Manchester Homelessness Partnership

Snapshot survey of Impact of Mental Ill-health on VCFSE homelessness sector organisations

June 2026

"Homelessness and Mental Health: A Sector Under Pressure"

There has been rising demand from people with mental Ill-health and frontline pressure for VCFSE homelessness services, especially for crisis support from people presenting at services daily.

There is greater complexity in people's needs and VCFSE services are having to take on roles traditionally held by statutory services but for which they are not funded. VCFSE are often the first point of contact, providing trusted, community-based, culturally appropriate and long-term support not covered by NHS services.

They are often more accessible and trusted than statutory services. VCFSE services are critical for engaging people with lived experience and complex needs

Following a conversation about mental ill health and distress and the impact on people experiencing homelessness and VCFSE services at the Strategic Advisory Group, a task and finish group was set up.

WHEN: Over 2 weeks from Monday 2 March to Monday 16 March 2026

WHO: 7 VCFSE services in Manchester

HOW: Data collected daily using the following questions

- Please tell us how many times a day that people experiencing mental distress and homelessness present to your service.
- Please tell us what support and processes are in place to reduce the impact on staff and volunteers of mental distress and support their resilience and well-being.
- When someone comes to your service experiencing mental ill health or distress, what action do you take and/or where do you signpost them to, or where do you escalate issues? For example, they may attend your centre, and you are able to support them, and/or you may need to take further action. Please click all that apply. There is a text box to add further information if needed.
- Please share both positive and negative examples of using mental health services in Manchester. This will help inform conversations with lead commissioners. This information will be used anonymously.
- Over the past two weeks (from 2 March to 16 March 2026), on a scale from one to ten, what is the level of risk you have felt your service was carrying, regarding the impact of mental ill health and distress on your organisation - this includes for your beneficiaries, staff and volunteers. (1 is low risk and 10 is high risk).

398 individuals experiencing mental ill health and distress presented themselves to services approximately 25 people each day.

Significant gaps identified in mental health support for people experiencing homelessness, despite strong partnership working and specialist trauma-informed services

Key Themes

- **Positive impact of specialist homeless mental health teams** – Services described as responsive, trauma-informed, flexible, and collaborative.
- **Long waits and limited capacity** – Delays accessing care coordinators, crisis support, and ongoing mental health services due to overstretched systems.
- **Crisis-led rather than preventative support** – Help often only available once people reach crisis point, leaving charities managing escalating risk.
- **Strong link between homelessness and mental health** – Lack of stable housing worsens mental health, while mental health needs can prevent people securing housing.
- **Gaps and fragmentation between services** – Poor communication, unclear responsibilities, and gaps between talking therapies and crisis care.
- **Barriers to access and engagement** – Difficulties with appointments, communication, transport, navigating systems, and engaging while homeless.
- **Need for trauma-informed and holistic approaches** – Importance of addressing mental health, substance use, housing, and wider needs together.
- **Value of partnership working** – Multi-agency collaboration and close relationships between services improve outcomes.
- **Cultural and accessibility challenges** – Need for better interpreting services, cultural awareness, and community-based support.
- **High pressure on frontline staff and charities** – VCFSE staff and organisations often hold significant risk and emotional burden when statutory support is unavailable.

Feedback received on the trauma-informed VCFSE workforce well-being and reflective organisational practice in frontline services

1.Staff Wellbeing and Mental Health Support

A strong emphasis on protecting staff and volunteer wellbeing through:

- Mental health days and wellbeing days
- Access to counselling, talking therapies, and Employee Assistance Programmes
- Flexible working and TOIL arrangements
- Open conversations about stress, pressure, and mental health
- MH first aiders and affinity groups

2. Reflective Practice and Emotional Processing

Regular structured opportunities for reflection and emotional processing are central:

- Debriefs after difficult incidents or shifts
- Reflective practice sessions (internal and external)
- Group supervision and peer reflection
- Daily check-ins, huddles, and review meetings
- Safe spaces to “vent frustrations” and discuss impact of work

3. Managing Burnout and Vicarious Trauma

Recognition of the emotional demands of frontline work and proactive mitigation strategies:

- Awareness of burnout and vicarious trauma risks
- Recruitment and retention of experienced staff
- Monitoring workload pressures
- Sharing responsibility across teams
- Support following particularly demanding incidents

4. Supervision and Leadership Support

Consistent managerial and professional support structures:

- Regular 1:1s with managers
- Clinical/external supervision
- Volunteer supervision
- On-call managers for immediate support
- Leadership responsiveness to staff concerns

5. Training and Professional Development

Investment in staff capability and resilience through specialist training:

- PIE (Psychologically Informed Environments) training
- Mental health and risk training
- Managing unacceptable behaviour
- Self-care and helping relationship dynamics
- Mental health first aid

6. Team Communication and Peer Support

Strong focus on collaborative support and communication:

- Morning briefings and end-of-day debriefs
- Team huddles and emergency meetings
- Peer support within teams
- Shared reflection and collective problem-solving

7. Organisational Culture and Psychological Safety

An intentional workplace culture that values openness and care:

- Encouraging discussion of stress and emotional impact
- Anonymous “temperature checks” and feedback mechanisms
- Responsive management practices
- Emphasis on supportive workplace culture

8. Volunteer Support and Inclusion

Recognition that volunteers also require structured wellbeing support:

- Volunteer supervision and debriefing
- Inclusion in reflective sessions and team discussions
- Emotional support after challenging shifts

9. Recognition of High Emotional Demand in Service Delivery

Underlying all responses is acknowledgement that:

- Staff regularly encounter severe mental health distress and crisis situations
- Emotional strain is an expected part of service delivery
- Continuous support systems are therefore essential rather than optional