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716 May 2024

Des Alison,

RESPONSE TO PREVENT FUTURE DEATHS REPORT: INQUEST INTO THE DEATH OF TOBIAS MANNERING-JONES

Thank you for your letter and investigative report dated 14 March 2024 into the tragic death of Tobias Mannering-Jones, which was made in accordance with paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and Regulation 28 of the Coroners (Investigations) Regulations 2013. I wish to express my sincere condolences to Mr Mannering-Jones' family and friends.

Any unnecessary loss of life is devastating, and we must take action to prevent cases like this occurring. This Government is committed to preventing homelessness where possible and ending rough sleeping for good. This is reflected in our manifesto commitment to end rough sleeping and fully enforce the Homelessness Reduction Act. I am grateful to you for sharing the matters of concerns identified through your investigation and for providing the opportunity to reflect on these at a national level. I know that Tameside Council has also reflected on Tobias' case and made a number of changes to prevent future deaths arising, and DLUHC's expert homelessness and rough sleeping advisers continue to work closely with, and provide support to, Tameside Council.

I have detailed below actions my Department is taking to prevent future deaths in response to this Report. You may find the Government's September 2022 strategy 'End Rough Sleeping for Good'¹, helpful context as it contains details of actions we are taking more broadly to tackle homelessness and rough sleeping, underpinned by £2.4 billion of funding over three years.

The Coroner's Report followed the investigation and the inquest into the death of Tobias Mannering-Jones. The conclusion of the inquest was that Tobias Mannering-Jones died by suicide and that his homelessness, including isolation, vulnerabilities linked to his sexuality and a lack of co-ordinated approach to support, contributed to his death.

The matters of concern identified in the Report are as follows:

- The inquest was told that Tobias had sought and had been referred for mental health support, however, due to high demand and long waiting lists he was still on a waiting list at the time of his death. The evidence before the inquest was that long delays were still an issue and were not restricted to Tameside but were part of a national picture of delays and long waiting lists for those seeking help with their mental health.
- 2) The inquest also heard evidence of the impact of homelessness and consequential vulnerability on a young person like Tobias and that the demands on local authorities (LAs) meant that even where vulnerability was recognised there were not resources to offer sustained support and stable housing solutions. The evidence was that, as a consequence, young vulnerable people

¹ https://www.gov.uk/government/publications/ending-rough-sleeping-for-good

had to rely on homeless shelters where they were exposed to additional negative influences and, as in Tobias's case, abuse due to their sexuality.

- 3) Evidence was also heard that a person who has to rely on a homeless shelter can then become uncontactable to public service providers as they have no address for contact which means they then have even less chance of accessing support.
- 4) The inquest was told that young adults who are homeless are often sexually exploited and that those who are LGBT can be particularly vulnerable, and that the underlying vulnerability and risk was not always appreciated by those dealing with young homeless people and that it could be mistaken by agencies as a 'lifestyle choice' rather than what it actually was - exploitation by an older adult.
- 5) The evidence before the inquest was that where multiple agencies were involved it was fundamental that one agency/person took overall ownership or responsibility to ensure a coordinated and effective approach using regular multi-disciplinary teams to understand the information that all agencies had in their possession and to offer effective support.

My responses to the matters of concern are set out in turn below. I have worked closely with the other public bodies that have received the Report, including the Department of Health and Social Care (DHSC) and NHS England, in collaboration with Manchester Integrated Care Board. A separate response will be provided by DHSC and Manchester Integrated Care Board, which will respond in greater detail to the first, third and fifth matter of concern.

First matter of concern: a national picture of delays and long waiting lists for those seeking help with their mental health

DHSC will provide more information on this matter in their response, given their lead on health. I recognise the vital role mental health services play in supporting people experiencing homelessness and rough sleeping, and my Department is supporting provision where it is needed through the Rough Sleeping Initiative (RSI). This is providing over £547 million, between April 2022 to March 2025, to LAs across England to deliver local homelessness and rough sleeping services. Of that, £30 million is funding health interventions, with a significant focus on mental health. Through our expert homelessness and rough sleeping advisers in DLUHC, I will continue to deliver RSI funding this financial year, supporting LAs to deliver specialist mental health support where it is part of their local plans. This is alongside action DHSC and NHS England are taking on specialist mental health provision for people sleeping rough: £30 million as part of the NHS Long-Term Plan.

Second matter of concern: demands on LAs meant that even where vulnerability was recognised there were not resources to offer sustained support and stable housing solutions; and young vulnerable people had to rely on homeless shelters where they were exposed to additional negative influences, and as in Tobias's case, abuse due to their sexuality

Firstly, addressing concerns with the local offer of support and housing, my Department is responsible for the statutory framework for homelessness, which places duties on local housing authorities to take reasonable steps to try to prevent and relieve a person's homelessness irrespective of whether a person has 'priority need' or may be regarded as being 'intentionally homeless'. The legislation also ensures that if an individual is assessed as having 'priority need', then there is a duty to provide the household with suitable temporary accommodation until settled accommodation is secured. To support LAs to deliver these duties, funding is provided through the Homelessness Prevention Grant (\pounds 1.2 billion between 2022 and 2025) and the wider Local Government Finance Settlement (totalling \pounds 64.7 billion in 2024/25). I have already taken action to increase funding to respond to additional pressures in 2024/25, with a \pounds 109 million top-up to the Homelessness Prevention Grant and up to a \pounds 4.5 billion increase in councils' Core Spending Power.

I am committed to embedding fully the Homelessness Reduction Act 2017 and as part of this, I have also put in place bespoke support through DLUHC's Homelessness Advice and Support Team, which includes dedicated youth homelessness advisers that work with LAs to promote positive joint working across housing authorities and children's services. In carrying out their statutory duties, LAs must have regard to statutory guidance, including 'Prevention of Homelessness and Provision of accommodation for 16 and 17 year olds who may be homeless and/or require accommodation'²; which sets a clear expectation that LAs implement joint protocols between housing and children's services. The dedicated youth homelessness advisers support LAs to implement and review their joint protocols, informed by the 'Positive Pathway'³: a framework for preventing young people aged 16-25 from becoming homeless and for commissioning suitable accommodation.

Alongside this, I am taking action to increase capacity and access to housing through our accommodation programmes. These include the £433 million Rough Sleeping Accommodation Programme (which has delivered over 5,500 move-on homes nationally as of March 2024); and the £200 million Single Homelessness Accommodation Programme (SHAP). SHAP was launched in 2022 and aims to provide both accommodation and wrap-around support specifically targeted at two groups: adults experiencing multiple disadvantages with a history of rough sleeping and who require high levels of support; and young people at risk of or experiencing homelessness or rough sleeping. We expect around 650 units to be provided to support young people aged 18-25 across the country. I am pleased that Tameside is part of both of these programmes and has been allocated c.£3.1 million for RSAP and c.£1.5 million for SHAP.

The Government is also taking action to drive up quality in supported housing more broadly with the implementation of measures in the Supported Housing Act 2023, which includes national standards for support and local licensing schemes. This is alongside £20 million of funding until 2025 through the Supported Housing Improvement Programme and Ofsted regulations in place to inspect supported accommodation for young people aged 16-17 living in or leaving care.

Secondly, addressing concerns with night shelter provision, my Department has action underway to support the sector to enhance services and improve outcomes for people experiencing homelessness and rough sleeping. In 2022, DLUHC established the Night Shelter Transformation Fund (NSTF), which is a £13 million programme over three years, making single and multi-year grant funding available to night shelter providers to transform their offer to provide sustainable routes off the streets through a range of high-quality provision. A key aspect of this is supporting organisations to transition from communal sleeping to a model of more self-contained accommodation, which, following the pandemic, is widely recognised as a more suitable type of accommodation providing people with increased safety, stability and dignity. The principle of self-contained accommodation is set out in the Government's published 'Operating Principles for Night Shelters'⁴, which also includes links to information on safeguarding.

DLUHC is also providing funding to Housing Justice (a national membership charity for homeless shelters) to deliver training to the night shelter sector, including online resources, webinars and briefings on safeguarding and how to deliver a safe service for all. Housing Justice operates a night shelter accreditation system, which is designed to help night shelters deliver the best possible service and provides independent external validation by issuing a Quality Mark. I will continue work with Housing Justice and other partner organisations to support high-quality night shelter provision, including through the current NSTF and wider homelessness and rough sleeping funding.

<u>Third matter of concern: a person who has to rely on a homeless shelter can then become</u> <u>uncontactable to public service providers</u>

²<u>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/712467/Provision_of_accomm_odation_for_16_and_17_year_olds_who_may_be_homeless.pdf</u> ³<u>https://stbasils.org.uk/about-us/the-positive-pathway/</u>

⁴https://www.gov.uk/guidance/operating-principles-for-night-shelters

DHSC will provide more information on this matter of concern in their response from the perspective of action the health system is taking to ensure that services can be accessed by inclusion health groups, including people who are experiencing homelessness.

In DLUHC, I will continue to support the night shelter sector in line with the actions in the second matter of concern, including training resources on best practice for engagement; and will continue to ensure that areas in receipt of RSI funding have in place ending rough sleeping plans that include high quality off the street accommodation and specialist outreach roles that are designed to directly engage and support people on the streets. Shelters play a valuable role providing accommodation to those experiencing homelessness and lessons from matter of concern five are particularly pertinent in considering how this provision fits in and engages with other services.

Fourth matter of concern: young adults who are homeless are often sexually exploited and that those who identify as LGBT can be particularly vulnerable and that the underlying vulnerability and risk was not always appreciated by those dealing with young homeless people

Exploitation of vulnerable people cannot be tolerated in any environment, and it is crucial that the right mechanisms are in place to ensure individuals are effectively safeguarded. I recognise that people who are homeless and LGBT can have a different experience of homelessness due to their protected characteristics. This is why the Government's strategy, 'Ending Rough Sleeping for Good', encourages services to take a person-centred approach to support individuals and LAs are expected to commission services based on an assessment of the needs of their local community. The Minister for Housing and Homelessness held a roundtable in June 2023 with LAs and sector experts focusing on how to improve support to address LGBT homelessness. I am continuing to take action on this through:

- **Training:** DLUHC's Voluntary and Community Frontline Sector Grant is a three-year £7.3 million investment which funds sector experts to provide co-ordination, training and capacity building within the homelessness workforce. As part of our plans for 2024/25, our partner Homeless Link are developing training and online content exploring the role of safeguarding adult boards and partnerships when supporting vulnerable people sleeping rough. In response to the Report, DLUHC will work closely with Homeless Link to ensure that training material for 2024/25 covers supporting people whose protected characteristics may make them vulnerable, particularly sexuality.
- **Trauma-Informed Approach:** In March 2022, the National Institute for Health and Care Excellence (NICE) published guidelines on 'integrated health and social care for people experiencing homelessness'⁵. This guidance has been widely shared with LAs and across housing, homelessness and health sectors, to promote best practice guidance in supporting someone experiencing homelessness. The guidance sets out how services and staff should be person-centred, empathic, non-judgemental and trauma-informed, with specific references to specialist support for a person who identifies as LGBT.
- Data: Data is important to improving our understanding of the support needs specific to LGBT people experiencing homelessness. My Department has already taken action on this by updating LA homelessness data requirements to include sexuality and gender identity. This will improve records of LGBT homelessness cases and enhance national and local governments' ability to measure and understand outcomes for LGBT individuals. I will report on this information in future publications of homelessness statistics.

Fifth matter of concern: it was fundamental that one agency/person took overall ownership/responsibility to ensure a coordinated and effective approach using regular

⁵<u>https://www.nice.org.uk/guidance/ng214/resources/integrated-health-and-social-care-for-people-experiencing-homelessness-pdf-66143775200965</u>

multi-disciplinary teams to understand the information that all agencies had in their possession and to offer effective support

I expect Manchester Integrated Care Board to provide more information on the integration of local services related to this matter of concern in their response.

From a national perspective, I support the points made in the Report about a co-ordinated multiagency response. The Government's rough sleeping strategy emphasises the importance of a transparent and joined-up system that is tailored to local context and infrastructure. As part of delivering the strategy, there are two key actions that I wish to highlight.

Firstly, the Minister for Housing and Homelessness (DLUHC) and Minister for Social Care (DHSC), will write to all Directors of Housing, Directors of Adult Social Services and Chairs of Safeguarding Adult Boards (SAB) in England, to emphasise the critical role they play in the homelessness system. The letter will set out clear expectations on the role of SABs in protecting people experiencing homelessness, particularly people sleeping rough, from risk of abuse and neglect and ensuring there are appropriate operational and strategic mechanisms in place to hold partners to account. I will publish the letter on GOV.UK and my Department will take further action to ensure this letter is widely shared, by running webinars with LAs to share information and best practice examples and providing targeted support through DLUHC's expert rough sleeping advisers. Alongside the work on SABs, DLUHC is working with sector organisations and LAs to embed multi-agency review processes following the death of someone who is homeless or rough sleeping, even where they do not meet the criteria for a formal Safeguarding Adult Review⁶.

Secondly, my Department is co-ordinating a cross-government initiative to improve the way local public services engage and support people experiencing multiple disadvantages. 'Changing Futures' is a £77 million programme piloting innovative approaches across 15 local areas (covering 34 top-tier LAs in England), to join-up local systems and more effectively respond to the needs of people who are experiencing combinations of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system. The programme runs to March 2025 with an evaluation underway. I will publish the final learnings and outcomes from the pilots in 2025, and in the meantime interim evaluation reports and learning are published online to help disseminate learning⁷.

Other government action of relevance:

I note in the Report that Tobias was suffering with issues of substance misuse. Both DHSC and DLUHC are taking action to improve access to drug support for people experiencing or at risk of rough sleeping through establishing the Rough Sleeping Drug and Alcohol Treatment Grant. This is a £186.5 million programme funded over three years, providing evidence-based drug and alcohol treatment and wraparound support to improve access to treatment, including for those with co-occurring mental health needs. This specialist support operates in 83 areas across England.

I hope that this response has made clear my strength of commitment to tackle issues of homelessness and end rough sleeping for good. If you require any further information or clarification, please do write to the Department again and we would be happy to assist. Thank you once again for providing this Report.



RT HON MICHAEL GOVE MP Secretary of State for Levelling Up, Housing and Communities Minister for Intergovernmental Relations

⁶ <u>https://homeless.org.uk/knowledge-hub/taking-action-when-someone-dies-while-street-homeless/</u> ⁷ https://www.gov.uk/government/publications/evaluation-of-the-changing-futures-programme