

The Manna Society Newsletter

Summer 2021

Working with homeless people & those in need



Vaccines and homeless healthcare

By

Eleanor Smith

Housing & Welfare Advice Worker



I am happy to report that 2 days ago I became the last member of staff at The Manna Centre to get their first vaccine jab. As you read this, I will be looking forward to getting my second. Good news as we think about how to safely re-open the centre and welcome our community of centre users back.

In terms of the day centre users, many will also have had their first and possibly second vaccine jabs. In March this year, the health secretary accepted the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI), and placed homeless people in priority group 6, alongside under 65's with underlying health conditions. This was, the JCVI said, because homeless people are more likely to have undiagnosed underlying health problems.

This decision draws attention to the serious health problems and barriers to accessing appropriate care experienced by homeless people.

It is not just the dangers and hardships of rough sleeping that pose a risk to health. People with poor mental health are much more likely to experience physical health problems and vice versa. A range of social problems associated with rough sleeping and homelessness can impact both mental and physical health, including poor quality housing, social isolation, stress caused by financial problems, or a combination of all of these. Chronic stress, which can be caused by a pile up of social problems is strongly linked with long term and serious physical health problems. Research indicates that the stress of growing up in an impoverished household can negatively affect neurological development in children and can also lead to physiological problems in later life.

I am struck by the number of people I see at the day centre suffering from hypertension, high blood pressure, diabetes, stomach problems and complications arising from any and all of these. Many of these conditions are stress related or made worse by stress. One of my current clients, 'Alfred', has recently developed eyesight problems as a consequence of extreme high blood pressure. This means that his housing is no longer appropriate, as he struggles with stairs and is in need of adaptations to help him to manage. He is also not able to do the job he was doing previously and so is living on much less income than he is used to. All of these problems make him stressed, which is bad for his blood pressure. It is a vicious circle. I am helping him to access all the benefits he is entitled to, and we are working on being able to get him better housing, which will be easier for him to manage.

The other issue highlighted by the prioritising of homeless people for the vaccine is the difficulty in accessing services. Not having an address can make it difficult for people to meet the requirement of proving they live in the local catchment area when trying to register with a GP. It can be difficult for people to navigate the bureaucracy of health services in different ways – for example, many practices are increasingly directing people to go online to access their services, especially during the pandemic when face to face contact is limited. Many people we work with lead difficult, chaotic lives, complicated by suffering from mental health problems or addiction issues, which makes working with healthcare services harder. Many of our clients, and many homeless people in London are also from a migrant background, and this group have also faced barriers to accessing healthcare such as a lack of information in their own language.

The Manna Centre has been in the position of being able to coordinate with the NHS health inclusion team, who in normal times would provide health outreach services to our users, and who have been offering the flu jab in the centre all winter. Working with them, we have been able to ensure a number of our clients have been able to access vaccination through the Manna Centre, many of whom may have otherwise slipped through the net.

As we emerge from the pandemic, one important lesson we should keep hold of from this experience is that we do not live in isolation, and the health of each individual in society, depends on the health of society as a whole. For us all to thrive, we need to take care of the least able to do so.

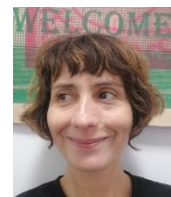


Housing first! Everyone in!

By

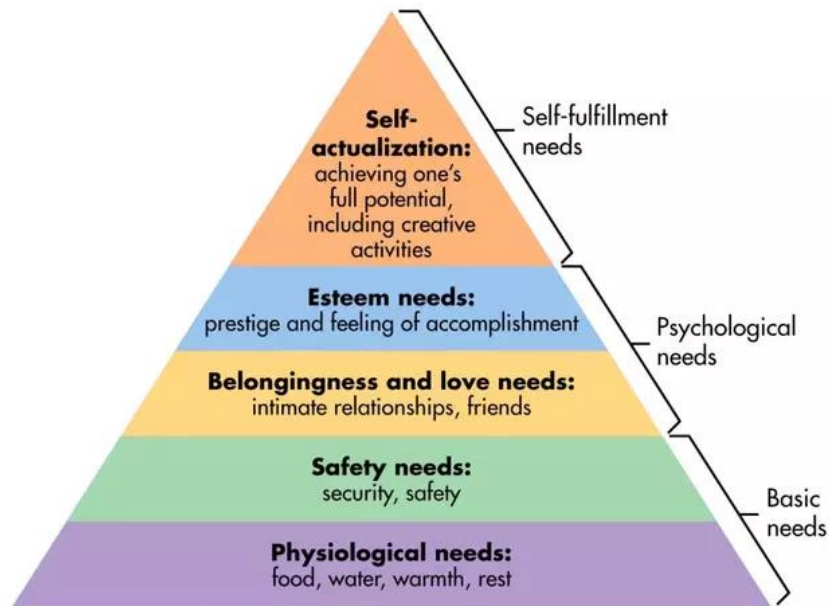
Karolina Muszynska

Housing & Welfare Advice Worker



Housing First is an innovative approach to homelessness that originated in Los Angeles, in the United States in 1988. According to Wikipedia It was inspired by the teachings of St. Francis de Sales, a 16th and 17th Century clergyman, who believed that basic needs of the people should be met first, without having them to comply with various rules and policies.

Why is it innovative one can ask? It seems rather obvious that it is difficult to address any other issue in your life if you are not in safe and stable accommodation. Most of us heard about Maslow's hierarchy of needs theory, comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid. Needs lower down in the hierarchy must be satisfied before individuals can attend to needs higher up. It makes total intuitive sense and I hear a lot of this from my customers. How can I start to work if I have no place to wash myself, keep my clothes clean? How can I sober up on the street? How can I engage with any sort of support if I do not know where I will be sleeping tonight?



Under the current system homelessness assistance is offered in stages, so depending on your support needs, you will go through various levels of supported accommodation until you can prove that you are ready for long term, independent housing. And while I do agree that this approach may be beneficial for some individuals, I also feel that it has great limitations and I doubt it will ever be able to efficiently reduce homelessness. It assumes that for a homeless person any roof is better than no roof at all and that is not true. There are many people with a long story of homelessness, who would refuse an offer as they simply feel it will make them more miserable. Like 'Ian', who is a heavy drinker and on the street. His housing options under the current system, due to his drinking, are limited to supported housing where he will be obliged to engage with the support offered in order to keep his housing. Ian does not want supported accommodation; moreover, he does not want to stop drinking at all. He does not want to live in a so-called "wet house", where residents are allowed to drink either. He is a very quiet person; he spends most of his time on his own drinking his cans and reading books. He enjoys peace and does not want to be among loud and noisy drinkers as that means stress and trouble for him. Would he be able to live independently and maintain his accommodation – we would not know until he is offered such accommodation. But I am sure most of us know someone - a neighbour, a friend, a relative - who has substance misuse problems and functions perfectly well in independent housing. Why should substance misuse problem predetermine your potential housing options when you are homeless? We should not automatically assume someone with dependency problems is incapable of holding down a tenancy.

Interestingly, when the lockdown started last year, many of our clients has been housed in emergency accommodation under the government "Everyone In" scheme so they could stay safe during the pandemic. None had to prove that they were 'accommodation ready'; accommodation offered was not to be shared due to social distancing rules. That was a year ago and I can see that a lot of them are still inside. They signed private tenancies and cannot imagine themselves going back to rough sleeping. Like 'Zenek', who I have known for years now. He is Polish, has been on the street or squatting for at least the last 2 years. He is caught in the vicious circle of binge drinking for months, then sobering up for a few months. None of our private accommodation providers would have accepted him due to his drinking habit. Thanks to the 'Everyone In' scheme he got offered a self-contained space and he is maintaining his tenancy. It is over a year now! Moreover, he is sober again, saving money for his travel to Poland to visit his mother who is poorly.

There are a few more clients that I know, who are doing pretty well in independent housing despite their problems. It almost feels that spending time in stable accommodation, without any conditions attached, has helped them move on with their lives. I will let you know if it brings about long lasting change.

Manna Centre services after 21st June

By
Bandi Mbubi
Manna Centre Director



At present two issues of major concern are affecting homeless people across the country. Firstly, the recent lifting of the eviction ban on 31 May, leaving nearly two million private renters, according to the Guardian, worrying whether they'll be able to find another property if they lose their home. Some people evicted in this way may end up in day centres like ours. Secondly, the very generous government policy at the beginning of the pandemic, 'Everyone In', which sheltered thousands of people in hotels and other forms of temporary accommodation is winding down this month. As people are decanted into move-on accommodation, our hope is that their underlying social needs are properly addressed so that they don't end up becoming homeless again in a short period of time. Only time will tell how successful these move-on operations are.

Then there's the uncertainty surrounding the government announcement earlier in the year that all legal limits on social contact would be removed on 21 June. As I write, it's unclear whether some legal limits on social contact would still be kept in place past this date. Be that as it may, we've come a long way and there's a glimmer of hope that life may begin to return to the way it was before the Covid-19 pandemic disrupted our lives.

As a result of these changes, we're adapting our operations to respond to this new environment and address the changing needs of our clients. What is of paramount importance to us is the safety of our clients, our staff, and the general public. As the country gradually prepares to move back to life as we knew it before the pandemic, there would inevitably be several iterations in this process. As much as we can, we will ensure to give our clients enough notice about changes to our services, but there may very well be instances when such adjustments would be made at short notice.

So, in preparation for a return to normalcy, for the first time since the pandemic began, we intend to introduce, on 21 June, the same day limits on social contact are expected to be removed, a drop-in service for rough sleepers only. As a result of this change, opening times of other services are slightly affected, so it will take a bit of time for our service-users to get used to the new timetable.

In case you're wondering why we've departed from our ethos of being an open door, open access day centre, at least for the drop-in, it's because under current conditions caused by Covid-19, we can't have everyone in at once without risking the health of our clients and staff. So, we've prioritised rough sleepers so that we'd have manageable numbers to be able to comply with current government guidelines on infection control.

But rest assured that other categories of our client group will continue to receive assistance from us as they've received throughout the pandemic. Some opening times have also changed. For instance, whereas until 20th June clients could get their takeaway meal from 10am to 1pm, from the 21st they'll get it from 10:30am to 1pm – a 30 minute-delay. An updated timetable can be found on the page opposite. All the changes are in bold and italics. Thank you for your continued support!



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What's on offer?	Main activities
<i>Drop-in for rough-sleepers only</i>	<p><i>18 people allowed in at any one time Monday to Sunday: 8 am to 9:30am</i></p> <p><i>Tea or coffee & a sandwich</i></p> <p><i>Washing & toilet facilities and 6 Showers per day, Monday to Sunday: 8 am to 9:30 am</i></p> <p><i><u>Please note:</u> everyone is required, by law, to either scan the official NHS QR code or provide us with their name and contact phone number or email. If not, they will be refused entry.</i></p>
Takeaway Meals for All	<p>A hot meal and a sandwich to approx. 120 people Monday to Sunday: <i>10:30 am to 1pm</i></p> <p>Strict safe social distancing enforced by servery staff.</p>
Correspondence Address	<p>Correspondence given when claimed by client Monday to Sunday: <i>10:30am to 1pm</i></p> <p>Please note: client needs to have been registered to receive mail at the centre.</p> <p><i>*Rough-sleepers can also collect their mail during the drop-in from 8 am to 9:30 am</i></p>
Clothing Service	<p>Clothing request slip available Monday to Sunday, <i>10.30am to 1pm</i></p> <p>Please note: a clothing request slip needs to be filled. Client will be contacted when clothing is ready for collection.</p>
Housing and Welfare	<p>Telephone advice: 020 7403 1931 (option 1) - Monday to Friday: 10am to 1pm</p> <p>Clients with appointments seen via laptops at the centre, on Zoom, Monday to Friday: 10am to 1pm</p>
Nurse Clinic	Wednesdays only from 10am to 1pm

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Out of the Darkness – Escaping the oubliette of modern slavery

By

Margaret Shapland

Housing and Welfare Advice Worker



Barack Obama wrote, *“It ought to concern every person, because it is a debasement of our common humanity. It ought to concern every community because it tears at our social fabric. It ought to concern every business because it distorts markets. It ought to concern every nation, because it endangers public health and fuels violence and organized crime. I’m talking about the injustice, the outrage, of human trafficking, which must be called by its true name - modern slavery”.*

At the end of May this year, CRISIS produced a report called “No Way Out and No Way Home”, exploring the relationship between those forced into modern slavery and homelessness. Sometime ago, one of my colleagues was faced with two young men who originally came to us for help. They were staying a local hostel having escaped from the clutches of individuals who were clearly exploiting them. They had come from the European Union having been promised a job in the UK with a salary of £300 per week. What actually happened was that, on arrival their passports were taken from them; they were given board and lodging but subjected to threats and physical assaults by the person responsible for employing them. They were comparatively lucky in that they managed to get away and arrive at a hostel that took them in. When we met them, they were looking for other work. However, without their identity documents, they could not prove their “right to work” in the UK. They were in some ways the lucky ones.

The numbers

By its very nature, modern slavery is very much a hidden crime - as its victims may be hidden away, unable to get away from their situation or the victims may feel unable to come forward due to fear or shame of revealing their situation. For that reason, hard statistics can be hard to come by. The Office of National Statistics Report (March 2020) states that following the introduction of the Modern Slavery Act in 2015 it was recorded that;

- a) the Modern Slavery Helpline received an 68% increase in calls and submissions in the year ending December 2018, compared with the previous year.
- b) there were 5,144 modern slavery offences recorded by the police in England and Wales in the year ending March 2019, an increase of 51% from the previous year.
- c) the number of potential victims referred through the UK National Referral Mechanism (NRM) increased by 36% to 6,985 in the year ending December 2018.

It is also acknowledged that the collection of evidence can be difficult, and cases are challenging and difficult to prosecute – that said, 68% of prosecutions resulted in a conviction in 2019.

It is also a crime which can affect anyone.

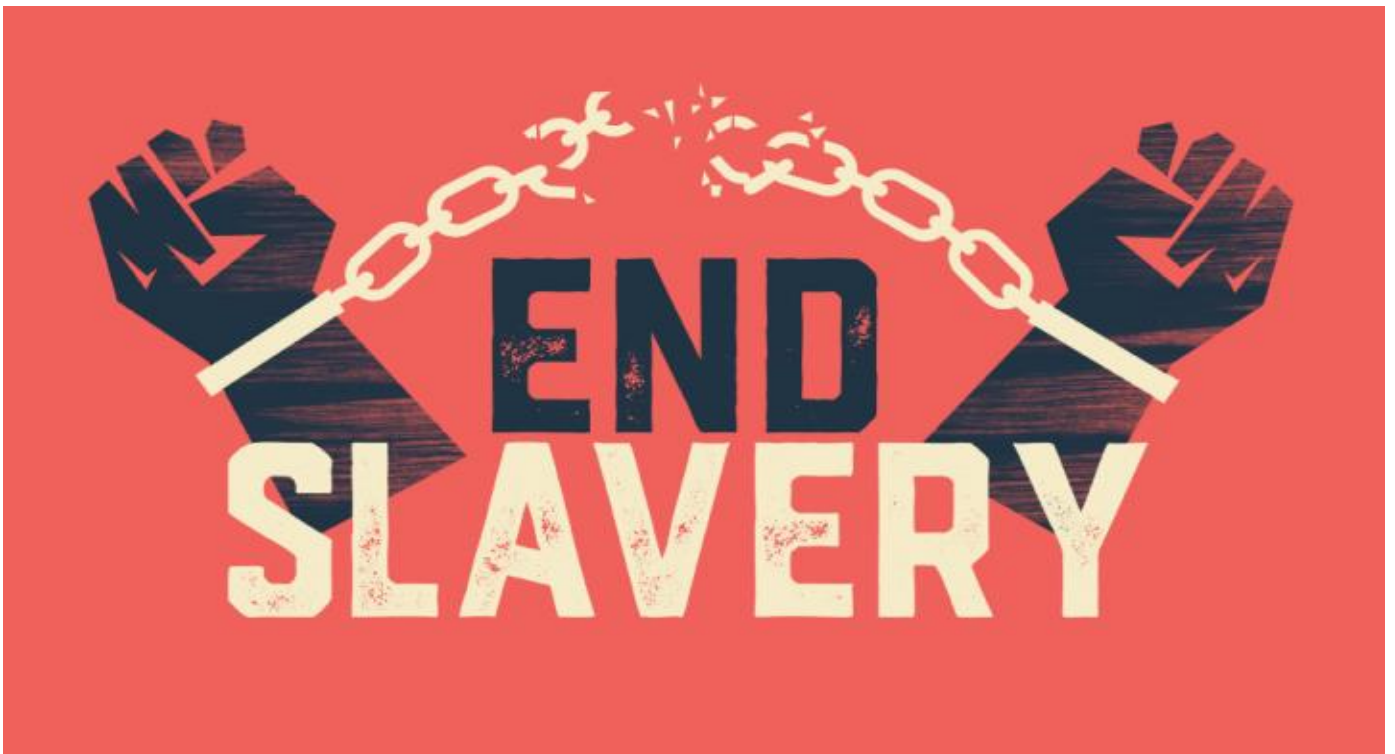
- a) A quarter of victims referred to the National Referral Mechanism were UK Nationals (in year ending 2018)
- b) Of the 2,251 victims supported by the Salvation Army to mid-year in 2019, 48% were due to labour exploitation (like our 2 young clients) and 39% sexual exploitation of some kind.

Who are those being exploited?

People in precarious situations can find themselves homeless as a result of their exploitation which was the situations with our young clients or may be more prone to exploitation as a result of their homelessness.

The CRISIS report sought to provide a picture of the likely demographics of those victims they interviewed.

- a) 44% of survivors were British, followed by Albanians, Romanian, Nigerian and Polish citizens
- b) The predominant age range was between the ages of 18 and 44.



- c) It was found that they were mostly in informal living arrangements such as “sofa-surfing” or rough sleeping. About 68% were in accommodation linked to their exploitation and became homeless when their exploitation ceased.
- d) There was also a difference in the forms of exploitation based on gender – female survivors were more likely to experience sexual exploitation or domestic servitude. Male survivors tended to have been exploited for their labour or forced into criminality.
- e) The survey found that most people forced into some form of criminal exploitation were British citizens. Those who were exploited for their labour came mostly from within the EU but principally from Central and Eastern Europe. Those in domestic servitude from Africa and Asia. In our centre, it is not uncommon to hear from young women that they have fled their employers due to ill-treatment, then embarking on long and hazardous journeys to seek refuge and asylum. When it came to sexual exploitation, this was present across all continents and countries.
- f) With respect to support needs, those contributing to the report were identified with two or more support needs among 75%. A substance abuse need was the dominant need among those forced into criminal activity. Mental health issues were most often found mainly in female respondents who faced sexual or domestic exploitation.

Are they being supported?

The mechanism through which victims of modern slavery are reported is through the National Referral Mechanism which is the Government’s support system. However, the survey found that less than half of homeless survivors had been referred into the National Referral System and that nearly half explicitly refused this support. Just 8% had been officially recognised by the British Government. It was also clear that people from the EU/EEA most often rejected support from the NRM. People claiming asylum were most likely to accept NRM support.

It seems from the research that just 17% of those whose NRM support had ended found accommodation – a worrying statistic as it means many will be open to re-exploitation. Most who had refused NRM support were still homeless and again at significant risk of re-exploitation – so more needs to be done.

What happened next?

Coming back to the situation in which our clients found themselves, one of the recommendations of this report is that third sector organisations such as ourselves who work with adults at risk should ensure that staff have access to “good quality” training on modern slavery and homelessness. Not long before we met these clients, as part of another project we were given training on recognising clients who might potentially be victims of trafficking or exploitation.

The training also gave us details of the pathway that a victim might travel to get assistance. Unfortunately, a possible victim cannot refer themselves to the National Referral Mechanism. When my colleague uncovered the full story behind these client’s situation and had gained their trust, we were able to help them get referred through the National Referral Mechanism. Then followed interviews with the Salvation Army who are charged with taking referrals through their Helpline. A team then assesses whether there are reasonable grounds to believe a person is a potential victim of modern slavery. They were assigned their own personal support worker who was able to provide a range of support including legal rights and support, ensuring physical health and well-being, a safe place to stay among a plethora of other support but crucially linking the victims to the police to enable them to put the people who have taken advantage of them on trial. Our clients were brave enough and felt protected enough to assist the police in this way.

A postscript

Just recently, we were contacted by the police who had found, with the help of our clients, the alleged perpetrators. The case was solid enough to go to trial and the police were keen to review any information we held on file regarding the background and our involvement. We are very aware of confidentiality but under the Data Protection Act, there is a subsection that allowed us to provide information. We know that the case was due to be heard imminently. The maximum sentencing tariff for trafficking can be a life sentence.

In August 1883, the Slavery Abolition Act received royal assent in the UK steered through Parliament by the efforts of the William Wilberforce. It was not the end of the road to full abolition, but it was a significant marker and I end on a quote from Wilberforce’s address to be found in The Parliamentary History of England. *“I take courage—I determine to forget all my other fears, and I march forward with a firmer step in the full assurance that my cause will bear me out, and that I shall be able to justify upon the clearest principles, every resolution in my hand, the avowed end of which is, the total abolition of the slave trade”*. Its presence even today in modern society reminds us all to be ever vigilant.

Please sponsor our runners in the London 10K Run

On Sunday 25th July ten of our supporters will be running the British 10K London Run to raise funds for us. They are: Laura Agustin, Rupert Austin, Vanesa Besterio, Estelle Biyiha, Deborah Bomfin, Arthur Coates, Pino Escurin, Silke Junge, David Mendez and Cha Power.

**You can support them via our website,
<https://www.mannasociety.org.uk/how-you-can-help/donate-money/>
or
by sending a cheque made payable to “The Manna Society”.**

As always, your support is very much appreciated.