

This is a repository copy of *Evaluation of the Homelessness Strategy for Northern Ireland 2017 - 2022: Ending Homelessness Together*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/225996/>

Version: Published Version

Monograph:

Pleace, Nicholas orcid.org/0000-0002-2133-2667 (2022) Evaluation of the Homelessness Strategy for Northern Ireland 2017 - 2022: Ending Homelessness Together. Research Report.

Reuse

Other licence.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



Evaluation of the Homelessness Strategy for Northern Ireland 2017 - 2022 Ending Homelessness Together

Fiona Boyle & Nicholas Pleace
April 2022

Housing
Executive

**An Evaluation of the Homelessness
Strategy for Northern Ireland
2017 – 2022**

Ending Homelessness Together

Fiona Boyle and Nicholas Pleace

April 2022

Acknowledgements

The authors would like to thank everyone who supported this evaluation. We are very grateful to the management and front-line staff from homelessness services who gave up their time to participate in interviews and to the staff from the Northern Ireland Housing Executive and other stakeholder organisations who participated in the evaluation. Our thanks also go to the people with lived experience of homelessness who shared their views with us. Thanks go to the Project Advisory Group (listed at paragraph 1.8) with particular thanks to Paddy Finucane (Research Unit, Northern Ireland Housing Executive) for his support and assistance throughout the evaluation.

Fiona Boyle, Fiona Boyle Associates
Nicholas Pleace, University of York

April 2022

Disclaimer

Views expressed in this report are not necessarily those of the Northern Ireland Housing Executive, the University of York or Fiona Boyle Associates. The statistical data on homelessness in Northern Ireland were not collected or validated by the authors; analysis of these data and any errors therein is the responsibility of the authors.

Table of Contents

Executive Summary.....	4
Section 1 Introduction	7
Section 2 Background and Context.....	11
Section 3 Homelessness data over the period 2017 – 2022.....	26
Section 4 Desk-based analysis of the five objectives - Achievements.....	40
Section 5 Stakeholder feedback on the Homelessness Strategy 2017 - 22.....	58
Section 6 Service user feedback on the Homelessness Strategy 2017 - 2022	81
Section 7 Learning from other jurisdictions	92
Section 8 Conclusions	118
Appendix 1: Abbreviations	129
Appendix 2: List of research participants.....	131
Appendix 3: Interview schedule – Housing Executive and External Stakeholders	132
Appendix 4: Interview schedule – Service Users	136

Executive Summary

This report provides an evaluation of the Homelessness Strategy for NI (2017 – 2022) entitled *Ending Homelessness Together*. The independent evaluation was commissioned by the NI Housing Executive and conducted by Fiona Boyle (Fiona Boyle Associates), with specialist knowledge and expertise on homelessness legislation and policy provided by Professor Nicholas Pleace (The Centre for Housing Policy, The University of York).

Section 2 provides background and context to the development and delivery of the Homelessness Strategy, setting the scene in terms of the legislative requirement (from 2010 onwards) for a Homelessness Strategy and wider contextual information on Homelessness Strategies over the last 20 years. In addition, this Section reflects on the step change from the last Homelessness Strategy (2012 – 2017) which had 38 actions to the most recent one (2017 – 2022) with five key overarching objectives as follows:

1. To prioritise homelessness prevention
2. To secure sustainable accommodation and appropriate support solutions for homeless households
3. To further understand and address the complexities of chronic homelessness across Northern Ireland
4. To ensure the right mechanisms are in place to oversee and deliver this strategy
5. To measure and monitor existing and emerging need to inform the ongoing development of appropriate services

Section 2 also provides information on recent relevant reports, the Inter-Departmental Homelessness Action plan, first published in November 2017 and the Chronic Homelessness Action Plan (2020), together with some introductory detail and commentary on the Housing Executive's response to the Covid-19 pandemic, with information gleaned from their report *The Way Home – Homelessness response to Covid-19* (2020), also referred to as the Reset Plan.

Section 3 then reviews homelessness data and trends during the lifetime of the Strategy showing a decline in both the number of homeless presentations and acceptances over the 5-year period. These downward trends commenced before the pandemic, and then continued over this 2-year period. Whilst numbers were declining, the proportion of households found to be homeless was generally higher than in the previous 5-year Strategy. Other changes included decreases in intimidation and mortgage default as reasons for homelessness and a significant increase in the numbers presenting because of domestic abuse (particularly during 2020/21). Data also indicated an increase in the number of repeat presenters but a decline in the number of rough sleepers. The number of placements in temporary accommodation increased significantly for the period covered, from 3,024 in 2017/18 to a height of 9,752 in 2020/21, with latter figures attributed to the Covid-19 pandemic.

In Section 4 the evaluation looked specifically at the progress made in terms of the development and delivery of homelessness services, in relation to the aims and objectives of the Homelessness Strategy. A desk-based assessment of available reports and the qualitative feedback from a range of stakeholders suggests that the Homelessness Strategy for 2017 to 2022 was largely achieved, with

slippage and non-achievement in some areas mainly because of the impact of having to respond to the Covid-19 pandemic in terms of homelessness services and service users. There were also a small number of actions that were not fulfilled. These included the fact that the e-learning package could not be fully rolled out because of IT issues, and there was no replacement in terms of a stand-alone private rented sector access scheme.

Sections 5 and 6 provide insight into the qualitative views of key stakeholders and service users in terms of progress and delivery on the Homelessness Strategy. Stakeholders from the Housing Executive, provider organisations and Government Departments suggested that most progress had been made on objective 3 (chronic homelessness) followed by objective 1 (homelessness prevention) with less movement on objective 2 (accommodation and support services). Feedback by stakeholders on this latter objective (2) recognised the impact of Covid-19, in particular in terms of increasing demand for temporary accommodation, and the ongoing lack of social housing for the demand. Overall respondents noted that good progress had been made on prioritising homelessness prevention, in particular via the Homeless Prevention Fund, whilst expressing concern about the annual nature of the funding and the need to apply each year, and difficulties in establishing projects including staff recruitment and service delivery in a one-year cycle. Stakeholders noted concern about the lack of progress in relation to the CAP and the CAF.

From a more positive perspective stakeholders noted that various elements of the Strategy had been fast-tracked or prioritised because of Covid-19. These included the roll-out of shared tenancies for young people, dispersed housing and support solutions with wraparound support and an increased provision and use of Queen's Quarter. Stakeholders suggested that there had been an increased understanding of what makes accommodation sustainable throughout the delivery of the 5-year strategy; matched with an increased availability and range of types of Floating Support; and there were positive comments about the development and roll-out of Housing Solutions across Northern Ireland including the role of the housing advisors and the customer journey. Overall respondents felt progress had been made in terms of understanding chronic homelessness, and there was positivity about the Complex Lives project and the expansion of Housing First, albeit that there was recognition that some actions under objective 3 had been paused or not achieved e.g. roll-out of chronic homeless indicators on the Housing Management system.

Respondents generally suggested that the mechanics of delivering and monitoring the current 5-year Homelessness Strategy had been an improvement on the position in the previous Strategy (2012 – 2017), although there were some comments about overlap between groups and some bureaucratic structures. Concern was also noted that the Service User Forum had not been as successful as initially hoped. Stakeholders were positive about the Annual planning cycles and Annual Reports, and the Housing Executive's data gathering/sharing processes and systems, and research production during the Strategy's lifetime. They noted that the planning process for the Homelessness Strategy for 2022 – 27 had incorporated good involvement in the pre-consultation and consultation stages including at local level. However, stakeholders were negative about the absence of any evaluation findings to feed into the development of the new Strategy, because of the timing of the evaluation process.

Service users were positive about the work done in ensuring that rough sleepers had somewhere to go during the pandemic, and were very positive about the temporary accommodation and hostel staff

as well as other support services they had experienced. However, they also highlighted various elements of the Homelessness Strategy which they felt had not been achieved including; more targeted prevention for families under pressure and children/young people experiencing adverse childhood experiences, gaps in the provision of temporary accommodation in some regional areas and for some specific needs groups and an overarching concern about the length of time they might have to wait for and type of social housing they will be offered, including areas of choice. They also emphasised that the Housing Executive and other Departments need to listen to people with lived experience, and that more could be done in this area so that it is not tokenistic, piecemeal or ad hoc, and that listening then needs to be translated into actions.

In addition, this evaluation report provides an overview of key legislative changes in neighbouring jurisdictions which have had a positive impact on the ability of statutory organisations to deliver homelessness strategies (Section 7). Key lessons from other jurisdictions highlight the inherent limitations of preventative and rapid rehousing services when operating outside an integrated homelessness and housing strategy. Shortfalls in prevention and relief are likely to remain if affordable (and particularly social) housing supply is insufficient and if interagency/cross disciplinary working is not in place. Equally, the use of housing-led/Housing First services appears to be most effective when employed within an integrated strategy that centres on joint, interagency, working within a framework that increases social/affordable housing supply.

Section 8 provides some concluding comments on the achievements and delivery of the 5-year Homelessness Strategy. In particular it highlights the work undertaken by the Housing Executive and a wide range of delivery partners at the outset and during the Covid-19 pandemic, to ensure that firstly homeless services continued to operate and respond to need and secondly that homeless service users were safe during this two-year period of time within the Strategy's timeline. This included the immediate provision of information on Covid-19 to tenants and also service users together with phone numbers and secondly, the launch of a Covid-19 response fund in April 2020. In addition, throughout the pandemic the HE developed and produced contingency plans, and at a later stage (November 2020) the Reset plan was developed, with clear stages, responses and a timeline. Additional funding of some £9 million was provided in 2021/22 in order to fully fund the HE's Covid Reset Plan on homelessness.

Section 1 Introduction

1.1 This evaluation report examines the implementation of the first four and a half years of the five-year Homelessness Strategy for Northern Ireland, 2017 – 2022, entitled *Ending Homelessness Together*¹.

1.2 The report is divided into the following sections:

Section 1 – Introduction

Section 2 – Background and Context

Section 3 – Homelessness data over the period 2017 – 2022

Section 4 – Desk-based analysis of the five objectives - Achievements

Section 5 – Stakeholder feedback on the Homelessness Strategy 2017 - 2022

Section 6 – Service user feedback on the Homelessness Strategy 2017 - 2022

Section 7 – Learning from other jurisdictions

Section 8 – Conclusions

1.3 The Homelessness Strategy was launched in the Spring of 2017, with a commitment to ongoing monitoring of progress against its aims and objectives (see detail of these in Section 2), together with a commitment that the Strategy would be evaluated.

1.4 A list of abbreviations is provided at Appendix 1.

About the Evaluation

1.5 This independent evaluation was commissioned by the NI Housing Executive (hereafter HE), commencing in November 2021 to March 2022. It has been conducted by Fiona Boyle (Fiona Boyle Associates), with specialist knowledge and expertise on homelessness legislation and policy provided by Professor Nicholas Pleace (The Centre for Housing Policy, The University of York), and with specific reference to the research aim: to explore any key legislative changes in neighbouring jurisdictions which have had a positive impact on the ability of statutory organisations to deliver homelessness strategies.

1.6 The overall aim of the project, as outlined in the Terms of Reference and Research specification, was to help policy makers develop a new homelessness strategy through an evaluation of the existing 2017 – 2022 strategy. This document noted that the project will review the homelessness strategy identifying key achievements, exploring the reasons for any shortfalls in reaching targets and strategic goals and considering the directions which a new homelessness strategy could take. In addition, it noted recognition that this evaluation will require critical reflection of the 2017 – 2022 strategy, making considered allowances for changes in the policy and wider landscape during the lifetime of the strategy. A further HE requirement for inclusion in the project was consideration of the significant developments in homelessness policy in Great Britain, with input from academics/officials who have taken an active role in homelessness strategy development outside of Northern Ireland.

¹ *Homelessness Strategy for Northern Ireland 2017 – 22, Ending Homelessness Together*, Northern Ireland Housing Executive, April 2017.

1.7 The evaluation explored the following research aims and objectives:

- To explore the effectiveness of the Homelessness Strategy 2017 – 2022 and the extent to which the outcomes, objectives and actions in the Homelessness Strategy have been delivered;
- To explore the effectiveness of inter-agency working in the delivery of the Homelessness Strategy 2017 – 2022 and any aspects of this which could be improved in the development and delivery of the Homelessness Strategy 2022 – 2027;
- To explore any key legislative changes in neighbouring jurisdictions which have had a positive impact on the ability of statutory organisations to deliver homelessness strategies;
- To identify key themes/objectives/actions to be considered in the Homelessness Strategy 2022 – 2027;
- To identify any additional challenges/lessons arising from the ongoing pandemic response that should be considered as key themes/objectives/actions in the Homelessness Strategy 2017 – 2022.

1.8 A Project Advisory Group (PAG) was set up to oversee the delivery of the evaluation. This comprised:

- Richard Tanswell HE, Homelessness Policy & Strategy (Client)
- Ursula McNulty HE, Head of Research, Research Unit
- Patrick Finucane HE, Research Unit
- Deborah Reid HE, Landlord Services Support
- Catherine Carey HE, Homelessness Strategy Manager
- Brian O’Kane HE, Assistant Director – Policy & Business Excellence
- Mark Baillie Homeless Connect, Policy & Public Affairs Officer

Evaluation Methodology

1.9 The evaluation was conducted between December 2021 and February 2022. The timescales and budget available determined the research methods developed. In addition, a further factor contributed to the timescale; namely that the evaluation of the Homelessness Strategy had to be completed before the nominal end of the 2017 – 2022 strategy, and in addition, this was alongside the background of work already underway to determine the new Homelessness strategy for 2022 – 2027. This evaluation therefore covers as much of the five years (2017 – 2022) as possible; notes are provided in some places because various actions had not been achieved or secondary data was unavailable for the full 5-year period.

1.10 Within the overall remit of the main objectives, the specification outlined that the consultant should perform the following key tasks:

- Set out the key achievements of the strategy to date;
- Literature review of policy and procedures – highlighting policy initiatives and good practice in relation to homelessness strategies in UK, Ireland and further afield;
- Seek feedback from key stakeholders (internal in the HE and external) around effectiveness of the strategy;

- Review of published data and documentation using agreed outcome indicators to highlight progress and overall trends throughout the lifetime of the strategy;
- Identify outstanding or non-achievable objectives and clearly set out reasons for non-implementation and decide if actions need to be brought forward into new strategy.

1.11 The research methods were developed incorporating the requirements outlined above and covered three broad areas. Research Area 1 was a desk-top data analysis, reviewing published key data and trends in Northern Ireland over the lifetime of the 5-year strategy, together with all relevant and available paperwork relating to the development and delivery of the strategy. This stage included analysis of the following:

- Analysis of homelessness statistics and trends for the 4 ½ -year period (April 2017 – September 2021) including the number of presenters and acceptances, broken down by age, gender, status and reason for homelessness;
- Analysis of use of supported accommodation services, additional temporary accommodation, placements in temporary accommodation and length of stay in temporary accommodation;
- Analysis of financial investment in homelessness services broken down by temporary accommodation provision, homelessness services, voluntary sector funding, Supporting People, leased properties and the private rental sector access scheme for 2017/18 to 2021/22. Comparison of data to previous years.
- Analysis and review of the outstanding actions from the previous homelessness strategy, 2012 – 2017 – seven of the 38 actions were incomplete or in progress at the point of the homelessness strategy being published;
- Analysis of the annual reports (four available to cover the first four years of the Strategy) which outline progress on the Homelessness Strategy 2017 – 2022;
- Inclusion of a Covid-19 context in terms of how the pandemic has impacted homelessness statistics and trends, as well as the delivery of front-line services.

1.12 Research Area 2 involved consultation with people experiencing homelessness and sectoral engagement via interviews and focus groups, covering three main groupings. The numbers achieved are outlined below:

- a total of 13 staff from the HE (referred to as internal staff perspective)
- a total of nine respondents from a range of statutory and voluntary sector organisations, all with involvement in delivering and monitoring the Homelessness Strategy – via the Homelessness Strategy Steering Group, the Central Homelessness Forum and a number of the Local Area Groups, or through service provision in the homeless sector (referred to as sectoral engagement)
- a total of 13 service users, with current or past lived experience of homelessness; participants received a thank-you of £10 in voucher or cash format.

A list of participants for internal HE staff and those under the heading of sectoral engagement is provided at Appendix 2.

The overall focus of this part of the evaluation was to obtain input from those involved in the front-line of service development and delivery, as well as those receiving accommodation and

other support services (those with 'lived experience'). The aim of this consultation and engagement was to obtain qualitative feedback on the effectiveness of the 5-year Homelessness Strategy, the effectiveness of inter-agency working in the delivery of the Strategy, and to identify specific additional challenges and lessons arising from the ongoing pandemic response. Qualitative quotes from respondents are included in Sections 5 and 6 in *italics*.

- 1.13 Research Area 3 comprised an evidence/policy review; this reviewed wider global issues, policy initiatives and good practice in relation to homelessness procedures and strategies in the UK, Ireland and further afield, and with a focus on where there could be learning for NI. This stage was undertaken by Professor Nicholas Pleace, The Centre for Housing Policy (CHP), University of York, utilising his connections and contacts with other academics throughout the UK and worldwide. A particular focus of this stage of the evaluation was an exploration of any key legislative changes in neighbouring jurisdictions which have had a positive impact on the ability of statutory organisations to deliver homelessness strategies. In addition, this stage commented on any key themes/objectives/actions identified in the other two stages of the evaluation, providing a context for these factors beyond Northern Ireland.
- 1.14 The evaluation was intended to measure progress against the objectives and actions set out in the Homelessness Strategy document, both in terms of measuring actual progress against actions and in relation to respondents' perspective on progress. In addition, it is important to note that the evaluation was not just focussed on actions taken, but also examined the methods and mechanisms by which organisations worked together, not just in the housing and homelessness field, to initiate change and progress.

Section 2 Background and Context

- 2.1 This section looks at the background to the Homelessness Strategy for 2017 - 22 and examines the move towards the production and delivery of Homelessness Strategies in Northern Ireland over the last 20 years.

Homelessness duties in Northern Ireland

- 2.2 The statutory and regulatory framework² in Northern Ireland enables the provision of accommodation for households who are homeless, if they meet a number of assessment criteria. These criteria are based on the original English legislation passed in 1977; it is worth noting that as discussed later in Section 7 the legislation has been altered significantly in all other UK jurisdictions. In Northern Ireland the Housing (NI) Order 1988 (as amended) identifies the Northern Ireland Housing Executive as the agency tasked with responding to homelessness. The Order places a statutory duty on the Housing Executive to provide interim and/or permanent accommodation for certain homeless households, dependent upon investigations and assessment of their circumstances. In order to be “accepted” as statutorily homeless, a household must meet the four tests of:

- Eligibility
- Homelessness
- Priority Need
- Intentionality Any household that meets these four tests will be accepted as a ‘Full Duty Applicant’ (FDA) and will be owed a full housing duty. The full housing duty includes ensuring that accommodation is made available for the household as well as the provision of temporary accommodation where necessary and assistance with the protection of the household’s belongings.

The basis for a homelessness strategy

- 2.3 The first formalised Homelessness Strategy in Northern Ireland was launched in 2002. This Strategy included a statement of intent on the part of the HE, noting that a move towards the ‘development of appropriate primary preventative strategies and services.’ This strategy also sought to minimise the use of B&Bs as temporary accommodation, to improve standards within temporary accommodation and to enhance service user involvement in the planning of appropriate support services. A broad goal to enhance strategic coordination was also set, involving the statutory, voluntary and housing association sectors and broader coordination with mainstream services³.
- 2.4 Many of the sentiments and broad coverage of the 2002 Homelessness Strategy have continued over subsequent strategies in the last 20 years. In 2010 a legislative duty was placed on the HE to formulate and publish a strategy for homelessness, resulting in the development and production of the 2012 – 2017 and then the 2017 – 2022 strategies. It is worth noting that whilst containing (and continuing) many of the same themes and threads, both these strategies have noticeable differences.

² The Housing (NI) Order 1988, the Housing (NI) Order 2003.

³ *The Homelessness Strategy, 2002*, NI Housing Executive, 2002.

Homelessness Strategy 2012 - 2017

- 2.5 The 2012 – 2017 Homelessness Strategy was evaluated by Fiona Boyle and Nicholas Pleace⁴. The evaluation report noted the focus on homelessness prevention in this Strategy, where this had been placed at the forefront of service delivery, with the aims of reducing the duration of homelessness by improving access to affordable housing, removing the need to sleep rough and improving services to vulnerable people experiencing homelessness. The broad vision of the 2012 – 2017 Strategy was to eliminate long-term homelessness and rough sleeping across Northern Ireland by 2020. The Strategy was based on 38 actions as follows:
- 11 actions relating to homelessness prevention
 - 6 actions relating to affordable housing
 - 5 actions relating to removing the need to sleep rough and
 - 16 actions relating to improving services for vulnerable people experiencing homelessness

The 2012 – 2017 evaluation found that as at November 2016, 31 of the 38 actions listed above were assessed by the evaluation process as being complete, a further three were in progress (i.e. significant changes had occurred, three were partially completed and one action was deemed to be incomplete. Table 1 indicates those actions which were not fully completed within the 5-year timeframe of the Strategy.

Table 1: Homelessness Strategy Evaluation - Actions 2012 – 2017, not complete

Action	Description	Status
4	Produce a framework to provide holistic assessment	In progress
12	Enable homeless people to move on from temporary accommodation	
19	Agree service changes for effective interventions (rough sleepers)	
22	Develop a mechanism for referral to addiction services (rough sleepers)	
2	Measure the extent of hidden homelessness by 2012/13	Partially completed
18	Evaluate services/data sharing for alcohol addiction (rough sleepers)	
13	Review temporary accommodation	Incomplete

It is worth noting that the tenure of this 5-year Homelessness Strategy also included a period of reprioritisation from 2014 onwards, with five key priorities identified. These were: the introduction of the Housing Options model, a Common Assessment Framework, a Central Access Point, the development of a Housing First service and a range of measures designed to support sustainable tenancies.

- 2.6 The evaluation of the 2012 – 2017 Homelessness Strategy found that levels of homeless presentations⁵ and the number of households owed the Full Duty⁶ remained at similar levels between 2011/12 and 2014/15. During the period 2014/15 to 2015/16, increases occurred in the number of households found to be owed the Full Duty, with a drop in presentations

⁴ *The Homelessness Strategy for Northern Ireland, 2012 – 2017, An Evaluation*, Fiona Boyle and Nicholas Pleace, January 2017.

⁵ Households seeking assistance from the HE.

⁶ Full Duty Applicants – assessed as homeless and in priority need.

being recorded during 2015/16. The reasons for homelessness given by applicants were not subject to marked variation over the period of this Homelessness Strategy. The evaluation further noted that an enhancement to preventative services had initially been associated with marked falls in homelessness presentations and acceptances⁷ in England, Scotland and Wales⁸. In Wales, recent legislative change (Housing Act (Wales) 2014) had shifted the emphasis of the statutory system to prevention. England had first placed greater emphasis on prevention in the mid-2000s, but was later to strengthen this by broadly following the Welsh legislative changes (in the 2017 Homelessness Reduction Act). In Scotland, legislative changes had removed priority need as a requirement for receiving the equivalent of the final duty, a process that had been accompanied by an increased emphasis on prevention to manage increased demand. However, as highlighted by the evaluation, this pattern was not replicated in Northern Ireland at that point, albeit that it was recognised that the process of enhancing preventative services, through building Housing Solutions and Support Teams (the Housing Options model), was clearly underway in Northern Ireland, and that this pattern might be replicated over a period of time.

2.7 The evaluation of the previous Homelessness Strategy (2012 – 2017) provided the following additional conclusions:

- Access to affordable housing is insufficient in Northern Ireland, exacerbated by reductions in access to low deposit mortgages and relatively high rent levels in the private rented sector;
- The goal to reduce the average duration of temporary accommodation stays from 46 to 40 weeks, was surpassed with a 36.7-week average reported in 2015/16⁹;
- Levels of rough sleeping appear to be very low in Northern Ireland over the period of this Homelessness Strategy, albeit that limitations in the street count methodology were noted;
- Whilst rough sleeping numbers were low, there was also evidence that not all rough sleepers were engaging with or able to reach services;
- The initial development and introduction of a Housing Options approach to prevention, the CAF, a CAP, and the piloting of Housing First were all seen by homelessness service providers as very positive;
- There was broad consensus among respondents that housing, health, social care, housing advice, preventative and homelessness services need to work together to effect change both in terms of service coordination and interagency planning, with some evidence of gaps in service coordination;
- Progress had been made in terms of specific services for women experiencing homelessness, young people and ex-offenders, and for those in rural areas.

Overall, the evaluation report, looking at the 2012 – 2017 Homelessness Strategy concluded: *the Strategy cannot be judged in terms of whether or not it had reduced homelessness to a*

⁷ Equivalent to households owed the Full Duty. Priority need does not apply in Scotland, where there are specific legal duties for local authorities in respect of homelessness prevention.

⁸ It is worth noting that levels rose again in Wales and have also started to rise in England.

⁹ For households owed the Full Duty under the homelessness legislation.

functional zero¹⁰, but must instead be examined in terms of the progress that has been made in preventing and reducing homelessness. The Strategy was designed as one of a series designed to eventually end homelessness, it was not intended to end this uniquely damaging social problem within five years.

How was the Homelessness Strategy (2017–2022) agreed?

- 2.8 The draft Homelessness Strategy for 2017–22 was published in December 2016 and went out to a period of consultation via the provision of hard copies to a range of consultees, and its availability on the HE website. The consultation period ran from 8th December 2016 to 8th February 2017. A consultation workshop was organised by the Council for the Homeless NI and took place on 9th December 2016. A total of 39 written responses were received in response to the consultation.

Basis of the Homelessness Strategy (2017–2022)

- 2.9 The Homelessness Strategy – entitled using the Vision of the new strategy, *Ending Homelessness Together* – came into effect in April 2017. The 5-year strategy for 2017–2022 had three main aims as follows:
- *This Strategy aims to prevent homelessness*
 - *This Strategy aims to ensure that households experiencing homelessness are supported to find suitable accommodation and support solutions as quickly as possible*
 - *This Strategy aims to ensure a cross departmental and inter agency approach to ending homelessness*

Underlying these overarching aims, the strategy had five objectives as follows:

1. To prioritise homelessness prevention
2. To secure sustainable accommodation and appropriate support solutions for homeless households
3. To further understand and address the complexities of chronic homelessness across Northern Ireland
4. To ensure the right mechanisms are in place to oversee and deliver this strategy
5. To measure and monitor existing and emerging need to inform the ongoing development of appropriate services

The next sub-sections provide firstly information on other relevant strategies and documents published during the tenure of the Homelessness Strategy (2017–2022) and an overview of the agreed actions in the 5-year strategy under each of the objectives.

Other relevant contextual information

- 2.10 It is useful to also consider the broader contextual backdrop to the theme of homelessness in Northern Ireland, and a number of reports issued or published during the life-time of the Homelessness Strategy. The NI Audit Office (NIAO) report *Homelessness in Northern Ireland*¹¹

¹⁰ A situation in which homelessness is minimised, i.e. most potential homelessness is prevented and anyone who does become homeless is not homeless on a prolonged or repeated basis.

¹¹ [Homelessness in Northern Ireland Full Report 0.pdf \(niauditoffice.gov.uk\)](https://niauditoffice.gov.uk/Homelessness%20in%20Northern%20Ireland%20Full%20Report%200.pdf)

was published in November 2017, at an early point in the Homelessness Strategy's 5-year tenure. This report made a number of comments about the delivery of homelessness services, and the actions relating to Homelessness Strategies. These can be summarised as follows:

Trends – it was noted that the statutory homeless acceptance rate per thousand households is relatively high in Northern Ireland compared to other UK jurisdictions. Critically whilst the number of households presenting to the HE over the period 2012 – 2017 decreased, the level of acceptance as statutorily homeless increased by 32%;

Reasons for homelessness – the NIAO report pointed to increasing levels of homeless presenters under the category Accommodation Not Reasonable;

Allocation of social housing – the levels of homelessness and the allocation system in Northern Ireland result in 80% of available social houses being allocated to households that are statutorily homeless; a significantly higher level than a range of 13 to 38% in the rest of the UK;

Homeless service delivery – the NIAO pointed out that the HE had been slow to adopt the Housing Options preventative approach, which had resulted in decreasing levels of homeless presentations and acceptances in the other UK jurisdictions. Reference was made to HE's intention in Northern Ireland to implement its own preventative model – the Housing Solutions and Support (HSS) approach. The NIAO report also noted that the Homelessness Strategy for 2017 – 2022 had a greater emphasis on homelessness prevention;

Strategic approach and collaboration – the NIAO report noted evidence of considerable joined-up working across the public and third sector in relation to homelessness, but suggested that more needed to be done to address homelessness as a strategic priority;

Monitoring and measurement – the NIAO report welcomed the fact that the 2017 – 2022 Strategy had adopted more of an outcomes-based approach, including annual reporting on performance and progress. They raised concerns that it was difficult to assess how effective the range of activities included in the 2012 – 2017 Homelessness Strategy had been in either dealing with or reducing homelessness; citing intermittent reporting, and a lack of linkage between objectives and targets/outcomes. They also highlighted the need to develop data sets and statistics on homelessness at a Departmental level.

The NIAO report included nine recommendations following on from these findings, included the need to examine AHR as a reason for homelessness, looking at outcomes-based systems and data sets, looking at how rough sleeping is monitored and measured, and calling for a cross-departmental review to identify and quantify health-related support needs for homelessness service providers and households.

- 2.11 The Homelessness Strategy (2017 – 2022) also sat alongside the Inter-Departmental Homelessness Action plan (IDHAP)¹², first published in November 2017, with the purpose of complementing the Homelessness Strategy. The IDHAP focussed on addressing gaps in those non-accommodation services that have the most impact, or have the potential to more positively impact, on the lives and life chances of people who are homeless and those who are most at risk of homelessness.

It is worth noting that during the lifetime of the 5-year Strategy an IDHAP was published in each of the first two years (2017 - 2018 and 2018 - 2019), with no further publication in the remaining years, although it is acknowledged that this may in part have been an impact of the Covid-19 pandemic.

The IDHAPs listed priorities and actions, which were then reported on in an Annual Report (again available for two years of the 5-year strategy). The first Action plan outlined nine tangible actions, summarised in Table 2, as priorities for Government departments and their statutory partners.

Table 2: Inter-Departmental Homelessness Action Plan, 2017 – 2018, Priority Areas and Actions

Resp. Owner	Priority Area	Actions
DoH	Health and wellbeing, including mental health and substance misuse	Identify barriers faced by people who are homeless in accessing health and social care services, with a view to improving access to those services.
		Promote the use of the Hospital Discharge Protocol across Health and Social Care organisations.
DE/CCEA	Education and awareness raising – children, young people, schools and providers.	“Learning in schools” – promotion of Homelessness Awareness and development/ update of Skills Curriculum thematic units.
DfC	Support for those leaving places of care, including institutional care, children’s residential and foster care, prisons, hospitals, mental health facilities.	Provision of Joined-Up Advice/ Signposting” for those leaving prison/juvenile justice centres and places of care.
		Work to develop a wraparound support to provide an ‘end to end’ service/signposting.
		Support - Substance misuse and re-offending
		Mapping Current Service Provision
DfC, DoH, DoJ	Support for families including support for those experiencing domestic violence, and community support mechanisms.	Develop a protocol or framework, following the principles of the General Data Protection Regulation to facilitate and encourage relevant Government departments and statutory partners, where possible, to share information about individuals who are homeless or are at risk of homelessness.
DfC	Employability, financial capability and access to benefits.	‘Helping Claimants who are Vulnerable’ Working Group.

¹² Inter-Departmental Homelessness Action plan (IDHAP), November 2017.
[dfc-inter-departmental-homelessness-action-plan.pdf](https://www.dca.gov.uk/inter-departmental-homelessness-action-plan.pdf)

The second Action plan for the period 2018 – 2019 demonstrated considerable development in the specific actions in each of the priority areas as outlined in Table 3, with an increase from nine to eleven specific areas.

Table 3: Inter-Departmental Homelessness 2nd Action Plan, 2018 – 2019, Priority Areas and Actions

Resp. Owner	Priority Area	Actions
DoH	Health and wellbeing, including mental health and substance misuse	Pilot a Homeless Healthcare Hub in Belfast to provide outreach care to those who are sleeping rough or in hostel accommodation.
		The model for the provision of needle and syringe exchange services will be reviewed and revised to reduce the risk of blood borne viruses and improve accessibility, including for those who are homeless.
		Co-produce an awareness and education plan to meet the needs of staff in the voluntary sector and to raise awareness among Health & Social Care Trust (hereafter HSCT) staff regarding particular service needs of people experiencing homelessness. Work with partners i.e. Voluntary and community sector and HSCT to provide awareness and training on issues affecting the health of those experiencing homelessness.
		To develop a practice framework for social workers in NI in relation to homelessness.
DE/CCEA	Education and awareness raising – children, young people, schools and providers.	By 31 March 2020, to produce resources on preventative strategies within the curriculum, such as financial capability and self-esteem, to address social issues such as homelessness.
DoJ	Support for those leaving places of care, including institutional care, children's residential and foster care, prisons, hospitals, mental health facilities.	To commission research to assess the longer-term outcomes of an offender's access and retention of accommodation following release.
DfC/DoH		Proactively address housing needs of hospital in-patients who are experiencing homelessness.
DfC		To examine the reasons why young people experiencing homelessness, particularly in the 18–21-year-old age group, have difficulty in accessing help and advice in relation to their homelessness situation. This was highlighted in the research completed by the Council for the Homeless NI which mapped the support needs of young people with a history of homelessness.
DoJ	Support for families including support for those experiencing domestic violence, and community support mechanisms.	To consider the impact of new domestic violence and abuse initiatives, in terms of how these may impact on homelessness levels, and what steps may be taken to address this.
		To review the current systems for accessing accommodation for offenders with service providers and bring forward a revised framework for co-operation by December 2019.
DfC	Employability, financial capability and access to benefits.	A Housing Rights – Universal Credit and Homelessness pilot Project - to empower and train a minimum of 150 key frontline staff to deliver appropriate advice and support to assist vulnerable people in temporary accommodation successfully transition into long term accommodation. The pilot will also provide access to a dedicated helpline support for these staff and a facility to refer individual complex cases where required.

The IDHAP also noted that the action plan would remain a 'living document' throughout the lifetime of the Homelessness Strategy so that the Department for Communities (DfC), with input from partner organisations, service providers and service users, can keep it up-to-date and responsive. In addition, it noted that the Homelessness Strategy Steering Group (HSSG), chaired by the DfC and including representation from a number of Government departments, statutory agencies and the voluntary sector would have overall responsibility for monitoring and reporting on the implementation of the Action Plan. It further noted that this group, which meets quarterly also had responsibility for monitoring the overall Homelessness Strategy. It is worth noting that whilst this evaluation was tasked with evaluating the Homelessness Strategy, reference should also be made to the outcomes from the two IDHAPs, as outlined in the Annual Report on each year's activities.

The second IDHAP provided an update on achievements from the first year Action Plan (November 2017 – June 2018) noting that actions had concentrated on research activities, benchmarking, mapping service provision and identifying where good practice exists locally. Whilst this had not immediately produced tangible outcomes for service users, it was recognised that this preliminary work enabled the scoping of future actions. Reference was made to a DoH report identifying barriers faced by people who are homeless in accessing health and social care services, with actions arising from this in the Year 2 Action Plan. A further example was the DfC led work on a mapping project with MACS, looking at gaps in service provision for young people experiencing homelessness. MACS then produced a video telling the story of young service users' experiences such as rough sleeping, sofa surfing, hostel living etc. Finally, CHNI also worked with the DfC to undertake a NI-wide scoping and analysis exercise to map youth homelessness; this exercise highlighting issues in terms of accessing various services, particularly for those aged 18 – 21 years old.

- 2.12 The Chronic Homelessness Action Plan (CHAP)¹³ was consulted on in the first half of 2019, with an agreed version published in January 2020. The CHAP focuses on the HE's commitment, set out in the Homelessness strategy, *to develop appropriate responses to address the needs of the population in Northern Ireland experiencing chronic homelessness*¹⁴. The CHAP included a number of objectives including the design of specific criteria for measuring chronic homelessness and the implementation of a range of support services to help people sustain their accommodation. The CHAP report emphasised that the problem of chronic homelessness cannot fully be resolved through housing provision; that it requires collaborative working across the statutory, voluntary and community sectors. A definition of chronic homelessness was developed through a process of consultation and detailed discussion across the homeless sector, and was finalised as part of the CHAP report. The definition and criteria outlined that an individual can be said to be experiencing chronic homelessness if they meet one of the indicators listed:
1. An individual with more than one episode of homelessness in the last 12 months; OR
 2. An individual with multiple (3 or more) placements/exclusions from temporary accommodation during the last 12 months.

¹³ *Chronic Homelessness Action Plan (CHAP)*, January 2020

¹⁴ *Ibid*, page 1.

AND two or more of the following indicators must also apply:

- An individual with mental health problems;
- An individual with addictions e.g. drug or alcohol addictions;
- An individual that has engaged in street activity, including rough sleeping, street drinking or begging within the last 3 months;
- An individual who has experienced or is at risk of violence/abuse (including domestic abuse) - risk to self, to others or from others;
- An individual who has left prison or youth custody within the last 12 months;
- An individual who was defined as a 'looked after' child.

The Covid-19 pandemic

2.13 *The Way Home – Homelessness response to Covid-19*¹⁵ provides insight into the HE's response to Covid-19, with the pandemic stretching over a 2-year period of the 5-year lifetime of the Homelessness Strategy for 2017 – 2022. Covid-19 presented huge challenges to the HE and other Departments, organisations and agencies working with people who are homeless. The Way Home report and previous publications noted that the HE and wider relevant stakeholders firstly worked in partnership during the early weeks and months of the pandemic, ensuring that homelessness services continued to operate effectively¹⁶. Additional funding was received by the HE for the homelessness response to Covid-19. This was aimed at limiting the transmission of the virus amongst the homeless population, to review services including night shelters, day services, accommodation and floating support services, and ultimately to ensure the availability of adequate temporary accommodation.

The *Way Home* document, also referred to as the *Reset Plan*, acknowledged that the HE had adopted a co-ordinated response to address the impacts of Covid-19 in terms of homelessness in Northern Ireland. The report noted that the actions taken since early March 2020 in response to Covid-19 mirrored much of the HE's existing strategic commitments, albeit that the pandemic had forced faster progress on some fronts, whilst resulting in slower progress on others. The HE referenced a commitment to *protect this progress whilst also considering the wider strategic impacts*. Some actions in the Homelessness Strategy were fast-tracked; these included:

- Contingency planning and Surge Plan development
- Crisis Management response (Phase 1) including ensuring the provision of statutory homelessness services and Out of Hours service, ensuring a sufficient supply of temporary accommodation (via measures such as increasing the supply of single lets and non-standard accommodation), providing immediate support to rough sleepers, supporting the sector to enable homeless services to work effectively and respond safely, protecting homeless individuals (and staff) through provision of PPE and testing arrangements, and the provision of interim funding to SP providers.
- Maintenance of services and protection of homeless during lockdown (Phase 2) including

¹⁵ *The Way Home – Homelessness response to Covid-19*, November 2020.

¹⁶ agendaNi – *Partnership and planning key to tackling homelessness during Covid-19*, July 2020.

introduction of shared housing options, and the development of a bespoke facility for temporary accommodation in Belfast. Post-Covid-19 planning and transition to 'new normal' (Phase 3) covering maintenance of above measures, whilst at the same time working towards the easing of lockdown restrictions and ongoing provision of services.

As part of the response to the Covid-19 pandemic the HE, along with the DoH and DfC adopted the 'Everyone In' approach. This sought to minimise the risk of those individuals, who were rough sleeping, from contracting or spreading Covid-19. As noted, in conjunction with sector partners, including Depaul, Extern and the Welcome Organisation, and assertive outreach in Belfast, all identified rough sleepers were engaged with. The 'Everyone In' approach included the development of a Memorandum of Understanding (MoU) with the DfC and DoH to assist those persons from abroad who were ineligible for housing assistance..

Key principles underpinned the HE's Covid-19 response. These included the use of evidence and analysis, a person-centred approach, expert-led, responsiveness, collaboration and a housing-led approach. The Way Home report¹⁷ also outlined five key themes as part of the Reset plan (from Phase 2 onwards); these were as follows:

- Theme 1 – Rough sleeping
- Theme 2 – Ensure there is an adequate supply of accommodation
- Theme 3 – Prevention
- Theme 4 – Homeless Services
- Theme 5 – Collaborative working

It is worth noting that this framework and the identified themes were in line with the Homelessness Strategy for 2017 – 22, and aimed to enable the HE and other stakeholders to maintain key services, protect households experiencing homelessness and have a post Covid-19 plan in place to emerge from the pandemic.

As noted earlier some areas within the Strategic Plan and relevant Action plans were subject to slippage, as a result of the Covid-19 pandemic. Specific delays or planned changes in the delivery of the Action plans are noted in Section 4 of this report.

¹⁷ *Op cit, The Way Home.*

2017 – 2022 Homelessness strategy

- 2.14 The 5-year strategy provided a more detailed outline of actions underpinning the five objectives which were noted earlier at paragraph 2.9. These are outlined below and can be found in more detail in Chapter 4 of the *Ending Homelessness Together* strategy.

Objective 1: to prioritise homelessness prevention

Three main areas of prevention work were outlined under Objective 1. This element of the homelessness strategy recognised that *“homelessness can have a catastrophic effect on a household with far reaching and long-term implications for health and wellbeing.* Reference was made to research undertaken by Crisis, along with the University of York¹⁸ and the Department of Communities and Local Government (DCLG)¹⁹ which demonstrates how failing to prevent homelessness, effectively costs the public purse thousands of pounds more per individual than would be the case if timely interventions and prevention was to take place.

Based on these arguments for prevention and early intervention, the Strategy documented actions under the following headings:

- **Pre-crisis intervention** – this element noted the usefulness of identifying key indicators that can lead to or contribute to homelessness, with the vision that if these can be identified and addressed, before the household are in crisis, this can prevent homelessness in the first place or alternatively minimise its impact. The Strategy noted that this area spanned across into a wide range of agencies and organisations involved in people’s lives, not just within the housing and homelessness sector. The Strategy referenced the *‘Making every contact count’* report²⁰ which looked at how services are delivered to those in crisis. The Strategy noted: *to ‘make every contact count’ each agency that may encounter vulnerable households at risk of homelessness should have frontline staff trained to understand homelessness and how they can intervene to assist in its prevention.*
- **Early intervention** – this area referenced the importance of a comprehensive assessment of all clients’ needs when they request assistance, pulling upon the necessary support to prevent homelessness where possible. Reference was made to the Housing Options Model, introduced under the tenure of the previous homelessness strategy, which resulted in a major review of front-line service delivery and the emergence of the Housing Solutions and Support model²¹. A key aim of this service is to provide person centred services which are tailored to meet the needs of individual customers and support them to achieve sustainable housing solutions. One focus of this more tailored customer

¹⁸ [At what cost? An estimation of the financial costs of single homelessness in the UK, Crisis & University of York \(2015\)](#)

¹⁹ [Evidence Review Of The Costs Of Homelessness, Department for Communities & Local Government \(2012\)](#)

²⁰ [Making Every Contact Count, Department for Communities & Local Government \(2012\)](#)

²¹ Commencing in 2016 on a phased introduction the HE adopted a Housing Solutions and Support approach to dealing with any person who contacts them with a housing issue. Housing Solutions was introduced initially as a pilot in three areas (Belfast Housing Solutions & Support Team – henceforth HSST, Causeway HSST and South Down HSST) and then across all Regions and offices. The timeline of introduction commenced in September 2016 with all offices and patches fully operational by March 2019. Prior to the implementation of Housing Solutions, homeless decisions per se were taken by Senior Housing Officers (total of 62) on the basis of investigations and evidence gathered by Housing Officers (around 300). The Housing Solutions approach involves around 150 Housing Advisors and 204 Patch Managers.

conversation was to include discussions on preventing homelessness, pulling upon the necessary support from other agencies to support clients.

- **Working Together** – this area proposed the development of a homelessness communication strategy, with an interdepartmental plan, with the focus of ensuring that households approaching crisis know where to go for help. Reference is made to how the various Government Departments e.g., Health and Justice, can work together to address the non-accommodation issues linked to homelessness.

Objective 2: to find sustainable accommodation and appropriate support solutions for homeless households

Under this objective the Strategy recognised that despite the best efforts to prevent homelessness, *a proportion of households will still find themselves homeless for a variety of reasons*. The background to this objective also noted that given the vulnerability of clients experiencing homelessness, it was important to find a solution that was individually tailored to their circumstances, and this would ensure longer term tenancy sustainment.

The five areas mentioned under Objective 2 were as follows:

- **Finding the right solution** – this theme referenced the fact that every household and their reasons for homelessness and any other support needs are unique, and as a result the solution for them needs to be tailored to these circumstances. Reference was made to a broad range of needs including physical and mental health, disability, financial management and budgeting, addiction issues etc. It was recognised that *coordinating support across all...agencies to provide a household with the support they need to maintain a home presents an ongoing challenge for all agencies involved*.
- **Housing Solutions and Support teams** – the change to the delivery model within the HE was noted earlier when looking at prevention. The same factors were referenced here in terms of assisting households experiencing homelessness to find sustainable accommodation and appropriate support. The Strategy noted: *the success of this approach is, however, entirely dependent upon the right services being available in the right place and at the right time to meet the needs of the household in order to succeed in creating a sustainable accommodation solution. Otherwise there is a danger of individuals and families falling into a cycle of repeat homelessness*.
- **Housing Support through Supporting People** – this element of the Strategy referenced the *need to be a strong alignment between the Homelessness Strategy and the Supporting People programme to ensure effective, strategic targeting of Supporting People resources, aligned to the objectives of the Strategy*. Specific reference was made to the 90 accredited organisations (including a wide range of charitable organisations, housing associations, health trusts and the HE) providing housing support through 800 services to up to 19,000 vulnerable people. The aim of this support was noted as helping the service

user to maintain their independence, in the form of accommodation-based services and support in their own homes via floating support. Services provide support to single people and families experiencing homelessness, as well as people at risk of homelessness due to addictions or domestic violence.

- **Other Housing Options** – under this action the HE noted that whilst it has been custom and practice in Northern Ireland to discharge the statutory homeless duty by providing accommodation in the social housing sector, the legislation does allow for this to be done in the private sector. Reference was made to the Housing Strategy *Facing the Future*, in which the Department committed to lead a fundamental review of the allocation of social housing in Northern Ireland, including being able to meet this duty to applicants experiencing homelessness on a tenure-neutral basis.
- **Temporary accommodation** – under this sub-heading, reference is made to the fact that an immediate permanent housing solution may not be available for some Full Duty Applicant households, and that in these circumstances the HE seeks to discharge its duty in stages, via temporary accommodation placements where necessary. The following list of temporary accommodation solutions were noted:
 - HE hostels
 - Voluntary sector hostels
 - Single lets²²
 - Dispersed intensively managed emergency accommodation (DIME)²³
 - Short term B&B or similar²⁴
- This action indicated that households are placed in temporary accommodation appropriate to their circumstances and with the necessary level of support.

Objective 3: to further understand and address the complexities of chronic homelessness across Northern Ireland

This objective focussed on a particular area of homelessness – chronic homelessness – using the Crisis definition²⁵: *a group of individuals with very pronounced and complex support needs who found it difficult to exit from homelessness*. Reference was made to those engaged in rough sleeping and street activity; noting that this client group tends to have extremely complex needs making it difficult for them to sustain tenancies, causing frequent, repeat cycles of homelessness, and typically intermittent engagement with services and periods of non-engagement.

Four areas for action were noted under this objective, as follows:

- **Building on previous work** – the Strategy noted the Street Needs audit in Belfast in 2015, the Inter-Ministerial Action Plan for Belfast, and the previous strategic review of rough sleeping and service provision in Londonderry/Derry. This action noted that the new Strategy would *therefore, maintain a special focus on this client group* and referenced the

²² Houses/flats etc. made available under licence agreement to households on a short-term basis.

²³ For individuals with complex issues and potential behavioural issues which require higher levels of management and support.

²⁴ These are used only in exceptional circumstances and for as short a duration as possible.

²⁵ [A Review of Single Homelessness in the UK 2000 – 2010, Anwen Jones and Nicholas Pleace, Crisis 2010.](#)

need to realign some services to ensure an appropriate continuum of services to best meet the needs of this client group.

- **Finding Solutions** – the Strategy referenced the Housing First NI Pathway, indicating that this would be further developed during the 5-year lifetime and that other existing outreach models that provide services to rough sleepers would be examined.
- **Expanding the scope** – the Strategy acknowledged that whilst the focus would continue to be on Belfast and Londonderry/Derry, where most rough sleeping occurs, there would also be a broader scope to examine chronic homelessness outside of the two main cities
- **Focus on those with no recourse to public funds**²⁶ – this action noted that there are a cohort of individuals who may end up sleeping rough as they may be ineligible for benefits or services in the UK. This action included improved data gathering within frontline services, to assist in providing an evidence base on the extent of this issue to inform future policy decisions.

Objective 4: To ensure the right mechanisms are in place to oversee and deliver this strategy

Two areas are mentioned under this objective as follows:

- **Delivery and accountability** – this action included the establishment of a number of groups, to assist with the delivering and oversight of the strategy. These were:
 - Homelessness Strategy Steering Group (HSSG)
 - Central Homelessness Forum (CHF)
 - Local Area Groups
 - Service User Forum
- **Urban – Rural** – the Strategy acknowledged the wide range of communities – both urban and rural settings – that people live in, and that specific issues and needs of local communities in relation to homelessness should be taken into account via Local Action Plans

Objective 5: To measure and monitor existing and emerging need to inform the development of appropriate services

Three specific areas were noted under this objective, as follows:

- **Informing the strategy** – there was acknowledgement that a robust evidence basis is essential to the success of the strategy; in particular that the right actions are taken at the right time. In addition, it was noted that a key focus of the Strategy was to enhance the links between the Homelessness Strategy and Supporting People, feeding data directly to the SP Needs Analysis to inform commissioning, decommissioning or realignment of services in response to emerging or changing need.

²⁶ Social landlords must ensure legislative criteria are applied when allocating accommodation or providing homelessness assistance to persons from abroad, including those persons whom it has been established have no recourse to public funds. No recourse to public funds covers those persons who are subject to immigration control and also persons from abroad who, while EEA Nationals do not have a right to reside. With regards to the Housing Executive this is set out in Article 7a of The Housing (Northern Ireland) Order 1988 and Article 22A of The Housing (Northern Ireland) Order 1981. Housing Associations have an obligation to adhere to this under Rule 9A of the statutory Housing Selection Scheme. Ending Homelessness Together, NIHE Homelessness Strategy 2022-27 (p10)

- **Equality/Rural factors** – Reference was made under this objective to the need to ensure an equitable service to all clients, irrespective of their difference or circumstances, in line with Equality legislation and the HE's Rural Strategy.
- **Data sharing** – Reference was made to the need to assist wider partners with the provision of data to inform complementary strategies, and to seek access to information from partner agencies to better understand issues and improve services.

2.15 This section has provided a brief overview and introduction to each of the five objectives. Section 3 now sets the delivery of the Homelessness Strategy in context, looking specifically at the data on homeless presenters and acceptances. Section 4 then provides an overview of each of the five objectives and actions under them, indicating the timeline for achievement, and what has been achieved. The latter is provided via a desk-based analysis of the annual Progress reports, produced by the HE on the Homelessness Strategy. Sections 5 provides qualitative feedback from a range of stakeholders, outlining their thoughts on what has been achieved and in what way, with a similar analysis of feedback from service users at Section 6.

Section 3 Homelessness data over the period 2017 – 2022

Introduction

3.1 During the period of the previous Homelessness Strategy, the trends in homelessness were examined in the independent evaluation of the Strategy, undertaken by Boyle and Pleace (2017)²⁷. This report noted the following:

- The number of homeless presentations declined over the 5-year period of 2011/12 to 2015/16, from 19,737 at the outset of the period to 18,628 by 2015/16;
- Over the same time frame, a higher number of households were accepted as Full Duty Applicants (2,181 households, an increase of 24%) from 9,021 in 2011/12 to 11,202 in 2015/16;
- Therefore, a higher proportion of households were found to be homeless and owed the main duty in 2015/16 (60%) compared to 2011/12 (45%).

The evaluation of the previous strategy (2012 – 2017) also noted the following:

- Trends in the reasons recorded for presenting as homeless have been relatively constant over the period 2010/11 to 2015/16, with sharing or family disputes, as well as loss of private rented sector accommodation remaining as the prominently recorded reasons. In addition, an increase in the number of households presenting with 'Accommodation Not Reasonable' as their reason for homelessness increased from 14.9% in 2010/11 to 21.1% in 2015/16;
- Analysis pointed to the number of households placed in temporary accommodation as broadly static, ranging between 2,800 and 3,000 per annum for the period covered. Average stays were noted as between 36 – 37 weeks, a lower average duration than in 2012 at 46 weeks²⁸.

3.2 This section now outlines the statistics in relation to homelessness over the 5-year lifetime of the homelessness strategy (2017 – 2022). It is noted that the HE produces statistics on homelessness; namely on households, which include single people, couples, lone and two parent households with dependent children, that seek assistance from the HE, i.e. they 'present' as homeless and are assessed under the legislation. Whilst these statistics are *not* a measurement of homelessness in Northern Ireland per se, they can be used to explore possible trends in homelessness.²⁹

The following data is presented:

- Number of presenters by year – by reason for homelessness and by household type
- Top three reasons for homelessness – by presenters and by acceptances
- Number of Full Duty acceptances – by reason for homelessness and by household type
- Number of presentations and acceptances by Council area
- Level of acceptances by priority need type

²⁷ [The Homelessness Strategy for Northern Ireland, 2012 – 2017, An Evaluation, Fiona Boyle and Nicholas Pleace, January 2017.](#)

²⁸ [Fitzpatrick, S. et al \(2016\) The Homelessness Monitor: Northern Ireland 2016 London: Crisis.](#)

²⁹ The reason these data cannot be used as a measure is that they are administrative data, recording contacts with the statutory system by homeless people, rather than being a survey of the homeless population. Any household or individual that is homeless, but who does not present themselves to HE, is not recorded by these statistics.

- Social Housing Allocations – Total and by Allocations to Full Duty Applicants
- Number of instances of repeat homelessness
- Recorded number of rough sleepers by Council Area
- Total number of placements and average length of stay in temporary accommodation

It should be noted that the Covid-19 pandemic clearly had an impact on a number of homelessness trends between March 2020 and the end of March 2022. These are highlighted in the text at the appropriate section. These were also referenced in the *Way Home report* produced by the HE³⁰, noting changes in the following:

- The numbers and types of households presenting as homeless
- Reasons for homelessness
- The numbers and types of households requiring temporary accommodation
- The availability and throughput in temporary accommodation.

The HE also noted an expectation that some of these changes in trends would be temporary, as support to mitigate the impacts of Covid-19 were removed or reduced, acknowledging that other changes in trends might be longer lasting or permanent.

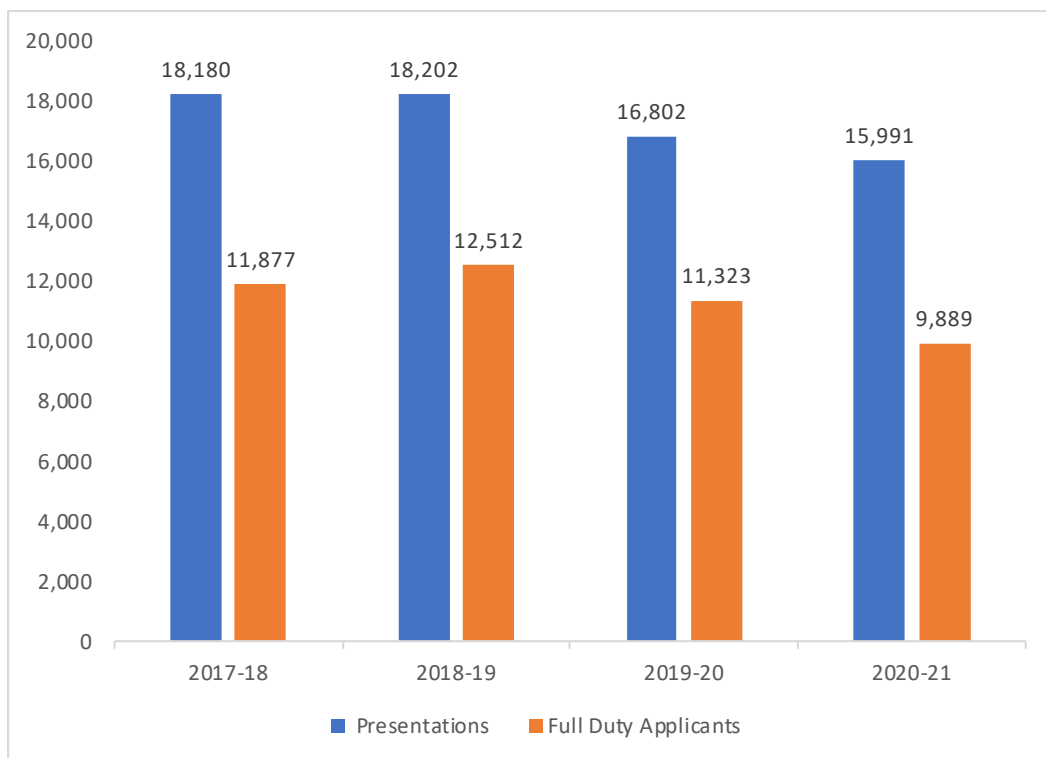
Number of homeless presenters and acceptances by year

3.3 Over the course of the timeframe of the Homelessness Strategy (2017 – 2022) the total number of presenters has decreased from 18,180 in 2017/18 to 15,991 in 2020/21. Figure 1 shows the decline in numbers of presenters in this four-year period. In addition, early indications from the 2021/22 data indicates 8,342 presenters in the first six months of this final year of the Strategy; if a similar number continues in year this would produce a final figure of 16,684, a slight increase on the previous year. Figure 1 also outlines a decline in the number of Full Duty applicants over the first four years of the 5-year strategy, from 11,877 in 2017/18 to 9,889 in 2020/21. In addition, it should be noted that the percentage of Full Duty applicants each year varied from 65% at the outset of the period, at its highest level in 2018/19 (69%) with a decline to 62% in 2020/21. It is worth noting that this is a significantly higher level of Full Duty acceptance than in 2015/16 (60%) and by comparison with 2011/12 (45%).

Particular mention should be made of a decline in the number of households presenting to the HE during and following the first lockdown (March 2020), when compared to the same period in the previous year. This reduction was at its most pronounced in April and May 2020; the 6-month figures for April to September show a 10.82% decrease in 2020 when compared to the same period in 2019.

³⁰ *Op cit, The Way Home.*

Figure 1 Homelessness Presentations and Full Duty Applicants, 2017/18 - 2020/21



Homeless presenters by reason for homelessness

3.4 Table 4 provides insight into the full range of reasons for homelessness, for presenters, over the first 4 ½ years of the Homelessness Strategy. The top three reasons for homeless presentations are outlined below (paragraph 3.8), but this table shows the full range of reasons, and the distribution of presenters across this. A couple of points are worth noting. Firstly, the number of presenters for whom there is no data, or who are recorded as 'other reason' has greatly declined, suggesting a concerted effort by the HE to ensure that all presenters are assessed and recorded against one of the established reasons for homelessness. Secondly, there have been noticeable decreases in several reasons including intimidation and mortgage default, and a significant increase in the number presenting as homeless because of domestic abuse. This latter trend is evident before the onset of the Covid-19 pandemic, with recorded general incidence of domestic abuse levels during the pandemic period. Over 8,000 incidents of domestic abuse were reported to the PSNI during the Covid-19 lockdown, with official statistics pointing to a higher level of domestic abuse incidents and calls during the first lockdown³¹.

Table 4: Homeless Presenters by reason for homelessness, 2017/18 – 2021/22

Reason	Sharing breakdown / family dispute	Marital/ relationship breakdown	Domestic abuse	Loss of rented accomm	No accomm in Northern Ireland	Intimidatio n	Accomm not reasonabl e	Release from hospital/ prison /other institutio n	Fire/ flood or other emergency	Mortgage default	Bomb/ fire damage civil disturbance	Neighbou rhood harassme nt	Other reason	No Data	Total
2017/18	3,744	1,776	917	2,679	1,404	558	4,201	402	132	181	44	1,494	528	120	18,180
2018/19	3,890	1,804	1,174	2,779	1,245	481	4,588	339	54	123	44	1,448	174	59	18,202
2019/20	3,650	1,683	1,147	2,327	1,304	335	4,239	361	44	89	46	1,415	88	74	16,802
2020/21	4,166	1,752	1,222	1,689	1,012	286	3,576	366	63	37	53	1,639	81	49	15,991
2021/22*	1,902	844	600	1,265	461	121	2,027	148	14	15	25	804	24	80	8,342

* First 6 months: April to September 2021

³¹ [Smyth, L. Significant increases in reports of domestic abuse amid COVID lockdown in Northern Ireland, Belfast Telegraph, 30th September 2020.](#)

Homeless presenters by household type

3.5 Table 5 shows some changes in the total numbers attributed to presenters in each household type. For example, there has been a decrease in total numbers of both single males and single females aged 16 – 17 years; this decrease is more noticeable amongst young females. The decline in young people presenting as homeless was previously noted in research commissioned by the HE. This research suggested that a decline in the number of young single males presenting may be because young males may perceive that there is little point in applying as they will not be awarded Full Duty applicant status³². In addition, the decline in applications from single males and females aged 16 – 17 years may in part be attributed to improved working between the HE and the HSCTs, in particular working within the UNOCINI guidance. Equally over the first 4 ½ years of the Homelessness Strategy there has been slight decreases in the number of couples, families and pensioner households presenting, although this is largely in line with the overall decline in the number of presenters. Covid-19 resulted in some variation in the proportion of presentations across the household groups; firstly the proportion of presentation of families, couples and older people (60+) decreased by 3% between 2019 and 2020 for the same period (April – September), and secondly there was an increase (again by 3%) of the number of young people (aged 16 – 25) presenting. The Way Home Report³³ noted that the data suggests that young people were significantly impacted by Covid-19 from a homelessness perspective, in comparison to other household groups, in particular those young people who were in ‘hidden’ homeless situations which subsequently broke down.

Table 5: Homeless Presenters by household type, 2017/18 – 2021/22

Household Type	Single males				Single females				Couples	Families	Pensioner Households	Undefined	Total
	16-17 yrs	18-25 yrs	26-59 yrs	Total	16-17 yrs	18-25 yrs	26-59 yrs	Total					
2017/18	69	1,552	4,350	5,971	106	1,274	1,749	3,129	827	5,805	2,445	3	18,180
2018/19	66	1,429	4,353	5,848	89	1,252	1,874	3,215	794	5,843	2,502	0	18,202
2019/20	68	1,322	4,245	5,635	90	1,195	1,722	3,007	751	5,093	2,237	79	16,802
2020/21	50	1,457	4,312	5,819	84	1,285	1,673	3,042	687	4,595	1,802	46	15,991
2021/22*	21	651	2,130	2,802	19	628	890	1,537	352	2,527	1,081	43	8,342

* First 6 months: April to September 2021

³² This may be because young people do not generally fall into the category of priority need unless there are other factors involved, for example a young person that is at risk specifically of sexual or financial exploitation.

³³ *Op cit*, The Way Home.

Homeless acceptances by reason for homelessness

3.6 Table 6 provides insight into the distribution of reasons for homelessness, amongst acceptances, over the first 4 ½ years of the Homelessness Strategy. Similar to the picture on presenters, this table indicates a significant reduction in the number of acceptances which are categorised as ‘other reason’, again indicating that the HE has put measures in place to ensure that most cases are accurately categorised under the main headings. Again, similar to presenters, there is a substantial decrease in the number of acceptances for mortgage default as the reason for homelessness.

Table 6: Homeless Acceptances by reason for homelessness, 2017/18 – 2021/22

Reason	Sharing breakdown / family dispute	Marital/ relationship breakdown	Domestic abuse	Loss of rented accomm	No accomm in Northern Ireland	Intimidation	Accommodation not reasonable	Release from hospital/prison /other institution	Fire/ flood or other emergency	Mortgage default	Bomb/ fire damage civil disturbance	Neighbour-hood harassment	Other reason	Total
2017/18	2,106	867	904	1,502	764	355	3,674	286	77	99	27	952	264	11,877
2018/19	2,307	929	1,124	1,681	710	374	3,955	236	38	65	31	931	131	12,512
2019/20	2,135	846	1,088	1,375	707	255	3,606	240	24	51	27	899	70	11,323
2020/21	2,173	748	1,101	985	430	256	2,794	217	30	21	26	1,067	41	9,889
2021/22*	1,019	366	531	785	238	94	1,638	85	7	6	14	489	20	5,292

* First 6 months: April to September 2021

Homeless acceptances by household type and age at presentation

3.7 Table 7 shows a steady decline in the total number of young people aged 16– 17 years old accepted as homeless; whilst this links to a similar reduction in the numbers presenting in these age groups, it also points to the potential that young people are now more likely to present to the HSCT under the Joint Protocol. Again similar to the pattern with presenters there has been a steady decrease in the number of couples, families and pensioner households accepted as homeless. Table 8 outlines age at time of presentation of all acceptances indicating that the highest proportion of acceptances are in the age range 19 – 35 years.

Table 7: Homeless Acceptances by household type, 2017/18 – 2021/22

Household Type	Single males				Single females				Couples	Families	Pensioner Households	Undefined	Total
	16-17 yrs	18-25 yrs	26-59 yrs	Total	16-17 yrs	18-25 yrs	26-59 yrs	Total					
2017/18	31	681	2,225	2,937	56	799	1,220	2,075	532	4,306	2,027	0	11,877
2018/19	33	655	2,373	3,061	53	828	1,351	2,232	545	4,535	2,139	0	12,512
2019/20	32	666	2,248	2,946	44	776	1,198	2,018	492	3,979	1,888	0	11,323
2020/21	17	594	2,096	2,707	36	781	1,092	1,909	440	3,451	1,374	8	9,889
2021/22*	11	294	1,031	1,336	10	381	601	992	213	1,919	830	2	5,292

*First 6 months: April to September 2021

Table 8: Homeless acceptances by age at time of presentation, 2017/18 – 2021/22

Household Type	16-18 yrs	19-25 yrs	26-35 yrs	36-45 yrs	46-55 yrs	56-65 yrs	66 – 75 yrs	76-85 years	86 and over	Total acceptances
2017/18	270	2,113	3,101	1,986	1,643	1,233	805	552	174	11,877
2018/19	265	2,222	3,208	2,129	1,776	1,316	871	559	166	12,512
2019/20	251	2,068	2,902	1,907	1,588	1,234	739	466	168	11,323
2020/21	218	1,963	2,735	1,685	1,313	978	569	327	101	9,889
2021/22*	100	927	1,368	960	764	593	341	187	52	5,292

* First 6 months: April to September 2021

Top three reasons for homelessness – by presenters and by acceptances

3.8 The top three reasons for homelessness, by presenters remained relatively constant throughout the first four years of the 5-year Homelessness Strategy, as outlined in table 9 below, with a slight variation during 2020/21. The pattern of the first three years – of Accommodation not reasonable, family/sharing breakdown and loss of rented accommodation – appears to have been re-established in the final year of the strategy (by the figures for the first six months of 2021/22). The change in pattern in 2020/21, where sharing breakdown was the greatest reason, is likely to be linked to the Covid-19 pandemic.

Table 10 then shows the same pattern for those accepted as homeless, with Accommodation not reasonable, family/sharing breakdown and loss of rented accommodation being the top three reasons. Again, a variation is recorded for 2020/21, where domestic abuse was the third key reason for homelessness amongst acceptances. These variations in 2020/21 – for both presenters and acceptances – are likely to be connected to the Covid-19 pandemic. In terms of loss of rented accommodation it should be noted that the Private Tenancies (Coronavirus Modifications) Act will have had an impact on these figures, since the onset of the pandemic with legislation initially introduced in April 2020 and subsequently extended to May 2022.

Table 9: Top Three Reasons (Presenters), 2016/17 – 2021/22

Year	Presenters Top 3 Reasons		
	Accommodation Not Reasonable	Family/Sharing Breakdown	Loss of Rented Accommodation
2016/17	22.2%	21.4%	14.40%
2017/18	23.1%	20.6%	14.70%
2018/19	25.2%	21.4%	15.30%
2019/20	25.2%	21.7%	13.8%
NB – Top 3 reasons changed during 2020/21 as noted below			
	Family/Sharing Breakdown	Accommodation Not Reasonable	Marital/ relationship breakdown
2020/21	26.0%	22.4%	11.0%
	Accommodation Not Reasonable	Family/Sharing Breakdown	Loss of Rented Accommodation
2021/22**	24.30%	22.80%	15.16%

** First 6 months: April to September 2021

Table 10: Top Three Reasons (Acceptances), 2016/17 – 2021/22

Acceptances Top 3 Reasons			
Year	Accommodation Not Reasonable	Family/Sharing Breakdown	Loss of Rented accommodation
2016/17	30.7%	18.0%	13.0%
2017/18	30.9%	17.7%	12.6%
2018/19	31.6%	18.4%	13.4%
2019/20	31.8%	18.8%	12.1%
NB – Top 3 reasons changed during 2020/21 as noted below			
	Accommodation Not Reasonable	Family/Sharing Breakdown	Domestic Abuse
2020/21	28.3%	22.0%	11.1%
	Accommodation Not Reasonable	Family/Sharing Breakdown	Loss of rented Accommodation
2021/22*	30.95%	19.26%	14.83%

*First 6 months: April to September 2021

Number of presentations and acceptances by Council area

3.9 Table 11 outlines the number of presenters and acceptances by Council area for the first 4 ½ years of the Homelessness Strategy, together with the acceptance rate overall for each year (first six months of 2021/22). This indicates a variable acceptance rate over the 4 ½ years, with a range of 62% (2020/21) to a peak of 69% (2018/19). In addition, there is somewhat of a mixed picture in terms of the acceptance rates by Council areas; for example Antrim & Newtownabbey has a rate of 74% and Ards & North Down, 73%, in contrast to Armagh, Banbridge & Craigavon and Belfast where the acceptance rate is considerably lower, at 57% for both Council areas.

Table 11: Presentations and Acceptances by Council Area, 2017/18 – 2021/22

	2017/18		2018/19		2019/20		2020/21		2021/2022 **	
	Presenters	Acceptances	Presenters	Acceptances	Presenters	Acceptances	Presenters	Acceptances	Presenters	Acceptances
Antrim & Newtownabbey	1,229	904	1,336	1,052	1,201	936	1,353	952	598	440
Ards & North Down	1,659	1,160	1,565	1,156	1,276	947	1,276	931	694	504
Armagh, Banbridge & Craigavon	1,259	593	1,253	790	1,099	694	1,144	608	546	310
Belfast	5,879	3,940	5,747	3,790	5,270	3,325	4,573	2,686	2,441	1,403
Causeway Coast & Glens	1,002	716	1,001	689	949	690	885	579	542	372
Derry & Strabane	1,996	1,203	2,079	1,315	1,994	1,222	2,084	1,146	1,068	617
Fermanagh & Omagh	691	432	672	467	669	467	609	353	293	205
Lisburn & Castlereagh	1,045	675	946	716	1,034	756	845	552	474	295
Mid & East Antrim	1,515	997	1,516	1,088	1,427	1,051	1,298	928	734	489
Mid Ulster	770	468	843	542	669	388	659	362	348	225
Newry, Mourne & Down	1,135	789	1,244	907	1,214	847	1,265	792	604	432
Total	18,180	11,877	18,202	12,512	16,802	11,323	15,991	9,889	8,342	5,292
Acceptance Rate per year		65%		69%		67%		62%		63%

** First 6 months: April to September 2021

Level of acceptances by priority need type

3.10 Table 12 provides further insight into the number of acceptances by categorisation into priority need groups; that is for households with dependent children, those where the presentation is as a result of an emergency, households with a pregnant woman, households where there has been violence or where someone is vulnerable. The two largest categories are those who are deemed to be vulnerable and households where there are dependent children. It should be noted that this data is only available from 2018/19 onwards. Table 13 then provides data on the age of children at the time of presentation, where there are children in a household accepted as homeless.

Table 12: Acceptances by category of priority need, 2018/19 – 2021/22

Year	Dependent Children	Emergency	Pregnant	Violence	Vulnerable	Total
2018/19	3,516	63	454	1,591	6,888	12,512
2019/20	2,992	36	384	1,634	6,277	11,323
2020/21	2,702	95	377	1,644	5,071	9,889
2021/22*	1,468	17	217	810	2,780	5,292

*First 6 months: April to September 2021

Table 13: Number of acceptances with children in the household, by age 2017 – 2021

Age at time of presentation – for all acceptances	0 – 2	3 – 5	6 – 10	11 – 15	16 & 17	Total children in acceptances
2017/18	1,919	1,396	1,952	1,366	449	7,082
2018/19	1,978	1,367	1,985	1,575	488	7,393
2019/20	1,811	1,301	1,859	1,469	428	6,868
2020/21	1,738	1,181	1,545	1,217	357	6,038
2021/22**	880	675	951	761	254	3,521

*First 6 months: April to September 2021

Social Housing Allocations – Total and by Allocations to Full Duty Applicants

3.11 Another variable which provides insight into the outcomes for those presenting and being accepted as homeless, is the number of social housing allocations, with particular attention to allocations made to Full Duty applicants. This is outlined in table 14. This indicates that whilst the actual number of allocations has declined over the timeframe of the Homelessness strategy, and the number of allocations to Full Duty applicants has declined, there has been a slight increase in the percentage of allocations to those deemed to be Full Duty applicants.

Table 14: Social Housing Allocations, 2017/18 – 2021/22

Year	Total Number of Allocations	Allocations to Full Duty Applicants	% of allocations to Full Duty Applicants
2017/18	7,373	6,467	87.7%
2018/19	7,696	6,949	90.3%
2019/20	6,654	6,423	96.5%
2020/21	5,844	5,295	90.6%
2021/22*	4,165	3,411	81.9%

*First 6 months: April to September 2021

Repeat homelessness

- 3.12 A particular focus of the Homelessness Strategy has been chronic homelessness, including instances of repeat homelessness³⁴. Table 15 shows an increasing number of presenters falling into the category of repeat homelessness. In addition, when analysed against total presenters on an annual basis there is an increase in the total presenters each year who have presented in the past, from 5.6% in 2017/18 to 7.4% in 2020/21.

Table 15: Number of Instances of Repeat Homelessness, 2017/18 – 2021/22

Year	Number of repeat homeless presenters	Total presenters	% of all presenters
2017/18	1,016	18,180	5.6%
2018/19	1,088	18,202	6.0%
2019/20	1,101	16,802	6.5%
2020/21	1,188	15,991	7.4%
2021/22	Data compiled on an annual basis only	-	-

Recorded number of rough sleepers by Council Area

- 3.13 Data on rough sleeping is of particular interest to the thrust of the Homelessness Strategy. This data is recorded at HE District office level, and outlined in table 16. Overall, the data suggests that the numbers of rough sleepers across Northern Ireland have declined, from a total of 38 in 2018 to 23 in 2021. The data also shows a considerable increase in Belfast numbers in 2019, plus a very significant reduction to zero in Derry City and Strabane. Overall, the figures indicate a decline in 2020, thought to be linked to the Covid-19 pandemic, and the HE's response to this through the 'Everyone In' approach. The Way home report³⁵ noted that assertive outreach in Belfast enabled identification of and engagement with 46 rough sleepers, all of whom were accommodated, including 37 who were ineligible for housing assistance.

Table 16: Number of Rough Sleepers by Council area, 2018 - 2021

Council Area	2018	2019	2020	2021
Antrim & Newtownabbey	0	0	0	0
Ards & North Down	0	0	0	0
Armagh, Banbridge & Craigavon	0	4	0	1
Belfast	16	28	10	18
Causeway Coast & Glens	4	0	0	0
Derry City & Strabane	13	1	2	0
Fermanagh & Omagh	0	1	0	0
Lisburn & Castlereagh	0	0	0	0
Mid & East Antrim	0	1	0	0
Mid Ulster	0	0	0	0
Newry, Mourne & Down	5	1	6	4
Total	38	36	18	23

³⁴ Repeat homelessness - more than one episode of homelessness in the last 12 months and/or multiple (3 or more) placements/exclusions from temporary accommodation during the last 12 months.

³⁵ *Op cit, The Way Home.*

Total number of placements and average length of stay in temporary accommodation

3.14 Table 17 indicates a substantial increase in the number of placements in temporary accommodation over the period of the Homelessness Strategy. Whilst there were small increases in the first couple of years (2017/18 to 2018/19) the more substantial increases then occurred in 2019/20, and then with a doubling of placements in 2020/21. Similar to other trends this is clearly linked to the HE's response to Covid-19³⁶, and the 'Everyone In' model.

Table 17: Placements in Temporary Accommodation, 2017/18 – 2021/22

Year	2017/18	2018/19	2019/20	2020/21	2021/22 *
Total	3,024	3,354	4,527	9,752	4,735

*First 6 months: April to September

3.15 Table 18 then outlines the average length of stay in temporary accommodation in days by type of accommodation. The data shows a significant reduction in the total number of days in temporary accommodation per placement, from 282 days (40.3 weeks) in 2017/18 to 196 days (28 weeks) in the first six months of 2021/22. The biggest reductions in length of stay are visible in DIME accommodation, the voluntary sector hostels and also hotels/B&B placements.

Table 18: Average Length of Stay in Temporary Accommodation, 2017/18 – 2021/22

Year	Bespoke Facility of Temporary Accommodation	Crash: Voluntary Sector	Single Lets	DIME ³⁷	Voluntary Sector Hostels	Housing Executive Hostels	Hotel/B&B	Total days
2017/18	N/A	N/A	394	125	245	223	48	282
2018/19	N/A	N/A	437	128	231	208	18	281
2019/20	N/A	N/A	451	135	233	216	36	275
2020/21	32	20	443	91	160	219	14	175
2021/22*	44	26	483	69	152	239	16	196

* First 6 months: April to September

The Way Home report³⁸ noted that despite an increase in homeless presenters during the pandemic, the numbers requiring temporary accommodation placements increased significantly. There was an overall increase of 52% in the number of households placed between April and September 2020 (2,316) compared with 2019 (1,521). In addition this report noted that the increase in young person households (aged 16 – 25 years) during the pandemic was even more significant, increasing by 110% (614 in 2020 from 293 in 2019).

As noted earlier (at paragraph 2.13) the pandemic resulted in a strategic response across the provision of homelessness services. The Way Home report³⁹ noted that the availability of standard temporary accommodation provision was insufficient for the increased demand. Indeed the number of available units in temporary accommodation within SP funded hostels had decreased, with the requirements in terms of social distancing and to facilitate self-isolation within buildings. The HE response to Covid-19 was to increase the supply of DIME accommodation by 53% (77 to 118 units), single let provision increased by approximately 280 units and 100 additional units of furnished HE stock were added to the temporary

³⁶ *Ibid.*

³⁷ Dispersed Intensively Managed Emergency Accommodation.

³⁸ *Op cit, The Way Home..*

³⁹ *Ibid.*

accommodation portfolio. Despite this increased provision, demand still outstripped supply, and there was an increased usage of non-standard accommodation (hotels and B&Bs).

Summary

- 3.16 Section 3 looked at the homeless data for the period of the Homelessness Strategy 2017 – 2022. During this 5-year period the following homeless trends were identified:
- The number of homeless presentations declined over the 4-year period of 2017/18 to 2020/21, from 18,180 at the outset of the period to 15,991 by the end of 2020/21. Full data on the fifth year of the Strategy is unavailable at this point, albeit that numbers at the 6-month point in 2021/22 indicated a slight increase in homeless presentations;
 - Over the same time frame, there was a notable decline in the number of households accepted as Full Duty Applicants from 11,877 in 2017/18 to 9,889 in 2020/21 (a decrease of 16.7%), albeit that the proportion of households found to be homeless was generally higher than in the previous 5-year strategy (a range of 69% in 2018/19 to 62% in 2020/21);
- 3.17 Other trends should also be noted:
- Trends in the reasons recorded for presenting as homeless and acceptances changed during this 5-year period, compared to the previous Homelessness Strategy (2012 – 17), with noticeable decreases in several reasons including intimidation and mortgage default and a significant increase in the numbers presenting because of domestic abuse (particularly during 2020/21);
 - There was a decrease in the number of young singles presenting as homeless, with this decrease most noticeable amongst young females;
 - Analysis of social housing allocations indicated that whilst the actual number of allocations has declined over the timeframe of the 2017 – 22 Homelessness strategy, and the number of allocations to Full Duty applicants has declined, there has been a slight increase in the percentage of allocations to those deemed to be Full Duty applicant;
 - Data on repeat homelessness was available for this evaluation, showing an increasing number of presenters falling into the category of repeat homelessness both in total numbers and as a percentage of all presenters;
 - HE data on rough sleepers by Council Area suggests that the numbers had declined during the period of this Homelessness Strategy;
 - Analysis pointed to the number of placements in temporary accommodation increasing significantly for the period covered, from 3,024 in 2017/18 to a height of 9,752 in 2020/21. Statistics for the final year of the Strategy are unavailable, although the 6-month figure suggests continuing high levels of placement in temporary accommodation. Average length of stays declined significantly from an average of 40 weeks in 2017/18 to 28 weeks in 2021/22.

Section 4 Desk-based analysis of the five objectives - Achievements

- 4.1 This section examines the five objectives outlined in the Homelessness Strategy for 2017 – 2022. These were outlined briefly in Section 2. The tables below summarise the following:
- The agreed overall actions under each objective
 - The short, medium, and long-term activities under each individual action
 - Whether and in what way these activities have been met or achieved.

Section 8 then provides a summary of achievements during the five-year strategy.

- 4.2 Information on progress on all five objectives and the related activities has been extracted from the four available Annual Progress reports (2017 – 18, 2018 – 19, 2019 – 20 and 2020 – 21). These provide factual information on what actions have been progressed, together with case-studies to illustrate these points. Any wording in italics is taken directly from the Annual Progress reports. The absence of an Annual Progress report for the final year of the Strategy (2021 -22) means that information is incomplete in terms of progress or the final completion of some of the objectives. The Year 5 Annual Progress report is due for publication by August 2022.
- 4.3 It should be noted that these Annual Progress reports represent the views of HE staff members who have compiled them, and other HE and external stakeholders may have differing views or representation on what was actually achieved. This is covered in Section 5 of this report.
- 4.4 Progress against objectives and activities are marked as completed (Yes), not completed (No), partially, ongoing or delayed. As noted elsewhere in this report, there was slippage on some objectives and activities which moved into a later year of the Strategy because of Covid-19, and the pandemic also impacted the full achievement of certain areas of the Strategy. Where relevant this is noted in the text below.
- 4.5 In a number of cases specific objectives and actions were changed during the course of the 5-year Strategy, mainly in Years 1 and 2. These are marked on the table below as being subsumed into another action.

Objective 1: To prioritise homelessness prevention

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
1. Identify pre crisis 'homeless indicators' and commission training package for relevant key front-line workers	Establishment of Inter-agency Steering Group to identify triggers	Development and delivery of Training Package	Evaluation and impact Assessment
What was done and how was it done?	<p>The CHF acted as a consultative forum for the development of the training package; this identifies pre crisis 'homeless indicators'. The purpose of the package is to help front line workers understand:</p> <ul style="list-style-type: none"> Issues surrounding homelessness in Northern Ireland Identify barriers to services for people experiencing homelessness Signpost people to support services and the HE 	<p>The training package delivered in Year One, was then rolled out to approximately 3,000 staff in Year Two, by way of an e-learning package on homelessness awareness and prevention. In addition, feedback from this initial delivery, is being used to further develop the course for 2019/20 and beyond. Staff also received a concertina leaflet containing contact details for all key stakeholders.</p> <p>In addition, the HE were on the Relentless Change programme Steering Group, lead by the NI Youth Forum, which produced the pinball video on the impact of homelessness on young people. This interaction with the NIYF took place in both Years 2 and 3.</p> <p>In Year 3 the e-learning package was evaluated; with various actions to update this package delayed until 2020/21 and to include any lessons learned from the response to Covid-19.</p> <p>Other work in Year 3 included the appointment of a member of staff to raise awareness on and address issues relating to domestic abuse amongst homeless presenters. In addition, during Year 3 a research project was commissioned to consider the extension of the Sanctuary Scheme, which provides victims of domestic abuse with the choice to remain safely in their homes or to seek re-housing with the HE. This area also included work with wider relevant agencies such as the PSNI, voluntary organisations and with MARAC (Multi-Agency Risk Assessment Conference).</p>	<p>Following the evaluation of the e-learning package and subsequent amendments based on feedback from HE staff, the option of distributing it to a range of relevant stakeholders was put on hold, because of the identification of a number of IT issues including systems used by other agencies not supporting the format of the package. In the meantime, it was decided to develop a suite of four videos to be made available via social media and other platforms. Development work has begun on these covering:</p> <ul style="list-style-type: none"> Health and wellbeing Financial hardship Young people Prevention of repeat or chronic homelessness <p>An awareness training package was also developed for engagement with the Housing Community Network. This was piloted online as pandemic restrictions were still in place. Four groups took part in this initial exercise:</p> <ul style="list-style-type: none"> Mourneview and Grey Residents Assoc – South East End Residents Assoc – East Mulburn Community Assoc – North Ardoyne Assoc – Belfast <p>Positive feedback was received on the awareness training package, in particular as a means to help community groups identify trigger signs of homelessness so that appropriate support can be sought at the earliest possible opportunity to assist homelessness prevention.</p> <p>Priorities in the Year 5 Implementation Plan were to deliver the training to community groups on a larger scale along with the development of awareness videos that can be shared online to raise awareness of what households should do if they are homeless or threatened with homelessness.</p>
Was it achieved?	Yes	Yes	Partially and ongoing

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
2. Implement a Housing Solutions and Support approach for homeless prevention	Roll out of highly trained Housing Solutions and Support Teams within HE Offices across NI	Define Prevention Interventions and establish measurements and reporting mechanisms	Ongoing monitoring and reporting of homeless prevention
What was done and how was it done?	As of March 2018 (End of Year 1) the Housing Solutions approach was operational in all HE offices, and over 140 new Housing Advisor roles had been created. Actions included recruitment and training of staff, the development of new IT tools, with the outcome that staff are able to <i>support customers to make decisions on realistic solutions to their housing issue, and that services are provided to the customer when required and shaped around them.</i>	This action in Years 2 and 3 was actioned via the full implementation of the Housing Solutions approach across the HE. The Year 3 Progress report noted actions under this theme, including the provision of a Homelessness Prevention Fund during 2019/20. A total of 29 projects were successful in obtaining funding; with 1,191 individuals impacted by the schemes focussing on homelessness prevention. It was noted that some of this action was delayed, as an agreed definition of homelessness prevention was not achieved by 31 st March 2020; this milestone was brought forward to Year 4.	Work continued via the Housing Solutions and Support teams in all HE offices to review data/trends in their area. Work commenced to agree a sectoral wide definition of homelessness prevention using the P1E definition in English legislation for a pilot exercise - <i>A successful P1E outcome is where you are satisfied that your positive intervention on behalf of a client is likely to result in homelessness being prevented or relieved for at least 6 months.</i> Two HE offices and five external agencies applied this definition to their workload and submitted case studies, examining if it was applicable to all forms of prevention. The feedback was mainly supportive of this definition whilst acknowledging there were challenges for homelessness prevention for client groups such as domestic abuse. This feedback replicates experience elsewhere and will be considered in the development of a final homelessness prevention definition. There was some delay to this action caused by the pandemic response, and this was prioritised for action in Year 5. The Homelessness Prevention Fund continued during 2020/21 and 2021/22, with greater levels of funding. Overall, 39 projects were approved and there were 2,273 cases where at least one positive outcome was achieved through the intervention and personal development models. It was noted that intervention through mediation and counselling was most effective in terms of number, scope and flexibility. Further information on the outcomes and lessons learned from the Homeless Prevention Fund (HPF) were noted in an internal HE evaluation document ⁴⁰ . In addition, the priority areas for the Prevention Fund were highlighted in the Reset Plan.
Was it achieved?	Yes	Partially	Partially and ongoing

⁴⁰ ⁴⁰ An internal evaluation of the HPF was undertaken and published in June 2021 – *Homeless Prevention Fund 2020/21, Evaluation Report – Outcomes and Lessons Learned*.

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
3. Develop effective communication strategy to ensure households approaching crisis can access the right support quickly	Inter-agency communication Strategy in place	Ensure high quality advice available across all partner websites	Development of Homelessness Awareness Training Package for Public Representatives and general public
What was done and how was it done?	<p>A communication strategy was developed in 2017/18 covering three areas:</p> <ul style="list-style-type: none"> - To raise general awareness of homelessness - To adopt an inter-agency approach to delivery of the Homelessness Strategy - To develop communication networks across agencies <p>The Annual Progress Report noted attendance at various events e.g. Balmoral Show and presentations to forums and groups.</p>	<p>The Communication Action Plan noted in Year 1, was then ratified by the CHF during 2018/19, with implementation in Year 2 and rolling into Year 3.</p> <p>The Year 2 Progress Report provided a substantial list (page 28) of internal and external events, activities and connections made under this plan. The HE and the LAGs had a programme of activities during Homelessness Awareness Week. Actions from this included the development of a leaflet for medical practices, and the delivery of an annual conference on Homelessness. In addition, the HE developed the signposting page on their website, provided PCs in local offices for clients to use to complete UC and HB forms and spoke with a range of community groups.</p> <p>The Year 3 Progress Report pointed to many of the actions already started in Year 2. In addition, reference was made to the hosting of multi-agency events in a number of the LAGs as part of Homelessness Awareness Week 2019 e.g. Causeway.</p>	<p>The HE continued to implement the Communication Action Plan. Also during Year 4 the HE created additional links on their website to various advice agencies such as Advice NI, amended LAG agendas in order to share best practice about services and prevention funding and used social media to issue relevant messages.</p> <p>During Year 4 the HE continued to work with the NIYF, involving young people in the consultation on the Homelessness Strategy 2022 – 27.</p> <p>Pre-consultation took place on the development of the next Homelessness Strategy with presentations to all LAGs, and there were awareness events about the Homelessness Prevention Fund. Some of the intended events were impacted by the pandemic.</p> <p>The Year 5 Action Plan will continue to promote awareness of homelessness via a range of communication methods.</p>
Was it achieved?	Yes	Yes	Partially and ongoing

Objective 2 To secure sustainable accommodation and appropriate support solutions for homeless households

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
4. Support homeless clients through to sustainable accommodation solution with appropriate support using suitable housing led pathway models	Establish Common Assessment Methodology (within the HE) to identify clients' housing and support needs which will ensure customers get a "one time" comprehensive assessment of all their needs at first point of contact. It should be noted that there is already a common assessment in place for housing needs and the methodology for this action refers to complementing this with an assessment for support needs.	Provide adequate training and support tools to front line staff e.g., online service directories/ joint working protocols/guidance manual	Continue monitoring and updating support tools and guidance for frontline staff as new issues emerge
What was done and how was it done?	The HE amended the housing and homelessness assessment form, in order to reflect an assessment of the support needs of applicants experiencing homelessness. This was implemented across the HE offices in line with the roll out of Housing Solutions and Support.	<p>The Action Plans in the LAGs included the development of joint working protocols and guidance manuals on this tool. This continued to be rolled out via the Housing Solutions and Support teams, and in Year Two this included the production of a Mental Health Awareness & Suicide Risk Policy and handbook.</p> <p>In addition, Year 2 included actions around the development of a Common Assessment Framework (CAF) and a Central Access Point (CAP). The Year Two report noted that work on the CAF was underway, albeit that this was delayed for a few months because of the additional requirements in terms of data sharing and specifically GDPR compliance. The Year Three report then noted the achievement of the CAF in year, with the trial of the Pathfinder/CAF commencing on 1st July 2019 in Belfast and Causeway offices for all new and existing clients requiring temporary accommodation and/or floating support, from the eight providers signed up to the data sharing agreement in the pathfinder. An evaluation of this trial found that it was generally well received by Housing Advisors and service providers, and that customers rated the referral process highly. Work was then started to extend the CAF to all providers and other areas.</p> <p>The Year Two report noted considerable progress on the CAP, including the development of an interim shared system for all temporary accommodation providers, and a bespoke real-time IT system. In Year 3 a specification for the CAP was produced. Then, in response to Covid-19, a Homelessness Tracker App was developed.</p> <p>Other ongoing work in Years 2 and 3 has included the continued development of Local Services Directories.</p>	<p>Over the course of Year 4 the HE continued to provide support to clients, including via their voluntary sector partners. Key actions included:</p> <ul style="list-style-type: none"> • Staff from Homelessness Policy & Strategy Unit regularly engaged with Team Leaders via regular regional forums (every three weeks) • Ongoing work with the DoJ and other partners in the development of a prisoner protocol seeking to ensure accommodation arrangements for clients exiting prison. • Ongoing work on the roll out of the CAF and specifying a CAP, although progress has been slower due to the pandemic response. • Continuing review of Local Service directories to ensure new services are included. • Review of the use of Financial Inclusion Officers in relation to tenancy sustainment leading to a commitment to introduce similar for Homelessness Service provision. <p>The main focus in Year 5 will be the delivery of a revised protocol for the management of the accommodation and related support needs of people in custody in Northern Ireland</p>
Was it achieved?	Yes	Yes	Partially and ongoing

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
5. Carry out strategic review of temporary accommodation and support needs of homeless clients	Carry out analysis of Temporary Accommodation usage and provision by Local Office including location, quality, cost effectiveness and strategic relevance	Review temporary accommodation and link to Supporting People review	Develop Temporary Accommodation Provision Strategy
What was done and how was it done?	This research project – to carry out a Strategic Review of Temporary Accommodation – was included in the 2018/19 research programme. However, in year one, work was undertaken to develop the project requirements.	<p>During Year Two Campbell Tickell consultants were appointed to carry out this major research project. The research objectives are outlined in the Year Two Progress report – (page 34).</p> <p>Initial work was undertaken including data capture exercises to better understand the demand for, usage and supply of temporary accommodation, and a series of visits/exercises to identify best practice in other jurisdictions.</p> <p>The Year 3 Progress Report noted that this research project continued throughout 2019/20, with publication in 2020/21. In addition, the progress report noted that all work on temporary accommodation in 2019/20 and into 2020/21, in response to Covid-19, would inform the development of a Temporary Accommodation Action Plan.</p>	<p>Work on the delivery of this action was paused during 2020/21 due to the challenges presented by the Covid-19 pandemic, and specifically the immediate need to acquire significant numbers of additional temporary accommodation units.</p> <p>The HE are committed to carrying out a public consultation on a draft Strategic Action Plan for Temporary Accommodation in Year 5. This consultation 'Homeless to Home', Draft Strategic Action Plan for Temporary Accommodation was launched in October 2021 for a 12-week consultation period, ending in late January 2022.</p>
Was it achieved?	Yes – delayed to Year 2	Yes – ongoing with research publication in Year 4	Achieved in Year 5

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
6. Continue to assist clients in accessing the Private Rented Sector	Evaluate the current Private Rented Sector Access Scheme	Ensure ongoing support for clients to access the private rented sector based on evaluation of current scheme and learning from Housing Solutions and Support Teams	Continue monitoring effectiveness to ensure access to PRS
What was done and how was it done?	<p>An internal evaluation of the PRS Access scheme was conducted in Year 1, concluding <i>that there are varying levels of difficulty in accessing private rented accommodations in different locations e.g. in areas of high demand access to private rented properties may be limited.</i></p> <p>Work was also conducted in year to determine the most effective future service delivery model, given that the current Smartmove contract would be expiring. In addition, the HE engaged with all relevant stakeholders.</p>	<p>The Year 2 Progress Report noted that the contract with Smartmove expired at the end of September 2018, with the current clients receiving the agreed 6-month tenancy management service.</p> <p>In addition, this Progress Report noted that there had been no evaluation or determination of a range of models to access the private rented sector. The main reason for this was lack of funding to do so, albeit it was noted that this area remained a priority for Year 3 of the Homelessness Strategy.</p> <p>The Year 3 Progress Report also noted that the action in relation to the provision of a Private Rented Sector Access Scheme, was not completed due to funding pressures. The HE commissioned Housing Rights to undertake a research project on this theme during Year 3. This research identified a range of barriers (based on existing literature and feedback from Housing Rights advisers and clients) to accessing and sustaining tenancies in the private rented sector. This Progress Report noted that this would be taken forward in Year 4 of the Homelessness Strategy, with particular focus on the development of a Private Rented Sector Access Scheme.</p>	<p>As part of the Homelessness Prevention Fund the HE provided funding to seven projects which directly intervened to assist clients access the private rented sector. A total of 51 beneficiaries were supported into new private tenancies (82% of the projected target), through provision of the funding compared to 11 new tenancies achieved during 2019/20. Part of this success was attributed to the fact that all, apart from one, were renewing providers who had applied lessons learned from the previous year. However it should be noted that Covid-19 complicated the process and required providers to re-think and adapt their strategies in a high demand, low availability market.</p>
Was it achieved?	Yes	Partially and ongoing	Partially and ongoing

Objective 3 To further understand and address the complexities of chronic homelessness across Northern Ireland

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
7. Review and implement Belfast and L'Derry Rough Sleepers Strategy	Review to be undertaken in both cities	Revised Rough Sleepers Action Strategy implemented and action plan developed	Ongoing monitor and review
What was done and how was it done?	<p>In the context of engagement on this topic, the HE amended this action to 'Develop a Chronic Homelessness Strategy (including a Belfast and Derry/Londonderry Rough Sleepers Strategy) for Northern Ireland. Work commenced on this strategy in year 1.</p> <p>In addition, rough sleeping counts were carried out in Belfast and Newry in Year One, where 5 and 3 rough sleepers were recorded respectively. There was also an aim to organise future streets counts in any areas where persistent rough sleeping is identified by LAG.</p>	<p>Based on the changes in Year 1 (widening out of action to incorporate development of a Chronic Homelessness Strategy) the Year 2 Progress Report noted that a Chronic Homelessness Action Plan (CHAP) was approved in February 2019, following public consultation. It was noted that: <i>the HE is the only organisation within the UK and Ireland that has developed an action plan that addresses the needs of households which are experiencing chronic homelessness instead of focusing on the more specific group of rough sleepers, of which there are limited number in Northern Ireland.</i></p> <p>The Year 3 Progress Report pointed to the actions outlined in the CHAP which was formally launched in January 2020. Initial actions from the CHAP were noted including the commissioning of two pieces of independent research (on the impact of chronic homelessness on women and an evaluation of day services), exploratory work on the HE's Housing Management System so that the number of individuals meeting the criteria for chronic homelessness can be reported on and analysed, and a review of the causes of repeat homelessness.</p> <p>The Year 3 Report also pointed to the substantial work done in the HE's overall response to Covid-19, under the 'Everyone in' model, additional provision of Housing First and additional wraparound support and food provision.</p>	<p>The HE continued to implement the CHAP in Years 4 and 5, with key achievements noted below:</p> <ul style="list-style-type: none"> The pandemic caused delays to the inclusion of chronic homelessness indicators into the Housing Management System (due to be included from April 2021). However, the HE plan to include these so that an effective evidence base for chronic homelessness can be established. An evidence-based street count for rough sleepers took place in Belfast with evidence-based estimates taking place in all other areas. Twelve rough sleepers were identified in Belfast with six in Newry. An analysis of repeat homelessness was completed, and an associated Repeat Homelessness Dashboard was developed. Final drafts of the research on chronic homelessness were completed - the Impact of Chronic Homelessness on Women⁴¹ and The Role of Day Services in Delivering Support to Those Experiencing Chronic Homelessness⁴². Approximately one-fifth of the Homelessness Prevention Fund in 2020/21 was directly attributable to projects which dealt with clients experiencing chronic homelessness. A bid to the DfC Change Fund to create job experience opportunities for clients experiencing chronic homelessness was halted due to the pandemic. However, the 2020/21 Prevention Fund was expanded to allow HE Funded Social Enterprises. The 'Everyone In' approach adopted throughout the pandemic facilitated by the MoU between DfC and DoH meant that the HE was in a position to offer temporary accommodation to rough sleepers with no recourse to public funds and continued to do so during Year 5. <p>In addition, the new Covid-19 response Housing First service was funded and initiated in Belfast. Significant progress was made in developing the partnership between Depaul and HE staff within the Housing Solutions team to establish a mutual understanding of appropriate referral and assessment procedures.</p>
Was it achieved?	Yes	Yes	Yes

⁴¹ [Impact of Chronic Homelessness on Women](#)

⁴² [The Role of Day Services in Delivering Support to Those Experiencing Chronic Homelessness](#)

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
8. .Identify chronic homeless need outside Belfast and L'Derry and devise appropriate action plan to tackle any issues	Establish and implement methodology to identify chronic homelessness	Work through Local Area Groups to develop and Implement Interagency Action Plan if appropriate	Ongoing monitor and review
What was done and how was it done?	In Year 1 the Housing Solutions team in the Belfast Region developed a draft methodology by which the number of applicants experiencing chronic homelessness in NI could be identified. The aim of this method/tool was to be incorporated into the Chronic Homelessness Strategy (including a Belfast and Derry/Londonderry Rough Sleepers Strategy) for Northern Ireland mentioned above.	This action and updates on this specific action were subsumed within Action 7 above.	The action and updates on this specific action were subsumed within Action 7 above.
Was it achieved?	Yes	Ongoing	Ongoing

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
9. Ensure appropriate Housing Models for chronic homeless clients	Examine the potential for other Housing Led Pathway Models for clients experiencing chronic homelessness (subject to available funding).	Dependent on the findings extend the housing led model	Ongoing monitor and review
What was done and how was it done?	This was undertaken during Year One by the Housing Solutions team in Belfast, who gathered information on clients who may fall within the chronic homelessness category, and where there have been multiple failures of temporary accommodation. The Year One report also noted that this would be examined further in Year Two across all HE offices, in order to inform the potential commissioning of any future housing led models.	In Year 2 the CHAP, referred to in Action 7, included the identification of a draft criteria related to the need for Housing First models and other housing options for people experiencing chronic homelessness. In addition, the CHAP notes: <i>The HE is committed to the provision of the right type of accommodation and support in order to effectively implement a comprehensive Housing First provision across NI.</i>	The action and updates on this specific action were subsumed within Action 7 above.
Was it achieved?	Yes	Yes	Yes

Objective 4 To ensure the right mechanisms are in place to oversee and deliver this strategy

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
10. Department for Communities (DfC) will engage with other relevant Government Departments to identify specific areas requiring Interdepartmental cooperation and will develop appropriate Homelessness Action Plan	Inter-departmental workshops to identify relevant actions. Produce and implement Interdepartmental Action Plan	Ongoing monitoring and review	Ongoing monitoring and review Note: Now referred to as Action 9
What was done and how was it done?	<p>A DfC led Inter-departmental Homelessness Action Plan was published in November 2017. This plan focussed on <i>addressing gaps in services that have the most impact...on the lives and life chances of people who are either homeless or most at risk of homelessness</i>. The plan was developed with a range of other government departments, including Departments of Health, Justice, Infrastructure and Education, and other statutory partners, homelessness service providers and service users.</p> <p>The plan contains nine actions, and these are being monitored via the Department led Homelessness Strategy Steering Group (HSSG).</p>	<p>The Year 2 Progress Report noted: <i>HSSG endorsed the Department's approach on development of the second year Action Plan and the 5 priority areas for action remained the same with the Year 2 Plan running to March 2020.</i></p> <p>The Year 3 Progress Report noted that the HSSG had continued to review the quarterly progress reports, and to sign off the year-end results, and also endorse the next year's Action Plan.</p>	The Year 4 report noted that work had been delayed on the Inter-departmental Homelessness Action Plan for Year 3 because of Covid-19 priorities. However, work had then recommenced to look at Year three targets and a meeting had been held with the HE to focus on this and to develop further Progress Reports.
Was it achieved?	Yes	Yes	Partially and ongoing

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
11. Interdepartmental Homelessness Strategy Steering Group will oversee implementation of the Homelessness Strategy and the Interdepartmental Homelessness Action Plan	Establish reporting mechanisms	Ongoing monitoring	Ongoing monitoring Note: Now referred to as Action 10
What was done and how was it done?	During Year 1 the HSSG and its terms of reference were reviewed and revised, with the Group meeting on a quarterly basis. Also, during the year, the HSSG considered and endorsed the Year 1 Homeless Strategy Implementation Plan and the Year 1 Homelessness Interdepartmental Action Plan.	<p>The Years 2 and 3 Progress reports noted that the HSSG continued to oversee the implementation of the Homelessness Strategy and the Interdepartmental Action Plan, and scrutinised progress against the various action points, ensuring that delivery is timely and effective.</p> <p>In particular the HSSG signed off and approved the Homelessness Strategy Annual Reports and results of the IDHAP.</p>	The HSSG continued to review and consider regular updates regarding Year 4 of the Homelessness Strategy and the Interdepartmental Homelessness Action Plan. However, opportunities to scrutinise the Interdepartmental Homelessness Action Plan during Year 4 were limited due to Covid-19 priorities.
Was it achieved?	Yes	Yes	Delayed

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
12. Establish Local Inter-agency Homelessness Strategy Implementation Groups	Identify relevant stakeholders and establish Terms of Reference	Produce and implement Local Area Action Plan	Ongoing monitor and review Note: Now referred to as Action 11
What was done and how was it done?	<p>During Year One LAGs were established in:</p> <ul style="list-style-type: none"> - Causeway - Mid-Ulster - North Down & Ards - South - South Antrim and Mid & East Antrim - South Down - South West <p>LAGs were not established in the Belfast or West Regions as there were existing structures and groups already in place.</p>	<p>The Years 2 and 3 Progress Reports noted that the nine LAGs continued to meet on a quarterly basis.</p> <p>The main focus of work in Year 2 was communication and working relationships. Local Action Plans were developed for all areas, together with the production of Local Service Directories for all localities. In addition, ongoing involvement in Homelessness Awareness Week at LAG level and the provision of consultative forums and responses in relation to various themes.</p> <p>The Year 3 Progress Report pointed to ongoing work of the LAGs in relation to Homelessness Awareness Week and communication.</p>	<p>The Local Area Groups continued to meet on a quarterly basis in Year 4, moving to an online format with high levels of attendance. The HE noted that they proved to be a vital network to provide support and share best practice.</p> <p>Work by the LAGs was ongoing in terms of the delivery of the Communication Action Plan, the development of local service directories, work on protocols that improve the transition between services and in providing an essential conduit between the HE and stakeholders/service users for all commissioned research projects.</p> <p>During Year 4 the LAGs were involved in the consultation for the development of the Homelessness Strategy 2022-27 with presentations given to all groups on the development process and feedback taken on the key challenges which the Strategy will need to address. During Year 5 the LAGs will continue to feed into the development process.</p>
Was it achieved?	Yes	Yes	Yes

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
13. Establish Service User Forum	Liaise with sector representatives to identify relevant members and establish Terms of Reference	Ongoing monitoring	Ongoing monitoring Note: Now referred to as Action 12
What was done and how was it done.?	<p>A Service User Forum, facilitated by the Council for the Homeless NI, was established in 2017/18. Its aims were to:</p> <ul style="list-style-type: none"> - Act as a consultative forum on developing actions associated with key themes in the Strategy; - Ensure service user perspective is provided, where necessary in the development of LAPs; - Identify emerging issues from a service user perspective. <p>The Service User Forum first met in March 2018 and looked at the theme of prevention. This fed into the work plan for Year Two of the Homelessness Strategy.</p>	<p>The Year 2 Progress Report noted that the Service User Forum continued to meet on a quarterly basis, with input to various actions including the production of a leaflet for doctor's surgeries and the production of a video by NI Youth Forum on the experiences of young people experiencing homelessness. In addition, during Year 2 the Service User Forum started to investigate peer mentoring, in response to an assessed gap in provision for peer mentoring services for clients experiencing homelessness.</p> <p>The Year 3 Progress Report noted useful consultation with the Service User Forum on the CHAP. In addition, it was noted that three ongoing research projects were seeking input from service users directly:</p> <ul style="list-style-type: none"> - Impact of chronic homelessness on women - Impact of day centres in delivering outcomes for clients experiencing chronic homelessness - Homelessness Service User Journeys 	<p>During Year 4 the NI Youth Forum Peer Support Project apprentices undertook an online survey and delivered a presentation to the CHF in Year 4 on the challenges faced by young people face as a result of the ongoing pandemic.</p> <p>Three research projects also sought the direct input of service users:</p> <ul style="list-style-type: none"> • Impact of chronic homelessness on women; • Impact of day centres in delivering outcomes for clients experiencing chronic homelessness; • Homelessness Service User Journeys. <p>There were challenges in engagement during the COVID-19 pandemic and engagement via service users was primarily conducted through the research projects outlined above. The Housing Executive acknowledges challenges in the delivery of the Service User Forum in the course of the Strategy and, in light of this, has committed to a number of actions in the Homelessness Strategy 2022-27 relevant to service user engagement, including a focus on lived experience. HE continued to engage with the Service User Forum on a quarterly basis, with additional informal engagement when required. Service User meetings continued to be online because of the pandemic. Widening the focus of engagement with those who have lived experience of homelessness was part of the Year 5 Plan.</p>
Was it achieved?	Yes	Yes	Yes

Objective 5 To measure and monitor existing and emerging need to inform the development of appropriate services

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
14. Ensure that the Supporting People Programme is provided with robust data to inform strategic planning of services	Establish new measurements and reports for homelessness including urban/rural breakdowns and equality measures	Establish data analytic “dashboard”	Identify relevant partner agency data sets and establish data sharing protocols Note: Now referred to as Action 13 – and wording has changed to Ensure the Homelessness Strategy 2017-22 links in to the SP Thematic Group on Homelessness
What was done and how was it done?	The Year One report noted: <i>the development of new Homelessness Measures (Action 17) will assist in the provision of data to the SP Homelessness Thematic Group. Homelessness LAGs will also seek to assist, if required, in the identification of any gaps in service to be examined by the commissioning group when operational.</i>	In the Year 2 Progress Report this action was further developed – <i>to ensure that the Homelessness Strategy 2017-22 links in to the SP Thematic Group on Homelessness.</i> This Group was established during 2018 – 19. In addition, in Year 2 work was undertaken to improve the information and data collated, to inform strategic actions and service development. Also, in Year 2 additional units of accommodation were commissioned to specifically address the needs of those experiencing chronic homelessness in Belfast. In Year 3 work continued on the implementation of commissioning structures for Housing Services, to identify strategic homeless priorities. In addition, work was done in the development of the criteria for the Homelessness Prevention Fund.	In Year 4 work continued on the implementation of commissioning structures for Housing Services to identify strategic homeless priorities for both directly funded services (across Homelessness budget headings) and revised mechanisms to ensure these priorities can feed in to the pre-established Supporting People structures (Regional Thematic Group (RTG) on Homelessness and Strategic Advisory Board (SAB) for Supporting People funded services. Also during Year 4 the Scheme Assessment Committee/Clearing House continued to meet as part of the implementation of these structures. This group has played a key role in the development of services that have been crucial to the HE’s response to the pandemic. The continuation of this work was planned for Year 5.
Was it achieved?	Yes	Yes	Yes

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
15. Review the Housing Solutions and Support Approach	Roll out Housing Solutions and Support Teams across NI	Commission independent Review of effectiveness of Housing Solutions and Support Approach in finding housing solutions	Implement recommendations as appropriate Note: Now referred to as Action 14
What was done and how was it done?	The Year One report noted that no action was required on this item in-year, as the evaluation would be carried out once the Housing Solutions and Support approach was fully implemented.	<p>In 2018/19 the National Practitioner Support Service (NPSS) carried out an initial peer review of Belfast Housing Solutions and Support. The review covered a wide range of areas including strategy overview, website overview, reception and interview room facilities, file reviews, staffing and the quality of housing options. In response to the Review, the HE set up a Steering Group to ensure that recommendations were acted on.</p> <p>The Year 3 Progress Report noted that work continued on the recommendations of the peer review noted above. In addition, arrangements were made for a peer review of Causeway Housing Solutions to be completed before 31st March 2020, but this was delayed as a result of the Covid-19 lockdown</p>	<p>A further two peer reviews were due to be carried out during 2020/21 with a subsequent roll out across further offices, but these were delayed because of Covid-19 and then because NPSS ceased operating due to challenges presented by the pandemic.</p> <p>The review of delivery of Housing Solutions across the HE was undertaken in Year 5 by Business Consultancy Services (Dept of Finance). At the time this research was carried out the report was completed in draft format and not available to the author. As such the author cannot comment on the review of Housing Solutions and Support approach by the Housing Executive. However, the Housing Executive has indicated that the evaluation notes positive elements of the Housing Solutions model as well as some areas for improvement.</p>
Was it achieved?	No action required	Yes	Ongoing

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
16. Monitor emerging issues and develop appropriate strategies as necessary	Annual	Annual	Annual Note: Now referred to as Action 15
What was done and how was it done?	<p>The Year 1 Progress Report noted various issues and themes which had been identified in-year by various agencies involved in the Homelessness LAGs. These included an increase in the number of clients with no recourse to public funds, who were accessing charitable donations such as food and clothing, and also the theme of a lack of suitable, affordable accommodation particularly for young and single clients. It was noted: <i>many are hostel residents who are 'tenancy ready' but cannot move on and are silting up hostel spaces</i>. It was noted that emerging themes and issues were being reported appropriately e.g. to the HSSG and being inputted to the formation of a NI Housing Strategy.</p>	<p>The Year 2 Progress Report referenced the HE team looking at specific issues relating to the impact of Welfare Reform, including research projects looking at the impact on DLA, PIP and HE tenants, as well as Universal Credit: project on the Customer journey and project on the Rural perspective.</p> <p>In addition, in Year 2 the LAGs looked at issues relating to the ageing population and potential interface with homelessness, domestic violence as a factor in increased presentations and ongoing issues in relation to accessing the private rented sector.</p> <p>The Year 3 Progress Report noted a range of factors relating to Welfare Reform and the impact of these on clients experiencing homelessness. Also, during 2019/20 the HE engaged with organisations on issues including Adverse Childhood Experience and emerging links between modern slavery and homelessness.</p>	<p>Homelessness trends were impacted by the Covid-19 pandemic as outlined in Section 3 of this report. As a result the HE developed a Reset Plan⁴³ in response to the new and emerging trends, implementation of which was ongoing in Years 4 and 5.</p> <p>The HE included a further action for 'HE/DfC/homelessness sector to respond to challenges presented by Covid-19 in Year 4. The themes of the Reset Plan were referenced earlier in this report at Section 2, paragraph 2.13.</p>
Was it achieved?	Yes	Yes	Yes

⁴³ *Op cit, The Way Home.*

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
17. Examine homeless trends and develop new measures	Annual	Review	Review Note: Now referred to as Action 16
What was done and how was it done?	<p>The Year 1 Progress Report noted that an examination of data produced by other jurisdictions had been undertaken, and that this had led to the production of new reports within the HE, to enable better analysis of homelessness data e.g. the addition of sub-categories in relation to the reasons for homelessness – ‘accommodation not reasonable’ and ‘loss of rented accommodation’.</p>	<p>The Year 2 Progress Report outlined the work undertaken to improve the range of data published on homelessness, with the first six-monthly publication in March 2019. The full list of data covered is referenced on page 48 of the Year 2 Progress Report. It was noted that this new format would be kept under review for two years. During Year 2, the HE also met with the GSS Homelessness and Rough Sleeping Statistics Working Group, to further inform the development of data consistent with the other UK jurisdictions.</p> <p>During Year 3, the Progress Report noted three research projects (already noted above under Action 13) together with the publication of results from a research project on the increase in Accommodation Not Reasonable, as a reason for homelessness, and regional variations in acceptances of this reason.</p> <p>Work commenced in Year 3 with a view to cross referencing health and homelessness data, in order to improve the understanding of the health needs of households presenting as homeless.</p>	<p>In Year 4 the LAGS continued to review homelessness data and trends. Research projects have been completed on the following topics:</p> <ul style="list-style-type: none"> • Homelessness Service User Journeys; • Examine the impacts of chronic homelessness on women; • Evaluation of the role of day services in delivering help to people experiencing chronic homelessness. <p>In addition, the Year 4 Progress Report noted that the HE is represented on the GSS Homelessness and Rough Sleeping Statistics Group which meets quarterly with a view to improving consistency on data that is published across the UK. Work has been undertaken to harmonise rough sleeping data and data sets on homelessness reasons. The Year 4 Progress Report noted that some difficulties remain due to the variation in legislation across the jurisdictions. The HE also works with the Centre for Homelessness Impact who have produced the SHARE website which highlight data sets which can be compared and outlines differences in data.</p> <p>During Year 4 the HE also worked with researchers to cross reference health and homelessness data over a number of years to improve the understanding of the health needs of households who are presenting as homeless. A key focus in Year 5 was to progress work to enable this research.</p>
Was it achieved?	Yes	Yes	Yes

Action	Short term (year one)	Medium Term (year 2/3)	Long Term (year 4/5)
18. Produce an annual report outlining progress on the Homelessness Strategy 2017-22	Annual	Annual	Annual Note: Now referred to as Action 17
What was done and how was it done?	An Annual Progress Report 2017 – 18 was produced at the end of Year One, with a publication date of September 2018.	Annual Progress Reports were produced for 2018 – 19 (publication date October 2019) and for 2019 – 20 (publication date February 2020)	An Annual Progress Report for 2020 – 21 was produced in March 2022. No Year 5 Annual Progress Report has been produced to date. In addition, the Year 5 Implementation Plan Progress Report contained an additional action – to support the delivery of a Homelessness Strategy 2022 – 27 by April 2022, in line with the HE’s statutory duty. Initial work was completed on this in Year 4, with the Strategy drafted, together with pre-consultation and consultation, and then production in Year 5. In addition, an independent evaluation of the 2017 – 22 Homelessness Strategy was commissioned in the latter part of Year 5 ⁴⁴ .
Was it achieved?	Yes	Yes	Yes

⁴⁴ The independent evaluation is this current report by Fiona Boyle Associates and Professor Nicholas Pleace.

Section 5 Stakeholder feedback on the Homelessness Strategy 2017 - 22

- 5.1 A total of 19 interviews were conducted by various methods including phone, virtual and face-to-face. Interviews were completed with HE staff and members of the CHF, the HSSG and the LAGs, as identified by the Homelessness Policy & Strategy Unit. A list of interviewees is provided at Appendix 2 and the semi-structured interview schedule is outlined in Appendix 3.
- 5.2 This section provides an analysis of the interviews; qualitative quotes are included in *italics*. HE respondents are noted as *HE respondents* and sectoral respondents are identified as *External stakeholders*. It should be noted that respondents' views were based on their memory and perception of the delivery of the current Homelessness Strategy.

Planning

- 5.3 Eight respondents (six HE and two external) had been involved directly in the planning process including consultation and development of the Homelessness Strategy for 2017 – 2022. In the HE this was mainly staff members with a specific role linked to the homelessness function or specialist functions including rural issues, tenancy sustainment and prevention. The remaining eight HE respondents indicated that they had been more at the fringes of involvement, with some information distributed by the organisation. One respondent said: *I wasn't working in homelessness at that point. My involvement was more general via the organisation.* (HE respondent)
- 5.4 A number of points were made about this process five years ago as follows:
- There was recognition that the 2017 – 2022 Strategy had been stronger than the previous Homelessness Strategy (2012 – 2017). One HE respondent noted: *The NI Audit office were very critical of the previous strategy. It wasn't monitored properly, it was haphazard, things were introduced at a local level, the Homelessness team were very small.* It was suggested that this had led to a better development and consultation process in 2017.
 - The aim of the Homelessness Policy & Strategy team was to build the draft Strategy in such a way so that *there wouldn't be any shocks and people would be bought in at that point. It was a strong draft from the sector.* (HE respondent)
 - A number of respondents expressed a feeling that the previous process had not been as inclusive across the sector. One external stakeholder noted: *It didn't feel like a co-production strategic approach...the consultation was more of a tick-box exercise. We felt that sectoral views were not reflected in the strategy.*
 - A further external stakeholder comments: *I think they took on board feedback from the previous evaluation.*
- 5.5 The majority of respondents (nine HE and six external) had been involved directly and indirectly in the planning process for the Homelessness Strategy for 2022 – 2027. This indicated an increased feeling/experience of involvement on the part of both HE staff members and external stakeholders. Those who were involved in both processes/time periods were of the opinion that the more recent drafting and consultation period and process

had been better than the previous time. Again a number of broad points were made about the process in 2021/22 as follows:

- There were better mechanisms, networks and groups to enable production of ideas for the draft Strategy and to act as consultative forums. One HE respondent said: *We engaged with the CHF and asked them to act as a consultative forum. They were very collaborative and built it up brick by brick.*
- Another HE respondent emphasised that their involvement in the consultation was via the LAG, and they felt they were well involved, asked about specifics and enabled to shape the draft Strategy. They noted: *Yes I was involved as part of the LAG. I went to the pre-consultation events and then the consultation events.* One HE respondent felt that this process meant the draft Strategy was inclusive of issues at a local level, noting: *Very collaborative and good dialogue...they asked about local issues.*
- The development of this Strategy had more in-depth pre-consultation events compared to the previous one. One HE respondent noted: *The pre-consultation went even further than the previous strategy, via the LAG networks and with three events online prior to the draft of the strategy.* An external stakeholder commented as follows: *we've had fairly extensive involvement in it (consultation process). This has been helpful. What I found really refreshing about the engagement process was the involvement of the Chief Executive (HE). This was very reassuring for the sector – showing leadership, having a keen interest and prioritising homelessness.*
- A further positive note related to input from the HSSG to the development of the draft Strategy. One HE respondent commented: *The HSSG have helped to identify what was missing from the Strategy, cross departmentally and across issues, moving it away from just accommodation to non-accommodation based.*

- 5.6 The overall shift in emphasis in terms of how the draft Strategy had been produced, and the wider sector's positive comments on this can be highlighted by the following quotes:

There is definitely an intention to have it more together. It was discussed prior to being released as a consultation document. The headline objectives – there is a sector commitment to these. And co-production of it has been better...now it's much more looking at the implementation of the strategy. (External stakeholder)

It (development of the previous strategy) wasn't the same process as the current process, it wasn't work-shopped in the same way. This time there was a shift in the approach. And we had a chance to voice our views on the way through – rather than reacting at the end of a process. (External stakeholder)

There has been a significant amount of work done via the CHF in advance of the draft strategy going out. It has been broadened out this time and a much more in-depth consultation...so the strategy should be as close as possible to what is needed, rather than now needing a lot of tinkering. The change to the planning process has been really positive.
(External stakeholder)

However, a further point made by two of the external stakeholders related to the absence of any sight of the findings of the evaluation of the Homelessness Strategy before the next one was being drafted, consulted on and agreed. One respondent said: *We would like to see the outcome of the evaluation ahead of the development of the new strategy, so that the findings can be fed into the new strategy...* (External stakeholder) Another noted: *If we had that information to inform the draft strategy.* (External stakeholder) Whilst recognising that the timing of any project/service delivery can be difficult, the research consultant noted the value of embedding an evaluation process/approach from the outset of a Strategy, rather than towards the end. This also enables an active learning approach, where services and delivery can be adapted throughout the Strategy's lifetime in response to ongoing evaluation outcomes and outputs.

Objectives 1 – 3 of the current Homelessness Strategy

- 5.7 Analysis of responses in this section showed a clear clustering and commonality of comments about delivery of these three objectives. Respondents generally suggested that most had been achieved or progress made on objective 3 (chronic homelessness) followed by objective 1 (homelessness prevention) with less movement on objective 2 (accommodation and support services); albeit that all respondents caveated their response in relation to objective 2 noting the various resource, funding and structural factors which negatively impacted the opportunities, and possibility, of full delivery of this objective.

Objective 1 – To prioritise homelessness prevention

- 5.8 The balance of responses on this objective suggested that there had been great strides made in prioritising homelessness prevention over the last five years, with consensus that this objective had been achieved, and that the HE had delivered a HPF over the last three years. The degree or extent of achievement varied across the respondents. This was summed up by one respondent:

This objective has been achieved to a degree. We made steps on this. At the start of the strategy there was no HPF. Some actions have resulted in an increase in awareness, But it is not prioritised to the extent it should be. (HE respondent)

- 5.9 Respondents commented on the targeted nature of the HPF, and the use of a scoring matrix, which for example this year they noted had been focussed on specific groups and the Reset plan. Positive comments included: *This has been exceptionally helpful and beneficial to the service user.... On the positive it does create collaborative opportunities with other providers.* (External stakeholder)

However, the nature of the HPF attracted a wide range of similar negative comments including the annual nature of the funding and the need to apply each year, and the difficulties of establishing projects including staff recruitment and service delivery in a one-year cycle. These views are summed up by the following quotes. HE respondents emphasised the desire to have a 3-year rolling programme, similar to the Tenancy sustainment programme

There has been an increased focus on homeless prevention, when we launched the HPF. But the challenges of this include the long-term commitment as money becomes available in-year. To have real impact it needs to be long-term. It has been successful within the parameters allowed. (HE respondent)

This is such a small fund. It is very worthy and very good in terms of what can be done, but it's a nightmare for recruiting, no consistency and no planning. It's a small project. (HE respondent)

There is a limitation because of the funding and the fact it is one year at a time. This is hugely restrictive. This is the main barrier to playing out of the strategy. The providers can only do 6 – 9 months, and there are difficulties in the ability to recruit without the certainty of long-term funding. (HE respondent)

There are good preventative projects. But these are one-off and piecemeal. A new fund each year and having to bid again. (HE respondent)

It should be more than one year and more strategic. Good organisations are building up expertise and then this is lost. (HE respondent)

It's short-term and the projects are not guaranteed, so they are not sustainable beyond the funding period. And so you have to have exit strategies because of the short-term funding. But what if the individuals are not ready to exit? (HE respondent)

There is a shift in terms of talking about homeless prevention. The HE has introduced the HPF but the one-year cycle doesn't work. (External stakeholder)

There was also a perceived lack, by some, of a strategic roll-out of this money and/or an overarching evaluation of the project outcomes, and in particular an external evaluation which would enable more targeted structuring of preventative work. One external stakeholder noted: *There needs to be a detailed evaluation...I don't know in how many cases homelessness has been prevented. And then obviously it's what is the definition of homelessness prevention? The outcomes needs to be measured. (External stakeholder)*

- 5.10 In addition, concerns were raised about the timing of when homeless prevention took place, with some respondents suggesting more attention needed to be placed on projects further 'upstream'. One respondent noted: *It needs to get further upstream. At the moment a lot of work is done mid-stream. We need to be tackling work from our own tenancies and get input from other statutory partners – there is a lack of statutory services involved in prevention and there are wider pressures on mental health services. (HE respondent)* Another said: *By the time they come to us, they already have an issue. Nine times out of ten, in terms of Notice to Quit (NTQ) there has been domestic violence or the property is being sold. (HE respondent)*

In contrast, a number of respondents felt that good work was being done by the HE in terms of their Tenancy Sustainment Strategy, and supporting tenants to remain in their homes rather than become homeless.

- 5.11 HE respondents were clear that within these limitations the HPF had supported progress on Objective 1, referencing various projects and schemes in their Areas and Districts including Rent Deposit schemes, tenancy sustainment projects, young peoples' schemes and advice projects. The cessation of Smartmove, during the Homeless Strategy's 5-year tenure was noted as a loss to the sector, in terms of providing another option for accessing the private rented sector. One respondent noted various factors which should be taken forward into the next Homelessness Strategy as follows: *I would say that prevention has been prioritised through the provision of the HPF, and this has helped to deliver meaningful results over the last three years. But it's very difficult for providers, and it ideally needs to be earlier in the year so they can be funded from 1st April. In some cases the funding has been as late as August...and this has an effect on the impact of the funding.* (HE respondent)

Respondents called for changes to the HPF in the tenure of the next Homelessness Strategy; summed up by one respondent: *If we are serious about prevention it should be multi-year, if we are really serious about staffing and funding.* (HE respondent) Further responses were made more generally about the need for a more concerted and strategic focus on prevention and the funding required to do this on a regional basis, rather than a more disparate localised approach. One respondent said: *There's not the money to do it. All the money for homelessness goes to temporary accommodation. And there is a lack of clarity on how to prioritise homeless prevention.* (HE respondent)

- 5.12 Respondents also suggested that homelessness prevention should not be the sole domain of the HE. One respondent noted: *If the communication aspect of prevention could be done in a multi-agency way, not just one, it would have more impact. This can and is done by the LAG, but needs to have traction from buy-in from statutory agencies. Going forward prevention need to be a more collaborative approach.* (HE respondent) References were made to campaigns and awareness raising outside of the housing and homeless sector e.g. development of leaflets for GP surgeries, and the development of social media messages around domestic violence etc. One respondent commented: *There is not enough achieved at governmental level outside of the homelessness sector in terms of prevention. For example, at early indicators there needs to be a response from GPs, schools – something in the curriculum, community-based organisations, Housing Associations – in terms of their tenants who are struggling. Do they flag those to the right people, the right pathways and communication portals? And at the right time?* (HE respondent)

- 5.13 Overall, in terms of progress on homelessness prevention under Objective 1, some respondents were less sure about what had been actually achieved; in particular in terms of knowing if homelessness had been prevented in individual cases or collectively. One respondent said: *I'm not sure if it has been achieved or not, and not sure how we measure that. At the moment it's quite anecdotal.* (HE respondent) An external stakeholder echoed this comment, suggesting that quality standards should be in place for homeless advice, so

that clear monitoring and evaluation could take place. *We need to look at the outcomes-based framework and develop common indicators and outcomes for homeless prevention. There should be a sectoral definition of what is meant by homeless prevention so it can be monitored effectively.* (External stakeholder) Another respondent (external stakeholder) commented: *There needs to be more detail of the outcomes which are delivered together and more data on prevention, rather than just numbers on the waiting list.*

In contrast some respondents felt this objective was the best achieved of all five objectives. An external stakeholder also pointed out that the objective was to prioritise homelessness, where their suggestion was that the objective going forward should simply be to prevent homelessness. (External stakeholder)

Objective 2 – To find sustainable accommodation and appropriate support solutions for homeless households

- 5.14 The consensus of responses in terms of achievement of Objective 2 in the current 5-year strategy was that progress had been made in terms of the provision of temporary accommodation and appropriate support, but that significant elements still remained to be done under this heading. There was also an overarching thread that this objective was difficult for the HE to achieve on its own, and that Covid-19 had both negatively impacted progress on the one hand, and on the other hand had created the environment for a faster response in some actions.

One respondent summed up feedback on this objective as follows:

We have made progress in terms of sustainable accommodation and appropriate support solutions for homeless households. The Strategic Review of Temporary accommodation was the first step in doing this, and the action plan. There is a significant evidence base in terms of what we need and for moving forward. (HE respondent)

Respondents pointed to increasing demand for temporary accommodation (through the number of homeless presenters and in particular the level of Full Duty Applicant status awarded) and the finite nature of the Supporting People budget. Respondents highlighted some progress on actions, under this objective, relating to the Common Access Point and Common Assessment Framework, but noted that work on this was incomplete and had not been universally rolled out. One external stakeholder noted: *There still isn't a Central Access Point – that's huge. The Common Assessment Framework is being used by some providers, and for some services, but not for all.* (External stakeholder) Some respondents pointed to the need to reconfigure and rethink how temporary accommodation is provided, with suggestions that large hostel set ups are no longer appropriate, and in the light of the pandemic, it may take some time to get people back out of temporary accommodation. Reference was made to the Covid decade which may now follow the easing of the pandemic.

- 5.15 The majority of respondents also mentioned the impact of a lack of social housing and move-on accommodation in relation to opportunities to achieve this objective, citing that this caused difficulties in terms of enabling households experiencing homelessness to find permanent and sustainable accommodation. This was summed up by one respondent as

follows: *Temporary accommodation is an increasing challenge. It is a challenge to get services off the ground, Supporting People has a finite budget. We haven't made as much progress as we want, but the picture has shifted, we are working just at the edges. There are challenges in getting suitable accommodation, and people are in temporary accommodation longer. There is very little turnover in social housing stock. The Department [for Communities] need to look at the supply side. This is much more important and the crux of the issue, looking at things like intermediate rent and alternative products. But support will still be needed.* (HE respondent) Another respondent commented on the intrinsic difficulties in achieving Objective 2, noting: *The difficulty is the housing market and to have housing solutions for people...the solutions aren't there. Access to the private rented sector is nearly impossible for people on low incomes.* (HE respondent)

These themes of reasonable progress on Objective 2 set against external factors impacting achievement of this objective were summarised by the following respondent:

The objective has been achieved as far as possible, but this is heavily caveated in terms of the level of demand and the complexity of need. There is work needed in this area. There has been a phenomenal increase in the demand for temporary accommodation, a 115% increase in the last financial year compared to pre-pandemic. Significant work has been undertaken to improve support, but there are challenges for providers. (HE respondent)

- 5.16 In contrast, respondents suggested that various things were fast-tracked or prioritised in their delivery, because of Covid. These included the roll-out of shared tenancies for young people, dispersed housing and support solutions with wraparound support and an increased provision and use of Queen's Quarter. One respondent noted: *We've had to rely more heavily on non-standard accommodation in our crisis response, and we've increased 100 units of temporary accommodation from vacant properties in the HE stock.* (HE respondent) Respondents talked about looking at how solutions such as shared tenancies could be scaled up.

Respondents recognised that these solutions, whilst necessary at the time, may result in longer term difficulties both for the service user and the providers. One respondent noted: *In Covid we found short-term solutions to get people off the streets. But the cost of this, people moving into non-standard accommodation without the necessary wraparound support. Now there needs to be an exit strategy. You can't just put those people out on the streets again, or you create a new set of problems.* (External stakeholder)

In addition other things which had not been in the Homelessness Strategy or Action plans were explored and in many cases put in place. This included using Airbnb's for short periods of time as single lets, and the development of a much more collaborative approach between housing and health.

- 5.17 Respondents highlighted that the availability and suitability of appropriate support solutions continued to be a difficult area to fully achieve, not least because of a noted change in the complexity of clients. One respondent noted: *There is a challenge in getting appropriate support because of the complexity of our clients. Some temporary accommodation is not able to respond, some providers are better than others. There is a threshold in terms of*

complexity...there is a mismatch between needs and support. (HE respondent) Another respondent commented: *The support needs to be about the underlying problems – chronic homelessness and complex needs. There are a greater range of mental health issues and addictions, more than the norm, not just a small cohort.* (HE respondent) This theme was highlighted by a number of HE respondents at Area and District level, noting a continued lack of specific services e.g. crash accommodation, wet hostels etc. for those with complex needs in areas outside of Belfast and Derry. Respondents did note that during the 5-year strategy work had been undertaken within the HE to further understand factors leading to complexity in people's lives, including Adverse childhood experiences (ACE) and trauma informed provision (TIP).

- 5.18 The interconnection between temporary accommodation and support solutions was also highlighted, with respondents noting the need to balance the two areas in response to current and emerging needs over the 5-year tenure of the Strategy. One respondent said: *There is a balancing act. But if that support and the funding for that support are not there, we find that temporary accommodation placements break down, and then people are in a continuous cycle or system and this is not ideal for the customer.* (HE respondent)
- 5.19 Respondents noted that during the delivery of the 5-year strategy there was an increased understanding of what makes accommodation sustainable, using phrases such as *the need for intensive Floating Support* and *the 2-year cut-off for Floating Support is nonsense*. One respondent summarised this as follows: *In terms of Floating support we have made substantial progress and there is an understanding of the need, but there's a mismatch in terms of availability of the service.* (HE respondent) The increased availability and range of types of Floating Support was noted as an achievement under the 5-year strategy, albeit that respondents highlighted gaps in its availability in rural settings and also that demand continued to outstrip supply.
- 5.20 Transformation and the development and roll-out of Housing Solutions, initially as pilots in Belfast and Causeway, and then across Northern Ireland was highlighted as a positive development under this objective. Respondents were positive about the role of the housing advisors, the customer journey including only having to tell your story once, and the approach to thinking about housing options. Positive comments on this aspect over the last 5 years included: *In terms of Housing Solutions anything that is measurable has improved including the timeframe for delivery of services to clients, the quality of the service, the one point of contact for the customer...and for the staff.* (HE respondent) And: *A good deal of progress has been made in transformation and Housing Solutions. Linking and building local relationships, building up the staff you know and the wider support. We make referrals, we don't just hand out a leaflet.* (HE respondent)
- 5.21 External stakeholders also viewed Housing Solutions as a positive development under the current Homelessness Strategy. One respondent commented: *The introduction of the Housing Solutions approach, that has been a positive piece. We work in greater partnership in terms of access and inclusion, and the Covid pandemic had an impact in addressing this.* (External stakeholder) External stakeholders also pointed to the lack of an overall evaluation

of Housing Solutions and its impact, citing: *You do hear very positive things about it, but there needs to be an overall evaluation. You also hear issues about staffing – losing staff and trying to recruit them, and then issues about staff knowledge, staff retention, the understanding of the issues in the sector and the complex needs of individuals. Whilst I think it's very positive and I would like to see it remain, I think improvements can and should be made.* (External stakeholder)

- 5.21 However, there was also a feeling that during the 5-year period of the Strategy things had become increasingly difficult in terms of the breadth and variety of housing solutions available. One respondent summed it up like this: *The only solution really is social housing but there is no turnover and no new build. It is getting worse, not better. Access to the private rented sector has become unaffordable, rents are going up, there are very limited solutions.* (HE respondent) A number of respondents felt the focus on accessing the private rented sector, via rent deposit schemes, had been below standard during the Strategy's lifetime, not least because of the cessation of Smartmove, but also because no other regional or Northern Ireland wide schemes have been developed or piloted. This was expressed by one respondent: *There had been a commitment and understanding to have support for people to access the private rented sector and to help them sustain their accommodation. This isn't as developed as it should be.* (External stakeholder) Reference was also made to other solutions to increase the type and availability of housing, including long leasing, revitalising areas, buying back social housing that was sold under the 'Right to Buy' scheme and a much more enhanced government build programme.

Objective 3 – To further understand and address the complexities of chronic homelessness across Northern Ireland

- 5.22 Respondents felt this objective had been partially achieved during the 5-year strategy, in particular in terms of further understanding of chronic homelessness. However, a general viewpoint was that some work had been done to start to address the complexities of chronic homelessness, but much more was needed. A number of quotes summed up these viewpoints as follows:

We understand that there are chronic homeless individuals. In the sector we have achieved on that front. We produced the Chronic Homelessness Action Plan (CHAP). It demonstrates understanding and acknowledgement of the need, and actions are being addressed. (HE respondent)

There has been a huge volume of work done through the CHAP. Getting definitions, clarifying what is covered, getting stakeholder involvement, improving the knowledge. Things have shifted and this is known in a more widespread way. (HE respondent)

- 5.23 Respondents were positive about the broadening of terminology from rough sleeping to chronic homelessness, the development of the CHAP and various pieces of research undertaken during the 5-year period to better understand and define chronic homelessness.

5.24 Respondents also suggested that further work on chronic homelessness had been negatively impacted by Covid-19, with some actions under this objective paused or not achieved e.g. roll-out of chronic homeless indicators on the Housing Management system. One respondent noted: *I think there has been substantial progress. Chronic homelessness was not really discussed prior to the strategy and now it is totally part of the language and discussion. The CHAP helped to define what we mean by chronic homelessness and the multiple factors. But the Action Plan, like other strands, was impacted by Covid.* (HE respondent) Respondents indicated that lack of action in a number of areas meant that the desired evidence base in relation to clients experiencing chronic homelessness had not been built up, which could in time be helpful in ensuring that Floating Support and other services are targeted at the right people in the right way.

5.25 A number of respondents also referenced the Complex Lives project under this objective as a positive direction of travel. One respondent commented: *The premise is to engage at the point of need and to acknowledge complex needs at the right time. The pilot is covering a small group of cases, but this will expand. The project has also been working on protocols and data sharing arrangements.* (HE respondent) Discussion on the Complex Lives project noted that it is essentially for people that fall into the chronic homeless category. Comments were made about the pilot project in Belfast, and the positive results to date. The need for further evaluation and a 'test and learn' approach was also noted. Key learning from this was around a Critical Time Intervention, and how to get services aligned to meet needs at the critical point.

Respondents also referenced positive and increasing expansion in relation to Housing First under this objective, with one external stakeholder noting: *definitely high on the agenda...at last.* Other stakeholders had referenced Housing First under Objective 1 (homelessness prevention) noting: *Housing First, although that's almost a repeat homelessness prevention. To be fair they are moving in that direction. If you're really going to shift to that approach then you need to shift the resources in that direction. The rhetoric is there and the intention, but it's still aspirational in my view.* (External stakeholder) Reference was also made to the recent developments of Housing First for young people, and how this could be further expanded.

5.26 However, some concern was raised about the street count methodology by external stakeholders and also the ongoing issue in relation to people with chronic homelessness becoming ineligible for temporary accommodation because of behaviour and threshold levels was noted by both HE respondents and external stakeholders. On this latter point one respondent noted: *We're increasingly spending too much resource dealing with people who are just simply repeat presenters and in and out of accommodation because of their behaviour and how they deal with our staff. We continue to be compassionate and sympathise with these clients but I think we do need to look at putting people down an ineligible route. All of this is to the detriment of other people in need of our support.* (HE respondent) Other respondents pointed to the need to work across the sector on the language and processes around barring and exclusion, creating conditions so that different sectors can work together through case management and coordination.

- 5.27 Similar to other objectives respondents highlighted the need to have a multi-agency assessment and response in relation to service users who met the indicators for chronic homelessness, and that any response under this objective was not just the HE's responsibility.

Objectives 4 & 5 of the current Homelessness Strategy

- 5.28 Respondents generally suggested that the mechanics of delivering and monitoring the current 5-year Homelessness Strategy had been an improvement on the position in the previous Strategy (2012 – 2017). One respondent commented on the previous set up and said: *The groups didn't meet as regularly and their Terms of Reference were more focussed on commissioning of services...it wasn't the most effective aim of those groups.* (HE respondent)

Reference was made to the establishment of the four key groups, and a move towards annual Action Plans and monitoring reports, resulting in part from recommendations from the Evaluation report of the last Homelessness Strategy. Whilst there was recognition of the substantial forward movement, there was also reference to the how the lack of overall funding still limits or curtails progress on the other homelessness objectives. One respondent summarised their analysis of the fulfilment of objectives 4 and 5 as follows:

The joined-up working has got better. We have been afforded and enabled the opportunity to work better...together. Whilst there have largely been the right mechanisms, fundamentally the money that drives homelessness is in another strategy – the Supporting People Strategy – and that's the problem. (HE respondent)

Objective 4 – To ensure the right mechanisms are in place to oversee and deliver this strategy

- 5.29 The majority of respondents largely felt this objective had been achieved at a functional level. This is supported by the following comments:

Yes, the fact we have various groups – the CHF filtering down to the LAG. It seems to be working well, but we set it up! And this was covered in the consultation for the next Homelessness Strategy, and feedback on that suggests that the mechanisms are correct. There was validation from the sector. (HE respondent)

Some respondents were less favourable about the inter-working of the different groups, with particular criticism of lack of inter-agency working. Comments from HE respondents included: *The formal structures were too bureaucratic. You need to have the right people at the meetings, who are senior enough to be able to commit to things. And: they could work better. It's a step in the right direction but we need more. The progress on this (groups/ networks) is much better than the previous strategy.* And a further respondent: *it should also be a two-way process, letting people (on the groups) know what's coming down the line, not just looking back.*

- 5.30 Comments were made, in particular by external stakeholders, on the effectiveness of the various groups due to the fact that new groups were set up for the Covid response, with some then questioning why the current groups were not used for this purpose. A HE respondent noted: *Some from the sector would say that the groups weren't effective because we had to*

set up new groups for the Covid response. But the HSSG and the CHF were there to deliver strategy. The Terms of Reference weren't for this once-in-a-century pandemic. (HE respondent) An external stakeholder commented: *You would have liked to have thought that the covid response would have evolved out of these groups. At that time no-one was prioritising homelessness within the pandemic. And to me that should have been the responsibility of the HSSG. It's multi-agency, it's cross departmental. They should have set up the response group. (External stakeholder)* However, other HE respondents noted that the new structure for Covid-19 delivery had been critical to enabling a speedy and effective response, and it had engendered a spirit of mutual aid, cooperation and engagement across all Departments and agencies.

- 5.31 Feedback was provided on the LAGs, in terms of the role of these groups and the impact they were having at a local level. Overall feedback on the LAGs was positive, that they had been effective and had provided a local perspective. One respondent noted: *The LAGs are a better structure than before (the three regional groups), they are resourced better, there are specific homeless responses and they work more closely on that. But there is not always the time given to this locally. They are busy with other things at local offices. But it has helped to build relationships. (HE respondent)* Another respondent said: *The LAG has been key in terms of being able here in the District Office to build the relationships with Homeless Strategy and Policy – what they're doing and likewise feed back to them what's going on in our area. The LAG has been key. It's a pity it's all on Webex because you lose the personal side of things, making connections. (HE respondent)* This respondent, like a number of others, noted the need for more connections between the different groups and networks.

There was also recognition that the development of the LAGs had been different across the range of areas, with some areas having a pre-existing group and other places needing a new group. One respondent commented: *Some people were very reticent at the outset. There was a concern it would just be a talking shop. It's hard work, getting people there, getting the right people there, and it wanes a bit. But I feel ours is one of the successful ones. We will continue as long as it is of value to everyone. We have had the right type of support – it'd been good and worked well. (HE respondent)* Another respondent said: *Different areas have different membership; this may be relevant to the different areas. But we also need some consistency. There should be standing items on the agenda for all groups – the big-ticket items – what are the HSSG doing, updates from the CHF etc. (HE respondent)*

- 5.32 A number of respondents noted that the Service User Forum, referenced in the current Homelessness Strategy had not been as successful as initially hoped. One respondent noted: *Service user group – it was suspended for quite a long time of the 5-year strategy – there was something missing in the strategy. The respondent said there were some positive elements of this: Lot of development on the young people's side – peer mentors – through the NIYF. (HE respondent)* Another commented: *There have been challenges. Initially we anticipated it would meet quarterly, but there were challenges because Council for the Homeless (CHNI) were not directly funded for this role. There were also challenges in terms of Covid. It was difficult to do this by Zoom and to develop a working relationship. . Respondents did note that the Service User Forum had some good input and interaction in the delivery of the*

Homelessness Strategy, with particular reference made to the production of leaflets for GP surgeries.

- 5.33 Positive feedback was noted in relation to the CHF. One external stakeholder commented: *I get most of the information I need from the CHF. I find it works very well. It's stronger.* (External stakeholder) In contrast, feedback indicated that respondents were less sure that the HSSG was working effectively. One respondent noted: *Whether or not it is the right mechanism. If we don't work inter-departmentally and work collaboratively, you minimise what can be achieved because we are all working against each other.* (HE respondent) Another respondent said: *This is not the right mechanism. Until there is full agreement and because there is no legislative responsibility for inter-departmental working, then there is no accountability. If there is no buy-in then it's still missing. There is a responsibility on health and justice to do something, but you need the funding, resources and personnel.* (External stakeholder) Reference was made that the membership and seniority of representation on the HSSG had changed, and that particularly in the latter years of the Strategy there had been less evidence of progress made against the Homelessness Strategy and the Inter-departmental Action plan. One respondent noted: *The inter-departmental aspect...is it better than five years ago? Yes, absolutely. But is it at the level we would aspire to? There is still a bit to go.* (HE respondent) An external stakeholder suggested that the governance structure around the HSSG should be further developed. *The HSSG, I don't feel that it's doing an awful lot to be honest in terms of its effectiveness as a group. The HSSG needs to feed into a Departmental Committee. In Scotland there is a governance system. Also the fact that it's DfC that chairs it themselves and maybe there could be some other way of looking at it.* (External stakeholder)

Objective 5 – To measure and monitor existing and emerging need to inform the development of appropriate services

- 5.34 In general respondents felt the production of Annual Plans and Annual Reports was good and at the right level to measure, monitor and feed into planning services. One HE respondent summed this up as follows: *It keeps you focussed, on track and able to escalate if there are challenges or objectives or actions are not going to be met. The Annual Reports are appropriate for the audience, at the level they need.* Another referenced measurement and monitoring saying: *That's been essential. You can't run for five years and not review it. It's a moving picture so you need to look at the broader trends, then actions agreed based on the latest pictures. The Annual reports are as succinct as you can be, and the case-studies are valuable, demonstrating the services and the difficulties and challenges too.* A further HE respondent said: *It is better governance to monitor on a frequent basis with annual updates to refer to, so that those at senior level and externally can easily see what has happened.* From an external perspective one stakeholder commented: *The Action Plans and the tables with green, amber and red, that's certainly an improvement.*
- 5.35 A number of respondents made wider comments about firstly the wide range of Strategies and documents, all of which interconnected to the Homelessness Strategy and the associated need to ensure that measurement and monitoring dove-tailed. Secondly, there was a suggestion that other services currently need to be monitored and evaluated, in order to

inform the development of appropriate services e.g. the Housing Solutions delivery service, Floating Support and prevention projects.

Rather than more monitoring and measurement, some respondents called for less: *We have been measured and monitored to death. It's become too big. In terms of the Annual reports, some of the community and voluntary sector felt it was self-congratulatory. There needs to be a balance between numbers/statistics and real people who are experiencing a massive crisis in their own lives. So I'm very keen on the case-studies, the journeys. They were positive but it does make it longer.* (HE respondent) A further respondent commented: *The annual reports have been very good, giving working examples. But is there a need for that type of information and depth? They should get to the main points, summarise what outcomes have been achieved, what's new.* (HE respondent) Other respondents made suggestions around having more visuals in the reports and also that other Departments could and should contribute in terms of their response to homelessness.

- 5.36 A small number of HE respondents also noted progress made, during the current Strategy's lifetime, on data gathering and data sharing processes and systems. One respondent said: *Yes, measurement and monitoring, all the data analytics – reasons for presenting as homeless, length of stay in temporary accommodation – this has been achieved in terms of the information and quality of information we're able to access.* (HE respondent) A further respondent said: *We have been proactive. Various comments were made in the NI Audit Office report on homelessness, and we've responded to these.* (HE respondent)
- 5.37 Respondents also referenced a bank of research over the last five years to better understand homelessness, including research on young people experiencing homelessness, chronic homelessness (in particular amongst women) and service user journeys, as well as wider research on temporary accommodation and other provision such as day centres.
- 5.38 Comments on data collection and collation were largely positive, with a few respondents making specific comments on how this could be further enhanced. One respondent said: *What's lacking is that we haven't baselined any data....we need to do this internally. We should capture baseline data.* (HE respondent)

Impact of the current Homelessness Strategy

- 5.39 There was a clear consensus of opinion in relation to the impact of the delivery of the current Homelessness Strategy. Firstly, it was acknowledged that the Vision of *Ending Homelessness* had not been fully achieved in totality, but equally there was recognition that this had been aspirational and it had been achieved for individuals on a case-by-case basis. *Ending homelessness has been achieved for individuals, but not in total for society, so you could say, yes and no. It was a vision to work towards.* (HE respondent) Reference was made to increases in numbers of presenters at points over the last five years, and specific increases for example in relation to presenters as a result of domestic abuse.

One respondent summed up this part of the discussion:

Ending homelessness – have we ended it? If taken literally, no we haven't. But we have made progress, yes. If you look at the data for 2012/17 and then the current strategy for 2017/22, we have arrested the trends in terms of the number of presenters and acceptances. That is in some degree the success of the strategy, but you do have to caveat that because the presenters hit a peak in the early years of this Strategy, but it's been turning around before Covid and hopefully this will continue. (HE respondent)

An external stakeholder also commented on the balance between aspirational and achievement, noting: *I suppose, it's a Vision so that's aspirational. I like it. The practical reality is that we haven't ended functional homelessness, which is the idea that if homelessness occurs it should be rare, brief and non-recurrent. (External stakeholder)*

- 5.40 Secondly, a myriad of reasons why it had not been possible to end homelessness, particularly if that responsibility just lay with the HE, were noted including the lack of move-on and available housing stock versus demand, the complexity of the issues both at an individual and community level and a range of other factors impacting the level of homelessness and curtailing or preventing the 'homeless response.' One respondent commented as follows: *We can't categorically say because we still have homelessness that it's been ineffective, it's not just about numbers. There are so many other influencing factors...* (HE respondent) Another noted: *The HE is restricted by a number of things in delivering the Strategy, and it can't be achieved without money and support. We are working within parameters – and we have done well and gone far in the circumstances. (HE respondent)*

One specific reason which respondents said made it difficult to end homelessness was the increasing complexity of the needs of homeless presenters and service users. One respondent said: *It used to be years ago that it was just about accommodation. Now it's addictions, mental health, drugs, and this makes them vulnerable. And then anti-social behaviour of people in temporary accommodation, those behaviours have got worse. (HE respondent)*

Discussion on the wording of the Vision resulted in differing views, with a small number of respondents saying that 'addressing' rather than 'ending' would be better wording.

- 5.41 Respondents verbalised that good progress was made in relation to the 'together' element of *Ending Homelessness Together*. One respondent said: *Yes, especially in the latter part of the strategy, doing things collaboratively. Homelessness is not just a housing problem. The HE can't just end it – needs our colleagues in health, providers in the third sector, the HPF – a collective approach. (HE respondent)* Another said: *Ending Homelessness Together, hopefully that is seen as one of the main achievements of the Strategy. There has been more multi-agency working. The groups made meaningful change, delivered actions, improved awareness, circulated information and the HPF was successful. (HE respondent)*
- 5.42 A number of respondents provided very clear evidence of specific things that had been achieved in the lifetime of the Strategy; summed up by the following quote: *There definitely has been a dramatic difference in terms of how we manage homelessness on the Housing Solutions and tenancy side over a 10-year period. Also it's the small things such*

as Floating Support funding, the HPF and starter packs – the nuts and bolts make a difference. There have been positive things in terms of Rent Deposits, increasing Floating Support providers, transformation and the subsequent training in specialisms – a whole raft of stuff. (HE respondent)

Wider context

5.43 The majority of responses on this theme were around the delivery of the Homelessness Strategy (2017 – 2022) in the context of Covid-19 and in the period from March 2020 onwards; it was clear that this was uppermost in most respondents' thoughts in terms of their strategic and operational roles. There were wide-ranging comments on how their District or Area (HE) or organisation had responded, and was continuing to respond, to the additional requirements and demands placed on them by the pandemic. Respondents noted increased numbers/availability of temporary accommodation and the development of a temporary accommodation management role at District office level. One respondent summed it up as follows: *Temporary accommodation teams came about as a result of Covid. And this was to the benefit of the homeless person, and also our role in terms of the management of placements. These became Hubs. Also the change from drop-ins to the appointments-based system.* (HE respondent)

5.44 Overall respondents indicated that the additional workload resulting from Covid-19, together with a reprioritisation of work threads throughout the pandemic, had resulted in some aspects of the Homelessness Strategy being behind schedule or not achieved at all. For example, collection of data at HE District office level on the key indicators relating to chronic homelessness, which was due to start from 1st April 2020, was put on hold. In other examples respondents referenced reduced capacity in voluntary sector hostels, a switch to virtual rather than face to face working in some services such as Floating Support and the impact of this approach and young people being placed in non-standard temporary accommodation with no or limited support.

Things took a different trajectory – things overtook the projected time span. Covid has delayed implementation of some things. (HE respondent)

There were challenges in delivering some of the milestones in the strategy. We didn't initially anticipate the length of time it would go on for. The Year 5 delivery has been hit by the restrictions. And the Year 3 element of the Inter-departmental Homelessness Action plan was delayed as the focus was diverted elsewhere. (HE respondent)

5.45 Conversely many respondents noted that despite the challenges, the HE and wider sectoral response to Covid-19 had fast-tracked some elements of the Homelessness Strategy. In particular respondents pointed to increased, and what was defined as 'better', working relationships and collaborative or partnership working within the homelessness sector (across statutory and voluntary sector providers) and across Departments, with specific references to protocols and Memorandums of Understanding.

There has been an increase in collaboration as a result of Covid; partnership working that wasn't there before, between us (HE) and the PHA and HSC Trusts. This has increased.

(HE respondent)

Covid resulted in some things being put in place via protocols very quickly. This was to keep people safe. And it usually takes a long time, but it happened very quickly to get rough sleepers in....we were able to work quickly and effectively with other agencies to get a roof over peoples' heads. (HE respondent)

There have been challenges but Covid ironically has helped. It has been a driver. Through necessity we have become innovative, flexible, quicker and responsive. This has sharpened everyone's focus. It provided a strong common purpose, not hung up on structures – and this has been the focus to make things happen. We have been able to form really good relationships. (HE respondent)

The inter-departmental working did improve. Homelessness became a focus during Covid with all the people around the table. Things changed and moved quicker...there was more flexibility. (External respondent)

The Homelessness Strategy hadn't planned for this. It was an unexpected turn. It didn't result in an increase in homelessness, but it was needing a different type of response. And this was a closer relationship between the provider sector and health and homelessness that wasn't there before. (HE respondent)

Covid has helped. The HE has handled homelessness very well during Covid, securing additional properties and using our own properties. The HE have really done this very successfully. By default they have met some of the conditions of the Homeless Strategy, and resources were allocated to the Covid end of the business. (HE respondent)

- 5.46 A small number of respondents suggested that the collaborative and partnership working, whilst strong at the outset of the pandemic, had gradually decreased over the last year. One HE respondent noted: *The inter-departmental work was really good in the initial 9 – 12 months, but towards the end of the strategy, the wider stuff has not been so effective.* Another HE staff member said: *I have concerns that the Memorandum of Understanding (MoU) and the great cooperation driven by the pandemic may be lost once that driver is gone. Will that cooperation remain at that level? And with recognition that homelessness is as much about health as housing?* An external stakeholder noted: *It did improve relations through better communication and more closer working between HE and providers, and also between providers themselves. It was beneficial. My concern would be that we start to lose that again.* (External stakeholder)

- 5.47 Respondents also suggested there was key learning from the pandemic, that should be taken forward into the timeframe of the next Strategy. One positive spin-off reported by respondents related to awareness of homelessness, across all the sectors, and a heightened political awareness of this theme. One respondent noted:

It brought homelessness up the agenda politically, very quickly. This was reflected in the amount of money that came across to deal with Covid-19. (HE respondent)

The aim or intention will be to keep relationships between housing and health, but we need a commitment from health, particularly in terms of mental health. (HE respondent)

- 5.48 At a District level HE respondents referenced the positive outcome of working together, noting mitigations around arrears and the support provided to social housing tenants to prevent homelessness. One respondent put it like this: *There was follow-up with vulnerable tenants in terms of Floating Support, financial support, food packages...we were aware of more domestic violence and welfare issues which needed signposting. (HE respondent)* In addition, respondents said the joint working enables the exchange of information on services. One respondent noted: *Knowing who is doing what means there is less duplication of services, and the enabling of specialists and those with expertise to do their work. (External respondent)*

- 5.49 Other respondents talked about the learning for future delivery in terms of working from home and the use of technology, and how this should be continued in the context of working in the field of homelessness.

The whole use of technology was key and generally has had a very positive impact.... attendance at the LAGs increased because there was no travel involved. It had a positive effect. People also logged in for the consultation events. (HE respondent)

- 5.50 External stakeholder respondents referenced the move to more flexibility in staffing and provision as a result of responding to Covid-19. One respondent noted: *How we used staff to ensure that the right support was there at the right time. This was one of the areas of the strategy we were able to move on. (External respondent)*

- 5.51 Respondents also noted a broad range of other contextual factors that they felt had impacted on the actual delivery of the current Homelessness Strategy, on various services delivered in the homeless sector and on homeless service users. In summary these included:

- Demand issues in terms of the numbers on the housing waiting list, homelessness list and in housing stress, lack of temporary accommodation and blockages in move-on in some areas, and lack of specific housing and support services e.g. addiction services in areas outside of Belfast and Derry;
- Supply issues in terms of the current housing market, distribution and availability of different tenure types, cost and financial implications of each tenure type. In addition, limited new-build in the social housing sector and pressure in the private rented sector caused by increased sales by landlords and increasing rental levels;
- Welfare Reform changes including timing of first payments, the bedroom tax, Universal Credit were all referenced as factors impacting affordability;
- Economic uncertainty and rising cost of living – impact on affordability and peoples' financial capacity to enter and/or sustain accommodation across the tenure mix;

- Brexit – with an impact on who can stay, who can claim benefits, who has no recourse to public funds. In addition, reference was made to the impact of Brexit on recruiting and retaining staff, in particular in front-line services;
- Use of technology to access and deliver services, and the resultant difficulties for some service users with no or limited digital access.

The following quotes provide some context for the factors listed above.

The housing supply issue and the lack of social housing is very significant. In the private rented sector there are changing dynamics, increasing levels of low-income families and changes in welfare provision, all of which have impacted affordability. (External respondent)

The learning (from Covid) is that communal accommodation is not fit for purpose any more. (External respondent)

It was harder to engage with women because we had never met them; you need to see them face to face to build up proper information on them and relationship of trust. With a digital approach they are less likely to disclose information and their level of risk. (External respondent)

Next Steps, the 2022 – 2027 Homelessness Strategy

- 5.52 Comments on the draft 2022 – 2027 Homelessness Strategy, which was out for consultation at the time of these interviews, were in the main very positive. Some respondents made comparisons with the current strategy; one respondent noted: *It's a significant improvement – the previous document suffered from being a compromise. I think it's a better document – a more ambitious document. I think since homelessness moved from Regional services to Housing/landlord services – it's a better approach.* (HE respondent)

Other respondents suggested that the draft Strategy was a simpler and more focussed document.

I think it's what we need to do – we've tried to simplify it...start with where we want to get to looking at prevention, accommodation and sustainable outcomes. It is very clear, ambitious...and integration of people with lived experience – assessment that this needs to be more direct – their involvement and input to services. (HE respondent)

The aspiration is still there – for ending homelessness together. Also good that it is expert led, person centred and service user involvement. (HE respondent)

Those involved in drafting the document noted that there has been a desire to ensure that *it was reflective of the LAG and the CHF.* (HE respondent)

- 5.53 Whilst suggesting it was a better Strategy document than the previous one, some respondents also commented that there was good continuity between the two Strategies. In particular the reference to retaining the Vision of *Ending Homelessness Together* was generally viewed in a

positive light. In addition, there was cognisance that the draft Homelessness Strategy includes aspects of the last strategy which had not been fully progressed, and includes elements which take into account the HE and wider sector's response to Covid-19 and learning from it. Reference was made to the need to take into account the shift in needs and services highlighted by Covid-19. One external stakeholder noted: *The attitude during Covid was 'can do'. We need to capture the learning from that period. It's the legacy of covid. We need to learn to live with it, and there will be a long tail. The concern at the moment is about the ending of the covid emergency funding, and that really does need to be rolled into the homelessness budget.* (External stakeholder)

- 5.54 Respondents commented on the actual content of the draft Strategy, the way in which it was developed and produced, and the longer lead-in and pre-consultation approach.

I think the strategy is good. The principles underpin how we want to work – it has been agreed collectively and there is collective buy-in. (HE respondent)

I think the strategy is right, the focus is right. Refreshing to see it all written down. I would commend the HE – on their external consultation – and taking on board the views of the sector. (External respondent)

I value the inclusion of enablers and what success will look like. (External respondent)

- 5.55 Respondents were positive about the coverage of the three objectives, and the reduction from five to three.

The focus should be on the action...these are the right ones – starting off with what can we prevent, then when that doesn't work – accommodation and support at the point of need. Then for those exiting homelessness – try to sustain – because of their complexity and repeat homelessness. Continuity of prevention, support and sustainment... (HE respondent)

Now the focus of the key objectives is on the customer. Objectives 4 and 5 were administrative and about mechanisms. (HE respondent)

- 5.56 One external stakeholder indicated their preference to incorporate the direction of travel on 'lived experience' as a fourth objective, noting: *It warrants an objective of its own – to make it robust in the strategy.* (External stakeholder)

There was universal support for the inclusion and depth of emphasis on those with lived experience of homelessness. In addition, a number of respondents commended the work done already in this area, with the NI Youth Forum and young people with lived experience.

In terms of people with lived experience – it's crucial...it's formalising from what we already do – whether that's about the customer or those dealing with the customer. They have lived it and been through it... (HE respondent)

We make assumptions, and assumptions about service users – to inform what we’re doing. This will help to reflect what they need and when they need it. (HE respondent)

- 5.57 There was however acknowledgement that the inclusion of ‘lived experience’ required significant funding. One external stakeholder noted: *We do think the integration of people with lived experience is critical. The challenge is that it’s very easy to talk about it in principle. The actual outworking of that, it requires funding. If you’re going to do this – do it properly.* (External stakeholder) Concern was also expressed that whilst referencing the inclusion of those with ‘lived experience’ the consultation and drafting processes of the proposed Strategy had not involved service users in any way.

- 5.58 Most respondents felt there was nothing missing in one sense from the draft Homelessness strategy; in part this was because they had been fully involved in the development and consultation process, with a number noting the term ‘co-production’ as the methodology to develop the Strategy.

To me there is nothing glaringly obvious – no-one has highlighted anything hugely missing. The aim is to cover all things, to be collective – rather than a single focus – so all groups – yp, women, singles. (HE respondent)

I think it’s good, the three objectives are more focussed – and it allows that focus. And I think the integration of people with lived experience – this will give the human side – we are here to help people. And there is good partnership working in it. I think they have it right. There’s nothing that jumps out at me. The consultation process was done well – the themes are there – and I feel we were listened to. (HE respondent)

- 5.59 However, whilst respondents felt there was nothing intrinsically missing, they did also point to all the myriad of factors which are incumbent on the delivery of the strategy. One respondent said: *There’s nothing missing from it – the vision is there to try and prevent homelessness...but there are limited opportunities to prevent because we are reacting to situations people are already in. (HE respondent)*

Other respondents mentioned other themes, which whilst not in the draft Strategy, were aspects that they felt would impact the potential for delivery of the Strategy’s vision. These included data sharing arrangements at operational level, funding and resources in the sector, and the need for new and remodelled services.

- 5.60 Alongside positive feedback about the content and tenor of the draft Strategy, a number of respondents did raise concerns about how it would be realised, pointing to the lack of Government mandate from a cross-departmental point of view, as well as minimal references to resources and funding. There was recognition that this was in part because the action plan that will arise from the draft Strategy has not as yet been developed.

It should definitely be in the Programme for Government (PfG). There is the inter-departmental duty to address homelessness but until we have those types of things, until it is

mandated and the funding pots are joined more between housing, health, justice and education. (HE respondent)

The only bit that may be missing is the strategic – crucial to get this right – the actions are at the lower level. And there are challenges for delivery in terms of funding – need to look at the interdepartmental aspect. There's no statutory responsibility for HP – but if we don't invest – then higher statutory homelessness. (HE respondent)

The Interdepartmental Homelessness Action Plan – how to join this in to the HE strategy. Making sure that the structures work – working on relationships from the Covid period – as people go back to their substantive posts. In each Dept there needs to be someone focussed on the homeless side...there needs to be homeless nurses in the other Trust areas – at access points. (HE respondent)

But what's the point of a homeless strategy, if we don't have a Housing strategy? The funding is way insufficient...there is now more of a push for the Dept to be looking at the housing market and structures. It needs to be something that is mandated by the DfC and the DfH – they are interested but powerless to do anything...so things are carried forward to the next meeting. (HE respondent)

The strategy isn't entirely in HE's gift to deliver it – the issue is not just housing – there needs to be interdepartmental structures, mandating it – how we get that commitment if we are serious about ending homelessness. (HE respondent)

We would want some guarantees around joint working between health and housing, and between housing and other agencies...in order to have a proper strategic approach. Also a longer-term commitment to funding – guaranteed funding rather than annual applications – but this needs to be a joint action with others as HE doesn't have the power to put this in. (HE respondent)

Another factor is how the strategy will be funded and how it fits with other strategies. This needs beefed up – mindful of the work with other departments – so connections are necessary on so many levels. We need to have a high-level commitment – that everyone deserves safe and secure accommodation. And this needs to be in something like the PfG or a Bill of Rights or an explicit MoU across Housing, health, justice, education and maybe more of the departments. (External stakeholder)

- 5.61 A number of respondents pointed to the plethora of other strategies and workstreams relevant to and having an impact on the delivery of the Homelessness Strategy, both internally within the HE, and more widely across Government Departments.

Internally (HE) working there are so many overlaps and we need to join the dots- for example between homeless prevention and tenancy sustainment – they are the flip side of the same issue, there are similarities – but the same challenges and the same access to services are

needed...we need to align and not duplicate – to make more sustainable use of resources. (HE respondent)

There are a lot of strategies – so we need to be careful. Any developments are contingent on all of the other strategies – the Housing Supply Strategy, the Supporting People Strategy (which we haven't seen it), the Housing Strategy, the Strategy for Temporary accommodation. (External respondent)

- 5.62 Particular reference was made for internal integration of homelessness with Supporting People. *There needs to be integration with Supporting People – a rethink of services provided by the Supporting People budget – hostels and Floating Support. (HE respondent)*

There is a detachment between homelessness and Supporting People – is the funding being directed to the right programmes and services? We have yet to be invited to a contract meeting...there was a historical split, and this is a nettle that the HE has struggled to grasp. There is a wide systemic divide and it needs to get tighter. I feel that we look unprofessional to our external partners – who see us as the HE. This needs to be worked on as a team internally, moving forward. There almost needs to be a MoU commitment from each of the main groups – which would then cascade down to the LAG – including the HSC Trusts in terms of their commitment and the key people externally. (HE respondent)

But we need to make sure – Supporting People funding needs to be geared to the right people and threads – not just up to Supporting People to decide. This will come out of the Fundamental Review – Supporting People has done things the same way since 2002. There needs to be longer term funding of appropriate services. Also the need for inter-agency work. (HE respondent)

- 5.63 The following comment provides an external respondents view on the Strategy. *But there are two concerns- (1) concern is that the funding – the wherewithal to deliver the strategy and (2) – the strategy itself is so dependent on other strategies and other Department's strategies – difficult to deliver on this. On paper it is an excellent strategy – encompassing all the key points...however, in order to deliver it there are financial constraints – and it is interdependent on other strategies. There needs to be a mandate...definitely needs to be in the PfG – it has been stuck for so long – but with the possibility of a new administration – in order to make any significant changes. Need to be able for all Departments – to hold them accountable and to have a multi-Departmental approach. (External respondent)*

Section 6 Service user feedback on the Homelessness Strategy 2017 - 2022

- 6.1 Section 6 explores service user feedback on the delivery of the Homelessness Strategy for 2017 – 22; qualitative quotes are included in *italics*. A total of 13 current or past service users provided feedback on their own ‘lived experience’. This was defined as having experienced homelessness and/or experience of receiving accommodation and other support services. These were mainly done through 1-1 interviews (seven interviews) and two group discussions (total of six participants). Some of the feedback was done online (five respondents) with the rest in face-to-face settings in hostels (8 respondents).
- 6.2 The service user engagement covered four settings and locations; there were nine males and four females:
- Two respondents had previously been homeless and now worked for/volunteered with regional or wider networks and had ‘lived experience’ of homelessness; the networks were the Regional Service User Network and the NI Youth Forum;
 - Three respondents were service users in a residential detox and support service for men and women with alcohol related issues (Western HSC Trust area);
 - Four young male respondents (aged 17 – 20 years old) were service users in a young person’s project/hostel (Western HSC Trust area);
 - Four respondents were service users in a single person hostel (South Eastern HSC Trust area).

Respondents had been homeless for a varied length of time from 3 weeks through to 2 – 3 years. The reasons why they became homeless are explored under objective 1, when they were asked if their specific homeless situation could have been prevented.

- 6.3 The overall focus of this part of the evaluation was to obtain feedback from those with ‘lived experience’ with particular reference to their thoughts on the effectiveness of the different elements of the 5-year Homelessness Strategy, how they would like to be consulted going forward and what they thought needs to be included in the next Homelessness Strategy. The interview questions are outlined in Appendix 4. Respondents’ views were based on their memory and perception of the delivery of the current Homelessness Strategy, and their own knowledge and personal experience of homelessness services. It is worth noting that apart from the two respondents who were part of wider networks, the other respondents did not have specific knowledge of the current Homelessness Strategy or its component parts.

Objective 1 – To prioritise homelessness prevention

- 6.4 One recurrent theme, particularly amongst younger respondents, was that their homelessness was less about having nowhere to live from a structural point of view, and more about being the result of or connected to their childhood and family home circumstances and situation. Added to this the younger respondents referenced their own behaviours, interplay of alcohol and drug use, poor school attendance and attainment and specific factors in their family setting. The latter included having a parent with an addiction, having caring responsibilities for a parent and/or siblings from an early age, having a background in care, having a sibling in prison, having a step-parent, poor parental or own mental health etc.

The younger respondents indicated a level of self-acknowledgement that they had been partially responsible for family difficulties, and the breakdown of the relationship with their parent(s), leading to them being asked to leave, and that this had for the most part started in their early teens. One young person put it like this: *Me and my Ma were arguing all the time, but she's got her own problems.* Another reflected: *The structure of your household and your upbringing, how you are brought up, this affects what's going to happen...Having no father figure. I thought my Step Dad was my Dad and then I was told when I was 10 that he wasn't. That really f****d me.*

The young respondents suggested that family breakdown and being asked to leave the family home had, in their case, been inevitable. Alongside this, they suggested that little could have been done in terms of 'homelessness prevention', although these respondents said that things would have been different if their Mums had got more support with them. One respondent said: *Mum is a single parent. If she had got more support....I'm concerned for my Mum, she has her own problems.*

- 6.5 Similar themes were identified by the slightly older single males living in a hostel. One respondent pinpointed his alcoholism and move into homelessness, tracing it back to his childhood and upbringing. He noted: *It was from a young age. I was born into it – alcoholism and all those problems. I was looking after Mum from roughly about age 4. And as time went on I went down the alcohol route in my teens.* At the time of interview this respondent had been homeless for 3 ½ years and had spent a period of time sleeping rough. Again similar to the younger respondents this individual felt it was difficult for the government to intervene in specific situations. He said: *the government have their hands full...there is only so much they can do.*

Another male respondent outlined similar lived experience, noting that his Dad had passed away while he was a teenager, he had lost his job, and now because of an incident he had gone to prison, and has effectively lost his partner and child. When asked about what could have prevented his move into homelessness, he responded: *It's hard to know how it could be prevented.*

A further male respondent in the hostel setting did however suggest that more could have been done to prevent his homelessness, which has been in a revolving door cycle over the last 10 years. He has held a number of social housing tenancies; all ending with a notice to quit

and being asked to move on. This individual also outlined a number of physical and mental health problems, which he attributed to sleeping rough.

- 6.6 The discussion on homelessness prevention was particularly focussed for those currently residing in a detox and support service; with clear linkages to their alcohol addiction and dependency. The three respondents in this setting clearly marked their loss of a previous tenancy directly to their alcohol consumption, and in particular factors such as anti-social behaviour and breakdown of relationships with neighbours and in the community. One female respondent said: *my tenancy was under threat...because of my alcoholism and how I was getting on, and my neighbours.*

These respondents recognised that any preventative measure needed to start first and foremost with their addiction, and then once that had been resolved they could again focus on their housing requirements. In addition, each of these respondents talked about other background factors which had led to their addiction in the first place, including difficult childhood circumstances, relationship breakdowns, domestic abuse, bereavements, poor mental health etc.

- 6.7 The respondents representing networks provided a wider perspective on the preventative measures outlined in the 5-year Homelessness Strategy. Overall they suggested a mixed picture, highlighting some positive steps forward e.g. referencing getting people off the streets during the pandemic, but with an overarching comment that homelessness prevention has been slow and inconsistent. The following comments highlight this finding, and point to the need for education and awareness raising, as part of the preventative options, as well as a clear need for input from Departments and agencies alongside the HE:

They (HE) could do so much more. They don't engage with appropriate services. It has to be about education from an early age.

At the moment it seems to be about 'containing it'. But it needs to be multi-agency involving youth justice, education and health.

These two respondents concurred that prevention of homelessness stems back to an individual's situation and circumstances, with contributing factors from early childhood and other elements later in life. One respondent outlined their own lived experience: *there needs to be the earliest intervention. I went to talk to my GP two years before I was homeless. If I had got the appropriate mental health support. I had postnatal depression and a dependency on alcohol.*

These respondents also referenced that prevention of homelessness should include preparing young people to live independently, and the involvement of Patch Managers in social housing to promote tenancy sustainment. One respondent noted: *I had to educate myself on things like how to manage on my own; those tenancy ready skills...If I hadn't found the information myself I'd still be homeless. It's also about battling the stigma and the language. And there is little or no support.* This quote also sums up these respondents experience of trying to

navigate through the housing (and other) systems, and how that is compounded when the individual has an addiction or poor mental health.

Another theme highlighted by these two respondents was, in their opinion, a lack of information available on the HE website and on social media platforms in relation to housing and homelessness. One respondent summed this up: *In a crisis people don't know where to go... There's nothing online about services, there's nothing on Facebook about the prevention of homelessness.*

- 6.8 Overall this sub-section on homeless prevention indicates the view from service users who are or have been homeless, that their homelessness was embedded in and linked to a wide range of factors, many stretching back to their early years, childhood and family home. For current service users, there was mixed responses in terms of whether more could have been done to prevent their individual homeless status; with some indicating that their behaviours and background factors had in part been responsible for this, whilst others suggesting that more could and should have been done at an earlier stage to help them and ultimately prevent them becoming homeless. It was clear that in the majority of cases this related to something outside of housing e.g. addiction, family breakdown etc. The two respondents, who had previously been homeless, reflected more strategically on the Homelessness Strategy, suggesting that more should be done in terms of education, awareness raising, ensuring people are able to manage and sustain a tenancy and in providing those at risk of homelessness with clear and accessible information.

Objective 2 – To find sustainable accommodation and appropriate support solutions for homeless households

- 6.9 Again the service users currently in homeless temporary accommodation or other services talked about accommodation and support solutions, as they had experienced them. The respondents in the young person's hostel were very positive about the accommodation and support services they were receiving; there was broad agreement that this was a positive experience. One respondent put it like this: *this is the best thing that's ever happened to me, coming here is a learning experience. I don't personally see myself as homeless because I've got accommodation here. My confidence has grown being here. I'm more confident in myself and now able to be on my own.*

These service users noted the positive nature of the accommodation and the support and assistance from staff. One respondent said: *they gave me help getting registered with a GP, getting familiar with the area. If it wasn't for them meds wouldn't have been sorted.* Another respondent said his time in temporary accommodation had been very positive; he noted: *they've helped me to spend money wisely and look after myself.*

- 6.10 The younger respondents highlighted their concerns about what the future holds in terms of the type of housing they might be eligible for and the likely timescale before they would get an offer of social housing. The two 17-year-olds noted that they were unable to apply for housing until their 18th birthday. The 18- and 20-year-olds noted that whilst they had some points (90 and 130 respectively) they knew it would take some time before they got an offer.

All of the participants felt they could cope on their own if they got accommodation, that they could cook, budget and keep their accommodation.

- 6.11 The older single male respondents had mainly self-referred to get a place in the hostel they were currently living in. They noted that they were not deemed to be in priority need or full duty applicants, and that initially there had been no offer of temporary accommodation. One respondent noted: *the Housing Advisor rang me every day but had no suggestions for what to do. They kept in touch but I was always waiting to hear if there was somewhere for me. I got in here myself. I did a self-referral. It was the only place available.*

As a result each of them outlined a period of time when they were moving around; this included sofa surfing between family and friends, sleeping rough, getting placements in other temporary accommodation which then broke down.

- 6.12 These respondents were largely positive about the hostel setting. One respondent contributed: *It's a good hostel. If it wasn't for here I would have been f*****g on the streets. The staff are brilliant. They have helped with housing and getting me more points. Also putting me in the direction of outreach for drugs and also wellbeing for my mental health.* Another respondent said: *The staff are very friendly. They come round to see if you are in or out, and they ask how you are. That's good, having them interacting. Overall, it's not too bad. They have helped me fill out forms, and put plans (payment) in place.*

- 6.13 In terms of obtaining their own accommodation, two of these four respondents had previously tried the private rented sector with limited or no success. One respondent said: *I tried before and I had a bad experience. The landlord wouldn't fix things.* Another noted: *I wouldn't go with private rental because of the lack of security, it's more unsettled.*

- 6.14 All four respondents were on the social housing list, but indicated that it would be a long wait until they received an offer. One respondent put it like this: *I hadn't expected anything yet. I know there's a housing crisis and it's not easy to get anything.*

In addition, one respondent highlighted his concern around the importance of his next step. He talked about his areas of choice, and noted that it would be important not to go back to any of the areas he previously lived in, citing concerns about potentially being drawn into habits and behaviours which could jeopardise his tenancy. He said: *I don't want to go there...I would fall into the habit of drink and drugs.*

- 6.15 Similar to the younger male respondents, most in this grouping felt they would be able to maintain and sustain a tenancy. One respondent noted: *I'm fully capable of everything in the house. I had been taking the reins from a young age.* One respondent indicated that because of his physical and mental health problems, he would need ongoing support and somewhere like a community centre to access hot meals.

- 6.16 Feedback about the detox accommodation and services was particularly positive; the three respondents highlighted the support, the company and reduction in isolation, the warmth and opportunity to rebuild your life. One respondent said: *It is very helpful. I don't know what I'd do without them. This is my chance now. The detox and then the staff have been very positive – that's what I need. I can go to them and talk to them if I have a bad day or my emotions are up and down.* This positivity was particularly spelt out by one respondent: *this place has saved my life. If I had of gone on like that I would have been dead. I couldn't state it enough. It has gave me a bit of stability in my life, gave me structure and routine, going to AA meetings on a regular basis. But it is very hard to get a place – you have to be in dire need before you get in here. It's a great set up.*

These respondents did express concerns about moving on into their own tenancy, mainly because they liked the in-house and available support. One respondent commented: *It frightens me about moving on, leaving the support...I want to still have the support.*

- 6.17 Similar to the male respondents in the hostel setting, this grouping noted their concerns about a lack of housing they could move on to. One respondent said: *the way the housing list is I have nowhere to go.* These respondents were also worried about the location they might be offered, with one respondent noting: *they put people with addictions and mental health issues in certain areas and certain parts of the town. But that's the same situation that I left and these would not be suitable tenancies. There's not much point coming in here and then going back out to it – just temptation.* A further respondent said she had been offered temporary accommodation in Belfast, but she felt this was unacceptable with a lack of money to travel back and forth to see her children, and the fact it would take her away from wider family and social networks.
- 6.18 Overall these respondents very clearly indicated their desire to have ongoing support when they did move on, and that this would be the key factor in enabling them to sustain a tenancy. Their preference was that ongoing support should come from someone or somewhere they know e.g. in their cases they said they would like to go back to the detox residential setting to chat to staff, have coffee with other residents and participate in a gardening project or other volunteering. One of these respondents also had prior experience of a Floating Support service, noting: *they were the only ones who helped me – the Floating Support service. They would ring me every day.*
- 6.19 The two respondents associated with wider networks talked about their own experience of getting accommodation and also reflected on the fulfilment of this objective in the strategy. One respondent outlined that in her situation she had to repeatedly ask for help. She said: *I had to do it myself....I was quite desperate when I presented to the HE but the adviser didn't suggest anything to me.* She noted that she had seen a poster in the HE office and had then asked: *Can I get that?* This led to her receiving a Floating Support service, which helped her start the journey of getting accommodation and sorting out other factors in her life. The other respondent also felt she has had to work through the process of getting and maintaining her tenancy, and this has not been without its difficulties. She noted: *I asked for a Homeless Starter pack but was told I couldn't get it and I didn't.* These quotes illustrate these two

respondents' lived experience; they highlighted the need for practical support and ongoing Floating support as people move into a new tenancy.

- 6.20 Overall this sub-section on accommodation and support solutions highlighted a number of factors. Firstly, the positive nature of the temporary accommodation and support those who have experienced homelessness are receiving. Secondly, their indication – from their own lived experience – of the need for ongoing support. Thirdly, that the wait for suitable accommodation may take some time, because of the social housing waiting lists, but also that – again from their own lived experience – it was vital to wait for accommodation in what they deemed the 'right area'. The majority of respondents suggested that there was insufficient social housing for the demand, and this is highlighted in their responses on the action planning for the next Homelessness Strategy.

Objective 3 – To further understand and address the complexities of chronic homelessness across Northern Ireland

- 6.21 This part of the focus group and interviews was more limited in breadth and depth, as respondents did not view it as directly relevant to them. That said, a number in each setting and age group indicated that they had slept rough at some point. Of the respondents in the young person's project two said they had slept rough; one for a month and the other for two weeks. Another said: *I was sleeping anywhere I could, in different houses*. These young respondents identified themselves as being different to the explained term – chronic homelessness. This was summed up by one respondent: *We're different to the people who are spending all their money on drink and drugs and tapping you for money for it*.
- 6.22 Whilst not identifying as experiencing chronic homelessness, the men in the hostel for single people indicated prior and current use of drink and drugs. One respondent noted his concern: *although the hostel is brilliant, hostels are riddled with drugs. And that's the problem when I'm presented with that*. Another respondent in this setting expressed his concern that you could easily move into chronic homelessness. He explained that he had been sleeping rough for about 8 weeks, and: *if I hadn't stopped the alcohol I would have been this* (chronic homeless). He suggested that the government were doing all they could to respond to chronic homelessness.
- 6.23 The three respondents in the residential detox facility indicated that whilst they had addiction problems, only one of them had been homeless before. This female respondent emphasised the need for an immediate and joined-up response for someone who had become chronic homeless.
- 6.24 The two respondents linked to wider networks felt that whilst progress had been made in the area of chronic homelessness, the objective had not been fully met because of the level of evidenced need still visible. She noted: *No they haven't met it. You see especially older people on the streets. It's a cycle they haven't broken. I'm not sure they know how to break it. If young people are chronic homeless, they need to have intensive support*. Concern was also expressed about a perceived lack of joint working in this area: *Housing and Social Services don't work together either. It's all so separate. They don't know each other exist*.

The other respondent referenced a model of practice in Manchester, where the individual is provided with a wraparound service for all their issues and needs. She said: *support goes with the tenancy. It has proved to be a successful model of practice.*

- 6.25 In summary these respondents did not view themselves as being defined as experiencing chronic homelessness; however the majority had experienced one or more of the relevant criteria including rough sleeping, previous homeless experience, addiction etc. The need for an immediate and joined up response across different services was emphasised.

Listening to people with lived experience

- 6.26 All thirteen respondents indicated a desire and interest in sharing their 'lived experience', in particular so that it could make things better for other current or future service users. The value of sharing their experience was referenced. One respondent said: *More needs to be documented about people's journeys.* Respondents also noted that sharing their own experiences was important to them. One participant explained: *To give people a chance to be heard from outside of the walls, a different perspective. I want to be able to suggest, to give an opinion, to be acknowledged, even in the smallest way.*
- 6.27 This thought pattern was further developed by those involved in service user forums/networks; with respondents noting that an approach of developing and using service user groups *needs to be done properly in terms of procedure and policy – it's a big bit of work.* They also highlighted that the purpose of listening to people with 'lived experience' needs to be explicit. They noted the usefulness of this approach in the development and delivery of services, and also from the perspective of accountability. One respondent said: *there needs to be someone to hold them to account.*
- 6.28 The theme of sharing 'lived experience' and accountability was expanded by some of the single men in a general needs hostel, with some concerns about whether it would be tokenistic. One respondent said *I don't expect much of the Government when it comes to this. I don't have confidence in the system. Would they really listen? Things are promised but then are not followed through.* Another noted: *It depends on what the outcome is. Is it worth your time repeating it again? There is not enough done, they don't listen.*
- 6.29 Respondents continued the theme of the purpose of listening to people with 'lived experience'; with the points raised above – the value of sharing experience, how it can feed into services and how it can hold those in positions of authority to account e.g. policy makers, funders, providers etc. The expansion of understanding through listening and getting feedback from those with 'lived experience' was emphasised. One respondent noted: *If the Government talked to people affected by these problems, they would be in a better place to understand what it is like.* This provided a sense of ensuring that listening was translated into understanding, and then ultimately action.

- 6.30 A number of respondents explored the theme of why it is important to ask service users. One of the youngest respondents noted: *No-one has ever asked me before...or had the intention of doing something about it.* It was clear even in the focus group with these respondents, that this was the first time in their lives where they had actually been asked – *what do you think?* These young respondents also highlighted the intrinsic value of listening to people with ‘lived experience’. They talked about the value being – *get it face value, get it first hand* – rather than being passed down from one government worker to another. One respondent also noted how it would enable a much more in-depth understanding of homelessness saying: *Coming to ask us, in our own words, and to speak to a variety of people with different backgrounds. To find out what’s behind it (their homelessness), and all the stuff.*
- 6.31 A number of respondents also highlighted the importance of listening to people with ‘lived experience’ throughout their journey, rather than just at a point when feedback, or ideas or validation is needed. This was noted: *They (HE) should be listening to people, especially at the first point of contact, and giving empathy.* Another respondent said: *It would be good to be treated with respect...as a human.*
- 6.32 Some respondents raised concern that asking for feedback can be both piecemeal/ ad hoc and often done at the last minute. In addition, they noted that it is often done through a third party, without direct involvement of the HE. One respondent put it like this: *There needs to be engagement with groups, in the hostels It can’t be a tick box exercise.*
- 6.33 When asked about how they would like to provide feedback about their ‘lived experience’ all of the respondents said they would like this to be face-to-face. One respondent explained why they felt this was the best approach: *you can see they are listening to you. It’s not as personal filling in paperwork, just ticking boxes.*
- 6.34 Listening to those with ‘lived experience’ was also deemed to be valuable for other purposes, beyond service development and delivery. The younger respondents said they would like to share their own story in schools and youth settings with younger people. One noted: *to talk to other wee uns, try to inspire them.* These young men indicated that they wished they could go back in time and do things differently, and that the medium of listening to those with ‘lived experience’ could be used in preventative work.
- 6.35 A small number of respondents noted that there would be aspects of their journey and ‘lived experience’ that they would be unwilling to share. One respondent noted: *There are things you will never reveal.*

Action planning of the next 5-year Homelessness Strategy

- 6.36 Participants were asked to think about the next 5-year Homelessness Strategy, and to make some suggestions about what could be done to help other people in a homeless situation. Responses varied greatly from a repeated theme of build more (social) housing to provide more temporary accommodation, and from themes related to their additional needs or background circumstances e.g. mental health, addiction, family breakdown etc. Table 19

provides an analysis of responses in this part of the discussion, indicating the number of respondents under each suggestion and some qualitative quotes.

- 6.37 A number of other suggestions were made which do not fall into the above categories and some of them are listed below:

The HE needs to be aware of the language. I'll give 'street activity' as an example. It's not an activity, it's an act of desperation. Don't use umbrella terms.

How the street counts and monitoring is done needs to be more meaningful – needs to be more in-depth.

There needs to be more multi-agency work and then for each individual, more multi-disciplinary work. There needs to be a champion.

- 6.38 One respondent expanded on the theme of Floating Support, referencing a model in the town where she is now accommodated. She referred to this as a community hub *where all the services were brought together* to talk about her needs and how these could be best met. She said: *you need the right services at the right time, done there and then.*

Table 19: Service User Suggestions – Action plans for next Homelessness Strategy

Suggestion	Number of respondents	Qualitative quote
Provide more temporary accommodation, and in particular where it is needed (regionally) and for specific needs (addictions) and in terms of suitability	7	<p><i>Placement is crucial. I was drinking and they sent me to a dry hostel four times. It was an inappropriate placement. They need to look at this at first engagement and at first point of contact. Temporary accommodation is designed for a male cohort with no children. There is nothing for females and for those with additional needs.</i></p> <p><i>Provide more temporary accommodation for people – especially the first time a person is in that situation. It's very hard to ask people can I sleep on your floor or sofa?</i></p> <p><i>Do something about drugs in the hostels. You are leaving as an addict...and that won't help your housing.</i></p>
How homeless applicants are dealt with/treated and communication	4	<p><i>At the first point of contact there needs to be patience, bearing with people, not sugaring over the rough stuff, as if they are embarrassed to talk about it.</i></p> <p><i>There should be more contact. They should tell you where you are on the list – you are left in the dark. And then I'm worried that the offer will just come out of the blue.</i></p> <p><i>There should be phone calls to keep you in the picture.</i></p>
Build more housing – including social housing, accessibility to private rented sector	3	<p><i>Funding for housing.</i></p> <p><i>Build houses for people in hostels who are in need. To get people out of hostels...they are in hostels too long.</i></p>
More Floating and other support	2	<p><i>Need more Floating support.</i></p> <p><i>I don't have much support from family and friends. You're just on your own, lonely, and who do you talk to?</i></p>
Ensure pro-social activities for young people to stop them going into behaviours which result in homelessness	2	<p><i>Help people get into sports, like boxing, at a young age.</i></p>
'Lived experience'	2	<p><i>Listen to the people with 'lived experience'.</i></p> <p><i>Try and take on board that people have walked that road, and had that experience.</i></p>

Section 7 Learning from other jurisdictions

Introduction

- 7.1 This section of the report looks at the experience of other jurisdictions around key elements of homelessness strategy. Across the UK and in terms of experience in Europe, there has been a broad shift towards using more integrated strategic responses to homelessness, incorporating both greater involvement of social housing, health, mental health, social care, criminal justice services and attempting to enhance joint working around referral, assessment and service delivery. Within this strategic approach, there has also been an increased emphasis on prevention, rapid rehousing and Housing First. Section 7 has been provided by Professor Nicholas Pleace (The Centre for Housing Policy, The University of York), with specific reference to one of the overall evaluation's aims: to explore any key legislative changes in neighbouring jurisdictions which have had a positive impact on the ability of statutory organisations to deliver homelessness strategies. As such this section can be read in the context of the evaluation of the NI Homelessness Strategy, but also provides a stand-alone review of homelessness strategy and experience in other jurisdictions.
- 7.2 Within the UK, increasing devolution of powers around homelessness and housing has led to significant divergence in how homelessness is responded to, including marked variation in how homelessness legislation operates, resource levels and the degree to which national strategies around homelessness are in place. Progress at international level has also been highly variable, with examples ranging from countries that are approaching functional zero in homelessness, through to those where strategies have fallen well short of delivering their goals and those which continue to lack any coherent homelessness strategy beyond the level of individual cities or local authorities.⁴⁵ Within the EU, the Lisbon Declaration of the [European Platform to Combat Homelessness](#) has mainstreamed the core principles of an integrated, strategic response to homelessness.⁴⁶
- 7.3 Integrated homelessness strategies tend to share common characteristics. Alongside the emphasis on joint working with public health, social care/social services, social housing and other related services like domestic abuse and the criminal justice system, these strategies emphasise enhanced prevention, rapid re-housing and the provision of multi-agency support for people whose homelessness is associated with multiple and complex needs. Integrated strategies, including those of Scotland and Wales, almost always incorporate efforts to increase social and affordable housing supply. Again, use of housing-led and Housing First services has also become part of recommended mainstream practice at international level, both in relation to providing sustainable exits from homelessness and, increasingly, as part of effective prevention of chronic (i.e. sustained and recurrent) homelessness associated with high support needs.

⁴⁵ [Baptista, I. and Marlier, E. \(2019\) *Fighting homelessness and housing exclusion in Europe: A study of national policies* Brussels: European Social Policy Network \(ESPN\)/European Commission.](#)

⁴⁶ [European Platform to Combat Homelessness](#)

- 7.4 This section begins with a brief overview of current international thinking about homelessness strategies. The next section looks at key lessons from other UK and European/international lessons in relation to prevention. This section is followed by discussions of key lessons in accommodation and support services, chronic homelessness, structures and systems (the delivery mechanisms for homelessness strategies) and the approaches taken to monitoring outcomes, which includes the evaluation of the overall effectiveness of homelessness strategies.

Current international thinking and experience in integrated homelessness strategies

- 7.5 The approach to integrated homelessness strategies being advocated at both international and national level can be broadly summarised as follows:
- Enhanced prevention at two levels i) stopping homelessness being triggered by economic factors, i.e. loss of income resulting in rent arrears and eviction and, more generally, stopping eviction that is likely to result in homelessness and ii) preventing long-term and repeated (chronic) homelessness from occurring or recurring through ensuring the right interagency support and housing solutions are in place.
 - Rapid rehousing when homelessness occurs, encompassing i) provision of temporary accommodation when needed, but within a framework where use of temporary accommodation is avoided where possible and used for the minimum time possible ii) enhanced, rapid, access to social and private rented housing and iii) combining rapid rehousing with appropriate support when a household or individual has medical, social care or other support needs, with an increasing tendency to advocate the use of housing-led/Housing First models.
 - Specific interventions for recurrent and sustained homelessness among people with multiple and complex needs, both in relation to chronic/repeat rough sleeping and populations who make repeated and sustained use of emergency accommodation, fixed site congregate/communal supported housing without their homelessness being resolved, tending to centre on ensuring interagency, individually tailored packages of support are in place, again within a housing-led/Housing First framework.
 - Interventions designed to increase affordable and/or social housing supply. These can range from general measures across housing systems, through to specific policies that are targeted on increasing access to the type of housing needed by people at risk of homelessness and publicly funded development of new affordable/social housing specifically built or acquired for people at risk of homelessness.
- 7.6 The European Platform for Combatting Homelessness, agreed by the 27 Member States of the European Union in Lisbon in June 2021, does not explicitly advocate the development of an integrated strategic response to homelessness. However, elements within the Platform do reflect the broad logic of integrated responses, both highlighting prevention and enabling moves into settled housing to avoid prolonged use of temporary accommodation, which effectively requires a broadly housing-led approach:

- no one sleeps rough for lack of accessible, safe and appropriate emergency accommodation
- no one lives in emergency or transitional accommodation longer than is required for successful move-on to a permanent housing solution
- no one is discharged from any institution (e.g. prison, hospital, care facility) without an offer of appropriate housing
- evictions should be prevented whenever possible and no one is evicted without assistance for an appropriate housing solution, when needed
- no one is discriminated against due to their homelessness status.⁴⁷

7.7 The declaration of the Platform also notes that homelessness has ‘complex’ causes, some of which are rising housing costs, insufficient social housing supply, precarious labour market conditions, discrimination, (unmet) treatment needs and a lack of sufficient planning for populations leaving institutions. The declaration also acknowledges:

*...the growing evidence about effective interventions to prevent and solve homelessness, such as housing-led approaches.*⁴⁸

7.8 Finnish national strategy brings together public health, mental health, social care and social landlord services. Finland’s integrated strategy places as much emphasis on prevention as on models that resemble housing-led services like Housing First services in the American sense (see below), alongside a mix of lower intensity floating support and fixed-site supported housing.⁴⁹ Finland is one of a handful of countries to deliver overall falls in homelessness and to reduce the scale of repeat/sustained (chronic) homelessness associated with high and complex support needs. Finland monitors trends in homelessness through an annual point in time (PIT) count. In 2020, a total of 4,341 people experiencing homelessness living alone were recorded in a country of 5.5 million people and homelessness had been decreasing continuously since 2013.⁵⁰ Family homelessness existed at tiny levels compared to UK administrations, at only 201 households in 2020. An important point to note here is that the Finnish definition of homelessness encompasses hidden homelessness, i.e. people staying temporarily with friends and relatives, and of the 4,341 people counted, 64% were in situations of hidden homelessness.⁵¹

7.9 A core part of the Finnish strategy is the creation of a dedicated, social, housing supply for people at risk of homelessness, orchestrated by the Finnish Y Foundation⁵², which both buys and develops housing for this purpose, alongside also developing housing for people with support needs. The Y Foundation is also a developer of affordable social housing for people

⁴⁷ [Combating homelessness – a priority for Social Europe](#)

⁴⁸ [Conference on combatting homelessness \(2021\) Lisbon Declaration on the European Platform on Combatting Homelessness](#)

⁴⁹ [Allen, M.; Benjaminsen, L.; O’Sullivan, E. and Pleace, N. \(2020\) Ending Homelessness in Denmark, Finland and Ireland Bristol: Policy Press](#)

⁵⁰ [ARA \(2021\) Report 2021, Homelessness in Finland 2020 ARA: Helsinki](#)

⁵¹ As above.

⁵² [The Y Foundation](#)

on low incomes. Within the development portfolio, one category of social housing, Y-Kodit apartments are intended for people at risk of, or who have experienced, homelessness. There is an emphasis on providing high quality, as well as affordable homes with security of tenure: *The Y-Foundation's apartments are not cubicles that can barely fit a human being, but homes that respect human dignity. Many tenants spend years living in these apartments, so they must withstand the test of time.*⁵³

- 7.10 Countries with truly integrated strategic responses like that of Finland, where social housing, public health, mental health, addiction, social care/services and local authorities are all working to a common framework, led by central government, remain quite unusual. Denmark also possesses a relatively highly integrated, housing-led, homelessness strategy, which has levels of outcome monitoring and data on people experiencing homelessness that are probably the most developed in the World (see below).⁵⁴ Norway also has a housing-led national strategy that is integrated into housing policy, which follows much of the same logic as is found in Finland, but with a significant difference, in that Norwegian responses centre on maximising access to home ownership through loans from the state housing bank, Husbanken, including for people with limiting illness and disability: *By providing investment grants and VAT rebates, the Government has enabled local municipal authorities to fund housing with 24-hour home care services. The grants can cover 50–60 percent of building costs. By organising this style of accommodation under a cooperative housing association, persons with disabilities can buy their own home through the cooperative housing association that has borrowed the financing from the Norwegian State Housing Bank. The result is that individual residents can access home ownership at a reasonable cost.*⁵⁵
- 7.11 Denmark, Finland and Norway have very low levels of homelessness compared to much of the rest of the World. These countries also have significant investment in social housing, or in the Norwegian case, effectively subsidise home ownership for groups of people, with support needs and on low incomes, who in many other societies would only have the option to rent. Their expenditure on welfare systems and public health is also high and the resources directed towards reducing and preventing homelessness are considerable. In practice, homelessness in these countries is a residual social problem, i.e. it is *unlikely* to happen to someone and when it does happen, it will not usually be a prolonged or recurrent experience.
- 7.12 Transferring this kind of practice to other countries can be less straightforward than might be imagined. Sweden, which is culturally and economically similar to the other Nordic countries has not adopted this route, instead homelessness strategy is localised, resources are inconsistent and, while there is a movement advocating Housing First as part of an effective

⁵³ Y Foundation (2022), p. 59, cited above.

⁵⁴ Allen, M. and others (2020), cited above.

⁵⁵ [Ministry of Local Government and Modernisation \(2020\) *We all need a safe place to call home: National strategy for social housing policies 2021-24* Oslo: Ministry of Local Government and Modernisation](#), p. 12.

response to homelessness, there is no national programme.⁵⁶ Political differences explain some of this variation, both in terms of resistance to high state expenditure on welfare services and in the degree to which homelessness is seen as a priority.

- 7.13 Another key difference is levels of resource available, which even within a relatively prosperous region like the EU can be very different between each country. The resources that are available to the economies and governments of North Western Europe are much greater, in both absolute and relative terms, than those available for some countries in the central, Eastern and Southern parts of Europe. These variations in relative resources become more marked once comparisons are made within the OECD.⁵⁷ At EU level, when the UK was still a Member State, research found the pattern of homelessness service provision was associated with resource levels, with the countries with relatively lower GDP being less likely to be running integrated strategies, using specialist supported housing or services like Housing First. Instead European countries with relatively lower GDP concentrate available resources into a mix of emergency shelters and social services interventions, which can assist people experiencing homelessness who have mental health problems.⁵⁸ In some parts of Eastern and Southern Europe, the State has little specific role in relation to homelessness and many services are delivered by charitable and faith-based organisations, again with an emphasis on emergency shelters, food distribution and other basic supports. However, at least some social care and health services tend to be accessible to people experiencing homelessness with severe mental illness, as well as to the general population.
- 7.14 The specifics of each national homelessness strategy are of course subject to considerable variation. One difference between countries is that their laws, housing systems and public administration take varied forms, so an integrated strategy based around one system of, for example, local government, cannot be simply imported from another country into another one with markedly different public administration.
- 7.15 An unevenness in approach to homelessness is reflected in differentiated homelessness strategies within countries with a federal or otherwise relatively devolved system of domestic administration. For example, Austrian homelessness strategy varies by region, with the most developed approach, in the sense of being close to an integrated, housing-led/Housing First strategy existing in Vienna, but not replicated elsewhere in the country. Belgium also has differentiated responses varying by administrative area and city, while across Europe, homelessness strategies and services are more likely to be following ideas like Housing First, prevention and an integrated response in large urban areas and the major cities.⁵⁹ Within the UK, Scotland, Wales and England now have quite different strategic responses to

⁵⁶ [Pleace, N.; Baptista, I. and Knutagård, M. \(2019\) *Housing First in Europe: An Overview of Implementation, Strategy and Fidelity* Brussels: Housing First Hub Europe.](#)

⁵⁷ [OECD \(2020\) *Better data and policies to fight homelessness in the OECD: Policy Brief on Affordable Housing* OECD: Paris.](#)

⁵⁸ [Pleace, N.; Baptista, I.; Benjaminsen, L. and Busch-Geertsema, V. \(2018\) *Homelessness Services in Europe* Brussels: FEANTSA.](#)

⁵⁹ Baptista, I. and Marlier, E. (2019) cited above, and Pleace, N. and others (2018) cited above.

homelessness, alongside important differences in their legislative frameworks in relation to homelessness.

- 7.16 While there is a growing international consensus on the use of integrated, housing-led and preventative strategies to reduce homelessness, reversals can and do occur. During 2017-2020, in spite of significant reductions in national homelessness levels being achieved through increased prevention and Housing First (see below), US policy was reset to support traditional service models, with poorly evidenced assertions being made about the ‘ineffectiveness’ of Housing First⁶⁰ and other innovations, and homelessness began to increase.⁶¹
- 7.17 The evidence base for some other interventions, such as rapid rehousing⁶², has also been questioned in terms of overall effects, while the evidence on what the right mix of preventative services should look like has also been described as variable.⁶³ Housing First, as is discussed below, has seen the evidence base shift from one of largely uncritical acceptance to a more critical, if still generally very positive, perception of overall effectiveness. In essence, while the broad principles of an integrated strategy are accepted, the detail around some of the practice involved is still being worked out.
- 7.18 One challenge that has emerged centres on how to differentiate between the effects of integrated homelessness strategies and wider social and housing policy. Countries like Finland or Denmark have extensive, generous and comparatively well-funded benefits systems, public health and social housing provision. There are suggestions that countries with these sorts of social and housing policies are *inherently* likely to have much lower levels of homelessness than countries in which welfare, public health services and social housing provision is either limited to begin with, or has been subjected to significant and ongoing cuts. It is not the case that an integrated homelessness strategy makes no difference, as experience in reducing homelessness in Finland demonstrates⁶⁴. However, in some countries with integrated strategies, extensive welfare nets may already be stopping homelessness that would otherwise have been triggered for economic reasons, while highly resourced mental health, public health and social services may also be stopping homelessness that would otherwise have been triggered by unmet treatment and support needs.⁶⁵

⁶⁰ Pleace, N. (2021) Neoreaction and Housing First: A Review Essay *European Journal of Homelessness* 15(2), pp. 269-288.

⁶¹ <https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>

⁶² Byrne, T., Huang, M., Nelson, R.E. and Tsai, J. (2021) Rapid rehousing for persons experiencing homelessness: a systematic review of the evidence *Housing Studies*, DOI: 10.1080/02673037.2021.1900547

⁶³ Fitzpatrick, S. et al (2021) Advancing a Five-Stage Typology of Homelessness Prevention *International Journal on Homelessness* 1(1), pp.79-97; Pleace, N. (2019) *Preventing Homelessness: A review of the international evidence* Cork: Simon Communities of Ireland.

⁶⁴ Pleace, N.; Culhane, D.P.; Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review* Helsinki: Ministry of the Environment

⁶⁵ Benjaminsen, L. and Andrade, S.B. (2015) Testing a typology of homelessness across welfare regimes: Shelter use in Denmark and the USA. *Housing Studies*, 30(6), pp.858-876; Fitzpatrick, S. and Stephens, M. (2014) Welfare regimes, social values and homelessness: Comparing responses to marginalised groups in six European countries *Housing Studies*, 29(2), pp.215-234.

Prevention

- 7.19 Prevention and provision of temporary accommodation and rapid rehousing, the latter two elements sometimes referred to as ‘relief’ in the context of UK policy can be quite challenging to define accurately. One issue here is the extent to which general social and housing policy should, or should not, be regarded as part of homelessness prevention, which while there is a clear case for arguing broader economic, social, health and housing policy can limit or increase experience of homelessness⁶⁶, does risk classifying most domestic social policy as ‘homelessness prevention’. Equally, it is debatable whether services like Housing First, which have a role in reducing repeated homelessness associated with multiple and complex needs, should be regarded as ‘prevention’ because they stop homelessness from recurring. Finnish policy, for example, defines ‘prevention’ as advanced crisis management, i.e. stopping eviction because of rent arrears and arranging rapid, suitable housing and support before actual homelessness can occur, not as incorporating much of wider social policy.
- 7.20 One attempt at classifying prevention as ‘wide area’ interventions, defines the different elements in the following ways:
- Universal, minimising risks across population at large
 - Targeted prevention, an upstream focus on high-risk groups, e.g. care leavers, ex-offenders, people with severe mental illness
 - Crisis prevention, preventing homelessness within 56 days, the legislative line of ‘threatened with homelessness’ that exists across Wales, Scotland and England.
 - Emergency prevention, i.e. shelters
 - Recovery prevention, e.g. services like Housing First for people recurrent, multiple and complex needs⁶⁷

Wales

- 7.21 Through a process of legislative reform, Wales became one of the first countries in which government has attempted to fully reorient homelessness services towards prevention and to make those services universally available. The Welsh Government did not introduce an absolute requirement to provide accommodation, but the legislation requires local authorities must take steps to assist *all households* to resolve their homelessness or prevent it, duties that last 56 days from the point of approaching a local authority.⁶⁸
- 7.22 The Welsh legislation has three stages which are prevention, relief and the final duty. People can enter the statutory system at either the prevention (threatened) or relief (homeless) stages. Prevention requires the 22 local authorities in Wales to take ‘reasonable steps’ to stop homelessness and relief requires those authorities to take ‘reasonable steps’ to secure

⁶⁶ Fitzpatrick, S. and others (2021) cited above.

⁶⁷ Fitzpatrick, S. and others (2019) *Homelessness prevention in the UK* Collaborative Centre for Housing Evidence.

⁶⁸ Mackie, P.K., Thomas, I. and Bibbings, J. (2017) Homelessness prevention: reflecting on a year of pioneering Welsh legislation in practice *European Journal of Homelessness*, 11(1), pp.81-107.

accommodation. Local authorities mainly use social housing and the private rented sector for relief, and, it has been argued, a *crucial* element of this approach has been the offer of financial assistance to cover rent arrears, deposits and rent in advance.⁶⁹

- 7.23 This represents a significant redirection of resources to prevention and relief from the reactive crisis management, which lay at the core of the original 1977 homelessness legislation. The 1977 law was essentially designed to accelerate access to social (at that time mainly council) housing for families with dependent children and (in the language of the time) certain ‘vulnerable’ groups. The 1977 legislation also set *multiple barriers* to accessing council housing, centred on priority need, intentionality and local connection. Someone had to have dependent children, be ‘vulnerable’ in ways that would be exacerbated by homelessness (priority need), to have not become homeless through deliberate action or inaction (intentionality), and, with the exception of being at risk from domestic abuse, be connected to the local authority from which they were seeking assistance (local connection).⁷⁰
- 7.24 Current Welsh legislation effectively drops the requirements around priority need in relation to prevention and relief duties. However, if prevention and/or relief do not resolve the risk of homelessness with 56 days, an individual or household only qualifies for the final duty, i.e. access to settled housing orchestrated by the local authority if they satisfy the original criteria, i.e. they must be in priority need. As one recent study notes, the final duty in current Welsh legislation, this approach mostly recreates the previous system⁷¹, although the extent to which intentionality is enforced has lessened, particularly for households containing children.⁷²
- 7.25 Homelessness in Wales has not decreased and a wider range of people, particularly lone adults, are now receiving assistance. Prevention and relief cases rose by 19% in the three years to 2019/20 and there was a 24% increase in temporary accommodation use between 2016-20.⁷³ There has been a slight, but steady, increase in final duty decisions and ‘relief’ activity has risen more quickly than preventative activity in recent years. These trends being in place before the various gaps and unusual patterns in statistical recording caused by Covid-19 had occurred. Final duty decisions still remain quite unusual, having risen from 3,060 in 2016/17 to 3,795 in 2020/21 in a country with a population of 3.1 million, by contrast, 9,993 households were threatened with homelessness and owed the prevention duty in 2019/20 and 12,399 were owed the relief duty (these two categories overlap, an individual/household

⁶⁹ Browne-Gott, H.; Mackie, P.K. and England, E. (2021) Housing rights, homelessness prevention and a paradox of bureaucracy? *Housing Studies* DOI: 10.1080/02673037.2021.1880000

⁷⁰ Lowe, S. (1997) Homelessness and the Law in Burrows, R. and others (editors) *Homelessness and Social Policy* London: Routledge, pp. 19-34.

⁷¹ Browne-Gott, H. and others (2021), cited above.

⁷² Fitzpatrick, S.; Bramley, G. and others (2021) *The Homelessness Monitor: Wales 2021* London: Crisis.

⁷³ As above.

can appear in both).⁷⁴ Temporary accommodation use was at 2,324 households in March 2020, up from 855 in March 2015.⁷⁵

- 7.26 There have been some criticisms of the legislative reform in Wales. These have centred on the system being seen as opaque, confusing and as not consistently fulfilling the promise that each person or household needing assistance would have a Personalised Housing Plan (PHP) that was intended to be a co-produced document. Resources, both in terms of supporting the prevention and relief system itself and in relation to there being enough affordable, adequate housing supply to enable effective prevention and (particularly) relief have also been described as insufficient.⁷⁶
- 7.27 The Welsh Government has reacted to these increases in homelessness through programmes designed to increase social and affordable housing supply. This includes a pledge to add 3,500 affordable homes a year.⁷⁷
- 7.28 Welsh ambition to reduce homelessness and the risk of homelessness, despite the challenges reported around increasing levels and resources, appears undimmed at the time of writing. Attention has been focused on the potential abolition of priority need, which would bring Wales into a similar position to Scotland, creating much wider rights to the final duty.⁷⁸

Scotland

- 7.29 Scotland has taken a quite different and more radical approach to legislative reform than has been the case in Wales, creating one of the broadest definitions of homelessness in the World in which most people at risk of, or experiencing, homelessness have legal rights to assistance. Scotland possesses almost universal rights to settled housing for all people experiencing homelessness.⁷⁹ Following legislative reform in 2003, priority need was abolished in Scotland in 2012 and intentionality, after a long process, also became a discretionary power for local authorities in 2019.

*Working age adults who did not have dependent children had been most likely to be considered as not 'vulnerable', not in priority need (and therefore only entitled to advice and assistance, rather than an offer of housing), were brought into the legal safety net for housing assistance by this policy change.*⁸⁰

⁷⁴ Source: Welsh Government (2020) <https://gov.wales/homelessness-april-2019-march-2020>

⁷⁵ As above.

⁷⁶ Browne-Gott, H. and others (2021), cited above.

⁷⁷ As above.

⁷⁸ Mackie, P. and others (2020) Review of Priority Need in Wales Cardiff: Welsh Government.

⁷⁹ Fitzpatrick, S. and Davies, L. (2021) The 'ideal' homelessness law: balancing 'rights centred' and 'professional-centred' social policy *Journal of Social Welfare and Family Law* 43(2), pp.175-197.

⁸⁰ Anderson, I. (2019) Delivering the Right to Housing? Why Scotland Still Needs an 'Ending Homelessness' Action Plan *European Journal of Homelessness* 13(2), pp. 131-159, p. 136.

- 7.30 These reforms produced a surge in demand, reflecting the expansion of duties. Temporary accommodation use almost trebled between 2001-11 and pressure on social housing stock also increased. In March 2020, 11,665 households were in temporary accommodation, levels having risen from 4,153 in March 2002 to a previous peak of 11,254, before falling away slightly for several years.⁸¹
- 7.31 A series of measures were introduced to help manage these demands, enabling local authorities to discharge their main duty through a 12-month tenancy in the private rented sector and Scotland abolished the 'Right to Buy' social housing in 2016. A budget of £3bn for 35,000 homes for social rent was announced in 2018. Attempts to enhance prevention were a part of legislative reform in 2001, extending freely available housing advice to people threatened with homelessness from 28 days to two months, but there had been no equivalent of the radical shift in strategy and legal framework seen in Wales. From 2010 onwards, however, Scotland sought to manage increasing levels of temporary accommodation use and pressure on social housing by enhancing prevention.⁸²
- 7.32 Introduced in 2010, the Housing Options approach has been the main mechanism for enhancing prevention and relief in Scotland, the approach centres on an information and advice process that local authorities use when someone approaches them with a housing problem. It aims to prevent homelessness wherever possible, the approach has been seen as associated with a significant fall in homelessness applications and some reductions in temporary accommodation use. As is familiar from experience in NI, 'Housing Options' focuses on individual circumstances and is designed to explore all housing options, alongside orchestrating support for underlying needs, ranging from debt and rent arrears to mental illness. Scotland also created Housing Options Hubs that are designed to bring together neighbouring local authorities to enable joint working and information sharing to support best practice in preventing homelessness.⁸³
- 7.33 Researchers have identified a series of weaknesses around Scottish policy and practice to date, which have been summarised as follows:
- Heavy reliance on temporary accommodation
 - Need to improve responses to people with multiple and complex needs
 - Failures around insufficiently robust prevention⁸⁴
- 7.34 These policy challenges led to the creation of a Scottish Prevention Review Group in 2019 which reported in 2021.⁸⁵ The approach being advocated is to create a network of interagency

⁸¹ Source: Scottish Government (2022) <https://www.gov.scot/collections/homelessness-statistics/>

⁸² Anderson, I. (2019), cited above.

⁸³ Source: Scottish Government (2022) <https://www.gov.scot/policies/homelessness/homelessness-prevention/>

⁸⁴ Mackie, P. et al (2020) *Review of Priority Need in Wales* Cardiff: Welsh Government.

⁸⁵ Reid, B. (2021) *Preventing Homelessness in Scotland, Recommendations for legal duties to prevent homelessness: A report from the Prevention Review Group* <https://www.crisis.org.uk/media/244558/preventing-homelessness-in-scotland.pdf>

referral, in effect a huge protective net, in which any public body, ranging from the health service through to the criminal justice system and beyond, can refer someone at risk of homelessness to their local authority. Alongside this, a network of interagency working will be in place to provide comprehensive packages of support to prevent homelessness when possible. In these proposals, preventative activity can start *six months* before someone is at risk of losing accommodation. Delays to implementation have occurred because of Covid-19, but Scotland retains ambitions in relation to ending and preventing homelessness that are amongst the greatest of any country on Earth, certainly paralleling the degree of commitment seen in those Nordic countries that have succeeded in reducing homelessness on a sustained basis.

*Scotland's 2018-23 Ending Homelessness Together Action Plan is hugely ambitious, and appropriately so, given the nation's claim to lead the world on homelessness policy. This new phase of legislation and strategy seeks to deliver a truly comprehensive, person centred, approach to meeting homeless people's needs across housing and welfare service provision.*⁸⁶

England

- 7.35 English legislative reform in 2017, with the introduction of the Homelessness Reduction Act, has broadly paralleled the shift to prevention that was designed into the Welsh legislation. While introducing significant changes, this is actually the second time that a shift towards prevention has been attempted in English homelessness policy, as during the mid 2000s, housing options teams and new duties were introduced in an attempt to reduce the high levels of households presenting as homeless to local authorities.⁸⁷
- 7.36 The first round of increased emphasis on prevention and relief had a marked effect on statutory homelessness in England. Statutory homelessness (households owed the Main Duty to provide settled accommodation, i.e. in priority need, unintentionally homeless and with a local connection in most instances) fell from 120,860 in 2004/5⁸⁸ to 40,020 in 2009/10 (at which point it was lower than it had been in 1979). When statistics started to be collected on prevention and relief in 2008/9, 123,370 households had been assisted, rising to 165,200 the following year.⁸⁹ During 2015/16, 213,260 households received prevention and relief services, but statutory homelessness had also been increasing, having risen from 50,290 in 2011/12 to 57,730 in 2015/16⁹⁰.
- 7.37 The 2017 Homelessness Reduction Act (HRA) marked a significant departure from the earlier

⁸⁶ Anderson, I. (2019), cited above, p. 150.

⁸⁷ Pawson, H. (2007) Local authority homelessness prevention in England: empowering consumers or denying rights? *Housing Studies*, 22(6), pp.867-883.

⁸⁸ **Note:** definitions of priority need have shifted over time in England, meaning that the earlier forms of the homelessness legislation had generally narrower definitions of priority need than later legislation, i.e. these figures are only *broadly* comparable.

⁸⁹ Jones, A. and Pleace, N. (2010) *A Review of Single Homelessness in the UK 2001-2010* London: Crisis.

⁹⁰ Source: *UK Housing review 2020* <https://www.ukhousingreview.org.uk/ukhr20/tables-figures/pdf/20-092.pdf> and DLCC

policy around prevention. The 1977 legislation, the original basis for all homelessness legislation across the UK, had placed a duty on local housing authorities to secure permanent accommodation for unintentionally homeless people in priority need.⁹¹ The HRA which has been in force since April 2018, placed additional duties on authorities in England to work to prevent homelessness for anyone who is likely to become homeless within 56 days. This means the free provision of advice and information to anyone, including people who are not eligible for any further assistance under the law because of their migration status, taking into account the specific needs of people facing homelessness due to domestic abuse, because they are a care leaver, a veteran or an ex-offender. Specific allowance must also be made for people leaving hospital and/or with a severe mental illness, alongside groups of people that an individual authority may identify as being at specific risk of homelessness.

7.38 The Homelessness (Review Procedure etc.) Regulations 2018⁹² enables local authorities to receive notifications from other public bodies where they believe someone is homeless or threatened with homelessness. This includes the NHS, prisons, probation and youth offender services, social services departments (social care) and Jobcentre Plus (DWP). NHS Digital has been exploring how this process can be integrated into its systems.

7.39 There has been a marked change in the pattern of homelessness in England as a result of the legislation. As in Wales, the number of lone adult households who can be assisted under the homelessness legislation has increased significantly. The 2022 Homelessness Monitor supported by Crisis notes that, in England:

*The number of households deemed unintentionally homeless and in priority need at the Main Duty decision stage totalled 39,210 in 2020/21, around the same as the year prior, but a substantial reduction on the 57,000 households owed Main Duty in the year prior to the Homelessness Reduction Act coming into force. This reflects that a much higher proportion of those seeking help are assisted at an early stage under prevention or relief duties.*⁹³

7.40 Levels of temporary accommodation use in England have increased markedly over the last decade. As is summarised in the figure below, typical levels at any one point are now approaching 100,000 households, with the most recent data available at the time of writing showing 59,130 households containing 121,680 dependent children in temporary accommodation as at the end of quarter 3, 2021.⁹⁴

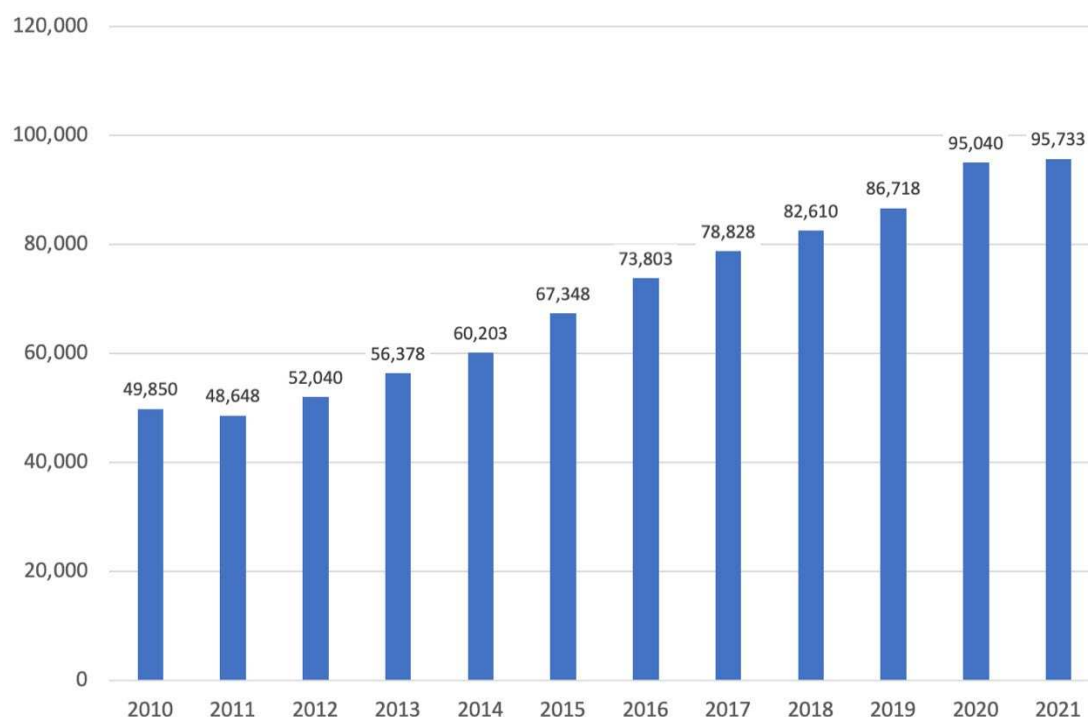
⁹¹ Subsequently contained in Part 7 of the Housing Act 1996 (as amended).

⁹² <https://www.legislation.gov.uk/uksi/2018/223/contents/made>

⁹³ Watts, B and others (2022) *The Homeless Monitor England 2022* London: Crisis, p. xx.

⁹⁴ Source: DLUHC (2022).

Figure 2 **Average households in temporary accommodation across four quarters (England), 2010 - 2021**



7.41 It is important to note that, while increasing, temporary accommodation use has not yet reached the levels seen under previous legislative arrangements in England. Temporary accommodation use previously peaked in 2005, when over four quarters, average numbers of households in temporary accommodation exceeded 100,000, which as with the level of acceptances as statutorily homeless, was one of the reasons for the increased emphasis on prevention that occurred from the mid 2000s onwards. Nevertheless, increasing levels of temporary accommodation use did, again, appear to be occurring before the impacts of the pandemic began to be seen from mid-2020 onwards. The smaller increase in temporary accommodation use between 2020 and 2021 may be a reflection of the various measures designed to reduce eviction because of Covid-19.⁹⁵

7.42 It has been argued that the HRA preventative reforms in England, while creating better protections in several respects, have also been effectively undermined in multiple ways. As in Wales and Scotland, issues with affordable and social housing supply are ongoing and are, if anything, more acute in some areas of England, such as London and the South East, than is the case anywhere else in the UK. Beyond this, however, prevention has been interpreted as

⁹⁵ Wilson, W. (2021) *Coronavirus: Support for landlords and tenants* London: House of Commons Library.

underfunded and bureaucratic⁹⁶, as occurring alongside deep and sustained cuts to the homelessness sector and local authority budgets, and alongside welfare reforms that some have interpreted as increasing the risks of some forms of homelessness.⁹⁷ Unlike Scotland and Wales, England also arguably lacks a sufficiently funded and coherent strategy to increase affordable and social housing supply at national level.⁹⁸ A recent report produced by the House of Commons library notes:

*A lack of housing supply in England which is more acute in some areas than others. Homelessness is the most visible manifestation of the long-term failure of successive Governments to build enough housing to meet growing need.*⁹⁹

- 7.43 Research has also criticised the introduction of ‘localism’ in the administration and planning of homelessness services by local government in England. A lack of standardised requirements around strategic planning and commissioning creating marked inconsistencies in policy and practice between local authorities.¹⁰⁰ Commissioning of homelessness services by local authorities in England has been reported as being fraught with challenges, to the point where shortfalls in resources, constant cuts and multiple, short-term funding pots have been described as creating a ‘traumatised’ system for both local authority commissioners and service providers.¹⁰¹

Wider experience

- 7.44 Ireland has been in a process of enhancing prevention as a part of national homelessness strategy for some years. A mix of interventions have been developed, including mortgage to rent schemes, enhanced housing benefit payments to households at risk of homelessness, the ‘Homeless’ Housing Assistance Payment (HAP) system, which can secure private rented accommodation at a higher rent level for households at risk of homelessness and a national (rather than local authority level) tenancy sustainment network, the Tenancy Protection Service (TPS).¹⁰² Data from Dublin suggest this mix of interventions has stopped around one third of households approaching the city for assistance from entering emergency accommodation. A national system of statistical monitoring, the Pathway Accommodation and Support System (PASS) has been in place for several years and provides a real-time information on homelessness services, monitoring the levels of homelessness service and emergency accommodation use.¹⁰³

⁹⁶ Rich, H. and Garvie, D. (2020) *Caught in the Act: A review of the new homelessness legislation* London: Shelter.

⁹⁷ <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/benefits-and-employment/>

⁹⁸ Watts, B. and others (2022) cited above.

⁹⁹ Wilson, W. and Barton, C. (2021) *Statutory homelessness (England)* London: House of Commons Library.

¹⁰⁰ Fitzpatrick, S., Pawson, H. and Watts, B. (2020) The limits of localism: a decade of disaster on homelessness in England *Policy and Politics*, 48 (4), pp. 541–561.

¹⁰¹ Blood, I.; Pleace, N.; Alden, S. and Dulong, S. (2020) *A Traumatised System: Research into the commissioning of homelessness services in the last 10 years* Leicester: Riverside.

¹⁰² <https://www.threshold.ie/housing-supports/dublin.html>

¹⁰³ <https://www.gov.ie/en/collection/80ea8-homelessness-data/#>

- 7.45 The increasing Irish strategic emphasis on prevention has been combined with a series of strategic level interventions designed to increase affordable and social housing supply, which is seen as a major driver of homelessness and key to effective prevention. In the most recent, 2021, national housing plan, there is a commitment to develop 300,000 new homes in a country of some 4.9 million people, by 2030.¹⁰⁴ Alongside these interventions designed to increase social and affordable housing supply, seen as the primary response to increasing levels of family homelessness, Ireland has committed to greater joint working around homelessness that is associated with multiple and complex needs, the most recent strategy announcing an expansion of the national Housing First programme within a wider commitment to a housing-led approach:

*Underpinning all elements is the criticality of interagency supports to address the complex combination of social, health and economic needs of homeless persons and those at risk of homelessness, in addition to their specific housing need.*¹⁰⁵

- 7.46 In Finland, an initial focus on meeting the needs of people experiencing long-term homelessness associated with multiple and complex needs, the first stage of the national homelessness strategy, known as Paavo I (2008-11), was added to by Paavo II (2012-15) which widened the strategic response to incorporate hidden homelessness and placed new emphasis on prevention. A flexible system, which translates to something like ‘housing social work’ or ‘housing counselling’, operates at the level of municipalities and covers issues including rent arrears, welfare rights and other risks to existing housing, also functioning as a route to rapid rehousing services.¹⁰⁶
- 7.47 Again, however, Finnish preventative policy is nested within a wider strategy that emphasises the development of an integrated strategy which includes significant investment in social and affordable housing supply. In the Finnish case, as already noted, this includes the Y Foundation provision of social housing specifically intended for people at risk of homelessness and people who have experienced homelessness.
- 7.48 Prevention has also seen some success in the USA, but following a different set of logic, which is to ration and target services, rather than provide the kind of universal coverage seen in countries like Ireland, Finland or Wales. Evaluations have reported that when American households at risk of homelessness are given the equivalent of (generally time limited) housing benefits, including through voucher systems, their risks of homelessness decreases and housing stability, at least while the additional financial supports are in place, tends to increase. Specific interventions around prevention, in the sense of trying to stop eviction and

¹⁰⁴ Government of Ireland (2021) *Housing for all: A new Housing Plan for Ireland* Government of Ireland: Dublin.

¹⁰⁵ As above, p. 50.

¹⁰⁶ Y Foundation (2022), cited above; Pleace, N. (2017) The Action Plan for Preventing Homelessness in Finland 2016-2019: The Culmination of an Integrated Strategy to End Homelessness? *European Journal of Homelessness* 11(2), pp.95-115.

facilitate rapid rehousing have been assessed as both making little difference when the risks of homelessness are distant or not particularly pronounced, and (if ‘properly’ targeted) as having mixed results when homelessness is imminent, i.e. sometimes making a positive difference, but also as quite often failing to work.¹⁰⁷

- 7.49 Echoing some of the criticisms made of what has happened in relation to the expansion of homelessness prevention and relief in England, one review of US preventative research notes: *The most effective way to prevent homelessness in the U.S. would be to address the societal conditions that allow it to occur. Gaps in our social safety net make it difficult for poor people to access housing they can afford, and the United States does not provide sufficient housing assistance or income support to close these gaps. Structural factors transform individual circumstances such as mental illness, physical disability, substance abuse, domestic violence, and previous incarceration into vulnerabilities that heighten the risk of homelessness, and persistent racial discrimination compounds these vulnerabilities for minorities.*¹⁰⁸
- 7.50 Comprehensive preventative approaches, as is the case with the wider use of integrated strategic responses to homelessness are not very widespread at international level. Strategies either lack this element of service provision, contain limited specific policies or what protections there are exist at the level of general health, welfare and social policy, rather than there being specific consideration of homelessness.¹⁰⁹ Some of the most comprehensive, interesting and potentially furthest reaching innovation and good practice in prevention is found among NI’s immediate neighbours, Wales, Scotland and Ireland.

Housing related support and multiple and complex needs

- 7.51 Housing First and housing-led approaches to homelessness are more widespread at international level than is the case either for fully integrated homelessness strategies, or advanced, similarly integrated, systems of homelessness prevention. There are several reasons for this and one of them is around the definition of homelessness. Broad consensus exists, across the EC and OECD nations that ‘homelessness’ takes the form of people living rough, in various forms of structure and dwelling unfit for habitation (including encampments/unregulated or informal settlements) and is broadly associated with multiple and complex needs.¹¹⁰ Housing First, originally designed in the USA by Sam Tsemberis, is designed specifically for people experiencing homelessness that is associated with multiple and complex needs, including those whose experience is sustained or recurrent (chronic

¹⁰⁷ Shinn, M. and Khadduri, J. (2020) *In the Midst of Plenty: Homelessness and What to Do About It* Hoboken: Wiley Blackwell.

¹⁰⁸ Shinn, M. and Cohen, R. (2019) *Homelessness Prevention: A review of the literature* Center for Evidence Based Solutions to Homelessness, p.2.

¹⁰⁹ Baptista, I. and Marlier, E. (2019) cited above.

¹¹⁰ Pleace, N. and Hermans, K. (2020) Counting all homelessness in Europe: The case for ending separate enumeration of ‘hidden homelessness’ *European Journal of Homelessness*, 14(3), pp.35-62.

homelessness).¹¹¹ This has led a diverse group of countries, including those with marked differences in how they define homelessness or pursue any sort of national strategy, to adopt Housing First as part of local authority/municipality, regional and national responses to homelessness.¹¹²

- 7.52 The definition and distinction between housing-led services and Housing First is not always consistent at international level. The origins of the housing-led/Housing First distinction lie in the 2010 European Consensus Conference on homelessness¹¹³, which sought to clarify questions around what should and what should not be regarded as ‘Housing First’ by distinguishing the model from lower intensity and mid-level services that also sought to enable rapid rehousing into settled accommodation. Ireland continues to make this distinction at strategic and policy level, but there is a broad international tendency to describe all or most services that are designed to provide support to people in ordinary housing under a broader label of Housing First.¹¹⁴
- 7.53 In North America and across Europe, Housing First can encompass services and programmes that range from very close copies of the original Housing First model (high fidelity Housing First) using intensive case management (ICM) and assertive community treatment (ACT), with Canada, Denmark, France and Ireland all having supported nationally supported programmes, through to examples of services that have much lower resources and which deliver various forms of relatively intensive, floating support to people in ordinary housing, including England and Italy. Beyond this, there are examples of congregate Housing First, where flats or apartments are exclusively for the use of people with multiple needs who have experienced homelessness with on-site staffing, including in Canada, the USA and some European examples. The existing evidence base indicates that housing-led/Housing First services that maximise choice and control for people with multiple and complex needs, are strength-based and trauma informed and which follow the broad ethos that housing is a human right, within a harm reduction framework, are all broadly effective in ending long-term and recurrent homelessness associated with multiple and complex needs.¹¹⁵
- 7.54 It is important to note that there are limits to some comparisons that contrast Housing First very positively with fixed site, supported housing (i.e. congregate schemes with onsite support), centring on the data being largely North American. UK and some European practice, including the Nordic countries has included supported housing models that use a harm-

¹¹¹ Padgett, D. and others (2016) *Housing First: Ending homelessness, transforming systems, and changing lives* Oxford: Oxford University Press; Tsemberis, S. (2010), *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Hazelden: Minnesota.

¹¹² Pleace, N.; Baptista, I. and Knutagård, M (2019), cited above; Baptista, I. and Marlier, E. (2019) cited above.

¹¹³ <https://www.feantsa.org/en/event/2010/12/10/european-consensus-conference-on-homelessness-9th-10th-december-2010?bcParent=27>

¹¹⁴ Greenwood, R.M., Bernad, R., Aubry, T. and Agha, A. (2018) A study of programme fidelity in European and North American Housing First programmes: Findings, adaptations, and future directions *European Journal of Homelessness*, 12(3), pp.275-298.

¹¹⁵ Aubry, T. (2020), cited above; Pleace, N. (2018), *Using Housing First in Integrated Homelessness Strategies* London: St Mungo's; Pleace, N. (2016) *Housing First Guide Europe* Brussels: Housing First Hub Europe.

reduction, choice-led approach, not the relatively strict, abstinence based regimes against which Housing First was compared in North America. European countries with integrated homelessness strategies tend to use Housing First within a *mixed economy* of services, including various forms of supported housing.¹¹⁶ As is described below, Finnish experience suggests that housing-led forms of support work best when they are within an integrated homelessness strategy that places equal emphasis on multi-agency joint working, prevention, affordable/social housing supply and using a mix of housing-led/Housing First and other supported housing models.

- 7.55 Housing First can, as noted, find a place in very different homelessness strategies. This is because Housing First can fit with a definition of ‘homelessness’ that is largely confined to people sleeping rough and in emergency shelters, which tends to emphasise individual support needs, and in wider definitions, encompassing economic and social causation - which reflects the approach taken in the current homelessness legislation across the UK – as a specific part of an integrated strategy focused on a small group of people experiencing homelessness who have high and complex needs.
- 7.56 The use of Housing First can be partial, uneven and inconsistent, rather than integrated into a coherent attempt to bring together services across agencies that are designed to prevent and reduce all forms of homelessness. For example, Canada has for some years been at the cutting edge of the testing and deployment of Housing First, a process led via public mental health services¹¹⁷, but the strategic response has remained uneven in other respects. Strong evidence in favour of the effectiveness of Housing First in reducing repeat/long term homelessness was gathered through experimental (randomised control trial) testing of the Canadian Housing First pilot programme, the *At Home / Chez Soi* project¹¹⁸. However, this was not reflected in the current national Canadian homelessness strategy, which has avoided an emphasis on housing-led/Housing First services.¹¹⁹
- 7.57 Similarly in France, the national Housing First trial, *Un Chez Soi d’Abord*, showed considerable success in reducing homelessness among people with a severe mental illness and has been rolled out into a five year national programme¹²⁰, but while there is a clear Housing First strategy, overall homelessness strategy is less integrated than in some other European countries.¹²¹ Despite French advances in national deployment of Housing First, significant challenges still exist in preventing and reducing homelessness that is not associated with high

¹¹⁶ Pleace, N. (2018), cited above.

¹¹⁷ Aubry, T. (2020) Analysis of housing first as a practical and policy relevant intervention: the current state of knowledge and future directions for research *European Journal of Homelessness* 14(1), pp. 13-26.

¹¹⁸ Aubry, T., Nelson, G. and Tsemberis, S. (2015) Housing first for people with severe mental illness who are homeless: a review of the research and findings from the at home—chez soi demonstration project *The Canadian Journal of Psychiatry*, 60(11), pp.467-474.

¹¹⁹ <https://www.canada.ca/en/employment-social-development/programs/homelessness.html>

¹²⁰ Délégation interministérielle pour l’hébergement et l’accès au logement (2017) *Retour sur 6 années d’expérimentation* [Feedback for 6-years of Housing First Experimentation]. Paris: DIHAL.

¹²¹ Baptista, I. and Marlier, E. (2019) cited above.

and complex needs. One issue is an ongoing increase in temporary accommodation use, including hotels in the Paris region, another centres on multiple challenges around levels of migrant homelessness¹²², both of which existed prior to the complications of dealing with the Covid-19 pandemic in France.¹²³

- 7.58 In England, Housing First initially developed in a rather haphazard manner, with pilots, often on a tiny scale, being led by individual service providers, supported by philanthropy or commissioned by a small number of local authorities. Development and promotion of the idea was led, not by central government, but by Homeless Link, the umbrella body representing the English homelessness sector, through the (ongoing) *Housing First England* initiative¹²⁴ and by the homeless charity *Crisis*.¹²⁵ A government supported pilot programme, concentrating on people sleeping rough, rather than the usual focus of Housing First services on people with multiple and complex needs, focusing on three cities took place between 2019-2022.¹²⁶ England. Housing First has, independently of this central government support around rough sleeping, become increasingly widespread across England as an approach for all people whose homelessness is associated with multiple and complex needs, facilitated largely by shifts in local authority service commissioning.¹²⁷
- 7.59 Scotland has, by contrast, become more focused on Housing First at national level than is the case in England.¹²⁸ There is an emphasis on Housing First, focusing on people with multiple and complex needs, working within a wider integrated homelessness strategy, including prevention, enhanced joint working and the various policies designed to increase and maintain affordable and social housing supply in Scotland. The ten year strategy for Housing First in Scotland, which has been developed across the homelessness sector with the involvement of the Scottish Government, emphasises the connections between the role of Housing First and other elements of homelessness and broader policy to promote social justice in Scotland.¹²⁹ Housing First is seen as core to future policy in Scotland at the time of writing and as an approach that is supported by both domestic research and the international evidence base.
- 7.60 Ireland is pursuing Housing First on a similar basis to Scotland. A Dublin-centred Housing First programme has been expanded to the national level. The 2018-21 Irish housing strategy

¹²² Fondation Abbé Pierre – FEANTSA (2019) *Fourth Overview of Housing Exclusion In Europe 2019* https://www.feantsa.org/download/oheeu_2019_eng_web5120646087993915253.pdf

¹²³ Fondation Abbé Pierre – FEANTSA (2021) *Sixth Overview of Housing Exclusion In Europe 2021* https://www.fondation-abbe-pierre.fr/documents/pdf/rapport_europe_2021_gb.pdf

¹²⁴ <https://hfe.homeless.org.uk>

¹²⁵ <https://www.crisis.org.uk/ending-homelessness/the-plan-to-end-homelessness-full-version/solutions/chapter-9-the-role-of-housing-first-in-ending-homelessness/>

¹²⁶ ICF Consulting et al (2021) *Evaluation of the Housing First Pilots: Second Process Evaluation Report* London: MHCLG.

¹²⁷ Homeless Link (2020) *The picture of Housing First in England 2020* London: Homeless Link

¹²⁸ <https://homelessnetwork.scot/housing-first/>

¹²⁹ *Branching Out A National Framework to start-up and scale-up Housing First in Scotland, 2021-2031* <https://homelessnetwork.scot/wp-content/uploads/2021/11/Branching-Out-HF-NF-NOV-2021-UPDATE.pdf>

aimed to deliver 663 Housing First tenancies by 21 and is described as ‘on course’ to do this. The new Housing First plan is intended to deliver 1,200 new Housing First tenancies over the next five years, i.e. approximately 240 a year, within a framework of interministerial cooperation.¹³⁰

7.61 Some years ago, the idea of a ‘Housing First’ homelessness strategy was quite widely advocated, based on the perceived successes achieved by Finland in reducing homelessness through a Housing First approach. These assertions were based on a misconception about what had happened in Finland, i.e. that the American model of Housing First, as developed by Sam Tsemberis¹³¹, had been copied by Finland and successes in reducing long-term and recurrent/chronic homelessness could be attributed to the use of this approach. This was not, in fact, what had happened. Finland had developed its own version of ‘Housing First’, which it had arrived at independently. In Finland, ‘Housing First’ did not describe the original American service model, instead it described a strategy which was preventative, integrated and housing-led in emphasis.¹³²

7.62 Unlike American Housing First, the Finnish approach was not just about long-term and recurrent homelessness among people with high and complex needs, , it encompassed anyone who was homeless, including people experiencing hidden homelessness, i.e. staying with acquaintances, friends and relatives because they had nowhere else to go. Housing First in Finnish strategy refers to a strategic ethos, that an integrated system of services including prevention, rapid rehousing and support delivered to a mix of housing and supported housing services should all be focused on ensuring anyone at risk of homelessness or who is experiencing it, should be enabled to stay in or move into stable, suitable housing as soon as possible:

*Housing First is a principle. It is also an operating model, an ideology and a way of thinking. The Housing First principle is guided by the notion that having a place to live is both a human right and a basic right. All the work done for homeless people starts from the assumption that the first support measure should be the provision of housing. The work can be organised using different models and by providing different kinds of housing, but housing is always the top priority.*¹³³

7.63 Denmark has also built ICM, ACT and ACT-only versions of Housing First into national homelessness strategy, alongside experiments in Critical Time Intervention (CTI) a model similar to Housing First that is designed to transition people from relatively intensive, Housing First like support to lower levels of support over a two year period. Danish experience has

¹³⁰ Government of Ireland (2021) cited above.

¹³¹ Tsemberis, S. (2010) cited above.

¹³² Y Foundation (2022) *Home for All, A practical guide to providing homes for those in need: The story of the Y Foundation* Y Foundation: Helsinki.

¹³³ Y Foundation (2017) *A Home of Your Own: Housing First and ending homelessness in Finland* Helsinki: Y Foundation.

been one of success, mirroring the achievements with Housing First seen elsewhere, but with some issues identified in terms of full integration of Housing First within wider strategy, including on how effectively services are targeted.¹³⁴

- 7.64 An outstanding question at the time of writing is what an established Housing First programme, within a wider integrated strategy, should look like. While the idea of Housing First dates back to the early 1990s, many of the European, English, Scottish and Welsh services and many North American services are still *relatively* new. Two areas receiving attention are the ways in which Housing First can successfully transition from a smaller scale/pilot model into part of an integrated strategy, particularly in contexts like England and Sweden, in the absence of a clear national strategy. A particular issue in the absence of strategic integration is not having anywhere to turn to when a Housing First service has to refer someone ‘up’ (because their needs have become very high and might require a service with onsite staffing) or ‘down’ (because their support needs have lessened over time).¹³⁵
- 7.65 This issue of Housing First existing outside existing strategy, or as is the case in some countries, Housing First operating in relative isolation, is quite widespread at international level. *Housing First Italia*¹³⁶, the network developed by Italian homelessness service providers to promote Housing First in a similar way to the *Housing First England* initiative has been promoting Housing First in a context in which the bulk of service provision is still emergency shelters, rather than the array of homelessness services found in the context of the UK.¹³⁷ Canada and the USA too serve as examples of environments in which Housing First is often operating alongside much more traditional services, including basic emergency shelters and daycentres that are now relatively rare in a context like the UK, where there has been decades of investment in supported housing, housing-led and (in recent years) Housing First services and prevention.¹³⁸
- 7.66 Alongside these challenges, paradigm drift, i.e. Housing First maintaining fidelity with the original approach has been the subject of considerable and sometimes fierce debate.¹³⁹ The broad ideas behind Housing First, i.e. that it is a choice-led, strength-based model that is distinguished as much by the control and respect it gives to people experiencing homelessness (whether one is talking about either the American or Finnish interpretations) has met resistance and the idea has been watered down or allowed to fade. In Canada, the initial successes of Housing First have lost momentum and, in its place of origin, New York City,

¹³⁴ Benjaminsen, L. (2018) Housing first in Denmark: an analysis of the coverage rate among homeless people and types of shelter users. *Social Inclusion*, 6(3), pp.327-336.

¹³⁵ Blood, I.; Birchall, A. and Pleace, N. (2021) *Reducing, changing or ending Housing First support* London: Homeless Link

¹³⁶ <https://www.housingfirstitalia.org>

¹³⁷ Lancione, M., Stefanizzi, A. and Gaboardi, M. (2018) Passive adaptation or active engagement? The challenges of Housing First internationally and in the Italian case *Housing Studies*, 33(1), pp.40-57.

¹³⁸ Pleace, N.; Baptista, I. and Knutagård, M (2019) cited above.

¹³⁹ Greenwood, R.M., Bernad, R., Aubry, T. and Agha, A. (2018) A study of programme fidelity in European and North American Housing First programmes: Findings, adaptations, and future directions *European Journal of Homelessness*, 12(3), pp.275-298.

Housing First also ran into a mix of operational issues and political resistance.

- 7.67 A related issue is the way in which the evidence base on this key component of new thinking about homelessness (in the sense of originally American service model, rather than the Finnish Housing First ethos) has undergone something of a transition. Housing First was very often described as highly effective, with the momentum to adopt the approach generally overcoming some of the more critical voices¹⁴⁰. However, as Housing First has developed, the evidence base has arguably shifted towards more qualified – albeit still generally positive – assessments. While effective at ending homelessness among people with multiple and complex needs, Housing First does not necessarily always deliver rapid, or consistent, results in reducing addiction and improvements in mental health¹⁴¹.
- 7.68 Current international evidence does suggest that Housing First functions best within an integrated, housing-led strategy and does not represent a solution to homelessness in and of itself, because the original American model is really only designed for people with high and complex needs. There are other forms of homelessness which are significant in scale, such as family homelessness and homelessness generated by relative poverty, housing and labour market insecurity that requires a different set of preventative and rapid-rehousing interventions rather than the mix of housing and intensive support offered by Housing First. As with prevention, Housing First also requires a sufficient supply of suitable, affordable housing and, ideally, it has been argued, a specific supply of social housing, in order to function well. Without this suitable housing supply being in place, Housing First is unlikely to work effectively, because the core component is missing. Finnish policy and practice, which does relate to the wider Finnish definition of what constitutes ‘Housing First’, has been summarised in the following terms ‘*you can’t have Housing First without having housing, first*’.

142

Measuring success

- 7.69 The implementation of different elements of delivering a strategy does not tend to be used as a metric of performance or outcomes in countries with integrated strategies. Protocols governing the expectations of local authorities/municipalities working to a common framework established at national level are in place in countries including Denmark and Finland. Scotland, Wales and, to a greater degree in the years before 2010, England also issue guidance on expectations, regulations and duties under the homelessness laws. Breach of these expectations and duties is not a performance issue as such, although widespread non-

¹⁴⁰ Padgett, D.K., Henwood, B.F. and Tsemberis, S. (2016) *Housing First: Ending Homelessness, Transforming Systems and Changing Lives* Oxford: Oxford University Press.

¹⁴¹ Kerman, N., Sylvestre, J., Aubry, T. and Distasio, J. (2018) The effects of housing stability on service use among homeless adults with mental illness in a randomized controlled trial of Housing First *BMC Health Services Research*, 18(1), pp.1-14.; Pleace, N. (2018) *Using Housing First in Integrated Homelessness Strategies* London: St Mungo's; Aubry, T. (2020), cited above.

¹⁴² Y Foundation (2022), cited above.

compliance would raise questions around the viability of a national strategy.

- 7.70 In federal countries, homelessness strategy is likely to be partially or wholly devolved to regional and local government. Countries like Austria, Germany and Belgium do not have central control of significant elements of social, housing and homelessness policy, as is the case in larger federal countries, like Australia, Canada and the USA. Measurement of performance and outcomes in relation to homelessness is difficult in these contexts, because there is not one set of agreed policy objectives that each level of government is trying to achieve.
- 7.71 Within individual countries with integrated homelessness strategies, progress is measured in two main ways:
- **Monitor core strategic goals during the process of delivery and at the end of the strategy.** These goals do not generally include the actual progress of implementing the strategy (e.g. whether specific delivery structures have been formed or plans written), but the overall outcomes, which are usually relatively simple, i.e. to reduce homelessness by a given level within a given timeframe, sometimes with specific targets, e.g. end specific types of temporary accommodation use or deliver a certain number of Housing First places by given dates.
 - **Monitoring of the levels of homelessness.** There are three main methods here, the first is a periodic survey, a technique used in countries including France, Norway and Spain, in which a national survey is conducted every few years. The second technique is an annual survey, which is the approach taken by Finland and the USA, with the former example collecting data on hidden homelessness as well as unhoused people (living rough) and in emergency accommodation. The third is effectively a continuous data feed on the levels of people experiencing homelessness in services, which is the system used in Denmark and in Ireland (the PASS system), with the Danish administrative data being combined with additional population surveys, creating what is probably the most comprehensive statistical picture of homelessness held by any country on Earth.¹⁴³
- 7.72 These different countries are not all defining homelessness in the same way, nor are their goals consistent in terms of preventing or reducing homelessness. The Nordic countries, Denmark, Finland, Norway and Sweden, are close to each other in terms of definition, but their strategic responses are not consistent, nor is their monitoring of those approaches. Ireland, which mirrors the Danish model of having relatively comprehensive data on service use, does not have as broad a definition of homelessness.
- 7.73 At transnational level, these complexities potentially become still greater. For example, the European Union's attempts to create the shared European Platform on Combatting

¹⁴³ Allen, M. and others (2020), cited above.

Homelessness¹⁴⁴ will face challenges in relation to finding agreement between countries as to *what homelessness is*¹⁴⁵, alongside finding ways to get very different EU Member States to commit to a consistent strategic approach. However, while challenges remain, the idea of relatively standardised, integrated strategies, working towards a common goal to reduce and eventually end European homelessness is far closer than it used to be.

- 7.74 The role of FEANTSA¹⁴⁶, the European Federation of national organisations working with people experiencing homelessness, has had a significant role in building an international consensus around standardised definitions of homelessness and common integrated strategic approaches, for which outcomes are measured in similar ways. This was initially through the creation of a common definition of homelessness, the European Typology of Homelessness (ETHOS)¹⁴⁷ and, more recently ETHOS Light¹⁴⁸, a simplified version of the approach, and in advocating integrated strategies and Housing First. This commonality of definition, strategy and practice is the first step, at subnational, national and international level, in creating consistent and comparable outcome measures for integrated homelessness strategies.
- 7.75 ETHOS has been tested in the NI context¹⁴⁹ and the ETHOS Light typology is quite similar to the definitions of homelessness used in NI and other UK laws, which still have their origins in the 1977 legislation. ETHOS Light encompasses people sleeping rough, people in emergency accommodation, people in temporary accommodation and in non-conventional structures and hidden homelessness (in the sense of people in conventional housing with family and friends, due to lack of housing), which is also similar to the definitions used in Nordic countries. One challenge for the ETHOS approach is that it contains elements of *potential* homelessness, i.e. people living in institutions who have nowhere to move into when they leave, which has resonance with UK-wide ideas about prevention (the 56 day duty in Wales and England) but which is not necessarily seen as homelessness elsewhere. Alongside this, from a NI perspective, ETHOS Light does not define populations under threat of eviction, nor people living in housing as unfit for habitation (both defined as homelessness under UK laws) as being homeless.¹⁵⁰
- 7.76 International consensus more or less exists around ending the need for anyone to live rough across the EU and OECD. The means by which this is to be achieved, a mix of prevention, housing-led and Housing First services, within a framework of coordinated interagency, interdisciplinary support, is also broadly (though not universally) accepted at international

¹⁴⁴ Conference on combatting homelessness (2021) *Lisbon Declaration on the European Platform on Combatting Homelessness* <https://ec.europa.eu/social/BlobServlet?docId=24120&langId=en>

¹⁴⁵ Pleace, N. and Hermans, K. (2020), cited above.

¹⁴⁶ <https://www.feantsa.org/en>

¹⁴⁷ <https://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion?bcParent=27>

¹⁴⁸ <https://www.feantsa.org/download/fea-002-18-update-ethos-light-0032417441788687419154.pdf>

¹⁴⁹ Pleace, N. and Bretherton, J. (2013) *Measuring Homelessness and Housing Exclusion in Northern Ireland: A test of the ETHOS typology* Belfast: Northern Ireland Housing Executive.

¹⁵⁰ <https://www.feantsa.org/download/fea-002-18-update-ethos-light-0032417441788687419154.pdf>

level. Here the mechanism to assess success can be street counts, with some use of data merging and administrative data to track what is happening in relation to the levels of people sleeping rough.

- 7.77 Street counts have seen some significant shifts in methodological improvement¹⁵¹ but face significant logistical challenges, i.e. they can only cover certain areas at certain times, while people (especially women) hide for safety reasons and are not necessarily living rough all the time. Administrative data merging offers considerable promise¹⁵² and has been used successfully in the USA¹⁵³, as does the use of pan-system databases monitoring all or most service use by people sleeping rough, such as the CHAIN system in London¹⁵⁴ and Mainstay in Liverpool.¹⁵⁵
- 7.78 Administrative data merging, when it can be achieved, shows the presence and experience of people sleeping rough and potentially much wider homelessness *across public and wider social/welfare services*, i.e. in social housing, supported housing/homelessness services, public health/NHS and social care and the criminal justice system, allowing *entire patterns* of homelessness to be understood. This has been achieved, with some challenging footwork being required in relation to the General Data Protection Regulation, in Denmark¹⁵⁶ and at the level of individual cities and counties in the USA.¹⁵⁷
- 7.79 The use of whole system databases, which as noted are up and running in some UK cities, provides a picture of who is using the homelessness system and why, creating a better understanding of the relative extent of issues like repeat and sustained homelessness associated with multiple and complex needs and potentially highlighting areas where better prevention could be targeted. The limit of these databases is that they lose sight of people experiencing homelessness as soon as they are no longer using the supported housing, daycentres and emergency accommodation that are on the database. Whereas, if they are using any public service, administrative data merging allows the progress of someone experiencing homelessness to be tracked.
- 7.80 Complex ethical and human rights questions exist in relation to the extent to which being homeless, or at risk of homelessness, should increase the level of scrutiny directed by the

¹⁵¹ Drilling, M., Dittmann, J., Ondrušová, D., Teller, N. and Mondelaers, N. (2020) Measuring Homelessness by City Counts—Experiences from European Cities *European Journal of Homelessness* 14(3), pp. 95-120.

¹⁵² Thomas, I. and Mackie, P. (2020) The principles of an ideal homelessness administrative data system: lessons from global practice *European Journal of Homelessness*, 14(3), pp.63-85.

¹⁵³ Culhane, D.P. (2016) The potential of linked administrative data for advancing homelessness research and policy *European Journal of Homelessness*, 10(3), pp. 109-126.

¹⁵⁴ <https://data.london.gov.uk/dataset/chain-reports>

¹⁵⁵ <http://www.mainstayliverpool.org.uk>

¹⁵⁶ Benjaminsen, L. (2016) Homelessness in a Scandinavian welfare state: The risk of shelter use in the Danish adult population *Urban Studies*, 53(10), pp.2041-2063.

¹⁵⁷ Culhane, D.P. (2016), cited above.

State on an individual or household, even if the intent is benevolent.¹⁵⁸ In terms of monitoring outcomes, truly integrated administrative data on people experiencing homelessness enables Denmark to see what is happening with a level of precision that is not available to a country conducting a survey once a year or less frequently. One of the (few) criticisms of Finland has been reliance on an annual, albeit relatively comprehensive, national survey to track progress.¹⁵⁹

- 7.81 Accurate measurement of ‘hidden’ homelessness is logistically challenging throughout the economically developed World. As these populations are (relatively) small compared to the total population, meaning they are likely to be missed by general population surveys (except a census), highly mobile and with sometimes erratic service contact, which can also make them harder for administrative systems to see.¹⁶⁰
- 7.82 The key lessons in relation to performance monitoring centre on definition, which in turn influences goals and the systems available to monitor performance. NI possesses relatively good data on the administration of homelessness systems, but could enhance administrative data merging, as is being experimented with in Wales¹⁶¹ and also consider a system like PASS or CHAIN. Many countries, however, have a less comprehensive picture of homelessness than is available in NI and other UK jurisdictions.

¹⁵⁸ Pleace, N. (2007) Workless People and Surveillant Mashups: Social Policy and Data Sharing in the UK *Information Communication and Society* 10(6), pp. 943-960.

¹⁵⁹ Allen, M. and others (2020), cited above.

¹⁶⁰ Pleace, N. and Bretherton, J. (2013), cited above; Pleace, N. and Hermans, K. (2020), cited above.

¹⁶¹ Thomas, I. and Mackie, P. (2020), cited above.

Section 8 Conclusions

- 8.1 This Section starts by providing a summary of achievements during the five-year strategy. An independent comment is also provided in relation to the impact of Covid-19 on the potential to deliver the Homelessness Strategy as it was laid out at the beginning of 2017.

In addition, this Section examines and responds to the five objectives, for the evaluation of the 2017 – 2022 Homelessness Strategy, set at the outset of the project. Under each objective evidence is provided in terms of whether the area was completed and how it was fulfilled, together with a concluding comment and some recommendations from the evaluation team.

The evaluation objectives are outlined table 20, together with where evidence has been provided in response to each objective.

Table 20: Review of evaluation objectives

Objectives	Sections	Concluding comment
1. To explore the effectiveness of the Homelessness Strategy 2017 – 2022 and the extent to which the outcomes, objectives and actions in the Homelessness Strategy have been delivered.	Sections 4 - 6	Overall assessment of paper-based reports and the qualitative feedback from a range of stakeholders suggests that the Homelessness Strategy for 2017 to 2022 was largely achieved, with slippage and non-achievement in some areas mainly because of the impact of having to respond to the Covid-19 pandemic in terms of homelessness services and service users.
2. To explore the effectiveness of inter-agency working in the delivery of the Homelessness Strategy 2017 – 2022 and any aspects of this which could be improved in the development and delivery of the Homelessness Strategy 2022 – 2027.		A summary table of achievements and a summary of feedback from stakeholders and service users is provided below (table 21)

Objectives	Sections	Concluding comment
3. To explore any key legislative changes in neighbouring jurisdictions which have had a positive impact on the ability of statutory organisations to deliver homelessness strategies.	Section 7	Section 7 provides an overview of legislative changes in other UK jurisdictions and more widely, indicating changes in homelessness trends, services and outcomes. Key lessons from other jurisdictions highlight the inherent limitations of preventative and rapid rehousing services when operating outside an integrated homelessness and housing strategy. Shortfalls in prevention and relief are likely to remain if affordable (and particularly social) housing supply is insufficient and if interagency/cross disciplinary working is not in place. Equally, the use of housing-led/Housing First services appears to be most effective when employed within an integrated strategy that centres on joint, interagency, working within a framework that increases social/affordable housing supply.
4. To identify key themes/objectives/actions to be considered in the Homelessness Strategy 2022 – 2027.	Sections 4 - 6	Throughout this evaluation it was clear that a number of activities and actions should, and would need to be brought forward into the next Homelessness Strategy, not least because of delays or pauses put in place because of the response to Covid-19. It is important to note that by the time this evaluation was completed and published, the Homelessness Strategy for 2022 – 2027 had already been drafted, consulted on and ratified by the HE Board. As noted in Sections 4 – 6 some actions that were incomplete during the Strategy's lifetime need to be carried forward. Sections 5 and 6 provide some suggestions from stakeholders and the service users.
5. To identify any additional challenges/lessons arising from the ongoing pandemic response that should be considered as key themes/objectives/actions in the Homelessness Strategy 2017 – 2022.		

Overall Achievements

- 8.2 Table 21 summarises the key achievements during the lifetime of the Homelessness Strategy for 2017 – 2022. The majority of these are taken directly from the Annual Progress Reports (see Section 4), together with information from the Way Home report¹⁶², and the HE's response to the Covid-19 pandemic. Non-achievement of any activities or objectives are also noted.

¹⁶² *Op cit*, *The Way Home*.

Table 21: Homelessness Strategy 2017 - 22, Key Achievements and areas of non-achievement

Theme or Area	Key Achievements	Noted weaknesses or non-achievement ¹⁶³
Homelessness Prevention and awareness raising	Development and evaluation of e-learning package for front-line workers, albeit difficulties in taking this live.	Difficulties identified in terms of IT issues including systems used by other agencies not supporting the package.
	Development of suite of four videos for social media and other platforms on topics including health and wellbeing, financial hardship, young people and the prevention of repeat or chronic homelessness.	Partially and ongoing.
	Development and piloting of awareness training package by Housing Community Network and at local level for community groups.	Fully achieved.
	Ongoing implementation of the Housing Solutions and Support approach for homeless prevention.	Fully achieved.
	Provision of the Homeless Prevention Fund from Year 3 of the Strategy onwards, with recorded delivery and impact. The internal evaluation of this Fund indicated its success and impact.	Fully achieved.
	Working towards agreeing a sectoral wide definition of homelessness prevention.	Work on this was delayed because of the response to Covid-19. Definition agreed by CHF in Year 5, using P1E definition used by English local authorities and Housing Rights. Intention to be implemented in Year 1 of new Homelessness Strategy.
	Development and implementation of a Communications Strategy to raise general awareness of homelessness, to enable an inter-agency approach to delivery of the Homelessness Strategy and to ensure communication networks across agencies.	Fully achieved.

¹⁶³ From the analysis of the four Annual Progress Reports.

Theme or Area	Key Achievements	Noted weaknesses or non-achievement
Secure sustainable accommodation & appropriate support solutions for homeless households	Amendment of the housing and homelessness assessment form, in order to reflect an assessment of the support needs of homeless applicants. Rolled out across all HE offices.	Fully achieved.
	Work on the development of a Common Assessment Framework (CAF) and piloting of same; then extension of CAF to all providers. Work on the development of a Central Access Point (CAP), including shared system for all temporary accommodation providers and a bespoke real-time IT system, albeit this was delayed because of the Covid-19 pandemic. Development of the Homelessness Tracker app, in response to Covid-19 and development of Local Services Directories.	Partially achieved. CAF was produced by Year 3, with a trial and evaluation of same. Work started to extend the CAF to all providers and areas. Work on specifying a CAP was developed, although progress was delayed because of the response to Covid-19; work carried forward into Year 5 and the new Homelessness Strategy.
	Ongoing work with the DoJ and other partners in the development of a prisoner's protocol seeking to ensure accommodation arrangements for clients exiting prison.	Ongoing.
	Commitment to introduce Financial Inclusion Officers for Homelessness service provision.	Fully achieved.
	Completion and publication of research project - a Strategic Review of Temporary Accommodation – followed by consultation on a draft Strategic Action Plan for Temporary Accommodation.	Fully achieved.
	Internal evaluation of the Private Rented Sector Access scheme, plus externally commissioned research, conducted by Housing Rights on barriers to accessing and sustaining tenancies in the PRS.	Fully achieved, albeit no funding commitment to resourcing the provision of a private rented sector access scheme.
	Direction of funding from the Homeless Prevention Fund to projects to assist clients to access the PRS.	Fully achieved.

Theme or Area	Key Achievements	Noted weaknesses or non-achievement
Further understand & address chronic homelessness	Production of the CHAP in February 2019, and follow-up actions including exploratory work on the HE's Housing Management System to record data relating to chronic and repeat homelessness. Development of an associated Repeat Homelessness Dashboard.	Fully achieved.
	External commissioning and production of research on the Impact of chronic homelessness on women, and the Role of Day services in delivering support to those experiencing chronic homelessness.	Fully achieved.
	Evidence-based street counts for rough sleepers in Belfast, Derry and Newry. Evidence-based street estimates were carried out in other council areas.	Fully achieved.
	Direction of funding from the Homeless Prevention Fund to projects to chronic homeless individuals.	Fully achieved.
	The development and delivery of the 'Everyone In' approach and the MoU between HE, DfC and DoH ensuring that temporary accommodation was offered and provided to all rough sleepers during the pandemic.	Fully achieved.
Have the right mechanisms to oversee & deliver the Strategy	HE input to the DfC led Inter-departmental Homelessness Action Plan and monitoring role of the Department led HSSG.	HE input achieved. Work of IDHAP was delayed because of the response to Covid-19, work carried forward into Year 5 and the new Homelessness Strategy.
	Establishment and delivery of nine LAGs across Northern Ireland and Local Action Plans including development of communication and working relationships, and production of Local Services Directories.	Fully achieved.
	Involvement of the LAGs in the consultation for the next Homelessness Strategy for 2022 – 27.	Fully achieved.
	Support for the establishment of a Service User Forum (facilitated by CHNI), which inputted to a variety of consultations and research projects.	Fully achieved.
	Support for the development of the NI Youth Forum Peer Support project.	Fully achieved.

Theme or Area	Key Achievements	Noted weaknesses or non-achievement
Measurement & Monitoring – to inform development of services	Development of new Homelessness measures to support the provision of data for the SP programme. Also establishment of the SP Thematic Group on Homelessness.	Fully achieved.
	Commencement of work on review of Housing Solutions and Support approach.	Fully achieved.
	Ongoing monitoring of emerging issues and development of appropriate strategies, including the Covid-19 response and the 'Everyone In' plan	Fully achieved.
	Specific work on themes such as clients with no recourse to public funds, the impact of Welfare Reform, customer journeys and the rural perspective. HE engagement on issues relating to adverse childhood experiences and emerging links between modern slavery and homelessness.	Fully achieved.
	Ongoing review of homelessness trends, including work with the GSS Homelessness and Rough Sleeping Statistics Working Group and production of externally commissioned research including Homelessness Service User journeys, the impact of chronic homelessness on women and an evaluation of the role of day services in delivering help to people experiencing chronic homelessness.	Fully achieved.
	HE commenced worked with wider researchers to cross reference health and homelessness data over a number of years to improve the understanding of the health needs of homeless presenters.	Fully achieved.
	Production of four Annual reports outlining progress on the Homelessness Strategy for 2017 – 22.	Fully achieved.

- 8.3 Table 21 indicates that the vast majority of objectives and activities outlined in the Homelessness Strategy for 2017–2022 were achieved. In a small number of cases completion had been paused or slowed down because of the HE's response to the Covid-19 pandemic. In some cases, work was continued into Year 5 of the Strategy and beyond into the new Strategy. There were a small number of actions that were not fulfilled. These included the fact that the e-learning package could not be fully rolled out because of IT issues, work on extending the CAF to all providers and areas was ongoing, work on specifying a CAP was not completed and there was no replacement in terms of a stand-alone private rented sector access scheme.
- 8.4 As outlined in Section 5 stakeholders in the fieldwork phase of the evaluation also highlighted positive outputs and outcomes from the delivery of the Homelessness Strategy. In summary these were:
- respondents felt that most progress had been made on objective 3 (chronic homelessness) followed by objective 1 (homelessness prevention) with less movement on objective 2 (accommodation and support services);
 - feedback indicated that there had been good progress made on prioritising homelessness prevention, in particular via the HPF, and the fact it was targeted and refocussed on an annual basis. Examples of good practice and various projects were emphasised;
 - However, there were a number of negative comments in relation to the HPF including the annual nature of the funding and the need to apply each year, and difficulties in establishing projects including staff recruitment and service delivery in a one-year cycle. There was also a perceived lack, by some, of a strategic roll-out of this money and/or an over-arching evaluation of the project outcomes, and whether prevention was targeted at the best time. The need to expand homelessness prevention beyond the responsibility of the HE was also seen as an area which could have been better developed. A further concern related to 'cause and effect', and knowing whether current preventative work was actually preventing homelessness;
 - Feedback suggested that considerable progress had been made in terms of objective 2, in finding sustainable accommodation and appropriate support solutions for households experiencing homelessness. There was recognition of the impact of Covid-19 on this objective in particular; together with increasing demand for temporary accommodation. Some concern was noted in relation to progress on objectives relating to the CAP and the CAF. There was also recognition that a lack of social housing and move-on accommodation impacted delivery of this objective, as did a change in the complexity of clients;
 - From a positive perspective stakeholders noted that various elements of the Strategy had been fast-tracked or prioritised because of Covid-19. These included the roll-out of shared tenancies for young people, dispersed housing and support solutions with wraparound support and an increased provision and use of Queen's Quarter. In addition other things which had not been in the Homelessness Strategy or Action plans were put in place. This

- included using Airbnb's for short periods of time as single lets, and the development of a much more collaborative approach between housing and health;
- Stakeholders suggested that there had been an increased understanding of what makes accommodation sustainable throughout the delivery of the 5-year strategy. The increased availability and range of types of Floating Support was noted as an achievement, albeit that respondents highlighted gaps in its availability in rural settings and also that demand continued to outstrip supply;
 - There were positive comments about the development and roll-out of Housing Solutions, across Northern Ireland including the role of the housing advisors and the customer journey; however respondents felt the model should have been evaluated during the 5-year period of the Strategy. Respondents felt the focus on accessing the private rented sector, via rent deposit schemes, had been below standard during the Strategy's lifetime, not least because of the cessation of Smartmove, but also because no other regional or Northern Ireland wide schemes have been developed or piloted;
 - Respondents felt that the objective on chronic homelessness had been partially achieved, with work undertaken to start to understand this theme, to broaden terminology from rough sleeping, in the development of the CHAP and in research on chronic homelessness. There was also recognition that further work had been negatively impacted by Covid-19, with some actions under this objective paused or not achieved e.g. roll-out of chronic homeless indicators on the Housing Management system. Respondents also referenced the Complex Lives project and the increasing expansion of Housing First under this objective as a positive direction of travel. Some negative points were made about the street count methodology and also the ongoing issue in relation to people experiencing chronic homelessness becoming ineligible for temporary accommodation because of behaviour and threshold levels;
 - Respondents generally suggested that the mechanics of delivering and monitoring the current 5-year Homelessness Strategy had been an improvement on the position in the previous Strategy (2012 – 2017). There were mixed views on the different groups and formal structures, with some comments that there was overlap and the structures were too bureaucratic. There were overall positive comments about the CHF and the LAGs. Concern was expressed about the Service User Forum, with disappointment that it had not been as successfully as initially hoped;
 - In general respondents felt the production of Annual Plans and Annual Reports was good and at the right level to measure, monitor and feed into planning services, although there was some criticism that they were too lengthy and detailed. Comments were made about how measurement and monitoring across the different strategies could be better dovetailed, encompassing evaluations of specific services and activities e.g. the Housing Solutions delivery service, Floating Support and prevention projects. Positive comments were also made on the HE's data gathering/sharing processes and systems, and research production under the Strategy's lifetime;

- There was generally positive feedback about the planning process for the Homelessness Strategy for 2022 – 27, with respondents noting favourable comments about the mechanisms, networks and groups. In particular feedback suggested good involvement in the pre-consultation and consultation stages including at local level. However, one negative comment was in relation to the timing of the evaluation of the 2017 – 22 Homelessness Strategy, and the absence of any evaluation findings to feed into the development of the new Strategy.

8.5 Service users also provided both positive and negative feedback on progress over the last five years. They were positive about the work done in ensuring that rough sleepers had somewhere to go during the pandemic, and were very positive about the temporary accommodation and hostel staff as well as other support services they had experienced. Service users were also positive about the value of listening to people with lived experience.

There were a number of areas which service users felt not been fully covered in the five years of the Homelessness Strategy or could be further improved. These included the following. It should be noted that this was the service user's interpretation of what had been in the Homelessness Strategy, and their understanding of what had not been achieved:

- the need for support to families under pressure, in particular for children and young people in early childhood and in situations where there are adverse childhood experiences, as a mechanism to prevent homelessness;
- the need for further support for those experiencing alcohol or drug addictions;
- a gap in the provision of temporary accommodation,, in particular in regional areas not already or fully covered and for specific needs e.g. addictions;
- overall concerns that homelessness prevention had been slow and inconsistent with a lack of focus on education and awareness raising and preparation for young people to live independently;
- concerns that there was a lack of information on the HE website and social media platforms in relation to housing and homelessness;
- concerns about the length of time they may have to wait and type of social housing they will be offered, including areas of choice;
- concern that because they were not priority need they will have to move around and sofa surf for considerable periods of time;
- an overall concern about lack of affordable and accessible housing, in particular social housing and lack of accessibility to the private rented sector;
- concerns about the type and availability of help when they presented to the HE as homeless; noting how they had to push for this and for ongoing floating support. There were comments on how homeless applicants are dealt with, treated and communication with them;

- concerns that the objective on chronic homelessness had not been fully met, with reference to the level of evidenced need still visible;
- ongoing concern that the HE and other Departments need to listen to people with lived experience, and that more could be done, needs to be done properly, not be tokenistic, piecemeal or ad hoc, and that listening needs to be translated into actions.

8.6 Special mention should be made of the work undertaken by the HE, both individually and alongside other Departments and partner organisations, in response to the Covid-19 pandemic, in the midst of delivering the agreed 5-year Homelessness Strategy. The following points are relevant:

- Planning for or any prior thoughts about a pandemic could not have been included in the agreed Homelessness Strategy. By its nature there was no smooth or timely pre-warning or lead-in to the pandemic, and the HE had a central role in responding to those people and households deemed to be homeless throughout the 2-year pandemic period;
- By necessity the HE's response had to be quick; timing was critical for example in ensuring safety within temporary accommodation and ensuring that all rough sleepers could be accommodated;
- The HE's response needed to include other Departments, particularly the DoH. The work to operationalise partnership work was speedy, efficient and effective. Where possible the HE worked alongside the other Departments, agencies and providers;
- By its nature the Covid-19 response took personnel away from concentrating on many of the specific action points in the Homelessness Strategy; it was clear that certain aspects of service delivery needed to be prioritised in response to the pandemic;
- It is commendable that all of this was done at a time when the HE itself was having to ensure the health and safety of its own staff, and set up alternative arrangements for service delivery via staff working from home e.g. answering phone calls, carrying out Housing Solutions assessments, setting up temporary accommodation placements;
- At the outset of the pandemic there was limited information about how homeless services should or could be adapted. Resources such as PPE were in short supply. In addition, many staff members in the HE and in the provider organisations were impacted by Covid-19 themselves or within their families.

8.7 Some of the response actions to the pandemic are also worth noting. Firstly, the immediate provision of information on Covid-19 to tenants and also service users together with phone numbers¹⁶⁴ and secondly, the launch of a Covid-19 response fund in April 2020¹⁶⁵. In addition, throughout the pandemic the HE developed and produced contingency plans¹⁶⁶. At a later stage (November 2020) the Reset plan¹⁶⁷ was developed, with clear stages, responses and a

¹⁶⁴ [The Housing Executive - News \(nihe.gov.uk\)](#) – HE response to covid – information and phone numbers – March 2020

¹⁶⁵ [The Housing Executive - News \(nihe.gov.uk\)](#) – HE launches covid response fund – April 2020.

¹⁶⁶ [HOUSING EXECUTIVE - Supporting People Programme: COVID19 CONTINGENCY PLAN \(nihe.gov.uk\)](#)

¹⁶⁷ *The Way Home – Homelessness response to Covid-19*, November 2020.

timeline. Additional funding of some £9 million was provided in order to fully fund the HE's Covid Reset Plan on homelessness.¹⁶⁸

- 8.8 There was widespread positivity about the 'Everyone In' approach rolled out throughout the UK.¹⁶⁹ At a regional level in Northern Ireland this positivity and praise was equally apparent, for example in the NI Audit Office's report on the HE's response to the pandemic.¹⁷⁰ Reference was made by the NIAO to the package of measures introduced including homeless temporary accommodation, funding to outside agencies, out of hours staffing, street audits, food provisions and the staffing for the central homeless team. Reference was also made to the funding provided to Supporting People to fund housing support for the most vulnerable people to live independently.
- 8.9 The joined up working across Departments, agencies and homeless service providers was also evident, for example through guidance issued by the DoH for homeless providers.¹⁷¹
- 8.10 Coming out of the pandemic the HE have been clear that its effects will be long-lasting, not only on people and households, but also in terms of the requirement for temporary accommodation and resource implications. This is highlighted in the HE response to the Department of Finance draft budget 2022 – 2025.¹⁷² Other agencies and those working with the client group have also noted that longer term impact of the pandemic on those affected by homelessness.¹⁷³

¹⁶⁸ [Homelessness action plan fully funded – Minister Hargey | Northern Ireland Executive](#)

¹⁶⁹ [Protecting the homeless and the private rented sector: MHCLG's response to Covid-19 - Housing, Communities and Local Government Committee - House of Commons \(parliament.uk\)](#)

¹⁷⁰ [Overview of the Northern Ireland Executive's response to the Covid-19 pandemic | Northern Ireland Audit Office \(niauditoffice.gov.uk\)](#)

¹⁷¹ [Covid-19: Guidance for Homeless Service Providers in Northern Ireland | Department of Health \(health-ni.gov.uk\)](#)

¹⁷² [NIHE response to DoF Draft Budget 2022](#)

¹⁷³ [Platform: The Covid-19 pandemic and its impact on those facing homelessness - The Irish News](#)

Appendix 1: Abbreviations

Accommodation Not Reasonable	ANR
Central Access Point	CAP
Central Homelessness Forum	CHF
Common Assessment Framework	CAF
Common Homelessness Action Plan	CHAP
Council for the Curriculum, Examinations and Assessment	CCEA
Council for the Homeless NI¹⁷⁴	CHNI
Department for Communities	DfC
Department for Education	DE
Department of Health	DoH
Department of Justice	DoJ
Disability Living Allowance	DLA
Dispersed Intensively Managed Emergency Accommodation	DIME
Full Duty Applicant (status)	FDA
General Data Protection Regulation	GDPR
Health & Social Care Trust	HSCT
Homeless Connect	HC
Homelessness Strategy Steering Group	HSSG
Housing Benefit	HB
Interdepartmental Homelessness Action Plan	IDHAP
Interdepartmental Homelessness Strategy Steering Group	IDHSSG
Local Area Groups	LAG

¹⁷⁴ Now Homeless Connect

Local Area Action Plans	LAAP
National Practitioner Support Service	NPSS
NI Housing Executive	HE
Personal Independence Payment	PIP
Private Rented Sector	PRS
Project Advisory Group	PAG
Supporting People	SP
Universal Credit	UC

Appendix 2: List of research participants

Internal HE staff

Richard Tanswell
Maureen Kerr
Deborah Reid
Claire Crainey
Brian O’Kane
Mark Ingham
Eileen Thompson
Helen Hicks
Liam Gunn
Carolyn Crawford
James McFall
Sinead Collins
Mark Alexander
Maresa Loughlin

External stakeholders

Deirdre Canavan	Depaul
Eileen Best	First Housing
Kirsten Hewitt	Simon Community NI
Kerry Logan and Kate McCauley	Housing Rights
Sharon Burnett	Causeway & Mid Ulster Women’s Aid
Nicola McCrudden & Mark Baillie	Homeless Connect
David Polley	DfC
Avril Hiles	DfC
Dale Heaney	DE

Appendix 3: Interview schedule – Housing Executive and External Stakeholders

EVALUATION of Homelessness Strategy for Northern Ireland – 2017 – 2022 Vision – Ending Homelessness Together

SEMI-STRUCTURED INTERVIEW SCHEDULE: Stakeholders – Housing Executive and external organisations

Name of Interviewee			
Location/Method of interview			
Date of Interview		Time of Interview	

Background to interview	<p>We (Fiona Boyle Associates and Professor Nicholas Pleace) have been commissioned by the NI Housing Executive to evaluate the current Homelessness Strategy for Northern Ireland. We would like to ask you for your feedback on a number of aspects:</p> <ul style="list-style-type: none"> - Your involvement in planning the current Strategy - Your involvement in delivering the current Strategy - Your opinion on how effectively the five objectives have been actioned/completed - Your opinion on the impact of the Strategy – what difference it has made – in particular in terms of preventing and responding to homelessness <p>We are also interested in obtaining your views on the draft 5-year Homelessness Strategy for the period 2022 - 2027.</p>
--------------------------------	---

1	Planning
<ul style="list-style-type: none"> - What involvement did you and/or your organisation have in developing the 2017 – 2022 Homelessness Strategy? - What involvement did you and/or your organisation have in developing the draft 2022 – 2027 Homelessness Strategy? - Discuss specific areas, at strategic and operational level. - What groups did you sit on? (HSSG or LAG?) - And what particular areas have you been most involved in? 	

1	Planning
2	<p>Delivery – Objectives 1 – 3</p> <p>Now I'd like to talk about the objectives 1 – 3 and the specific actions under these objectives:</p> <p>Objective 1: To prioritise homelessness prevention</p> <p>Objective 2: To find sustainable accommodation and appropriate support solutions for homeless households</p> <p>Objective 3: To further understand and address the complexities of chronic homelessness across NI</p> <p>(See Appendix 1 for more detailed outline of objectives)</p> <ul style="list-style-type: none"> - What did you or your organisation contribute to these three objectives? - Were the individual objectives (1– 3) met? - Specifically what was done – and by what agencies? - Were the right structures in place to enable the successful delivery of these three objectives? Can you comment on the inter-agency working for each objective, and how effective this was? - Can you indicate if the specific actions outlined (see Appendix 1) – were actually achieved? And was this on time? - What were the outputs and outcomes – in terms of delivery? What is the evidence for this?
3	<p>Delivery – Objectives 4 – 5</p> <p>Now I'd like to talk about objectives 4 – 5 and the specific actions under these objectives:</p> <p>Objective 4: To ensure the right mechanisms are in place to oversee and deliver this strategy</p> <p>Objective 5: To measure and monitor existing and emerging need to inform the development of appropriate services.</p> <p>(See Appendix 1 for more detailed outline of objectives)</p> <ul style="list-style-type: none"> - Were the individual objectives (4– 5) met? - Specifically what was done – and by what agencies? - Were the specific actions outlined (see Appendix 1) – actually achieved? And was this on time? - What were the outputs and outcomes – in terms of delivery? What is the evidence for this? - Can you comment on the inter-agency working for each objective, and how effective this was? - What difference did it make in terms of the delivery and monitoring of this 5-year strategy? How did this compare to the structures/systems in place during the lifetime of the last strategy? - Are the current implementation groups (HSSG and LAG) the right structures? What could be changed or improved for the development and delivery of the Homelessness Strategy 2022 – 2027? Are the right people and the right organisations involved in these groups? Who else would you suggest?

4 Impact

Now I'd like to ask you about the overall impact of the current homelessness strategy.

- Overall has the vision, Ending Homelessness Together, been achieved? Why do you say that?
- How has the current homelessness strategy resulted in positive impact on homeless individuals and homeless families?
- What has been the impact on key indicators – e.g. the number of households presenting to the Housing Executive as homeless, level of repeat homelessness?
- Can you comment on specific examples of positive impact from the homelessness strategy e.g. a new service, new policies etc.
- Have there been any other unintended or unexpected positive or negative effects?

5 Wider context

Now I'd like to look at the wider context of the 5-year delivery period of this strategy.

- How did Covid-19 impact the delivery of the current strategy?
- How did Covid-19 impact in terms of inter-agency engagement? Did it improve or deteriorate? What worked well, and why? Can you give me some specific examples of this? What lessons can be learnt that could be incorporated into the new strategy?
- Were there any other significant additional factors which had an impact on either the delivery of this strategy or the outputs/outcomes? (Probe using pointers such as – financial issues, changes in legislation, shape and structure of the housing market and availability of accommodation etc.)
- In terms of legislation, policy and practice, can you point to any examples in other jurisdictions that have worked well (in preventing and reducing homelessness), and which could be considered for implementation in Northern Ireland?

6 Next Steps – 2022 - 2027 NI Homeless Strategy

I'd welcome your thoughts on the draft homelessness strategy for 2022 – 2027.

- What are your thoughts on the following in the draft 5-year strategy:
 - o The principles
 - o The reduction in the number of objectives from 5 to 3
 - o The proposed 3 objectives
 - o Integration of people with lived experience
 - o Inclusion of projected need and proposed measurement of same
 - o Inclusion of enablers and what success will look like
 - o Delivery – partnership and inter-agency working
 - o Monitoring
 - o Resources/funding for implementation of strategy
- What is missing from the draft strategy? Thinking of our full discussion, what actions should be included in the next strategy (under the draft headline actions).

Appendix 4: Interview schedule – Service Users

EVALUATION of Homelessness Strategy for Northern Ireland – 2017 – 2022

Vision – Ending Homelessness Together

SEMI-STRUCTURED INTERVIEW SCHEDULE:

Service users with lived experience

Name of Interviewee			
Interview method/location			
Date of Interview		Time of Interview	

Background to interview	<p>We have been asked by the NI Housing Executive to evaluate the current Homelessness Strategy for Northern Ireland. We would like to ask you for your feedback on a number of aspects:</p> <ul style="list-style-type: none">- Your thoughts and experience in terms of whether homelessness has been prevented- Your thoughts and experience in terms of accommodation and support- Your thoughts and experience of additional needs- How you think people who are homeless should be involved in shaping the services <p>We will ask you to sign a consent form in order to speak to us, and we hope to take a note of what you tell us. We won't use your name in our report, and we'll not identify you from any of the information used.</p> <p>There is a £10 thank you or gift bag for everyone who takes part. The discussion will take 30 minutes or less.</p>
--------------------------------	--

QUESTIONS

Objective 1 To prioritise homelessness prevention

- Tell me about how you became homeless?
- Could your homelessness have been prevented?
If yes – at what point? And in what way?
- Can you suggest how your homelessness could have been prevented?
- And can you suggest what could be done to prevent other people becoming homeless?

Objective 2 To find sustainable accommodation and appropriate support solutions for homeless households

Based on your lived experience:

- What help did you receive in terms of finding sustainable accommodation? What accommodation are you currently in? Is it temporary or longer term?
- What support solutions were offered to you?
- Did both the accommodation and the support work – did it enable you to move out of homelessness?
- Are you now settled in your accommodation? Are you able to manage every aspect of your accommodation – housework, cooking and life skills, paying bills etc.

Objective 3 To understand and address the complexities of chronic homelessness

These questions will now explore the key indicators under Chronic homelessness.

Based on your lived experience:

- Apart from housing, what other needs were in your life both before and when you became homeless? (Probe all of the CH indicators and other wider factors)
- What help did you get to resolve these needs?

Objective 4 Listening to people with lived experience

- How do you think the HE should listen to people who might become homeless or who have experienced homelessness?
- Do you feel comfortable talking about your experience? How would you like to be asked?
- If you could think of three things – what would you say to the HE that might help other people in your situation? (For inclusion in the action planning of the next 5-year strategy)

This report can be found on the Housing Executive website nihe.gov.uk

For any information on the report, please contact:

RESEARCH UNIT
Northern Ireland Housing Executive
2 Adelaide Street
Belfast
BT2 8PB

Tel: 03448 920 900

Email: research@nihe.gov.uk

Housing
Executive

nihe.gov.uk   

RS-40-03-23-JG