



**The Manna Society  
Annual Report  
2015 – 2016**



## THE MANNA SOCIETY

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Registered Charity no: 294691

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**Patrons:** Most Rev Kevin McDonald, Retired RC Archbishop of Southwark,  
The Rt Revd Christopher Chessun, Anglican Bishop of Southwark.

### Committee Members

- Bill Dodwell ..... Chairperson
- Tony Charlton .....Treasurer
- Emma Chippendale, Canon Michael Cooley, Nannette Ffrench, Christine Higgins, David Mendez, Cha Power & Julia Walledge

The **Manna Society** began in 1982 and formed under a constitution in 1988 (amended in August 1989). The Society's objects and purpose: ***'to relieve poor persons who are homeless and/or unemployed by the provision of food, shelter and other forms of Christian care with the object of promoting the physical, mental and spiritual welfare of such persons and of improving their conditions of life.'*** (Constitution No 2a)

### The Ethos of the Manna

Our vision is the creation of a just society that respects the dignity of every individual.

The Manna Day Centre is a place of unconditional acceptance. Our task, as we see it, is not to judge but to love.

We aim to respect the dignity and worth of each person with whom we come in contact. Each and every one has an intrinsic value that deserves to be respected. No one is dispensable. Our task is to feed and care for homeless people and those in need who seek our help but we cannot be content with this. We must also seek to challenge the structures of society that lead to homelessness and poverty.

**Director's Report**  
**By**  
**Bandi Mbuli**  
**Manna Centre Director**



Over the past 5 years the number of rough sleepers across England has doubled. According to official figures, around 3,600 people sleep on the streets every night. In London alone, the number is 940. These statistics commissioned by the Department for Communities and Local Government and are based on single night snapshots of the number of people sleeping rough in local authority areas. Organisations working with homeless people generally blame cuts in welfare and changes in migration as key-factors to this increase in numbers. Budget cuts have meant that there has been a severe reduction of supported housing beds for people with complex needs, despite the fact that 40% of rough sleepers have some kind of mental health problems, and still need these places. Out of the total rough sleeping population, 56.7% are non-UK citizens.

Like in previous years, the number of people using our services has remained approximately the same. Our last snapshot survey carried out on Monday 24<sup>th</sup> March, this year, showed that we had, on the day, 184 service-users. Out of whom 96% were men and 4% women. Not everyone who comes to us is street-homeless. 25% of service-users are housed in the socially rented sector (council or housing association flats). But most people are homeless, with 39% sleeping rough, 21% staying with friends or squatting, and 11% temporarily staying in hostels. In 4% of cases, we could not establish the housing status.

In our work, we have sought to be an oasis for homeless people in our modern day desert. We have tried to live out our Christian ethos of love, respect and dignity in our work with them. We recognise that each one of us has intrinsic value and is deserving of acceptance. Our day centre is open to everyone who is in need of support. All our services are free of charge. What we receive from our supporters as gift, we also freely give to those who come to us for assistance. Just like the Gospel says, "freely have you received, freely give", Mathew 10:8b.

We have continued to open 7 days a week, from 8.30 in the morning to 1.30 in the afternoon. By far, our most popular service is food which is served to 200 people, or so, who come every day to the Manna Centre. They have breakfast and lunch, with tea and coffee all day. Our shower facilities are in constant use throughout the day by many in need of a shower. Clothing is given twice per week; on Monday and Wednesday. Our clothing store is an oversubscribed service. We give out 35 tickets, each opening day, early in the morning at 7.30. We do this so that rough sleepers, as opposed to people who may be housed, would have the greatest chance to access this service. Our reasoning is that those who sleep rough tend to come to our centre earlier than those who do not, therefore giving tickets so early favours those with the greatest need.

An important service which we continue to offer is access to comprehensive healthcare, both physical and mental. Nurse-practitioners hold surgeries Mondays and Fridays. It is an invaluable service as it gives our service-users the opportunity to access healthcare. Given the difficulty of proving their address before registering with a G.P. surgery, homeless people are often without a Doctor to treat them when they are ill. Or the only time they get medical treatment is when they face an emergency and have to go to Accident and Emergency in hospitals, which costs a lot more money to the taxpayer. In addition to nurses, we also have a health-social impact adviser who supports migrants with their social problems so that they do not impact on their health. For instance, by ensuring that patients, with no recourse to public funding, have the required paperwork to access health services earlier to prevent their situation from worsening. As before, every Wednesday, we have osteopaths (still training), accompanied by their supervisors, administering treatment to our service-users, volunteers and staff. Our chiropodist holds surgeries the first and third Monday of every month. The local community mental health team, called START, holds fortnightly meetings with us. We share intelligence on clients and for those needing fuller Mental Health Act assessments, they are usually assessed on site on a mutually agreed date.

Our ultimate goal is to help people regain their independence and make informed choices for their lives. Moving into accommodation plays a crucial role in establishing this independence. So we have a

dedicated team of advice workers whose job is to assist people find accommodation. A lot more than advising people on their options to secure accommodation goes on in the advice sessions. Advice workers assess people to identify their needs and work out a plan of actions which would lead our clients into accommodation. Many of our clients have complex and multiple needs necessitating an equally complex set of actions. For instance, for clients experiencing alcohol and drug problems, these have to be addressed first for a placement into housing to be successful long-term, otherwise the person is back on the street within a short period of time. Unfortunately, budget cuts have meant that the number of beds in hostels has been significantly reduced. This means that for our advice service, we have had to refer more of our clients into the privately rented sector.

An innovation for us has been the creation of Inn From The Cold (IFTC), together with the ROBES Project, a local night shelter. We are proactively working on attracting landlords to accommodate our clients with low support needs. Part of this attraction consists in providing pre-tenancy training to suitable clients, hence minimising the

terms of their tenancy is ensuring that potential initial tenancy costs, such as and a month rent in advance. clients and their prospective paperwork for housing welfare A worker, Adrian Turay, is for us and the ROBES Project,

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risk of them breaking the agreement. The other part tenants are able to pay the an admin fee, a deposit We support both our landlords with the required benefits for a smooth start. already in post to manage this area of our work.

Computer sessions have been Friday. People are able to use access to the internet for their social and employment needs. Similarly, from Monday to Friday, service-users requiring furniture, can arrange to have the furniture delivered to their home. We do however ask them to make a donation towards the cost of transport.

available from Monday to computers and have

With regard to campaigning, this past year and the next, we have partnered with two organisations in order to input into the national debate on homelessness and improve policies. Under the leadership of Homeless Link, a campaign organisation working with homelessness organisations, we are part of an alliance of day centres across England to share knowledge and experience around our work. The aim is to identify and share best practice and improve the quality of housing advice offered by day centres. The second partnership is with St Martin's which created a network of organisations working with homeless people. The aim is to work together with other organisations in the network to identify common problems faced by homeless people and the difficulties we are facing, as organisations, in helping them to resolve them. With some financial assistance from St Martin's, we will be organising events locally to pull together common issues arising in our work and feed that back into the national policy discussion.

It goes without saying that all this wonderful work could not have been possible without a dedicated team of 12 staff and 60 volunteers. They work tirelessly to improve the lives of our service-users. I cannot personally thank them enough for their dedication to our work and mission. Our thanks also go to the Archdiocese of Southwark (R.C.) who provide, free of charge, our building from which we operate. The Archdiocese has stuck with us throughout the 34 years we have been open; a genuine witness to their concern for those who struggle with poverty. I am grateful to our management committee members, for keeping the Manna Society steady and giving us invaluable guidance. To all those who have supported our work throughout the year, including churchgoers, private individuals, grant-making trusts, the London Borough of Southwark, I hope you can take pride in our accomplishments. Thank you so much!



## Review of Advice & Welfare service

By  
**Margaret Shapland**  
Housing & Welfare Advice Worker



*“No one should be homeless in Britain today, but the reality is that more and more people find themselves on the streets, in night shelters or going from sofa to sofa to keep a roof over their heads. They are often driven there by the availability and cost of housing and have been failed by frontline support services along the way.”* **Clive Betts, Chair of the Communities and Local Government Select Committee**

Commendable though the sentiment may be, much still needs to be done. Looking back over the past year, this will be self-evident. So, let's start with a review of what's happened in our Advice & Welfare service over the last year.

### How many clients were seen by the Advice and Welfare service?



This year we saw **1,351** clients = a slight drop on the previous fiscal year but the reasons for this slight drop are easily explained. More and more housing providers in particular are asking for greater levels of information and we feel it is our responsibility to make sure that we support both our clients and our providers with information that will ensure that our client get the best option available. This is particularly the case as the number of our clients moving into the private rented sector is increasing – so the importance of references, supporting clients with grants to pay for the up-front costs involved in renting and growing the number of housing providers have been occupying a greater proportion of Advice & Welfare advisers time.

### How many visits did they make?

Clients met with us on **2,632** occasions – on average, about twice per client. This is because we often have to lay the foundations for a successful outcome – ensuring that client's income is maximised – checking entitlements to both in-work and support benefits for our most vulnerable clients and if they are housed that they remain housed and that they are supported in maintaining their tenancies. This can mean anything from making the occasional phone call to arrange a repair to the management of rent accounts and utilities on an ongoing basis



### How many consultations were given by the Advice and Welfare team?



**4,287** consultations with clients were offered by the Advice and Welfare team. In the current climate of benefit changes and particularly with the introduction of Universal Credit – a benefit which largely relies on client's ability to manage it using digital means, this needs greater levels of input and explanation from the Advice & Welfare team. Many of our clients are still becoming accustomed to this requirement and it is fortunate that our Education & Training service is now operational five days a week allowing our clients to gain expertise and a greater level of empowerment in management of their own affairs.



## How many clients found housing through the team?

Overall some **516** clients approached our team for housing. We were able to place **56%** of these clients in housing of some kind. Again, we need to reflect on the current climate. For our European clients, to be entitled to housing benefit support, they must be earning above £155 per week continuously for a period of 3 months. In addition we work with clients who at this point in time do not have a recognised status in the UK. The team works with immigration services to help such clients understand the options open to them and to make the right decision for them.



## How policy is shaping our service?



The work of the Advice and Welfare team continues against a backdrop of

- rising homelessness over the past five years
- increasing concern over housing benefit freezes
- a shortage of affordable housing coupled with rising rents and insecure private sector tenancies.
- Homeless acceptances have increased by 33% since 2010
- rough sleeping numbers have doubled over the same period.

The Manna Society has been asked to become a member of the St Martin's Frontline Network, a group of 13 organisations chosen from a national shortlist on the basis of a submission. We have been lucky enough to be funded through St Martin's Frontline Network to help support our work in housing clients but also to bring together workers doing similar work to our team to share best practice and help us all to develop skills and share experiences that will both benefit the people we serve but also develop a critical mass that has a real impact on the shaping of policy within local and national government. We hope that by working within this network and continuing to develop it – not least on the current proposals of the communities and local government select committee, we will be able to add our voice to the other big players in the homelessness area.

## The work of the communities and local government select committee

In England, this committee which is cross party have called on the government to implement a housing model similar to the Welsh model outlined in my previous article [Manna Society Newsletter – Summer 2016] where proposed changes in the law would force councils to provide proper support for **all** people in danger of homelessness. The committee report states:

*“We have received too much evidence of councils and their staff treating homeless people in ways that are dismissive and at times discriminatory. This is unacceptable.”*



A private members bill has been drafted which would require councils to provide practical help to anyone who is homeless or at risk of losing their home, regardless of whether they are deemed to be in priority need. There have been hints that government ministers that they may consider legal changes but as yet no formal proposals have been forthcoming and it is by no means clear that they will get behind this bill.

It must be part of our job to put as much pressure on them to do so in the best interests of our clients.

Earlier this year when George Osborne was still in post, a sum of £115 million was promised in the budget to help tackle homelessness – it will be interesting to see how this will be used. The Local

Government Association response has made it clear that an extension of powers to force councils to deliver on the proposals will be a considerable ask as the quote below illustrates;

*“[These proposals] would need to be accompanied by sufficient powers and funding from the government, as part of a coherent national strategy. Without this, councils will continue to find it difficult to deliver on our ambitions to end homelessness.”*

Let’s see how this progresses.

### **How we have been expanding out housing opportunities**

Returning to our efforts, we now have, due to the partnership with The Robes Project, a private rented sector manager in place. His focus will be on developing our relationships with private landlords and in placing suitable clients into the private rented sector. That will give the advice team a greater opportunity to spend time acquiring new partnerships in the supported housing sector for those clients with vulnerabilities and sheltered housing for our older clients. I would like to talk about two such cases.

#### **Sunim’s story**

We have known Sunim for well over a year. He had been approaching us for housing and we were concerned that his undiagnosed mental health issues were preventing him from being settled into suitable accommodation – he had been alternating between rough sleeping or a placement in a night shelter for some time. After some months of working with him, we managed to persuade him to see his GP and to ask for a referral to a specialist service that would help him. He had already been deemed unwell enough not to be in work. Once we had the referral in place, we had been introduced to a service that offers shared housing with relevant support. We made the referral, he was assessed by the organisation in question, accepted and within two weeks of the referral, he had a new home.

Since getting his referral to specialist services and getting settled in his new home, he has become much more confident and engaged, more outgoing and the self-neglect which arose as a combination of his mental health combined with homelessness is a thing of the past.

#### **Oliver’s story**

Oliver came to us as a result of a referral from Action for the Blind. He was a British citizen who had been working abroad for many years but the rental property that housed both his business and home was sequestered by the government of the country in which he was residing. He was unable to carry on and returned to the UK but found that many old friends and acquaintances had moved away or indeed had passed away, so there was no natural social structure to help him on his return – in addition, he was becoming increasingly debilitated by a congenital eye disease. We placed him in a shelter, made a number of referrals to sheltered housing scheme, some of which we had not worked with before. In the end we found a lovely one bedroom sheltered property in Lambeth. He is very happy there and Action for the Blind is working with him to provide support in his tenancy – it was a good result.

In conclusion, I hope this gives the reader a flavour of what is happening in our service, where it is going and how we hope, with your help, to help our clients achieve the life that is their right.

Thank you for all your support.



## **A human orientated, compassionate approach is called for**

**By**

**Karolina Muszynska  
Housing & Welfare Advice Worker**



According to Crisis, a homelessness charity, the number of people rough sleeping in London has doubled in the last 5 years. The authorities' pledge to end rough sleeping before the Olympics in 2012 has not been delivered. Moreover, the benefit cuts, lack of affordable housing and poor homelessness service offered by local councils have exacerbated the problem. Now another politician, Labour Party leadership candidate Owen Smith, has made the promise to end homelessness in the next 5 years. While it is important that politicians recognise that the problem has to be tackled, this sounds a very unrealistic pledge.

Emdad Rahman who runs the One Third pop up soup kitchen in Stratford, called this claim insulting: *"To think that we can eradicate something like this is just insulting. It's an outlandish claim... the homeless situation is getting worse and worse"*. Sadly this is what we observe as well in our advice service at The Manna Day Centre. What's more important is that some of the cases we see could have been prevented if the various services provided by the authorities were more dedicated to their work. I don't wish to sound arrogant, I know there are plenty of wonderful and competent workers out there in Jobcentres, Mental Health Services, Social Services, Councils etc. but I do see a lot of negligence and incompetence, that affects people's lives enormously. If we want to reduce homelessness we need to have a more human orientated, compassionate approach on all levels. Policy makers have to ensure that the changes they introduce does not increase social exclusion, as has happened with for example Universal Credit reform. Services have to improve their administration and communication. Here are some examples:

Sacha is a 52 year old Eastern European widower. He has been living in the UK for over 10 years and working full time until he became ill a year ago. He has never claimed any benefits and was renting a small flat in the private rented sector. When his fixed rental contract ended he stayed with his friend whilst looking for alternative accommodation. At this time he started to develop health problems. He suffers from syncope, which is a temporary loss of consciousness caused by a fall in blood pressure. He collapses a few times every month and is normally taken to hospital when this happens. He is being treated by the neurological team in King's College Hospital.

As he had been working as a driver there was no way for him to continue his work. After 28 weeks of sick pay he had to start claiming Employment and Support Allowance (ESA). It was around this time that his friend asked him to find other accommodation. He approached the local council but was told that he was not in priority needs and was signposted to us. We applied for Employment and Support Allowance (ESA) on his behalf in May 2016. The benefit was awarded in August 2016. We had to intervene and chase his ESA claim several times. Each time we emphasised to the Jobcentre's advisers that Sacha was ill and homeless and that we were unable to house him until his ESA had been granted (this is a requirement of housing providers, who want to be sure that all prospective tenants are entitled to housing Benefit). What caused such a delay?

As Sacha was an EEA national he had to satisfy the conditions of a test called the Habitual Residence Test (HRT) before he could claim ESA. This can be done over the phone or in person at a Job Centre. Sacha chose the former option but he was not told that he has to submit evidence of his employment history in the UK. The first time we called to chase Sacha's claim, at the beginning of June, we were told that he had failed HRT, because he had not provided supporting documents and therefore he was not



eligible for benefit. We explained what had happened and arranged an appointment for him at the Jobcentre, so his documents could be faxed directly to the Department of Works & Pensions (DWP). Ten days later we called again to check on the progress of his claim to be told that probably due to a “human error” the documents did not get faxed to the decision maker and Sacha had to go again to the Jobcentre to provide his documents. A week later, we phoned again to find out that his claim was successful but for some reason the payment had not been released. It took another two phone calls to get Sacha's benefit paid into his account. Once this was done we were finally able to place him on a waiting list for supported accommodation. We hope to get him housed in the next couple of weeks. Something which in theory should be straightforward, claiming ESA and receiving a payment once the benefit has been granted, caused Sacha a lot of distress and took a lot of our energy and time. All this could possibly be avoided if for example, we could deal with the same person handling Sacha's claim. Or maybe if DWP workers had a better understanding of the impact their small mistakes have on the lives of vulnerable people.

Joy is a 40 year old British citizen who is unable to work because she suffers from bipolar disorder. Bipolar disorder is a condition that affects your moods, which can swing from one extreme to another. She had an allocated Community Mental Health Nurse to support her. Joy got evicted from her flat as a result of rent arrears, caused by the suspension of her benefits. At that time she was going through an episode of severe depression and was unable to look after her own affairs. Her struggles with her depression and suicidal thoughts meant that she did not act on letters sent to her. This eviction could have been prevented if her support worker, who understands the character of her illness, had kept checking on her at regular intervals, at least by phone if not in person. Or maybe if the DWP, the Housing Benefit Team or her landlord had contacted Joy's support worker before the problem had escalated.

Denise is a 28 year old Jamaican woman with indefinite leave to remain in the UK. She is a single mum with a 4 year old daughter and she works part-time. Her landlord asked her to leave her accommodation when she disagreed with a rent increase. She would have been willing to accept the rent increase had her landlord been willing to fulfil his responsibilities and repair the leaking window in her daughter's room. She went to her local council to make a homelessness application in May 2016.

The Housing Option worker who dealt with her application told her that she was not eligible to be housed by the council as she had made herself “intentionally homeless”. She strongly felt that this was an unfair decision and approached her local Citizen Advice Bureau (CAB) for help. They told her she needed to get the council's decision in writing before they could help. She made four attempts to do so: she went there in person; she phoned them; wrote to them herself and asked the CAB to write to the council on her behalf. Sadly all these requests were ignored. When she came to see me in July she felt frustrated and powerless and was about to give up the fight. I assisted her in making a formal complaint over the phone (the law obliges councils to provide a written decision on homelessness applications). A week ago she told me that the written decision had finally been provided (together with apologies) and that a CAB solicitor had requested a review of the decision.

Sadly, we come across the type of cases described above very regularly here at the centre. We must remember that not everyone in these circumstances would look for help. Some people would just give up as it can be a very frustrating and time consuming task to challenge official bureaucracy. It is frustrating for advisers and can be completely overwhelming for our clients. I welcome Mr Smith's pledge and I hope that the quality of services offered by statutory institutions will improve.

# Homelessness & mental health

By

Louisa Toland

Housing and Welfare Advice Worker



There is an exceptionally large percentage of people suffering from mental health issues who are on the streets. Posters shout that 1 in 3 of the general population will suffer mental health issues at some point in our lives. It's more like 1 in 1, we all do, and everyone will experience even mild symptoms at some point in our lives. Whether it presents as anxiety, depression, paranoia, excess worry, I believe we have all been there.

It's not a sexy subject, not the way say terrorism is. Some of the rogue individuals, who carried out atrocities and murders across France and other parts of Europe in recent times, have been mentally ill. Working on their own, isolated from the rest of society, with weak or no direct links to terrorist organisations.

A recent knife attack in central London practically had rolling news coverage, in the event that it might be terrorist related. Once it was established that the person was not a terrorist but someone who was mentally ill, the piece was dropped. No longer news worthy, despite the fact that someone lost their life because the assailant was seriously ill. There is something fundamentally flawed about this picture. Mental ill health is not taken seriously as a public health concern, when so many people are extremely ill but have nowhere to turn. Service provision is lacking, underfunded and with a very mixed levels of quality and good practise.

The reality across the UK is that there is a chronic shortage of services delivering care and support for people with mental health. This fact is rarely discussed. It's a health care crisis but no one wants to know.

Mental health is profound and often quite obvious in the homeless populations, this has been the case eternally and it seems now more than ever as the homeless populations grow.

A report "*Stop the Scandal*" published in February by St Mungo's highlights that people with mental health are spending longer sleeping rough and as a result dying on the streets. And the number of people leaving psychiatric care returning back on the streets is on the increase. This is utterly bewildering, but I have seen this with my own eyes working in Manna. Extremely ill people in high support hospital units dumped out onto the street, alone with no support and no coping mechanism to survive. No wonder people die or turn to drugs to self-medicate.

Services like ours are an absolute lifeline for people who very easily fall through the nets, there really is no net, there just a complete lack of appropriate services.

A large and varied group of individuals come to the Manna Centre. Some come as they see it as a place of refuge, others to eat or to have a shower. Some to receive advice or for shelter and community. In the centre some people present with behavioural issues and as a natural by-product of living marginally with mental health issues.

In many ways the Manna Centre is doing something that society at large fails to do and this is to accept people. Whatever stage they are at in their health and behaviour, differences are not judged. In that space you often see that those behaviours that might be more exaggerated or extreme tend to calm down. Because out on the street as a homeless person, you feel dehumanised, not valued, or accepted, an outsider. Naturally defence mechanisms and fears will exacerbate in an unsafe environment. Yet in a safe place the opposite happens, people relax, calm down, and become more social and responsive. Of

course when there is serious entrenched mental health issues behaviour does not change in such a space. But there is a greater level of calm in an environment where people feel safe and respected.

I would be lying if I said that it was as simple as that. There are aspects of trying to help people who are so vulnerable with mental health issues that it can be exceptionally challenging, time consuming and emotionally exhausting.

When a person is so unwell that they need specialist mental health support, a great deal of joint working, timely co-ordination and dedication goes into working with others to help someone receive the support they need. This might be the case if a person is considered a danger to themselves and/or others.

Some people have complex needs requiring longer term sustainable work, which often feels a lot like chasing your tail, especially when it requires multi agency work with other organisations, to help get people the right kind of support.

My colleague recently worked closely with a young woman who arrived from Asia with no contacts or knowledge of the UK or London. She was suffering quite acute mental health issues and would be highly vulnerable on the street. We worked to find her a shelter to stay while my colleague joint worked with mental health homeless services in the local area, who then worked with the police and immigration offices, to help the young woman return to her country of origin. This work takes tenacity in the pursuit of trying to find the safest and best solution for someone in quite unique circumstances.

Another person requiring long term sustained work was an Eastern European man who despite having mental health issues was convinced that he would be able to work in the construction industry. He had absolutely no awareness of how extremely poor his mental health was. He suffered from paranoia and schizophrenic delusions but had no insight into this. He simply wanted to work but his health was deteriorating daily. These kinds of cases might take months to resolve, some don't get resolved.

In this particular case the local mental health team who work with homeless people (the START Team) found him temporary accommodation. Unfortunately, these situations are never straight forward and he left the accommodation and returned to living on the street. He did this because the area where he had been placed was strange to him and he couldn't find his way back to Manna. He kept getting lost. So instead he slept out near to the centre, near to what he knew. Mental health services in his country were contacted and were informed that he would be coming back and would need immediate support. Eventually he was returned to his country to access these support services.

I am working with a man who is released from prison; he has been in and out of prison all his life. He was diagnosed with a personality disorder from the age of 11. He has been on medications for it since that age. His crimes have been petty, he has no family and he is quite alone. He comes from another city but wants to stay in London. After contacting local services where he came from it seems he was not really engaged with them anyway. I worked with him and the mental health homeless team to help him get his meds. But he doesn't want them. He is on the street in London, not taking the medication and so far has proven to be quite the survivor, an amazing person with a strong character and great sense of humour.

I can't make him take his medication, I can only suggest, and who can tell, he says he is doing fine, and perhaps maybe he is. The point is that the solutions are not always obvious and some cases do not get resolved. Regardless of this we are there, respectfully and with love, offering people what they want and need, sometimes in their own time they will receive more help, when they are ready. Sometimes not at all, but they have food, community and a place to feel safe enough to express themselves and relax.

There are more extreme cases where services throughout will pass the buck if the persons needs are too complex. It is absolutely true that what is required is often just not there. Even dual diagnoses where people have mental health issues and an addiction. There are only private health care organisations that

offer these services, it's hardly a unique set of circumstances, many people have both addiction and mental health issues, and they often go hand in hand. But they will not be treated because mental health services say they don't have provision unless the person is completely dry for many months. It seems like a cop out, why can't these people be treated who are still addicted. Units like this exist in other parts of the world and they successfully treat people.

The solutions are not easy and it's not easy working in a society that does not put money, time and care into tackling mental health issues. Still you still see success sometimes, it's certainly not cut and dry. What is most important is that people have a place to come to, regardless of their mental or physical health.

We all of us have levels of emotional health; it is nothing to be ashamed of. Most of us will come through it, maybe even with a better understanding of ourselves. We get well because of family, friends, support networks, and of course money, which gives us an ability to choose what type of help or therapy we require. This is a world away from people living on the street, who have none of the things mentioned above, things we take for granted. Those sleeping rough have the capacity to get well but their circumstances set them at a very particular disadvantage.

## **MANNA DAY CENTRE**

### **Opening times & services**

**OPEN SEVEN DAYS A WEEK**

**ALL SERVICES ARE FREE**

#### **DAILY SERVICES (7 Days a week):**

**FOOD: Breakfast & Lunch**

**SHOWERS: Soap & Towels provided**

**HOUSING AND WELFARE ADVICE**

#### **MONDAY:**

**10.00 Clothing Store**

**10.0 – 1.00 Nurse**

**10.30 – 11.30 Mental Health Worker  
(fortnightly)**

#### **TUESDAY:**

**10.00 - 12.00 Chiropodist (1<sup>st</sup> & 3<sup>rd</sup>  
Tuesdays)**

**10.30 – 1.00 Computer class**

#### **WEDNESDAY:**

**10.00 Clothing Store**

**10.00 - 1.00 Osteopath**

**10.30 – 1.00 Computer class**

#### **THURSDAY:**

**9.30 - 12.00 Social Security Benefits  
Advice**

**9.30–1.00 Health Advice & Advocacy  
for Refugees**

#### **FRIDAY:**

**10.00 - 1.00 Nurse**

#### **SUNDAY:**

**10.30 - 11.30 Clothing Store  
(2<sup>nd</sup> 3<sup>rd</sup> & last Sunday of every month**

**October - May)**

## Treasurer's Report

By  
Tony Charlton



On pages 14 & 15 of this annual report is the statement of financial activities and the balance sheet for the year ended 31<sup>st</sup> March 2016. Full copies of the audited accounts will be available at the Annual General Meeting on Wednesday 28<sup>th</sup> September 2016 if anybody would like a copy.

Our income and expenditure report shows that we received an income of £584,527 and our costs for the year were £470,274 and we therefore had a surplus for the year of £114,253. This compares to an income in the previous year of £356,255 and costs of £433,065. This means that, comparing year with year, we have gone from a deficit of £76,810 to a surplus of £114,253 – quite a turnaround. It was important that we achieved a surplus for the year because of the major capital expenditure required due to the move into our new premises, and also because we were very much in need of a new van. Almost all of the costs associated with our move into new premises have now been paid for and have been accounted for within these figures although there might be around another £10,000 of costs for minor works still to be incurred when the major building work finally finishes, which hopefully will be round about the time of this year's AGM.

Our income includes almost £70,000 which we received, or are due to receive, in legacies. Under the current accounting rules, we count the legacy income in the year when we become aware that we will receive the money, rather than in the year when we receive it. Legacies have become a very important source of income, not only for The Manna, but for many other charities and I would like to encourage our supporters to remember The Manna in their will.

Our net current assets, made up of money in the bank plus sums owed to us, such as amounts due from legacies as mentioned above, now total £319,152. This amounts to nearly nine months' running costs, so we are in a fairly healthy financial position, particularly bearing in mind the significant financial costs we have incurred in moving into our new premises. For this current year, we are budgeting for a deficit of slightly over £100,000. If that forecast is correct, our reserves at the end of this financial year would be the equivalent of six months' overheads, which is in line with the recommendations of The Charity Commission. We will work hard to try to reduce the forecast current year deficit, because such a deficit is unhealthy, but if we cannot reduce it, we will still be in a position to carry on with the work we are doing without making any reductions to our services.

We are very grateful to be in this financial position and there are many people that we have to thank for this. I would particularly like to thank the Roman Catholic Diocese of Southwark for including The Manna in their plans for the new development and for permitting us to use these premises rent free. Without that support, we would be unable to operate in this part of London which is so close to the City of London and where rents seem to increase almost on a monthly basis. Of course, on behalf of the people we support, I would also like to thank every individual and every organisation which has contributed so generously to our cause in the past year.

I must also thank all our staff and all the volunteers working in the centre for their hard work over the past year and I trust that working conditions will improve very soon when all the building work is finally completed.

# The Manna Society

## Statement of financial activities for the year ended 31 March 2016

	Restricted funds	Unrestricted funds	Total funds	<i>Total funds</i>
	2016	2016	2016	2015
	£	£	£	£
<b>Income and endowments from:</b>				
Donations and legacies	70,323	508,105	578,428	349,382
Investments	-	6,099	6,099	6,873
<b>Total income and endowments</b>	<u>70,323</u>	<u>514,204</u>	<u>584,527</u>	<u>356,255</u>
<b>Expenditure on:</b>				
Raising funds	-	6,139	6,139	6,607
Charitable activities	58,861	405,274	464,135	426,458
<b>Total expenditure</b>	<u>58,861</u>	<u>411,413</u>	<u>470,274</u>	<u>433,065</u>
<b>Net income / (expenditure)</b>	<u>11,462</u>	<u>102,791</u>	<u>114,253</u>	<u>(76,810)</u>
<b>Net movement in funds</b>	11,462	102,791	114,253	(76,810)
<b>Reconciliation of funds:</b>				
Total funds at 1 April 2015	-	250,387	250,387	327,197
<b>Total funds at 31 March 2016</b>	<u>11,462</u>	<u>353,178</u>	<u>364,640</u>	<u>250,387</u>



# The Manna Society

## Balance sheet as at 31 March 2016

	2016	2015
	£	£
<b>Fixed assets</b>		
Tangible assets	<b>45,488</b>	8,446
<b>Current assets</b>		
Debtors	46,565	20,999
Cash at bank and in hand	<u>292,791</u>	<u>312,408</u>
	<b>339,356</b>	333,407
<b>Creditors:</b> amounts falling due within one year	<u>(20,204)</u>	<u>(91,466)</u>
<b>Net current assets</b>	<u><b>319,152</b></u>	<u>241,941</u>
<b>Net assets</b>	<u><b>364,640</b></u>	<u>250,387</u>
<b>Charity Funds</b>		
Restricted funds	11,462	-
Unrestricted funds	<u>353,178</u>	<u>250,387</u>
<b>Total funds</b>	<u><b>364,640</b></u>	<u>250,387</u>

The financial statements were approved by the Management committee on 14<sup>th</sup> September 2016 and signed on their behalf by Tony Charlton, Manna Society Treasurer



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