
Mixed - other	19	1.38%
White & Asian	13	0.94%
Asian - Bangladeshi	8	0.58%
Asian - Indian	6	0.44%
Other	4	0.29%
Black - British	4	0.29%
Chinese	2	0.15%
No answer	27	2.00%
Grand Total	**1379**	**100.00%**

Source: MCC Service User Survey 2012/13

10. Where are you currently staying?

Almost half (652 or 47.28%) of all respondents lived with friends or parents/relatives. A large number has no fixed address or is sleeping rough (19.94%). Only 3.34% are social tenants as compared to 12.33% private tenants, and even fewer owner occupiers (0.73%). There are a significant number who are currently living in a hostel or temporary accommodation. Hospital and prison discharge accounted for only 9 and 6 approaches to homeless services respectively.

Table 29: Current Accommodation – MCC Service User Survey

Type of Accommodation	Number of responses	% of responses
Friends	402	29.15%
Sleeping rough or no fixed address	275	19.94%
Parents /relatives	250	18.13%
Rented - private	170	12.33%
Hostel/temp accommodation	108	7.83%
Rented - social	46	3.34%
Partner	32	2.32%
NASS accommodation	24	1.74%
Other	11	0.80%
Owner occupier	10	0.73%
Hospital/hospital discharge	9	0.65%
Prison/Prison discharge	6	0.44%
No answer	36	2.61%
Grand Total	**1379**	**100.00%**

Source: MCC Service User Survey 2012/13

11. What is or was your most recent postcode?

The table below provides a geographical picture of where people are approaching homelessness services from. The data indicates that as few as two thirds of approaches were from people living in Manchester. The data also shows that that just over 10% of approaches are from people outside of the Greater Manchester area.

Table 30: Location of Current address - MCC Service User Survey

Location of current address	Number of responses	% of responses
Manchester	921	66.79%
Salford	50	3.63%
Trafford	35	2.54%
Oldham	17	1.23%
Stockport	16	1.16%
Tameside	13	0.94%
Bury	13	0.94%
Bolton	6	0.44%
Wigan	5	0.36%
Rochdale	4	0.29%
Outside Greater Manchester	141	10.22%
Not known/ no response	146	10.59%
Grand Total	1379	100.00%

Source: MCC Service User Survey 2012/13

12. Why do you need to leave your current accommodation?

Over a quarter (27.63%) of respondents said that they had to leave their current accommodation as friends or family were no longer willing or able to accommodate them. Relationship breakdown and overcrowding were also significant reasons. Almost 10% said that they didn't have a permanent address or were sleeping rough.

**Table 31: Reason for Leaving Current Accommodation - MCC Service User Survey**

Reason For Leaving	Number of responses	% of responses
Dispute with family or friends	381	27.63%
Relationship breakdown	201	14.58%
Overcrowding	171	12.40%
NFA/Rough Sleeper	135	9.79%
Domestic Violence	122	8.85%
Evicted	80	5.80%
End Assured Shorthold Tenancy	64	4.64%
Mortgage/rent arrears	46	3.34%
End NASS	32	2.32%
Fear of violence	22	1.60%
Prison discharge	21	1.52%
Hospital Discharge	10	0.73%
Health Reasons	8	0.58%
Affordability	7	0.51%
Emergency	6	0.44%
Neighbour Dispute	4	0.29%
Other	24	1.74%
No answer	45	3.26%
Grand Total	**1379**	**100.00%**

Source: MCC Service User Survey 2012/13

13. Did you seek advice or help with your housing situation before coming to homelessness services at One First Street?
Over half (54.14%) of respondents did not seek advice before approaching homeless services.

Graph 4: Sought Advice before Presenting – MCC Service User Survey
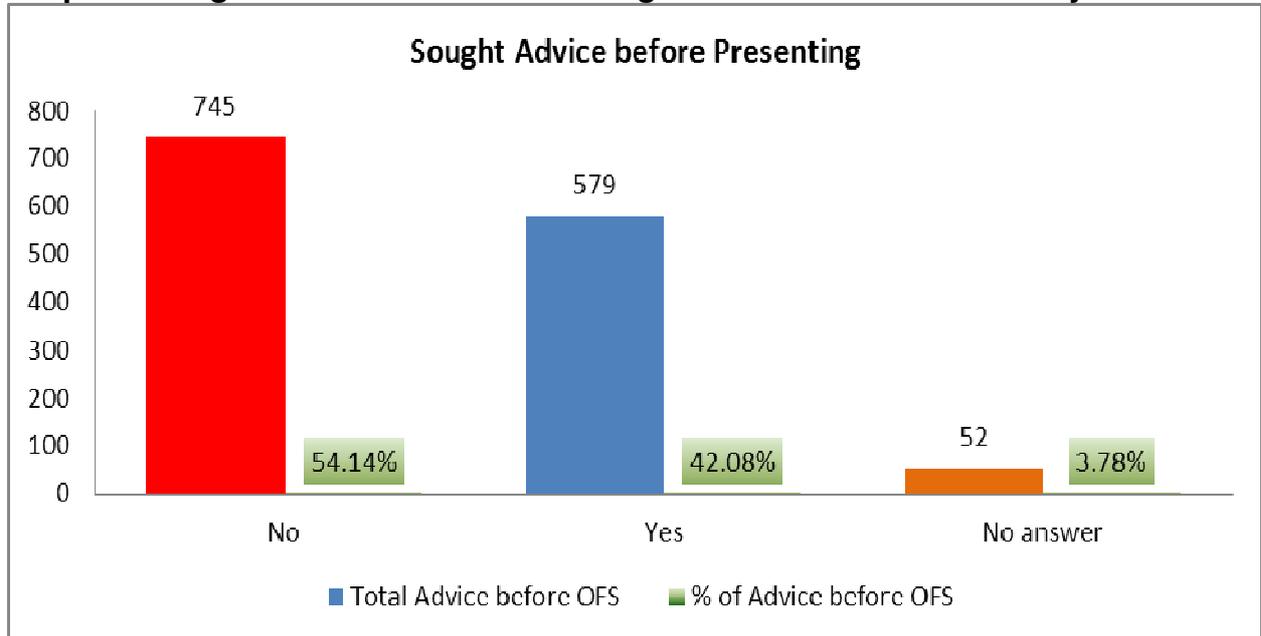
Source: MCC Service User Survey 2012/13

If yes, where did you go for advice?
Whilst people sought advice from a wide range of agencies, almost half (46%) of people who responded went for advice to three types of services: legal advice agencies or solicitors, social housing providers, or specialist homeless services in the voluntary and community sector.

Table 32: Source of Advice – MCC Service User Survey

Source of Advice	Number of responses	% of responses
Advice agency or solicitors	128	22.1%
Social Housing Providers	82	14.3%
Voluntary sector – homeless service	60	10.3%
Manchester City Council worker	40	6.9%
Voluntary sector – other	24	4.2%
Police/probation/prison	22	3.8%
Health worker/NHS	21	3.6%
Other councils	21	3.6%
Job Centre	16	2.8%
Other Housing Providers	15	2.6%
Friends	10	1.7%
Homefinder	8	1.4%
Internet	7	1.2%
Connexions	4	0.7%
Support worker	4	0.7%
Landlord	3	0.5%
Other	20	3.4%
No Answer	94	16.2%
TOTAL	**579**	**100%**

Source: MCC Service User Survey 2012/13

14. How did you know to come to homelessness services at One First Street?
The largest source of referrals (34.81%) was from a range of non- Council agencies, including advice agencies, the police, etc. A quarter of respondents were referred by family or friends. Very few used the website or leaflets as a source of referral.

Table 33: Referral Source - MCC Service User Survey

Referrer	Number of responses	% of responses
Other agency	480	34.81%
Family/friend	358	25.96%
Housing Office	139	10.08%
Council	128	9.28%
Been Before/Already Knew	108	7.83%
Website	79	5.73%
No answer	52	3.77%
Other	23	1.67%
Leaflet	12	0.87%
Grand Total	**1379**	**100.00%**

Source: MCC Service User Survey 2012/13

15. What are you expecting from your visit today?

Over 80% of respondents wanted help with accommodation – either with finding somewhere to live (47.4%) or finding emergency or temporary accommodation (32.92%) Only 1.78% of respondents expected help with remaining in their current accommodation.

Table 34: Expectations from visit – MCC Service User Survey

Expectations	Number of responses	% of responses
Somewhere to live	886	47.74%
Emergency or temporary accommodation	611	32.92%
Advice & information	263	14.17%
No answer	52	2.80%
Stay in current home	33	1.78%
Other	11	0.59%
Grand Total	**1856**	**100.00%**

Source: MCC Service User Survey, 2012/13
Nb Total is greater than number of respondents due to multi-answers.

16. Have you been to the Town Hall or One First Street for Housing Options advice or presented as homeless before?

447 or 32.41% of all respondents had made a previous approach to homeless services.

Table 35: Repeat Visits - MCC Service User Survey

Response	Number of responses	% of responses
Yes	447	32.41%
No	887	64.32%
No answer	45	3.27%
Grand Total	**1379**	**100.00%**

Source: MCC Service User Survey, 2012/13

The graphs below show the length of time since the last visit for repeat callers. The length of time between visits varied but over half of the respondents (233) had waited over 12 months before re-approaching homeless services. For 144 of these it was over 2 years since their last visit.

Graphs 5 and 6: Length of time since last vist – MCC Service User Survey

Repeat Visits Length of Time Since Last Visit

Time Between Visits

Category	Number
no answer	14
< a week ago	15
< a month ago	24
< 6 months ago	91
< 1 year ago	70
> 1 year ago	89
> 2 years ago	144

Number: 0 20 40 60 80 100 120 140 160

Repeat Visits Length of Time Between Visits Cumulative Total

96.87%

64.65%

44.74%

29.08%

8.72%

3.36%

Legend:
- > 2 years ago
- > 1 year ago
- < 1 year ago
- < 6 months ago
- < a month ago
- < a week ago
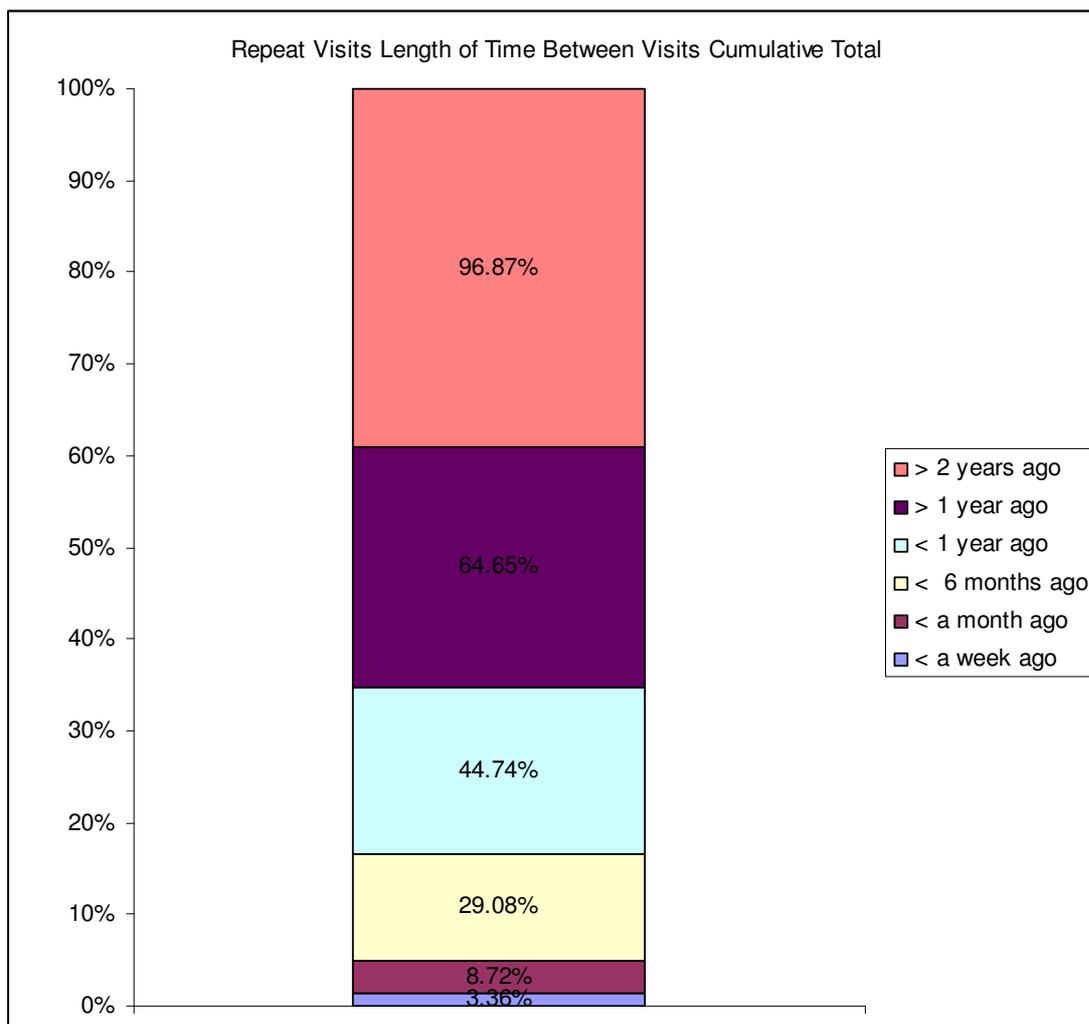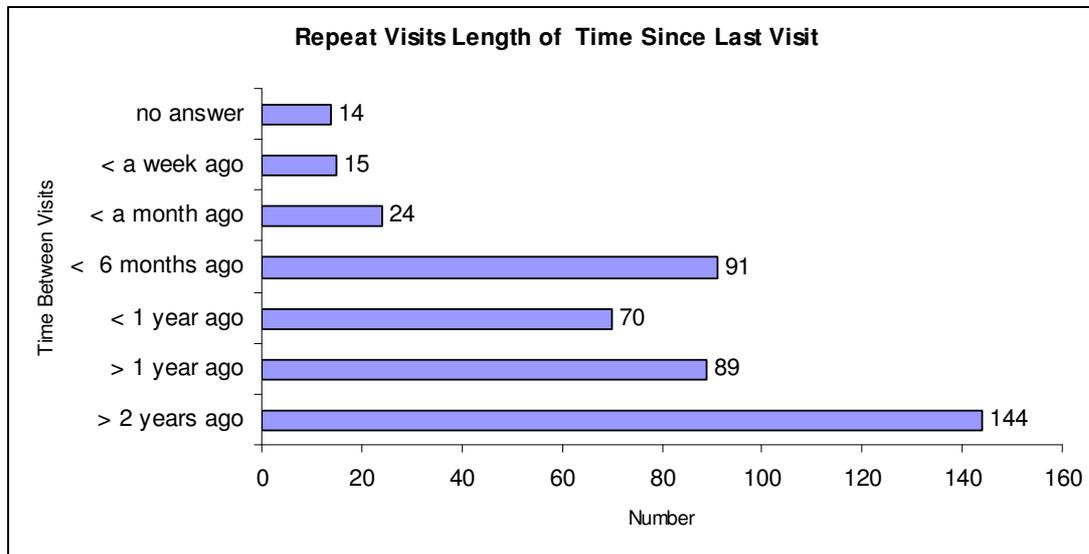
Source: MCC Service User Survey 2012/13

Are you contacting us now with the same problem?

Of the 447 people who had made a previous approach to homeless services, 303 or 68 % of them came back about the same problem.

Table 36: Repeat Visit Same Problem - MCC Service User Survey

Same problem?	Number of responses	% of responses
Yes	303	67.79%
No answer	15	3.36%
No	129	28.86%
Grand Total	**447**	**100.00%**

MCC Service User Survey 2012/13

Focus Groups

Focus Group consultation had three separate elements:
1. Focus groups with single homeless people including rough sleepers.
2. A focus group with homeless households in temporary accommodation because of domestic abuse.
3. Semi-structured interviews with 11 BME households.

Focus Groups with Single Homeless/Rough Sleepers
The objective of these focus groups was to reach homeless people who may be the most socially excluded often with multiple and complex needs, and who may not always engage with mainstream services.

Two sessions were held – one at William House and one at the Booth Centre.
William House is run by Riverside ECHG and is used to accommodate and support rough sleepers, including those referred to No Second Night Out.
The Booth Centre is a day centre for homeless people. A snapshot of the people using the centre in 2012 showed that 73% had slept rough in the last 12 months.

A total of 28 people participated in the consultation. At the Booth Centre this was in the form of a focus group with 23 participants. At William House it was through one-to-one discussions with 5 service users. The overwhelming demographic profile is of a single, white male aged between 25 and 59. There was also a significant number of Eastern Europeans.

Causes of homelessness
The most common reasons given were relationship or family breakdown, loss of employment (sometimes associated with ill health), and benefit problems leading to rent arrears and/or eviction (including from temporary accommodation). Some found themselves homeless after coming out of prison. One person had run a successful business for a number of years then became bankrupt.

Many of the people we spoke to have a history of repeat or long-standing homelessness which included insecure accommodation, temporary accommodation, prison, and rough sleeping. For some this stretched back over a number of years (12 years in one case).

Many had other issues to deal with on top of their homelessness including poor physical and mental health, and drug and alcohol dependencies. Some also lacked basic life skills, such as budgeting, which they identified as preventing them from living independently and sustaining a tenancy, and was sometimes a contributing factor in previous failed tenancies.

Services for Homeless People
Whilst a small number of people said that they did not know where to go to for help and advice, many had used a range of accommodation and support services. Despite rent arrears and benefit problems being given as a reason for homelessness, a show of hands at the Booth Centre revealed that no-one had used debt advice services.

Service users voiced a mixed range of views on the quality and effectiveness of commissioned services. Many positive comments were received around specific homelessness services

particularly around their positive attitudes towards service users, and the wide range of practical support available to service users. However, a number of less positive comments were also raised in relation to some restrictions and requirements required within some accommodation based services. Other concerns raised included what services users described as high service charges and issues around safety (specifically about drug and alcohol misuse, violence, and stealing).

Work, education and training

Generally people were positive about training and education – particularly as they help to build confidence and self-esteem.   Two people however felt that the cost of training was prohibitive and they couldn't afford to do it.

A show of hands at the Booth Centre indicated that 15 people wanted to work, and The Booth Centre was identified as actively helping people find work – both with practical resources such as the internet, and staff support and help.

Four out of the five people interviewed at William Hose wanted to return to education or employment, and two of these said that they needed help and support with finding employment, and that the priority was housing.

Some people thought that the benefit system and high rents acted as a disincentive to work as they weren't left with enough money to pay the rent, particularly whilst in temporary accommodation.

A few people felt that homeless people were discriminated against in accessing education, training and work – "you are automatically blacklisted as soon as you disclose where you live".

Moving on

Some service users said that they felt they had been excluded from social housing because of previous rent arrears or failed tenancies and some spoke about wanting to be given a "second chance".   "Issues from my past should not be held against me forever".

A number of people said that there was a lack of move on options and permanent accommodation: "the problem with shared housing is that you don't want to stay in there but there is no way out, you are stuck on the ladder".   Two people said they struggled with the rehousing system, and two said that their key worker helped them find accommodation.

Whilst some people viewed the private rented sector negatively many viewed it as a realistic and viable housing option. Negative comments related to high rents in the PRS, no security, and property standards.

Health

Over half of the participants at the Booth Centre were registered with a GP. Some of those with health problems identified accessing health services as an issue – particularly around accessing primary health care following frequent changes of address and lack of ID.

Three people stated that drugs and alcohol responses were not effective, with delays accessing treatment and a lack of follow up and ongoing support.

Focus Group with Households homeless because of domestic abuse

The objective of this focus group was to understand better the issues faced by families placed in temporary accommodation who have experienced Domestic Abuse.

The group took place at Oak Lodge and five women participated in the group discussion – four current residents, and one who had left recently. There was also one family member supporting one of the women. There was also one written response from a current resident which has been included. For all participants this was the first time that they had been homeless.

A common theme was that women felt that they had to leave the family home as a result of the abuse, leaving the perpetrator in the family home. In the case of the woman fleeing a forced marriage, she had to give up her entire family.

Some of the women refer to the power and control of the perpetrator, and described the negative impact that domestic abuse had on their health and well being, and on their children. The additional distress of leaving the home, becoming homeless, and being placed in unsuitable accommodation has increased their suffering and kept them as the victim.

Only one woman had contacted specialist domestic abuse services prior to becoming homeless (IDVA) and there seemed a lack of knowledge about these services. Isolation was also a factor with some of the women not seeking help.

Oak Lodge has been a great support to everyone in the group and the support from the staff has been invaluable. Some of the group felt that there was a requirement to move on too quickly from Oak Lodge and this put them under pressure. The group also felt that Oak Lodge and similar organisations should be part of the process with housing providers for allocating accommodation, and that women fleeing domestic abuse should be a top priority for quality re-housing. The need to be rehoused near family and schools was identified as important.

The group felt that there should be emergency housing for people who are experiencing domestic abuse and are presented as homeless. The quality of the accommodation and the area they are placed in is crucial. Some of the women did not feel supported by some services to stay in their own home safely. Some of the women stated that they would have gone back to their abusive partner rather that live in unacceptable accommodation.

Some of the group are currently in employment, with one currently on sick leave due to her situation. Others would like to work but would require childcare. Others in the group have never worked and would like to undertake educational courses for reading and writing. The group expressed that it would be good if training courses or workshops could be held at Oak Lodge where they are in a familiar environment, but also to go out to training so that they can meet other people.

The group would prefer to rent council properties as they felt more secure. Despite the concerns about the private rented sector two of the group had been found properties by Let Wise. This was seen as positive because of the brokerage, regulatory role, and involvement of the council.

Interviews with homeless BME households
Interviews were conducted with BME households currently living in temporary accommodation. Some were in self-contained flats in a multi-story block and others in shared accommodation. The information obtained from the interviews has been written up as brief case studies for each of the 11 participants, and this is attached as Appendix 3, along with demographic information.

There appear to be similarities in the causes of homelessness for both the BME and the non-BME population. Two specific causes directly attributable to ethnicity were identified in the interviews - these were loss of NASS accommodation and forced or arranged marriage.

Some of the interviewees pointed to a lack of knowledge about where to go for information and advice, although there is no evidence that this is an issue specific to BME households.

Some of the participants seemed unclear about the process of rehousing, particularly around bidding – for example one wasn't clear why they were not currently bidding on properties, another was unclear about timescales or processes. Some had little knowledge or understanding of the private rented sector – although again this is not necessarily an issue just for BME households.

Only one of the participants, a former asylum seeker, needed an interpreter. He felt that language was a barrier to accessing services and employment, and in getting clear information and advice, for example on the rehousing process. He felt that his specific needs were not being met, particularly in relation to the psychological trauma he has faced. He questioned why asylum seekers were put in temporary accommodation alongside the wider homeless population. He stated that he felt discriminated against, and there is sense that he feels isolated.

Stakeholder Consultation

A stakeholder consultation workshop was held in November 2012, with 24 participants representing 16 different agencies/organisations. A general discussion was had about what the priorities should be for the next Homelessness Strategy. The key points from this were:
- Asylum seekers and refugees need to be included. Failed asylum seekers are high amongst rough sleepers as they have no recourse to public funds meaning there is no statutory duty.
- New EU legislation may lead to an increase in the homeless population.
- People need mentoring and support to access existing services in Manchester. Mental Health issues should be addressed as a priority for people who are homeless.
- The Homelessness Strategy must cross reference and link with other strategies, such as the Alcohol Strategy.
- Recent consultation took place at the Booth Centre and people did not talk about wanting new services, the emphasis was on how people are treated in existing services. There needs to be consistency in the approach of all services.
- There are issues with private rented schemes – people are having problems with landlords, some properties are in bad condition and landlords are reluctant to accept people on benefits. It is hard to enforce quality standards with landlords.
- Work is being carried out to close some B&B accommodation but this will mean that bed spaces are lost – this needs to be addressed as there will be an impact.

- The majority of people needing accommodation are single people with chaotic lifestyles and it is difficult for these people to access appropriate accommodation.
- Letwise need to broaden the criteria around who is accepted on to the scheme. It is a good scheme however single people have difficulty accessing it.
- It is important that the Strategy addresses single homeless people with chaotic needs. Most people at the Booth Centre have moved around all of the existing services and they are still homeless at the end.
- If people don't feel safe where they live then they will leave. The safety of services need improving.

The workshop then focused on two issues – meeting the needs of single homeless people and developing a robust prevention response.

Meeting the needs of single homeless people – key points
- There are good services for single homeless people, but some people who lead chaotic lifestyles have difficulty accessing services.
- A flexible approach is needed towards services and support – some current ways of operating are not flexible.
- Issues around harm reduction need to be a priority.
- It is important to be able to recognise at what point people are motivated to change, and understand what their aspirations are.
- People reappear in prison and they mostly have complex needs. The payment by results approach is problematic as it is hard to make sure that these people don't reoffend.
- The Comprehensive Spending Review will bring lots of pressures as there will be less money. As funding is reduced, the risk is that services will focus on people who fall under the legislation.
- The Assertive Outreach Team deal with families who fall just under statutory duty and who do not fall into any safety nets, and they try to pick up these people earlier. This is a good model.
- People accessing services are set up to fail – they are placed in services that are not suitable and do not meet their needs. The first assessment needs to be more thorough so that people receive the right service.
- A one strategy for all approach will not work – there are people who have fallen through the safety nets who need different kinds of approaches depending on where they are on the spectrum.
- A one stop shop is needed for homeless presentations.
- Partnership working and information sharing is important.
- The strategy has to recognise the role of the third sector. It needs to involve health, probation and other partners.
- If the pressures are funded and not the priorities then the Strategy will not work. Services need to be commissioned that show positive outcomes through evidence. It is important to work out the priorities.
- It is hard for people to resettle when they have complex needs – there is nowhere for people to move on to.
- Will there be a move towards giving homeless people personal budgets so that they can buy the services they want?

Developing a robust prevention response – key points

- Previous or current rent arrears can be a barrier to rehousing – for example in domestic abuse and under-occupancy cases.
- Better response needed to some BME communities - providing targeted information including in community languages, and providing prevention services at a locality level.
- Important to mitigate the impact of welfare reform, for example the benefit cap, and issues around double rent for people fleeing domestic abuse.
- Agencies need training on identifying homeless prevention issues as well as solutions, and where to refer for prevention work and not just send to Homelessness services.
- Changes to legal aid may mean that homeowners may not get advice even when they are being evicted, and housing advice for the rented sector will be limited to court proceedings, meaning there may be less early intervention work done.
- Community budgets approach - need to work closely with and support problem families, intervene earlier, and reduce homelessness representations.
- Importance of multi-agency working and sharing information and intelligence, eg between health services and children's services, and better coordination across social housing providers.
- Important to provide households fleeing domestic abuse with the correct advice and housing options.
- Better information, eg web based, could provide people with the right advice or help them get to the right place for earlier intervention. Suggested mapping of prevention services to help with signposting.
- Shared data and intelligence is essential for making the right commissioning decisions to target prevention work.
- Whilst there has been a growth in advice available for social tenants, there is the need to ensure that tenants in the private rented sector can access advice.
- More understanding needed of why there are such high levels of homelessness presentations / acceptances because of domestic abuse.
- Need to ensure that there is suitable quality assurance in the private rented sector, and make sure that offers are appropriate or tenancies may be set up to fail.
- Need to engage better with private landlords. Noted no private landlords at this event, and also the demise of the landlord's forum.
- Importance of the role of supported housing, and floating support services particularly for those rehoused into the private rented sector.

Appendix One – Socio-Demographic Information

Demographic Information

Who lives in Manchester - Population Snapshot, 2011 Census:
Total population - 503,127
Total Males - 252,600
Total Females - 250,500
Residents aged 0-14 -18.2%
Residents aged 15-19 - 7.6%
Residents aged 20-24 - 13.3%
Residents aged 25-44 - 33.4%
Residents aged 45-59 - 14.4%
Residents aged 60-74 - 8.5%
Residents aged 75 and over - 4.5%
Source: Office for National Statistics, Crown Copyright

The 2011 census showed that Manchester's population has grown by 19% since 2001, the third largest increase of any English local authority, and in comparison to overall growth in the county of 6.6% and in England of 7.2%. Whilst all core cities saw an increase in population since 2001, Manchester grew by the greatest percentage, followed by Nottingham. However we need to bear in mind when making comparisons between 2001 and 2011 Census data that the 2001 Census undercounted the resident population of Manchester by an estimated 30,100. The Office for National Statistics (ONS) added this undercount to the 2001 Mid-Year Estimate, but did not revise the 2001 Census data. Therefore the accuracy of the Census, particularly at small area level, is likely to be affected.

Graph 7: Population Change in Manchester 2001-2011
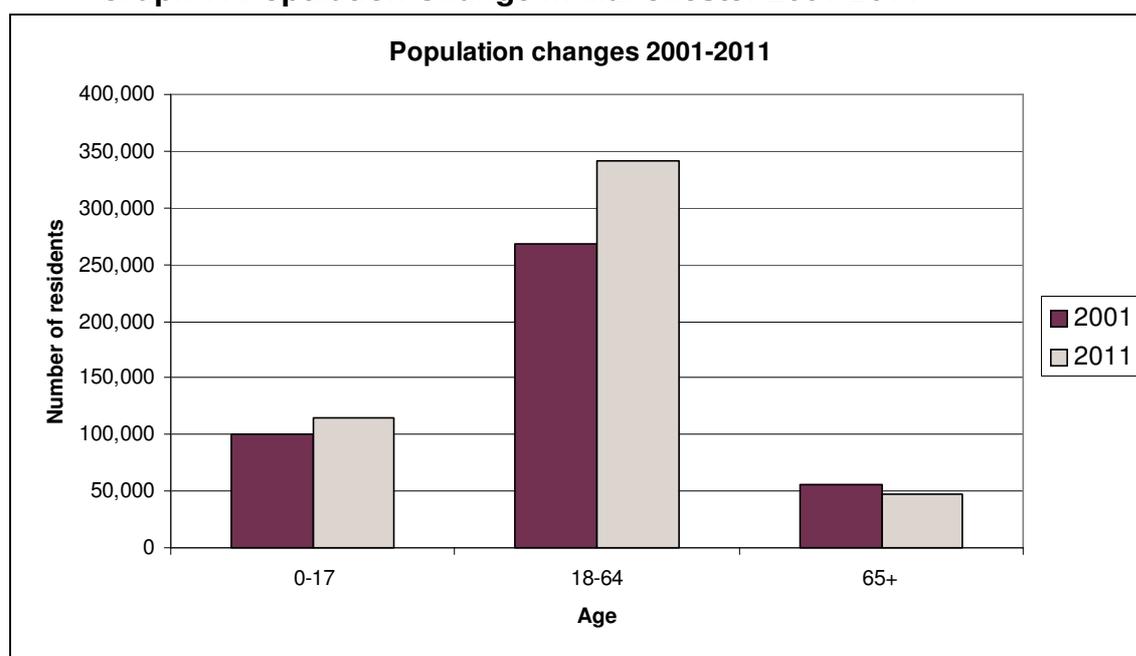
Source: 2011 Census, Office for National Statistics, Crown copyright

Overall the 2011 Census has shown that Manchester is growing at a faster rate than the country as a whole, and continues to display a 'young' age profile, with growing numbers of very young children and young adults.

Children aged 0-4 have increased by 40% since 2001, and people aged 25-29 have increased by 50.5%. Overall the number of residents aged 18+ has grown by 65,060 (20.1%) since 2001.

In contrast children aged 10-14 have decreased by 7.3% since 2001, and residents aged 65 and over have fallen in number by 8,000 (14.4%).

The city has large numbers of students – in 2009-10 there were 76,600 under and post-graduates at Manchester Metropolitan University, Manchester University, and the Royal Northern College of Music.

Graph 8: Age Groups as a Percentage of Manchester's Population
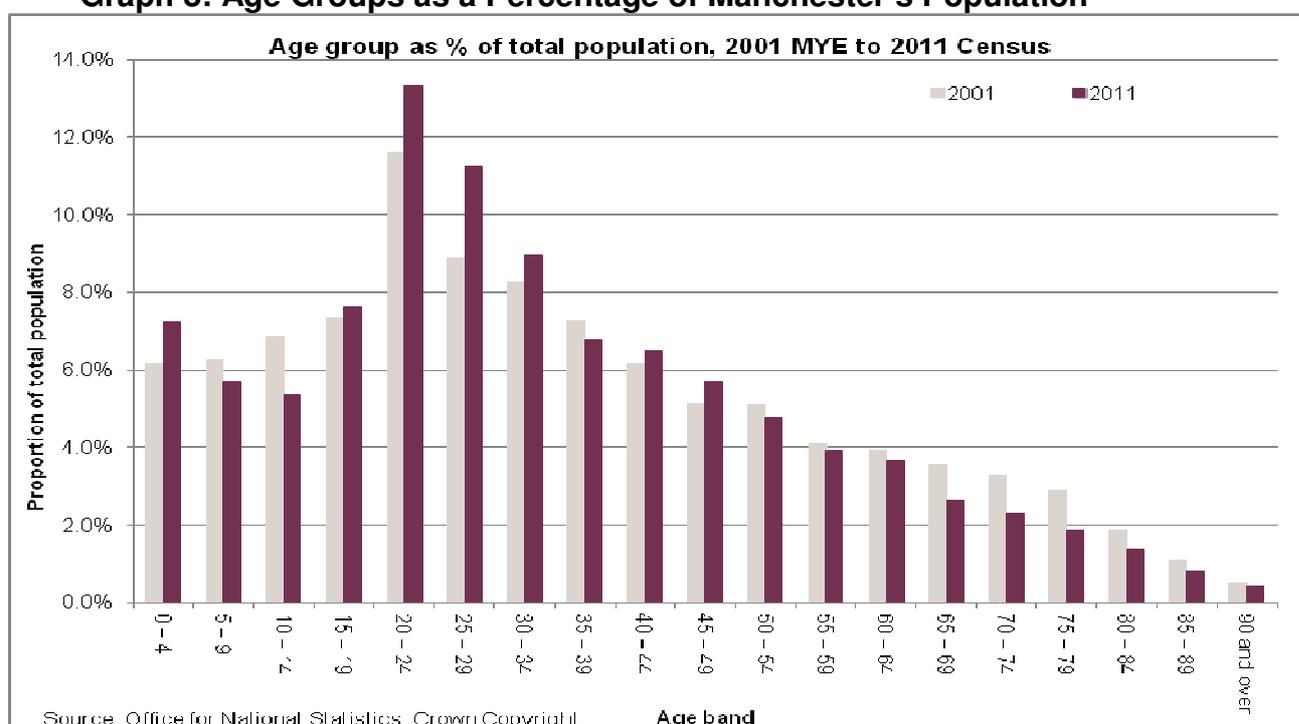
Ethnicity
The proportion of residents within the White broad ethnic group has fallen in Manchester from 81.0% in 2001 to 66.6% in 2011, 19.4 percentage points below the average for England and Wales and 23.6 percentage points lower than the North West. All other ethnic groups have increased in proportion since 2001 with the Asian group in particular growing from 10.4% in 2001 to 17.1% in 2011.

Graph 9: Change in Broad Ethnic Group 2001 - 2011
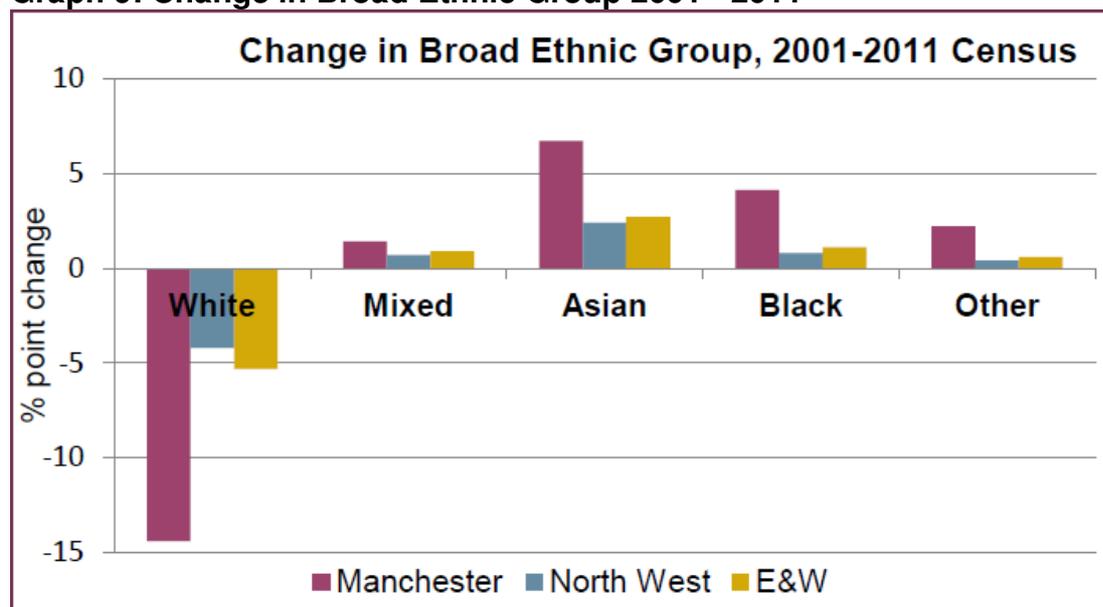
Source: 2011 Census, Office for National Statistics, Crown copyright

The Pakistani population in Manchester is by far the largest of the eighteen detailed ethnic groups after British White, numbering nearly 43,000 residents. This population has nearly doubled in size since 2001, but the rise is not unique to Manchester - the city has only climbed one place in the percentage rank in England and Wales since 2001 from 15th to 14th. This mirrors the sharp rise in national insurance number registrations from Pakistani immigrants, particularly during 2010.

The Black African group appears to have grown rapidly over the decade from 6,655 in 2001 to 25,718 whereas the Black Caribbean group remains relatively unchanged. There have been immigrants from countries such as Niger and Somalia, and a probable increase of northern and north eastern African immigrants following the Arab Spring. The Black broad ethnic group was estimated to be one of the main types of population undercounted in the 2001 Census for Manchester so the scale of the rise in the Black African group may be misleading

Residents from the 'Other' broad ethnic group have increased over the decade to be ranked 16th in England and Wales. This group was split further for the first time in 2011 and this detail shows the rise is because of the Arab group, now the 6th largest in England and Wales based on the percentage of the applicable population, making this group, and the broader group, the largest proportion of any district outside of London. Manchester's Chinese community is ranked as having the 7th largest percentage within a district, with Cambridge the highest and Oxford 9th, suggesting that Chinese students are influencing the ranking; the remainder of the top 10 are in London.

The White British ethnic sub-group population has declined in fourteen wards since 2001, however, there is significant growth (6,576 people) in the City Centre ward; Hulme, and Ancoats and Clayton have also seen a considerable rise in numbers of White British residents.

The wards that are now lower in White British people have replaced and increased their populations, largely by Pakistani and Black African residents. Both Gorton wards have experienced substantial rises in these groups, with an increase of 1,587 in Gorton North and 1,372 people in Gorton South from the Black African group and a further 774 and 2,368 people

respectively from the Pakistani group. Moss Side has increased the most in overall size after the City Centre ward (by 7,437 residents) due to these ethnic groups, with 2,003 more people from the Black African group and 890 from the Pakistani group than in 2001. Moss Side also has the largest rise (1,130 people) from the Other Ethnic Group, the majority of whom are from the Arab ethnic sub-group. Moss Side now has the second largest Arab community, with Cheetham's Arab population standing at 903 residents in 2011. The Gypsy or Irish Traveller group had its largest population in Longsight in 2011, numbering 71 people.

Table 37: Ethnic breakdown 2011 Census

Ethnic Group	Manchester total	Manchester %	England %
All categories: Ethnic group	**503,127**	**503,127**	**53,012,456**
White: English/Welsh/Scottish/Northern Irish/British	298,237	59.3	79.8
White: Irish	11,843	2.4	1.0
White: Gypsy or Irish Traveller	509	0.1	0.1
White: Other White	24,520	4.9	4.6
Mixed/multiple ethnic group: White and Black Caribbean	8,877	1.8	0.8
Mixed/multiple ethnic group: White and Black African	4,397	0.9	0.3
Mixed/multiple ethnic group: White and Asian	4,791	1.0	0.6
Mixed/multiple ethnic group: Other Mixed	5,096	1.0	0.5
Asian/Asian British: Indian	11,417	2.3	2.6
Asian/Asian British: Pakistani	42,904	8.5	2.1
Asian/Asian British: Bangladeshi	6,437	1.3	0.8
Asian/Asian British: Chinese	13,539	2.7	0.7
Asian/Asian British: Other Asian	11,689	2.3	1.5
Black/African/Caribbean/Black British: African	25,718	5.1	1.8
Black/African/Caribbean/Black British: Caribbean	9,642	1.9	1.1
Black/African/Caribbean/Black British: Other Black	8,124	1.6	0.5
Other ethnic group: Arab	9,503	1.9	0.4
Other ethnic group: Any other ethnic group	5,884	1.2	0.6

Source: 2011 Census, Office for National Statistics, Crown copyright

Economic Information

Deprivation
In the Indices of Multiple Deprivation 2010 (IMD), Manchester is ranked fourth most deprived local authority in England out of 326, unchanged since 2007.

There are now 45.6% of Manchester's LSOAs in the most deprived 10% in the country, an improvement on 2007 when there were 52.1%. In the IMD 2010 81.1% (210) of Manchester's 259 LSOAs showed an improvement in their rank.

Manchester's child poverty levels are on average 44%, double the national rate. For the majority of those children, the cause of poverty is being in a home where no-one is in paid work.

Employment
The working age population in Manchester is 358,165 out of a total population of 503,127.

Manchester is the main employment hub for Greater Manchester and the North West and in 2011 there were 16,150 businesses employing 312,200 employees. The Manchester Independent Economic Review concluded that outside London and the south east, Manchester is the area with the greatest potential to increase productivity.

Job growth is forecast, in projects such as Airport City and the Etihad Campus. It is likely that the majority of roles will be in financial and professional services, in hospitality, health and education, and in the creative and digital industries. It is anticipated that in the long term, over 50% of all new jobs will need level 3+ qualification, and 25% will need level 4+ qualification.

Research done for the Homelessness Monitor[11] points to the direct and indirect affect of unemployment on homelessness: directly through higher levels of rent and mortgage arrears, and indirectly through pressures on family and household relationships.

A survey carried out between September 2012 and April 2013 with 1379 service users who approached the Council's Homelessness service showed that the majority of respondents are economically inactive, mostly unemployed and looking for work (56.87%), or unable to work (21.6%). Only 13.02% of respondents are currently in work or self-employed.

Table 37 shows that Manchester residents have comparatively lower earnings in comparison to average earnings across the North West and in Great Britain as a whole.

Table 38: Earnings by residence - 2012

	Manchester (pounds)	North West (pounds)	Great Britain (pounds)
Gross weekly pay Full-time workers	458.0	472.5	508.0
Hourly pay Full-time workers	11.98	11.98	12.88

Source: ONS annual survey of hours and earnings - resident analysis
(from NOMIS economic activity report)

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[11] The Homelessness monitor: England 2012. Crisis, London 2012

Qualifications

In 2012 approximately 30% of workless residents did not have a level 2 qualification, and 13.3% had no qualification. Whilst educational attainment is improving in Manchester it is still below national average. The link between education and better life chances is well-established, and long term efforts to reduce worklessness rely on successful educational achievement.

Table 39: Qualifications Jan 2012 – Dec 2012

Qualification	Manchester (number)	Manchester %	North West %	Great Britain %
NVQ4 and above	139,000	37.4	30.3	34.4
NVQ3 and above	208,100	56.0	52.0	55.1
NVQ2 and above	256,900	69.1	69.9	71.8
NVQ1 and above	295,300	79.5	83.1	84.0
Other qualifications	26,900	7.3	5.8	6.3
No qualifications	49,400	13.3	11.1	9.7

Source: ONS annual population survey, Crown Copyright

Many of the homeless people who participated in the service user focus groups indicated that they wanted to work, either now or at some point in the future.

There are a number of initiatives to help move people into work in Manchester. These include:
- Work Clubs which are community led organisations that support job seekers to return to work, run by volunteers,
- Employer Suite – matching residents to vacancies and providing employers with pre-screened, job ready candidates
- Job City and other job fairs
- Apprenticeship schemes

In February 2013, 17.9% or 64,210 residents were in receipt of out of work benefits. Just under 34,000 of these were claiming Incapacity Benefit or Employment Support Allowance because they have previously been assessed as medically unfit for work. Around 50% of these were primarily claiming due to a mental health condition.

The rise in the Job Seekers Allowance (JSA) claimant count since 2008 is illustrated in the graph below. The number of residents claiming JSA increased steeply at the start of the recession in 2008, rose less steeply between 2009 – 2011, and has remained fairly steady in the last 12 months.

Graph 10: JSA Claimant Count Manchester

JSA Claimant Count (Manchester)

Source: JSA Claimant Count
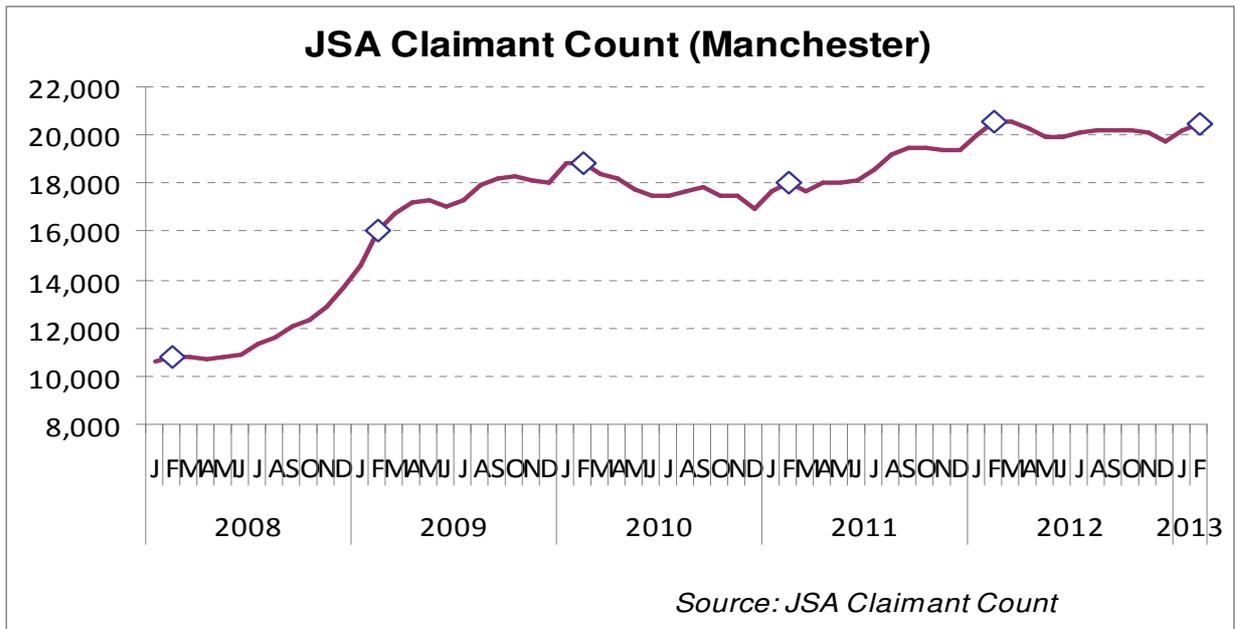
Forecasts for the future

The forecasts for the city on a range of indicators indicate a continued growth in population across all age bands, a growth in jobs, and a decline in the number of unemployed residents. These can be seen in the table on the next page.

Table 40: Forecasts for selected indicators

In thousands(unless stated otherwise)	2011	2012	2013	2014	2015	2020
Total households	220.3	222.7	225.0	227.3	229.6	242.4
Total population	509.5	516.5	522.4	527.8	532.7	558.1
Aged 0-14	86.6	90.5	94.3	97.6	100.6	110.9
Aged 15 to 64	374.5	379.2	382.0	384.2	385.7	393.3
Aged 65 and over	48.4	46.8	46.1	46.0	46.5	53.9
Total employment (jobs)*	331.0	332.6	338.0	344.6	350.6	370.0
Self employed jobs	23.9	23.8	24.2	24.6	24.9	25.9
Employees by sector:	307.1	308.7	313.8	320.0	325.7	344.1
Financial and Business Services	91.4	93.5	97.6	102.1	106.1	117.1
Education and Health	73.1	72.5	72.2	71.9	72.0	74.4
Distribution, retail and hotels	59.8	60.5	61.7	63.0	64.0	67.4
Transport and communications	28.1	28.5	29.0	29.7	30.4	32.2
Other personal services	17.2	16.9	17.2	17.7	18.2	19.9
Public administration/defence	20.0	19.6	18.8	18.4	18.0	17.4
Manufacturing	11.9	11.7	11.5	11.3	11.0	9.6
Construction	5.2	5.3	5.4	5.6	5.6	5.8
Agriculture/Extraction	0.2	0.2	0.2	0.2	0.2	0.2
Electricity, gas and water	0.2	0.2	0.2	0.1	0.1	0.1
Resident employment	200.4	201.4	204.3	207.8	211.0	222.2
Resident employment rate (%)**	53.5%	53.1%	53.5%	54.1%	54.7%	56.5%
Unemployment level	19.45	21.04	20.88	20.06	19.52	17.45
Unemployment rate (%)	5.55%	5.95%	5.82%	5.50%	5.27%	4.50%
Total GVA (£m at 2006 prices)	12,995	13,301	13,769	14,219	14,679	16,901

*Employee jobs plus self employed people - workplace based. ** % of population aged 15 to 64*
Source: Greater Manchester Forecasting Model 2011.© Copyright Oxford Economics

Welfare Reform

The Government's welfare reform programme proposes radical changes to the welfare system.

The research in Manchester[12] suggests that the cumulative impact of welfare reform indicates that some groups who claim a combination of benefits may be adversely affected. This includes large families on low incomes; carers; disabled people; tenants in private rented accommodation, and people in social housing under-occupying their accommodation.

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[12] The Cumulative Impact of Welfare Reform, Centre for Local Economic Strategies, August 2012

Health in the City

Urban Village Medical Practice is commissioned to provide primary health care to the homeless population of Manchester, and can help people access drug and alcohol, and mental health services. They will visit homeless day centres to register patients, and will have at any one time around 550 homeless patients registered at the practice.

Over an 8 week period in July and August 2012, they analysed data on urgent care activity by the homeless patients registered at the practice. This snapshot data is set out in the table below:

Table 41: A&E Visits – Urban Village Patients

	No. of A&E visits (across the city)	No. of emergency admissions (across the city)
Patient A	20	5
Patient B	15	2
Patient C	20	0
Patient D	11	2
Patient E	5	0

Source: Urban Village Medical Practice

Homeless people experience some of the worst health problems in society, and have poorer health than the general population. Whilst homeless people are more likely to use hospital services than the general population, others will find it difficult to access primary health services.

The barriers for this group accessing health care services include:
- Chaotic lifestyles and poor social skills of homeless people which make it difficult for them to make and/or keep appointments
- Health may not be a priority to homeless people and some will not seek help with their health until it becomes critical.
- Poor previous experience of healthcare/services
- Reactive use of health services, such as A&E
- No proof of address required for registration

Poor physical health includes higher rates of tuberculosis and blood borne viruses than the general population, poor condition of feet and teeth, respiratory problems, skin diseases and wounds, injuries sustained as a result of violence or accidents and musculoskeletal conditions. Mental health problems encompass a wide range of conditions including depression, personality disorder and schizophrenia whilst substance misuse includes drug and alcohol dependency; alcohol, heroin and crack cocaine use being relatively high amongst street populations. Many of the health problems experienced by rough sleepers are directly caused or made worse by a lack of shelter and warmth.

Research[13] collated by Homeless Link shows that:

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[13] Homeless Link: Helping Homeless People Regain Their Health: Our Vision for a Better NHS

- 80% of homeless people have one or more physical health need.
- 70% have at least one mental health problem
- Rough sleepers experience TB at 200 times that of the rate of the general population
- A third of rough sleepers have attempted suicide
- The average age of death of a homeless person rough sleeping is estimated to be 43 and 47.

Research by Crisis[14] into the causes of death amongst the homeless population found that drug and alcohol abuse accounted for just over a third of all deaths. Their research also found that homeless people are over 9 times more likely to commit suicide than the general population, and that deaths as a result of traffic accidents are 3 times as likely, infections twice as likely, and falls over 3 times as likely.

Problems with drugs and alcohol are often a contributing factor to someone becoming homeless, and alcohol and drugs can be used by homeless people as a coping strategy and a response to homelessness. Homelessness can cause or exacerbate drug and alcohol use, and a lack of a stable housing can make it more difficult for people to address their drug or alcohol problem.

Mental ill health can also be both a cause and a consequence of homelessness. Many homeless people who abuse alcohol or drugs also have mental health problems ('dual diagnosis').

A national audit into the health and wellbeing of homeless people in 2010 found that 10% had been refused access to a GP or dentist in the last 6 months because they lack a permanent address, lack ID, fall outside of practice boundaries, or are too chaotic[15].

A Department of Health report in 2010 looked at healthcare for single homeless people sleeping rough or in temporary or insecure accommodation. The report found that this group uses around 4 times more acute hospital services than the general population, costing at least £85 m in total per year. The most common reasons for admission included toxicity, drug and alcohol use, and mental health problems[16].

The difficulty in accessing primary health care was raised by a number of people in our service user focus groups who described being unable to get a GP because of lack of ID or frequent changes of address.

Life expectancy has increased but remains amongst the lowest in the country. The most recent data shows life expectancy at birth for women is 79.1 years in 2008–10, while life expectancy at birth for men is 74.1 years[17].

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[14] Homelessness: A silent killer. A research briefing on mortality amongst homeless people. Crisis December 2011
[15] The Health and Wellbeing of People who are Homeless: Evidence from a National Audit.   Homeless Link 2010
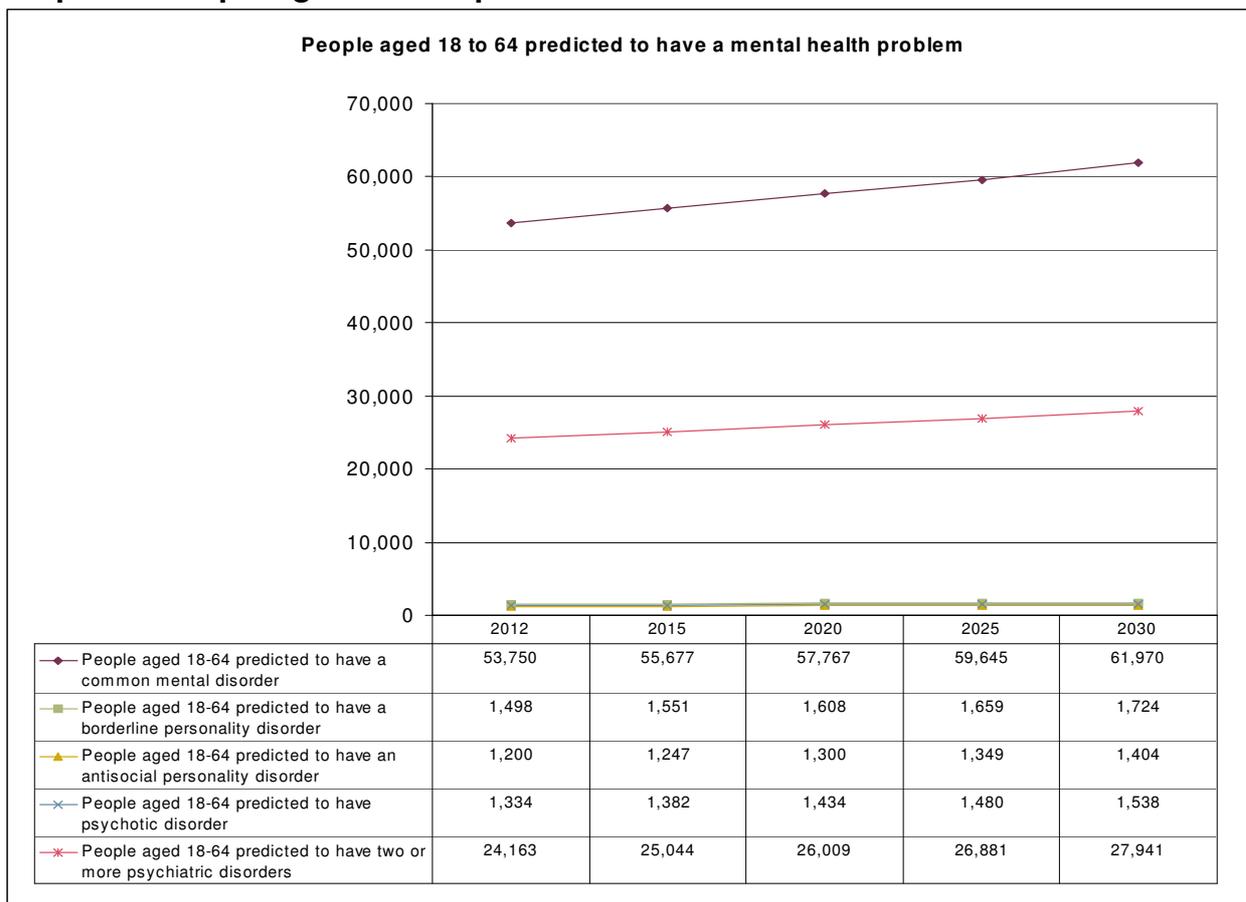[16] Healthcare for Single Homeless People (2010) Office of the Chief Analyst, DH
[17] The State of the City Report (2011-2012).

Mental Ill Health

The Manchester Mental Wellbeing Survey, carried out in 2009 showed that adults in Manchester were more likely to have low mental wellbeing compared to the North West average (North West 16.8%, Manchester 23.7%). The proportion of people in Manchester who said they were moderately anxious or depressed (18.8%) was significantly higher than the North West average (14.8%). The data suggests that there will be an increase of approximately 15% from 2012 to 2030 in the number of people aged 18 to 64 who are predicted to have a mental health problem.

Graph 11: People aged 18 – 64 predicted to have mental ill health

People aged 18 to 64 predicted to have a mental health problem

	2012	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	53,750	55,677	57,767	59,645	61,970
People aged 18-64 predicted to have a borderline personality disorder	1,498	1,551	1,608	1,659	1,724
People aged 18-64 predicted to have an antisocial personality disorder	1,200	1,247	1,300	1,349	1,404
People aged 18-64 predicted to have psychotic disorder	1,334	1,382	1,434	1,480	1,538
People aged 18-64 predicted to have two or more psychiatric disorders	24,163	25,044	26,009	26,881	27,941

Source: Department for Families, Health and Wellbeing, MCC

Around half of the 34,000 Manchester residents claiming incapacity benefits do so because of a mental health condition and it is likely that many people claiming benefits for other reasons will also experience some level of mental ill health.

Hospital Discharge

A report in 2012 found that more than 70% of homeless people had been discharged from hospital back onto the street[18]. This report also found that some homeless patients reported that they faced prejudice and discrimination from hospital staff, and received poor levels of care and support in hospital.

The Greater Manchester Hospital Discharge (Prevention of Homelessness) Protocol was launched in October 2011. This has two sections:

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[18] Improving hospital admission and discharge for people who are homeless, St Mungos and Homeless Link, May 2012

- Part One is a single overarching framework which sets out the principles that all agencies signed up need to adhere to
- Part Two is a locally developed protocol between each hospital and local authority and sets out the steps for all agencies to take which will help to prevent homelessness.

Appendix Two – Services for Homeless People

Barnabus: The Beacon	Beacon drop-in centre provides food, advice and educational activities for homeless people and others in need. Street outreach work in the evenings for homeless people, providing food, hot drinks, clothing and blankets and basic medical care. Support for prisoners
Betel of Britain: Hardy Farm	Residential support for homeless and long-term unemployed people to regain their independence lifestyles. Training for men and women in a wide range of life and employment skills. Residences are drug and alcohol free.
Booth Centre	The Centre is a day centre that offers activities, advice and support to homeless people in Manchester and is usually open from 8am to 4pm Monday to Friday. They provide education, training and advice to enable people to find new homes, improve their health, increase their skills and confidence and to successfully resettle in the community.
Business in the Community	Business in the Community supports people who are homeless or at risk of homelessness into training and Work placements. They also aim to increase the overall level of engagement from businesses in the region, with an emphasis on targeting vulnerable young people and hard-to-reach groups.
Young People's Support Foundation	Support young people to find and secure emergency / longer term accommodation, and to develop Independent living skills. YPSF also offer help and advice with benefit claims, budgeting, managing a tenancy, family issues, specialist advice on parenting, mental and physical health, and work and training. YPSF also offers hot food, showers and washing machines during the morning drop-in sessions three mornings a week.
Cornerstones	The Cornerstones Day centre is for people who are homeless, have no settled address or are cut off from family and other support networks. Housing advice including referrals to emergency accommodation, pre-tenancy, resettlement and tenancy sustainment support. Signposting to and liaison with range of

	agencies for ongoing support. Showers, clothing store. Low cost breakfast and lunch. Access to phones and internet.
Counted In and Cold Weather provision	The service is targeted at the most entrenched rough sleepers and /or those deemed to be most at risk from the winter weather conditions. Service users are supported in accessing appropriate longer term accommodation and other relevant services (Health care, mental health, substance misuse, benefits). Referral is via outreach services only.
Kings Church	Supports people who are homeless or living in hostel accommodation, including help with finding accommodation. Support is also provided to develop independent living skills such as cooking, cleaning, setting goals and working to achieve them such as money advice/budgeting, access to work, education and training. Kings Church also work alongside agencies and potential employers and support individuals to guide them into the skills and knowledge they need to move forward.
Lifematters, Swan Street Day Centre	Supports young people at risk of, or already suffering from, homelessness and sexual exploitation.
Lifeshare Weekend Breakfast Project	Provide a cooked breakfast to people in need.
Mustard Tree	Supports people who are homeless, socially excluded or vulnerable, providing food, clothing, furniture and training. The Mustard Tree also provides and hosts a range of projects aimed at increasing the confidence, skills and motivation of their clients.
No Second Night Out (Riverside ECHG)	Second Night Out (NSNO) aims to help people who are sleeping rough for the first time, and find them an immediate alternative, so that they do not need to spend another night on the streets.
The Big issue in the North	The Big Issue offers a self help option for homeless people who want to secure an income by selling the Big Issue magazine. Support offered to vendors includes advice on welfare benefits, housing, healthcare, drugs and alcohol, education, training, resettlement support and group activities.

The Boaz Trust	Support asylum seekers, providing accommodation, food, and toiletries to people who are unable to access support from anywhere else. The Boaz Trust also support residents to access healthcare and other specialist services including accommodation legal advice assistance. Boaz Trust also provide advocacy services. The Boaz trust also manage a winter night shelter from November to April.
The Justlife Health and Enterprise Centre	Support for adults helping to raise aspirations, and enabling people to move forward. This includes support around housing, advice, addiction, employability, confidence, health, and food. Justlife help homeless people find accommodation in the private rented sector. Various activities and skills building workshops operate every afternoon, including: cooking, gardening, a women's group, sports, trips and more. Justlife also offers employability, job search and CV support.
Urban Village Medical Practice	Provide a primary care service to homeless people in central Manchester. The practice hold a Homeless Drop In Clinic every week. Homeless patients can also access the practice by routine/emergency appointments and specialist clinics.
Addiction Dependency Solutions	ADS provide alcohol and drug treatment services. They support people to face their personal challenges, and support them to keep a stable home, find the right job, learn new skills, or rebuild family relationships and help them to maximise the opportunities in their lives.
Rebuilding Lives	Multi-agency initiative to improve, and increase the provision of meaningful occupation and activities for Homeless people in Manchester.
Back On Track	Provides education courses and support for vulnerable adults from four backgrounds: • people who are homeless/at risk of becoming homeless. • current and ex-offenders

	• people with substance misuse issues • people with mental health problems Courses include basic skills, life skills, computing, and art. Back on Track offer mentoring and IAG. Courses also delivered in hostels, day centres and probation offices.

MCC funded accommodation and support schemes for Homeless People

Scheme	Type of Scheme	Service user profile
MCC - Quick Access Centre	Accommodation	Single men
MCC - Women's Direct Access Centre	Accommodation	Single women
MCC -Young Persons Shared Houses	Accommodation	Single men (4 houses) & single women (1 house) aged 16 - 24
MCC - Shared Houses	Accommodation	Single men (6 houses) and single women (4 houses) aged 25+
MCC - Woodward Court	Accommodation	Single men, women and childless couples
MCC - Willowbank	Accommodation	Families with complex needs
MCC - Oak Lodge	Accommodation	Families escaping domestic abuse
Sanctuary HA - Victoria House	Accommodation	Rough sleepers
Sanctuary HA - Spenser Court	Accommodation	Single homeless
Great Places HA - Manchester Resettle	Accommodation	Single homeless
Depaul UK - Safestop	Accommodation	Single homeless
Salvation Army HA - Crossley Court	Accommodation	Single homeless
Salvation Army - Shared houses	Accommodation	Single homeless
Independent Domestic Violence Advise	Floating Support	People at risk of homelessness because of domestic abuse
Housing Support	Floating Support	People at risk of homelessness
Homeless Families Temporary Accomm	Floating Support	Homeless families
Begging and Street Outreach team	Outreach	Single homeless

Appendix Three – Service User Survey

Service User Survey 2012

1. Age:

Under 18	☐	45-54	☐
18-24	☐	55-64	☐
25-34	☐	65+	☐
35-44	☐		

2. Gender:

Male	☐	Female	☐

3. If female, are you pregnant?

Yes	☐	No	☐

4. What is your economic status?

Student	☐	Unemployed/ looking for work	☐
Retired	☐	Unable to work	☐
Working or self-employed	☐	Other, please state	☐

5. Household type:

Single	☐	Couple	☐
Single with child (ren)	☐	Couple with child (ren)	☐

6. What is your first language? _____

7. Country of birth/origin? _____

8. How long have you lived in the UK?

Less than 1 year	☐	More than 5 years	☐
Between 1-5 years	☐		

9. Ethnic group:

White British	☐	Mixed: White and Black African	☐
White Irish	☐	Mixed: White and Black Caribbean	☐
White-other	☐	Mixed: White and Asian	☐
Black Caribbean	☐	Mixed: Other	☐
Black African	☐	Asian - Indian	☐
Black-other	☐	Asian - Pakistani	☐
Chinese	☐	Asian - Bangladeshi	☐
Middle Eastern	☐	Asian – other	☐
Other	☐	Non-response	☐

10. Where are you currently staying?

Your own home		*Someone else's home*	
Rented – private landlord	☐	With friends	☐
Rented – council or housing association	☐	Parents or other relatives	☐
Owner occupier	☐	Partner	☐
Hostel or other temporary accommodation	☐	*Other*	
NASS accommodation	☐	Rough sleeping	☐
		Other – please state	☐

11. What is or was your most recent postcode? _____

12. Why do you need to leave your current accommodation?

Relationship breakdown	☐
Dispute with family or friends	☐
Overcrowding	☐
Domestic violence	☐
Mortgage or rent arrears	☐
End of assured shorthold tenancy (S21)	☐
NASS accommodation ending	☐
Other reason? Please give details	☐

13. Did you seek advice or help with your housing situation before coming to One First Street?

Yes	☐	No	☐

If yes, where did you go for advice? _____

14. How did you know to come to One First Street?

Friend/family told you	☐
Information from leaflet	☐
Information from website	☐
Told by council worker – which department?	☐
Told by housing office - which one?	☐
Told by other organisation or agency – which one	☐
Other – please state	☐

15. What are you expecting from your visit today?

Help with staying in my current h	☐	Help with finding somewhere else to live	☐
Emergency or temporary accom	☐	Advice and information.	☐
Other – please state			

16. Have you been to the Town Hall or One First Street for Housing Options advice or presented as homeless before?

Yes	☐	No	☐

If yes, how long ago was this?

Less than a week ago	☐	Less than 6 months a	☐	More than 1 year ago	☐
Less than a month ago	☐	Less than 1 year ago	☐	More than 2 years ag	☐

Are you contacting us now with the same problem?

Yes	☐	No	☐

Appendix Four - A review of the Homelessness Strategy 2008 – 2013

Strategic Aim	Comments
AIM 1 – Prevent homelessness through early intervention	Increased emphasis has been placed on the prevention of homelessness, and new prevention initiatives have been developed by the council and by partner agencies. These have been driven by Government initiatives such as the Mortgage Rescue Scheme, and in response to changing and emerging need, for example the Reconnection service for homeless economic migrants. Effective use has been made of discretionary funds such as Discretionary Housing Benefit and the Repossession Prevention Fund in preventing homelessness. Overall, the council continues to perform well in homelessness prevention in comparison with other core cities. Discussions took place between key domestic abuse services on developing a shared protocol to ensure that people escaping domestic abuse are able to access sustainable housing options. This is an area that needs further development. A new hospital discharge protocol was developed in partnership with Manchester hospitals, and is in the process of being implemented Effective homelessness prevention services have been developed for 16/17 year olds, including a single point of presentation, and the development of a shared protocol for joint working between homelessness and children's services to prevent and address homelessness for 16/17 year olds and care leavers.
AIM 2 – Increase access to housing across all tenures.	Increased emphasis has been placed on the private rented sector as a viable housing option for homeless people. In particular, Letwise has had success in increasing access to the private rented sector, particularly for families. In addition a number of supported housing providers and voluntary and community sector agencies have developed links with private sector landlords, for example Justlife are helping single people access the private rented sector. Work is ongoing to increase use of the private rented sector to provide increased capacity to support

	homeless people. There have also been new initiatives by partner agencies in the social rented sector - for example St Vincent's Housing Association has led the development of the Snug Bug shared housing scheme for young people. MossCare and Manchester Settlement have also been involved in bringing empty properties back into use. The roll out of Manchester Move has meant that people can easily access accurate and realistic housing options advice, and bid on line for properties both in the social and private rented sector.
AIM 3 – To deliver the temporary accommodation reduction plan	The Council successfully met the Government's challenging target of reducing the use of temporary accommodation by 50% by 2010. This was done by focusing on homelessness prevention, increasing the proportion of homeless households that accepted a suitable offer of social housing, and by taking a more assertive and proactive approach in finding rehousing solutions for people in temporary accommodation.
AIM 4 – To deliver the Move-on Protocol and action plan	Supported housing providers received training on housing options, and accommodation pathways were developed within in-house services, including to permanent settled accommodation and more appropriate supported accommodation. However the lack of appropriate move-on accommodation remains challenging to all concerned.
AIM 5 – To deliver a comprehensive communication strategy that ensures consistent and accurate advice is available to service users and stakeholders	Key achievements include a review of the role and structure of MMAHF, the development of the Homelessness Assessment and Advice Service, and the move to a single point of homelessness presentation. The Homelessness content on the Council's website was reviewed and the information updated. The Homelessness Directory was updated and integrated within MyManchesterServices online directory. Step Up Housing Options training delivered by City South Housing helped to increase capacity and enhance the skills of front-line staff in the voluntary and community sector.

| AIM 6 – To continue to develop excellent services that meet the needs of all homeless people | The implementation of the Hostel Replacement Strategy has been a key success of the current strategy and has included the redevelopment of Willow Bank and Oak Lodge into purpose built self-contained accommodation.

The development of services for rough sleepers in the city has also been a key achievement, particularly outreach and support services. There is an active multi-agency Rough Sleepers Group which meets regularly. Manchester was an early adopter of the No Second Night approach, and Riverside ECHG is co-ordinating the No Second Night Out service across Greater Manchester in partnership with local authorities and local services.

Progress has been made in understanding and responding to the disproportionate numbers of BME households using homeless services.

Services to homeless young people were reviewed and improved, including the role of mediation. YPSF were commissioned to deliver a specialist service to 16/17 year olds and 18 – 25 year olds.

There has been success in work delivered to help homeless people access employment, education and training, particularly by the voluntary, community and faith sector and through the Manchester Employment Task Group. |
|---|---|

Appendix Five – List of Stakeholders

We'd like to thank all the homeless people who gave their time and shared their experiences, and the following agencies who were involved in the development of the Homelessness Strategy 2013 – 2018.

Addiction Dependency Solutions
Albert Kennedy Trust
Association of Greater Manchester Authorities (AGMA) – Homeless Prevention Project
Barnabus
Begging and Street Homeless Team – MCC
Big Issue in the North
Booth Centre
Business in the Community
Caritas Salford
Central Clinical Commissioning Group
Citizens Advice Bureau
City South Manchester Housing Trust
Community Alcohol Team
Contact Hostel
Cornerstones
Counted In and Cold Weather Provision- Riverside ECHG
De Paul UK
Department of Families, Health and Wellbeing – MCC
Great Places Housing Association
Greater Manchester Probation Trust
Homes of Hope
Homelessness Division - MCC
Justlife
Kings Church
Manchester Refugee Support Network (MRSN)
Manchester Settlement – Great Places Housing Association
Mental Health and Social Care Trust
Moss Care Housing Association
Multi-Agency Refugee Integration in Manchester (MARIM)
Mustard Tree
National Health Service (NHS)
No Recourse to Public Funds Service – MCC
No Second Night Out (NSNO) - Riverside ECHG
Northwards Housing Limited
People First Housing Association
Public Health
Revenue and Benefits - MCC
Richmond Fellowship
Riverside ECHG
Safeguarding Team - MCC
Saheli
Salvation Army
Sanctuary Housing Association
Shelter
St Vincent Housing Association

Strategic Housing - MCC
The Big Life Company
The Limes
Troubled Families - MCC
Urban Village Medical Practice
Victim Support
Women's Aid
Wythenshawe Community Housing Group
Young People Support Foundation (YPSF)

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