Housing Executive

THE ROLE OF DAY SERVICES

in delivering support to those
experiencing Chronic Homelessness

Prepared for: Northern Ireland Housing Executive (NIHE)

Role of Day Services in delivering support to those experiencing Chronic Homelessness

Final Report

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RFA

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Acknowledgement

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"I literally don't think I would be alive today if it wasn't for here. Definitely. There is no price on that, that's somebody's life, so literally when I say priceless, that's the type of place this is."
(Service user 7, Welcome Organisation)

"The Link would do anything for the clients that go there, they've took me to hospital a few times and stuff like that, and they've sorted out my housing, so I depend on them more or less."
(Service user 4, MARC project)

"They are really good people and they understand. They don't judge you and don't treat you like a piece of shit. They're really, really good people."
(Service user 12, Foyle Haven)

"In a way it's like staff are family, and the other service users."
(Service user 8, Welcome Organisation)

"The lack of family and friends support network, they don't have that anyone to turn to in times of need … or that sense of love and caring and you are important in someone's life .. that family friend safety net…I believe there is always going to be a need for a place of safety to meet their basic needs, and for people to advocate on their behalf."
(Staff member, Welcome Organisation)

"The main goal is to help the service users maintain a tenancy and reduce the chaotic behaviours and make sure they have the skills to maintain that tenancy."
(Staff member, Foyle Haven)

"It's really a community focused organisation … it's not just based in the community, but it's focused in the community and it's really about empowering people and enabling them to address some of the issues that they have and to lead independent lives."
(Staff member/volunteer MARC project)

1. Executive Summary

1.1 Background to the research

The Northern Ireland Housing Executive (the Housing Executive) commissioned RF Associates to undertake an investigation into the role of day services in delivering support to those experiencing chronic homelessness in Northern Ireland. The research will contribute as an action within the Chronic Homelessness Action Plan, to which the Housing Executive has committed, by providing an understanding of the role of day centres in delivering assistance to those that are experiencing chronic homelessness.

The Housing Executive, in conjunction with its partners, developed criteria to define chronic homelessness so that it will be possible to record the number of individuals who experience chronic homelessness in Northern Ireland. 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.

AND two or more of the following indicators apply:

- An individual with mental health problems
- An individual with addictions e.g. drug user or alcohol addictions
- An individual that has engaged in street activity, including rough sleeping, street drinking, 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 (residential and non-residential care)

The project was commissioned in March 2020 and the objectives were then slightly revised as a result of the Covid-19 pandemic. The Housing Executive project team agreed the following objectives should be addressed:

1. Analysis of the needs and experiences of individuals who are accessing day centre services. Given the Covid-19 pandemic this may or may not include currently accessing day centre services on site.
   - And identify the circumstances which leads to an individual experiencing chronic homelessness to then need to use day services.

2. To understand the role of day centres in providing help and support for those at risk of or experiencing chronic homelessness. Consider and review the role of existing day centres in Northern Ireland, namely Foyle Haven day centre,

Derry/Londonderry, the Welcome Organisation centre, Belfast and the MARC Project drop-in centre at The Link, Newtownards in delivering assistance to those that are at risk of or experiencing chronic homelessness.

- How are they funded?
- What services do they provide for people at risk of or experiencing chronic homelessness?
- What homelessness prevention work do they undertake (when are they open etc)?
- How important is it for service users at risk of or experiencing chronic homelessness that there is a physical centre to visit?
- How do they connect to other homelessness prevention services?
- What outcomes are achieved by day centres to prevent chronic homelessness?

- To understand the challenges in delivering services to individuals who are at risk of or experiencing chronic homelessness, through day centres.

- What are the services currently available to address it? Are there gaps in services available? If gaps are present are they gender specific?

3. To look at methods for identifying the numbers of those experiencing chronic homelessness who utilise support services available through day centres, but who do not engage with the Housing Executive.
   - To understand how day centres currently collect data around those experiencing chronic homelessness and how this might be developed in future

4. To identify methods of day service delivery in other jurisdictions which are effective in meeting the needs of those who are experiencing chronic homelessness.
   - To identify effective inter-agency working which may be effective in assisting the needs of those who are experiencing chronic homelessness.

As the project evolved during the Covid-19 pandemic we have also had to take into account the impact of the various lockdowns on the delivery of day centre services.

1.2 Methodology

The project began with a literature review considering the evidence base to date on the role of day services in supporting people experiencing chronic homelessness. This included quantitative analysis of existing person and service centred data provided by the Housing Executive. This was followed by three telephone interviews with members of the Project Advisory Group, three telephone interviews with each day centre manager, two staff focus groups and three staff telephone interviews. Each day centre also completed a detailed questionnaire. We conducted 12 interviews with day centre service users, four from each of the three day centres. Eight interviews were conducted face-to-face and four were conducted by telephone. This was followed by an online survey of key stakeholders who had been identified by the day centres. The final stage involved conducting two 'best practice' focused Zoom interviews with experts from organisations identified during the literature review.

1.3 Summary of key research findings

Below we have summarised the key research findings under each of the research objectives.

Objective 1: Analysis of the needs and experiences of individuals who are accessing day centre services. Given the Covid-19 pandemic this may or may not include currently accessing day centre services on site. Identify the circumstances which leads to an individual experiencing chronic homelessness to then need to use day services

Service user demographics – based on data provided by the day centres
- The three day centres had different service user volumes, demographics and housing situations. The main service user similarity, between all three centres, was their gender profile: with around three quarters of service users being male.
- Welcome Organisation and Foyle Haven day centres were both operating at the centre of the two largest cities in Northern Ireland and experienced a high volume of service users accessing their premises and services (pre-Covid-19). Their low threshold, high tolerance approach meant both day centres dealt on a daily basis with service users who were in crisis and needed immediate help.
- They both had a much higher proportion of younger service users than the MARC project – with half or more of their service users aged 40 and under compared to a quarter of the MARC project's service users. Between April 2019 and March 2020 they had a similar proportion of service users who were rough sleeping (respectively 10% and 13%).
- The MARC project and Foyle Haven had similar proportions of repeat or regular service users (71% and 70% respectively April 2019-March 2020) indicating a fairly consistent service user base.
- In comparison, the Welcome Organisation day centre had a lower proportion of repeat or regular service users over the same period, with just over half being repeat or regular (55%), indicating a higher proportion of drop-in service users and a higher turnover of service users.
- Service users ended up at the day centres as a result of many different reasons and referral routes. There appeared to be two main pathways into the day centre services:
    - Referral by a statutory or community voluntary service provider, for example, the Housing Executive, a hostel
    - Word of mouth recommendation from people in similar situations to themselves, for example, friends or acquaintances
- In comparison to the other day centres, the MARC project in Newtownards did not experience a high volume of new presenters who were at crisis point. Its focus was on supporting a fairly consistent population of service users from the local town and surrounding area, to access support and services over the long-term. It had the highest proportion of service users aged over 50: almost two fifths (39%). It had the lowest proportion of service users who were at risk of or experiencing chronic homelessness, with a fifth of service users April 2019-March 2020 fitting these criteria – approx. 6 to 7 service users.

Service user circumstances and needs

- Staff reported that service users who presented at the day centres could be anywhere on a spectrum of crisis, from extreme immediate need to less immediate need. Some service users had first accessed the day centres when they were at crisis point. They had needed immediate help because:
    - Just been made homeless (e.g. excluded from hostel, family breakdown, intimidation/violence – paramilitary, domestic)
    - Mental health in crisis / they were suicidal
    - Released from prison
    - Increase in addiction
    - Ongoing trauma related issues
    - They were rough sleeping
    - They had exhausted other services in other areas/locally e.g. barred from Housing Executive offices
- Other service users had first accessed the day centres at a time when they needed support to find housing and / or other support services such as addiction support, but their needs were less immediately time critical. They typically needed:
    - Food, warmth, safety, company
    - To access specific support provision e.g. housing help, addiction recovery, benefits, legal, immigration
    - To access activities
- Staff reported that service users usually had little or no family support or positive relationships within the wider community. Typically, service users were experiencing:
    - Physical and/or mental health issues
    - Chronic addictions
    - Recent and historical trauma
    - Loneliness and isolation
    - Homelessness

  Some were victims of exploitation, domestic abuse and discrimination. Some were perpetrators of offending behaviour which had led to them spending time in prison.
- The service users interviewed included both those who were currently experiencing chronic homelessness and those who were at risk of experiencing chronic homelessness. Each of the service users therefore had complex, negative experiences which they shared to varying degrees in the interviews.
- Day centre staff were therefore assessing and responding to many different, complex service user needs every day, working with individuals who had limited or no engagement with other agencies or had been excluded from services including Housing Executive.
- The needs of service users varied considerably. At one end of the spectrum were people who needed immediate practical and / or medical help to keep them safe and alive; at the other end of the spectrum were those who were managing to cope with everyday life but continued to rely on the support provided by the centres to keep them on an even keel. Where each service user was on this spectrum on any single day was dependent on a huge variety of complex individual circumstances. Day centre staff worked to meet their needs, although the extent to which they could meet these was dependent on resources.

Objective 2: Understand the role of the three day centres in providing help and support for those at risk of or experiencing chronic homelessness

Funding
- Each day centre is funded differently. For 2020/21 the Housing Executive funded the following proportion of costs for each of the three day centres:
    - Welcome Organisation – 55%
    - Foyle Haven – 71%
    - MARC project – 100%
- Welcome Organisation and Foyle Haven received additional funding during 2020 to address the impact of Covid-19 and meet the need for additional services.

Services provided
- The service users reported that the day centres had helped them with a wide variety of specific needs, which can be categorised as:
    - Meeting basic physiological needs: providing food, rest, warmth and safety
    - Helping them access other services and support which would help them meet these basic needs
- The ways in which service users reported being supported by day centres can be grouped into the following four themes:
    - Safety net providing 'family' style support and acceptance
    - Friendship and community
    - Advocacy and empowerment
    - Structure and routine
- Some service users were explicit that the help they had accessed had kept them alive. At the most extreme end this was manifest in day centre staff regularly saving service users' lives when they overdosed or attempted suicide.
- Stakeholders were very positive about how well the day centres met the needs of people who were experiencing chronic homelessness. They considered that the day centres:
    - Provided an excellent, much needed, vital service
    - Addressed complex and diverse health and social care needs – via delivery and pathway provision
    - Had a holistic inclusive approach, reaching homeless people
    - Had insightful compassionate staff attuned to individual needs
    - Met service users' basic needs for food, shelter, support on a daily basis
    - Provided a safe and secure space for time out/socialising
    - Had staff available for additional support needs
- Service users were positive about the help they had received from the day centres but some were aware of the stigma attached to needing to use them. There were some differences in emphasis between service users of the three day centres.
- The difference in approaches and services reflected specific service user needs. The data in the three case studies shows that:
    - Welcome Organisation and Foyle Haven day centres provided basic needs support (food, personal care) to all their service users, whereas the MARC project provided this to between three quarters and four fifths of its service users

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- All of the Foyle Haven and the MARC project service users accessed social support (to contribute to wider society / social networks), and a higher proportion accessed employability services in comparison to Welcome Organisation day centre's service users
- All of Foyle Haven's service users accessed healthcare services
- A higher proportion of the MARC project service users accessed financial (including benefits) services in comparison with the other two day centres

Physical day centre
- The pandemic and lockdown meant that the day centres had to close at short notice and adapt their support services so these could be provided remotely and managed in the appropriate socially distanced way. Service users and staff were able to compare their experiences of the day centre before and since Covid-19 and this had helped to confirm the value of the physical day centre.
- All the service users we interviewed were struggling to adapt to the lack of an easily accessible day centre. They particularly missed:
    - The social nature of the centres and the relationships they had built there with staff (and for some, other service users)
    - The ability to drop in when they needed help and the easy access to services
    - The structure and routine that it provided
- Day centre staff perceived that a physical day centre was extremely important to all service users, whether they were experiencing chronic homelessness or not. As well as providing essential survival services, crucially it enabled staff to build a relationship with service users. The ability to build face-to-face relationships with service users was considered to be essential by staff as it helped to engage service users in support and avert crises which could lead to them experiencing chronic homelessness. This was much more difficult to establish without face-to-face support within the focus of a physical day centre.

Homelessness prevention
- Staff considered that the work they did was fundamental in preventing individuals from experiencing chronic homelessness because it was aimed at supporting them to help themselves function in society and therefore to maintain their accommodation. All three day centres reported that through their services they had supported and/or prevented all their service users from losing accommodation of any type.
- Whilst the services provided by, and accessed through, the day centres were supporting service users, the fact that many were not in sustained permanent accommodation demonstrated that the day centres were limited in their ability to prevent homelessness for all service users. The day centres could only do so much in preventing homelessness: staff reported that if suitable accommodation was not available for service users they would continue to experience chronic homelessness. This was frequently the case for Welcome Organisation and Foyle Haven drop-in centre service users.
- Staff described that a vicious circle of homelessness was caused by individuals not being housed in the right kind of accommodation to meet their needs or being rejected as not qualifying for being under Housing Executive statutory duties.

Many of these service users had failed the 'intentionality' test because they had left accommodation that they could not live in or had been evicted from accommodation; others did not have enough 'points'. Day centre staff worked hard to find them (new) accommodation but were dependent on what was available – which may not be suitable or sustainable in the longer term.

- Staff identified that there was a particular lack of suitable temporary accommodation and supported accommodation particularly:
    - For women only – particularly those who need to escape from domestic abuse
    - For people with mental ill health and / or substance addictions
    - That enabled people to live independently, i.e. with cooking and laundry facilities (unlike many hostels)
    - That would accept people who had been previously evicted
- Staff also reported that there had been barriers for service users to easily to access the Housing Executive due to the need to visit an office to make a claim (pre Covid-19) as well as a requirement for some service users from outside the area, to first visit their local office.
- Service users interviewed who were experiencing chronic homelessness were in limbo waiting for Housing Executive decisions.
- The views of staff were echoed in the stories of these service users who were overwhelmed and struggle to navigate the housing system. They were heavily reliant on the day centres to support them. They did not understand the Housing Executive system and decision making processes. They also did not know when they might be allocated permanent accommodation.

Connecting with other services
- The day centres connected with a wide range of services and providers in varying ways. Some referrals required several steps before service users could access help. Connections between organisations were often based on individual relationships rather than established service user pathways. The degree to which information about service users was shared back and forth between the day centre and the external organisation was dependent on perceived need.
- Staff enjoyed positive relationships with individuals from some statutory services such as the Housing Executive and the community addictions team, and with some community and voluntary service providers. They frequently contacted these external agencies and service providers to try to get the essentials of housing, benefits and mental and physical healthcare for their service users.
- There appeared to be a number of barriers between services which hindered the process of helping service users to move from a position of chronic homelessness to a position where they were permanently housed and supported to maintain their tenancies. These barriers included the following reasons:
    - There was no data system which recorded the details of people who were either at risk of or experiencing chronic homelessness, therefore there was no clear oversight of the scale of the problem
    - Day centres did not collect information about their service users which included information about all of the possible chronic homelessness criteria e.g. whether a service user has been in prison or whether they were ever a looked after child

- It was not always possible for day centre staff to access a clear picture of which agencies were involved in helping individuals; this could lead to duplication of effort amongst agencies which was particularly problematic in Belfast
- There was a lack of clear strategic multi-agency working to tackle the problem of chronic homelessness
- Day centres also identified that there were a number of barriers to better multi-agency working. The main barriers were:
  - A lack of understanding within day centres about the details of what other agencies actually do
  - A lack of understanding within day centres about how the systems work in other agencies e.g. benefits, Housing Executive claims
  - A lack of communication and formal mechanisms for joint working between agencies
  - A lack of shared information data about service users between agencies
- Staff reported that there had been recent improvements to local inter-agency working which had helped to provide better targeted and more timely support to service users. It was much easier now for all service users to contact the Housing Executive as the changes created by Covid-19 meant that they no longer needed to visit Housing Executive offices in person.
- The need to respond to Covid-19 collaboratively in Belfast had led to increasingly positive links between the Welcome Organisation and the Housing Executive, EXTERN, and the drug outreach teams. The organisations had become better at sharing information and more proactive in getting in touch with each other which resulted in less duplication of effort working with the same service users. There had also been an increase in joint agency meetings which had a beneficial impact on collaborative working.
- Foyle Haven was positive about the ease with which they could make referrals to Housing First floating support which was also provided by Depaul. They had also been working to create protocols for referral pathways into statutory agencies to make it easier for service users to access support.
- The MARC project had recent positive experience of a new pilot referral system in North Down area whereby floating support providers had one point of contact who liaised with the Housing Executive to allocate referrals depending on the person's specific needs. This provided better targeted support for individuals.
- Day centres perceived that they had good working relationships with the Housing Executive, particularly at local level, but that there was scope for greater understanding and collaboration. They had worked well together at the outset of the Covid-19 lockdown to help get service users into accommodation.
- Staff recounted occasions when they had contacted the Housing Executive to ask for help housing a service user and they were told that the Housing Executive did not have a duty of care to them because they had made themselves homeless by leaving their accommodation or behaving in ways which led them to be evicted. However this was often due to the accommodation being unsuitable for the service users. This all contributed to a cycle of continual chronic homelessness and therefore crisis, and the need for day centre staff to advocate urgently on behalf of homeless service users to resolve the issue.
- Each day centre recorded its own information about service users and provided

information to the Housing Executive about outputs and outcomes. Each day centre took a different approach to recording their work with service users and tracking service user outcomes.

Outcomes

- Staff reported that there were many positive outcomes that were achieved for service users. Each day centre took a different approach to recording their work with service users and tracking service user outcomes.
- The extent to which day centres were able to keep track of outcomes for service users was largely dependent on the extent to which that service user remained being supported by the service.
- Outcomes could be challenging to quantify systematically. It was not clear to what extent each day centre recorded these 'successes' in terms of service users no longer needing their services as opposed to service users who were not using their services but may have remained vulnerable being at risk of chronic homelessness.

Objective 3: Understand the challenges in delivering services to individuals who are at risk of or experiencing chronic homelessness, through day centres

Day centre challenges

- There were common challenges faced by day centres in delivering services to individuals who were at risk of or experiencing chronic homelessness:
    - Challenging (at times violent) service user behaviour which could put staff and other service users at risk. Whilst each day centre had policies about how to manage this, this remained challenging
    - Funding and resources – which was short term and often insufficient to provide enough provision for service user needs. It led to day centres having to be flexible with service provision (e.g. Foyle Haven's changing opening hours and staff numbers) and it was difficult to plan long term and to retain experienced staff
    - Staff and volunteer retention – this was demanding work and not well paid, staff could get compassion fatigue and burn out. This could have a negative impact on effective interagency working and staff knowledge about how systems work
    - Maintaining service user engagement in support and encouraging them to keep appointments and engage with services. Service users could be difficult to help and it was essential for staff to develop good relationships with service users to encourage this and to bring services to service users where possible
- There were also specific challenges faced by each day centre. The Welcome Organisation drop-in centre had found it challenging to provide sufficiently intentional support as a result of the chaotic environment day centre. The changes resulting from the Covid-19 service reorganisation had made it easier for staff to manage the flow of service users and provide more intentional support.
- Both Welcome Organisation and Foyle Haven drop-in centres found it challenging to maintain a positive atmosphere when it could be chaotic at the day centre with some service users in crisis and there was a need for crowd control. Managing

the numbers of service users pre Covid-19 was difficult at times and staff had to be flexible and responsive in coping with this.

- Volatile situations could occur when street drinkers and younger drug users were together. Staff were on high alert for people overdosing or attempting suicide and needing emergency medical support. In addition, the presence of service users with addictions could have a negative impact on other vulnerable service users who could be influenced by their desire to fit in with the community of people with addictions, therefore encouraging unhealthy peer behaviour.

Gaps
- Staff identified some major gaps in services to address chronic homelessness. The primary gap was the lack of suitable temporary accommodation to meet the specific needs of service users. Specifically the lack of:
    - Independent living facilities e.g. with access to kitchen and laundry facilities
    - (Supervised) women only accommodation
    - Supervised mental health accommodation
    - Supervised substance addiction accommodation
    - Hostels for couples
    - Hostels where drug taking did not occur
    - Hostels with higher tolerance for challenging behaviour
    - Local accommodation
- Staff also identified gaps in terms of not enough:
    - Mental health support services
    - Dual diagnosis support services
    - Support services aimed at women
    - Floating Support provision for all those in need
    - Life skills support provision
    - Access to social service support
    - Specific drug support
  And restricted access to some support services (due to access criteria).
- These gaps in services and provision to provide specific support / accommodation were considered to contribute to a cycle of chronic homelessness.
- Day centres were conscious that there was a gender gap in service provision generally for women experiencing or at risk of chronic homelessness. They also identified that there was a particular lack of supported accommodation for women who were the victims of domestic abuse. This meant that it was more difficult for them to escape from their abusers.
- Around three quarters of the day centre service users were male and day centres were aware that this could discourage more women from engaging with them, thereby perpetuating low participation and therefore increasing the likelihood that there may be women with unmet needs as they did not access the support available through the day centres. Many women who needed the service may be particularly nervous of being around men and within the chaotic atmospheres of the city day centres. Day centres were aware of this imbalance and would like to address this by better meeting their needs.

Impact of Covid-19

- Covid-19 has had a varying impact on staff numbers, funding and on service user numbers. All three day centres delivered a full outreach service during lockdown including telephone calls to service users, as well as some visits to service users according to need. They delivered their services in different ways.

- Day centre staff expressed a range of different views about the impact of the Covid-19 lockdown on services. This reflected the different contexts in which each of the centres operated. Whilst there was agreement that it had been positive that service users were off the streets and in some form of accommodation without (for a while) the threat of eviction, staff identified that this did not resolve the problem of chronic homelessness. This was particularly identified as an issue by staff at the Welcome Organisation and Foyle Haven day centres who were dealing with high volumes of service users experiencing chronic homelessness. They considered that the emergency accommodation provided to service users had often been unsuitable for their needs.
    - Individuals with addiction issues, housed with other people who were addicted to substances, which could exacerbate their addictions
    - Shy and vulnerable individuals housed in supported accommodation with people who exhibited behaviours which frightened them. The shy and vulnerable individuals would often rather be homeless than stay in the allotted accommodation
    - People with alcohol addictions housed in accommodation which did not tolerate their drinking
    - Vulnerable women housed in mixed accommodation
    - People with mental ill health housed away from their support services
    - People housed far away from their local area / support networks

- At Foyle Haven, the centre staff had found that there had been a huge increase in people being moved out of Belfast into accommodation around Derry, which had led to a significant increase in the volume of service users who needed help. At the same time, day centre service users who had been accommodated out of the city were still in need of the support they had relied on previously.

- The changes to service delivery had brought challenges in terms of it being:
    - More challenging to keep track of service users
    - More challenging to manage competing service user needs – some may be lonely but there was less possibility of them being able to access the day centre for a meal and a chat
    - More difficult for service users to self-refer
    - More difficult for service users to maintain appointments and social distancing

- Whilst staff from all three day centres were helping service users via outreach - phoning service users and delivering food parcels or checking up on them at their accommodation, staff identified that it was much more difficult to help service users when they were not face-to-face. It was easier to help service users with addictions face-to-face as they might forget or be confused about telephone conversations. Whilst service users had phones, they could often be difficult to reach because their phones were not charged or they did not answer them. (In some cases day centres had actually provided services users with phones). This meant that it could take longer to provide the support needed to service users.

Support workers were spending considerable time trying to track down service users.

- Staff at the Welcome Organisation drop-in centre considered that the changes caused by the Covid-19 lockdown had led to some positive outcomes for the Welcome Organisation as an organisation. Whereas previously the centre had often been chaotic and staff had needed to continually react to an ever changing variety of service user needs, the closure of the centre and the subsequent limited reopening had provided the team with the opportunity to restructure the way in which they worked and prioritise their workload with service users. Staff valued the more organised nature of the centre due to the new appointment system which provided them with time to focus on specific service users without having to respond to new presenters and avert crises within the day centre.
- Many service users reported that they had found the impact of the Covid-19 pandemic very difficult to cope with. It was clear that the social isolation and lack of ability to get out and about was having a negative impact on people's wellbeing.
- During this time service users credited staff at the day centres who had maintained contact with them and helped them survive despite the social isolation and anxiety. Service users talked about knowing they could rely on the day centre staff to help them and recounted the ways in which they were persistent at contacting them since the Covid-19 lockdown had forced the day centres to close.
- The staff teams from all three day centres had noticed three negative trends as a result of Covid-19:
    - Increased social isolation
    - Negative impact on addictions
    - Negative impact on mental health
- The significant increase in poor mental health had led to increased need for support/referrals, but this was challenging due to limited provision.
- The Welcome Organisation and Foyle Haven drop-in centres had also noticed some specific negative trends in homelessness as a result of Covid-19, including:
    - Increase in new homeless presenters
    - Anecdotal increase in survival crime e.g. theft.
    - Increase in physical and sexual violence especially towards women
    - Increase in numbers of people in food poverty
- The Welcome Organisation had noticed some positive trends:
    - Increase in numbers accessing private rented accommodation
    - Increase in motivation to sustain accommodation in single lets and B&Bs etc. and a decrease in motivation to be moved into hostels. Decrease in numbers sleeping rough, partly due to preventative work being completed that allows clients to get into accommodation before having to sleep rough
    - Decrease in number of clients 'recycling' around the system however there is a core group that continues to 'recycle' through prison, hostel, streets and other temporary accommodation
    - Increase in clients being reconnected with family outside Northern Ireland
- Each of the case studies contains detailed information about how the day centres have reconfigured services as a result of Covid-19 and their plans for the future.

Objective 4: Look at methods for identifying the numbers of those experiencing chronic homelessness who utilise support services available through day centres, but who do not engage with the Housing Executive

Those experiencing chronic homelessness

- Day centres perceived that the Housing Executive was aware of almost all their service users who were experiencing chronic homelessness. They did not think that these service users had not engaged with the Housing Executive. The data they provided shows that the proportion of homeless presenters who went on to register with the Housing Executive or who were identified as not being registered with Housing Executive who then go on to register with the Housing Executive ranges between 90% (MARC project), to 97% (Foyle Haven) and 100% (Welcome Organisation).
- However, the demographic profile of service users and the findings from staff indicate that it might well be the case that many potential service users experiencing chronic homelessness were not using the day centres e.g. women, sofa surfers, younger people, people who do not have addictions.
- In addition, day centres did not systematically collect data which would identify all the criteria which define whether someone is experiencing or at risk of chronic homelessness. They were collecting data to help them understand what services to provide to individuals and the details depended on the extent of the in depth assessment, which depended on the nature of the relationship with the day centre and service user.

Objective 5: Identify methods of day service delivery in other jurisdictions which are effective in meeting the needs of those who are experiencing chronic homelessness

Best practice learnings

- Day centre staff were very much focused on their daily work in supporting service users in need and did not have the opportunity to share learnings with other day centres or services. However, there was clearly an appetite for this.
- The two best practice interviews with experts identified some common challenges which day centres face in delivering services, some of which are relevant to the research findings from the three Northern Ireland day centres.
- The best practice interviews also identified examples of current best practice in day centres. They emphasised that there are many different models. There is a growth of co-produced services in this sector, which are run and further developed by service users. The best practice interviews also identified key ingredients for successful day centre services and for improving multi-agency working.
- Day centre staff suggested a range of ways to improve multi-agency working which were all focused on greater knowledge sharing and breaking down silo working:
    - The opportunity to gain better understanding of what each organisation does and the roles of providers in supporting service users, to deepen understanding of the ways in which an individual could be helped by that service
    - Greater understanding of the details of how systems work

- Better knowledge sharing amongst local agencies about services and service users leading to less duplication of effort across providers helping these service users
- Better targeted support for service users
- Greater joint understanding of the scale of the problem of chronic homelessness
- To improve the relationship with the Housing Executive specifically, day centre staff suggested:
  - Regular meetings which focused on individuals experiencing chronic homelessness (e.g. Belfast rough sleepers meeting)
  - Forums for joint working
  - Better understanding of the details of housing qualification criteria and Housing Executive's decision making processes to be able to provide informed advice to service users
- Stakeholders recommended:
  - Stronger links between statutory and voluntary services
  - Joint working protocols / or service unification
  - Strategy focus group meeting regularly, sharing information, good follow up, actions completed
  - Pathway development
  - Regular update meetings (monthly/quarterly): service user progress
  - Involving those who experience homelessness to understand what we can do for them
  - Housing Executive visiting day centres to provide info / assess applicants
- Stakeholders suggested changes which could be made to day centre services to improve how they support people who are at risk of or experiencing chronic homelessness. The most commonly suggested change was to expand the capacity of day centres via long-term funding which would enable them to retain experienced staff, to have longer opening hours, to provide more individual support for service users and more services. They also recommended that day centres should have greater access to specific services such as mental health practitioners, healthcare services and social prescribers.

1.4 Conclusions

Understanding service users and current provision

1. The service users who present at day centres could be anywhere on a spectrum of crisis, from extreme immediate need to less immediate need.

2. The day centres (drop-in centres) deliver a hugely varied, difficult and complex health and social care service to a wide range of service users who cannot easily access help anywhere else.

3. Each day centre is unique and deals with differing client groups to some extent. Service users and stakeholders participating in the research consider that they do this well. Their strength lies in providing individuals with:

- Access to essential survival services
- A safety net of support
- Advocacy and empowerment
- Structure and routine
- Friendship and community

4. The physical day centre is hugely important in enabling staff to build relationships with service users and ensuring that service users access the support they need.

5. Each day centre provided different estimates of the proportion of service users who are experiencing or at risk of chronic homelessness. These are estimates as the day centres do not collect data for all the definition criteria of chronic homelessness.

6. The focus of day centre work is on responding to need and helping service users to maintain accommodation by providing services which help them to function; housing may not be the individual's most immediate pressing concern. Their work appears to be more tactical than strategic.

Understanding the challenges

1. Day centres face many challenges in providing their services to these vulnerable service users:
   - Challenging service user behaviour
   - Insufficient funding and resources
   - Staff and volunteer retention
   - Maintaining service user engagement
   - Providing sufficiently intentional support to every service user in need

2. The complex service user issues that day centres are dealing with are only partially addressed by the day centres as they rely on many other organisations and agencies to do their part - including the Housing Executive.

3. The day centres do their best to get people help but this can take time, given the length of time it can take to navigate mental health and physical health referral systems and deal with complexities around Universal Credit applications and housing points etc.

4. There are a number of barriers to better multi-agency working e.g. slow referrals, different ethos, lack of understanding about each other's roles and systems, lack of communications and formal mechanisms for joint working, lack of shared information about service users.

5. The support services provided by the day centres help to mitigate against homelessness. However, day centres can only do so much in preventing homelessness – if suitable accommodation (supported if needed) is not available for service users they will continue to experience chronic homelessness.

6. Service users experiencing chronic homelessness are overwhelmed and struggle to navigate the housing system. They are in limbo waiting for Housing Executive decisions.

7. Day centres perceive that they have good working relationships with the Housing Executive but there is scope for greater understanding and collaboration.

Identifying potential service gaps

1. Day centres can be chaotic and threatening places at times, and this means that there are likely to be people who experience chronic homelessness who do not use them.

2. There is a gender gap in service provision, with fewer women than men using day centres.

3. There are major gaps in services to address chronic homelessness:
   - Housing: Not enough suitable temporary and permanent accommodation to meet service user needs
   - Healthcare: Not enough mental health support provision; not enough / very limited dual diagnosis (addiction and mental health) support provision
   - Support services: Restricted access to some support services (due to access criteria); not enough floating support provision; not enough skills support provision

4. The day centres appear to be focused on the sharp end of the problem rather than part of a joined-up system that people can move through to exit chronic homelessness.

Identifying good practice

1. The impact of Covid-19 has demonstrated the value of day centre services in supporting service users. Considerable change has occurred in the way in which they deliver their services. There is an opportunity for the Housing Executive to work together with the day centres that it funds to maximise the positive elements of these changes.

2. There are a wide range of best practice day centre service examples and recommendations for improving inter-agency working that the Housing Executive can use to inform its work.

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1.5 Recommendations

Addressing the challenges, closing the service gaps and building on best practice

1. Ideally there would be more long-term sustained funding of the day services to ensure that there is sufficient capacity for them to meet the needs of people experiencing chronic homelessness. Day centres would welcome greater transparency about how to access funding from other agencies such as the PHA.

2. Ideally there would be sufficient suitable temporary and permanent accommodation to meet the varying needs of these specific service users.

3. There is an opportunity for the Housing Executive to take the lead in working with other statutory organisations such as local authorities, the PHA, Health and Social Care Trusts and the criminal justice system to ensure that there is a joined up, targeted approach to supporting people experiencing chronic homelessness, following best practice models such as the MEAM approach in England which aims to develop effective, coordinated services that directly improve the lives of people facing multiple disadvantage.

4. The three day centres have similarities and differences. We believe it would be useful to bring them together as a group on a regular basis to support them to share best practice – and to share best practice from other sources with them, including referral pathways and joint working. This could begin with the sharing of this research report.

Relationship between day centres and the housing executive

1. There is an opportunity for the Housing Executive to develop closer working relationships with the day centres which are focused on the outcomes of moving people out of chronic homelessness.

2. Changes made post Covid-19 (such as person not having to present at an office / closer working relationships with the Housing Executive to get people into housing) have demonstrated the value of a service user friendly approach, closer connections and joint working between day centres and the Housing Executive. These positive changes should continue and be embedded across different areas / locations.
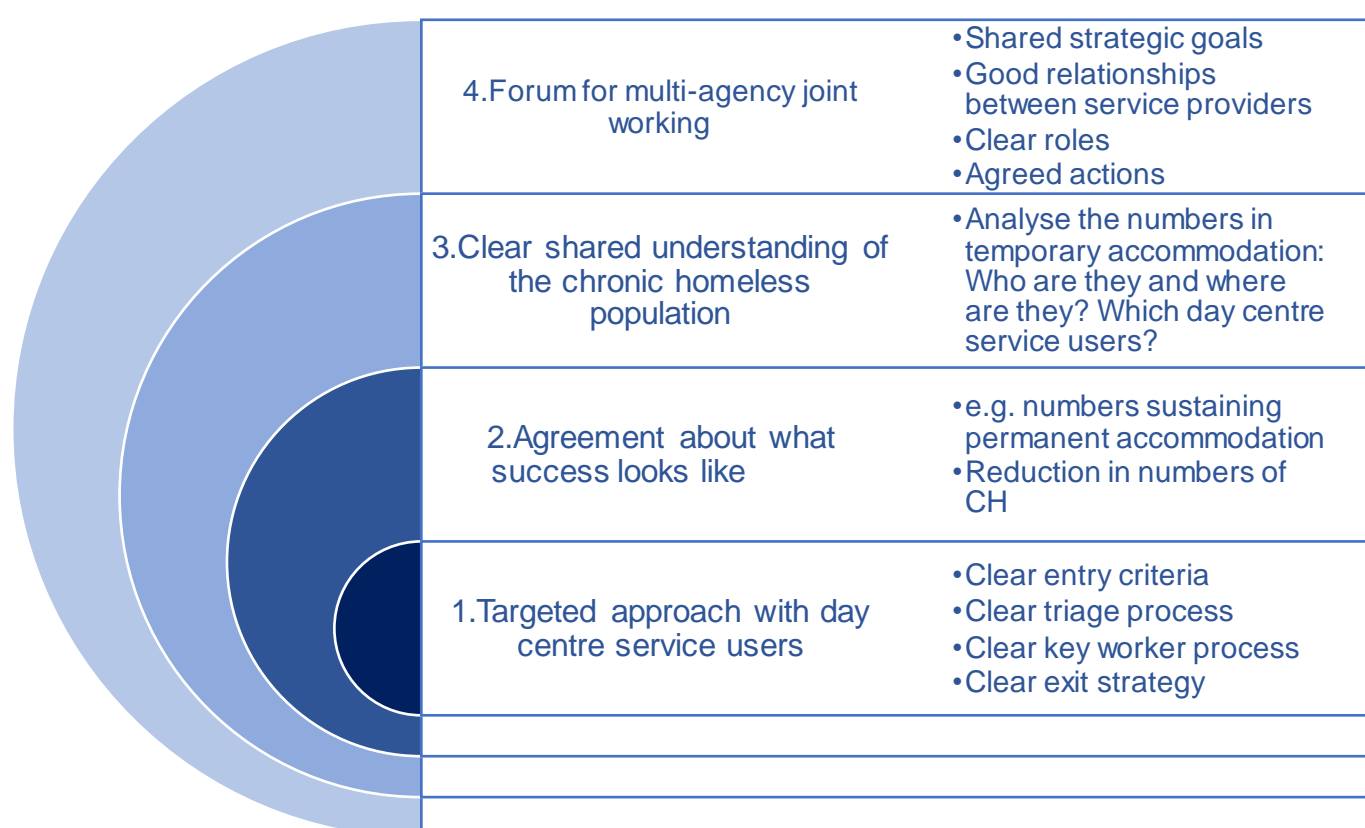
Data collection on chronic homelessness

1. The Housing Executive plans to collect data on chronic homelessness. It should do this whenever new people present to them, even if they do not appear to be eligible for help and/or are then referred on to the day centres.

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2. The Housing Executive has created the chronic homelessness definition to be able to report better against this. The day centres need support and funding to enable better long-term data collection. Ideally consistent approaches would be undertaken across all three organisations. This would need discrete funding and support.

3. The Housing Executive may want to consider developing a chronic homelessness metric that day centres can collect e.g. the number of people who they work with who have moved into and stayed in permanent accommodation for a set period of time. It should be appreciated that this may be difficult as the day centres may well lose touch with the contacts.

Towards a model to target chronic homelessness in partnership with day centres

We have developed this outline model for working in partnership around day centre service user needs:

4. Forum for multi-agency joint working	• Shared strategic goals • Good relationships between service providers • Clear roles • Agreed actions
3. Clear shared understanding of the chronic homeless population	• Analyse the numbers in temporary accommodation: Who are they and where are they? Which day centre service users?
2. Agreement about what success looks like	• e.g. numbers sustaining permanent accommodation • Reduction in numbers of CH
1. Targeted approach with day centre service users	• Clear entry criteria • Clear triage process • Clear key worker process • Clear exit strategy

2. Introduction

The Northern Ireland Housing Executive (the Housing Executive) commissioned RF Associates to undertake an investigation into the role of day services in delivering support to those experiencing chronic homelessness in Northern Ireland. The research will contribute as an action within the Chronic Homelessness Action Plan, to which the Housing Executive has committed, by providing an understanding of the role of day centres in delivering assistance to those that are experiencing chronic homelessness.

The purpose of this research was to assist the Housing Executive in understanding the scale and specific impacts of the provision of day services, most specifically day centres in the delivery of services to those experiencing chronic homelessness. The anticipated outcome of the research was to understand current provision, the challenges it faces in the delivery of appropriate services and to identify potential service gaps. This will provide an evidential basis to inform current and future service provision.

To date we understand that the Housing Executive has been unable to identify any authority within the UK with responsibility for homelessness which has provided indicators or triggers to specifically identify and report on individuals who are experiencing chronic homelessness. Therefore the Housing Executive, in conjunction with its partners, developed criteria to define chronic homelessness so that it will be possible to record the number of individuals who experience chronic homelessness in Northern Ireland. 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.

AND two or more of the following indicators apply:

- An individual with mental health problems.
- An individual with addictions e.g. drug user or alcohol addictions.
- An individual that has engaged in street activity, including rough sleeping, street drinking, 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 (residential and non - residential care)

Research Objectives

The project was commissioned in March 2020 and the objectives were then slightly revised as a result of the Covid-19 pandemic. The Housing Executive project team agreed the following objectives should be addressed:

1. Analysis of the needs and experiences of individuals who are accessing day centre services. Given the Covid-19 pandemic this may or may not include currently accessing day centre services on site.
   - Identify the circumstances which leads to an individual experiencing chronic homelessness to then need to use day services

2. To understand the role of day centres in providing help and support for those at risk of or experiencing chronic homelessness.
   - Consider and review the role of existing day centres in Northern Ireland, namely Foyle Haven Day Centre, Derry/Londonderry, the Welcome Organisation drop-in centre, Belfast and the MARC Project drop-in centre at The Link, Newtownards in delivering assistance to those that are at risk of or experiencing chronic homelessness.
   - How are they funded?
   - What services do they provide for people at risk of or experiencing chronic homelessness?
   - What homelessness prevention work do they undertake (when are they open etc)?
   - How important is it for service users at risk of or experiencing chronic homelessness that there is a physical centre to visit?
   - How do they connect to other homelessness prevention services?
   - What outcomes are achieved by day centres to prevent chronic homelessness?

3. To understand the challenges in delivering services to individuals who are at risk of or experiencing chronic homelessness, through day centres.
   - What are the services currently available to address it? Are there gaps in services available? If gaps are present are they gender specific?

4. To look at methods for identifying the numbers of those experiencing chronic homelessness who utilise support services available through day centres, but who do not engage with the Housing Executive.
   - To understand how day centres currently collect data around those experiencing chronic homelessness and how this might be developed in future

5. To identify methods of day service delivery in other jurisdictions which are effective in meeting the needs of those who are experiencing chronic homelessness.
   - To identify effective inter-agency working which may be effective in assisting the needs of those who are experiencing chronic homelessness

As the project evolved during the Covid-19 pandemic we have also had to take into account the impact of the various lockdowns on the delivery of day centre services.

3. Methodology

It is important to note that the research has taken place during a period of considerable change and challenge caused by the Covid-19 pandemic and subsequent lockdown. As a result, the research reflects the situation at the various moments in time at which the data was collected. The experiences of service users and staff at particular time points have been captured (August-September 2020), as have the views of stakeholders (October 2020), but the day centre services themselves have evolved and progressed over time in response to government social distancing directives and the ways in which other agencies such as the Housing Executive have adapted their ways of working.

The project approach involved the following six stages:

Stage One: **Literature Review**

Literature review considering the evidence base to date on the role of day services in supporting people experiencing chronic homelessness. This included quantitative analysis of existing person and service centred data provided by the Housing Executive. The literature review was conducted between 8 and 22 May 2020, it was then discussed, revised and finalised by 22 June 2020.

Stage Two: Project Advisory Group stakeholder interviews

We conducted three telephone interviews with three members of the Project Advisory Group who work on a regular basis with the three day centres stipulated by the project. This helped to provide a greater initial understanding of the individual circumstances of each of the three day centres, their approach to addressing chronic homelessness and the ways in which they have responded to the Covid-19 lockdown. It ensured that our research with day centres builds on existing Housing Executive knowledge rather than replicating it.

Stage Three: Engagement with day centre providers

We conducted qualitative research with each day centre provider:
- 3 x telephone interviews with each manager
- 2 x staff focus groups (Welcome Organisation drop-in centre Belfast, face-to-face with social distancing measures, and the MARC Project, Newtownards , through the use of Zoom technology)
- 3 x staff interviews by telephone (Foyle Haven staff)
- 1 x questionnaire completed by each day centre featuring a combination of closed and open questions

The interviews helped us to identify what specific information was available for each of the day centres, to understand more about how services run and the needs of services users and where there were gaps in information.

The interviews took place between 18 August and 2 September 2020 and are therefore reflective of those moments in time.

We used the data from these interviews along with the 2020 grant funding data documents provided by Housing Executive to draft case study descriptions of the three day centres which were then verified by the day centre managers and agreed by the end of October 2020.

Stage Four: Engagement with service users

We conducted qualitative research with 12 day centre service users, four from each of the three day centres. Each day centre was responsible for recruiting service users to be interviewed. The interviews took place between 2 and 16 September 2020.

Due to Covid-19 restrictions, four interviews were conducted by telephone, and eight were conducted face-to-face within a socially distanced setting in the day centre. The telephone interviews were conducted with two service users of the MARC project and two service users of the Foyle Haven.

The service users were all those who had a close enough relationship with the day centres that they had agreed to take part in the research and could then be contacted for an interview. Therefore this research does not include the views of people who are at risk of or experiencing chronic homelessness who did not want to use day centre services and did not sustain their engagement with the centres.

In conducting these interviews with vulnerable service users, we used the following guidelines:

1. The researcher must act with respect to human dignity at all times.
2. The research must be conducted in a non-judgemental way and the researcher themselves should be non-judgemental and respect the participant's privacy at all times.
3. The researcher should recognise that the individual may have some form of mental illness, depression, distress etc and should takes all reasonable precautions to minimize the risk of distress to those participating in the research.
4. Researchers must not assume the role of counsellor or therapist.
5. The researcher and participant must comply with social distancing guidelines.

Table 1 shows the gender, age and housing situation of the research participants:

Table 1: Service user sample

Day centre	Gender	Age range	Currently experiencing chronic homelessness (CH) or at risk (R)?
MARC	Male	55-64	R
MARC	Male	55-64	R
MARC	Female	18-24	CH
MARC	Male	55-64	R
Welcome Organisation	Male	35-44	CH
Welcome Organisation	Female	25-34	CH
Welcome Organisation	Female	25-34	R
Welcome Organisation	Female	25-34	R
Foyle Haven	Male	35-44	R
Foyle Haven	Male	35-44	CH
Foyle Haven	Male	45-54	CH
Foyle Haven	Female	45-54	R

Stage Five: Stakeholder research

A short online questionnaire was shared via an emailed link to stakeholders identified by the day centre managers. Foyle Haven and the MARC project shared it with their stakeholders. The Welcome Organisation preferred that the Housing Executive should share it with a list of stakeholders previously identified by the Welcome Organisation.

The purpose of the questionnaire was to understand stakeholders perspective on a range of open ended questions focusing on how well the needs of people experiencing or at risk of experiencing chronic homelessness were met by the day centre they were most familiar with, and whether there were any changes or improvements to multi-agency working which could be made to help reduce the numbers of people experiencing chronic homelessness.

The survey was open for completion between 1 and 16 October 2020. There were 10 responses to the online survey. Table 2 details the volume of stakeholders who responded for each day centre, the service area that they work in, their interactions with the centre and their knowledge of its service delivery.

Table 2: Stakeholder survey respondents

Stakeholder information	Welcome Organisation	Foyle Haven	MARC project
N responses	2	7	1
Stakeholder area	Health	Health, Policing, Housing Executive, CV Sector	Health
Interactions	1 x daily and 1 x working group	Most – daily working	1 x monthly
Knowledge of service delivery for CH	1 x a great deal, 1 x moderate	3 x great deal, 1 x a lot, 3 x moderate	1 x a little

Stage Six: Best practice interviews

As a result of insights gained from the literature review, RF Associates identified that it would be useful to speak to an expert from Homeless Link / MEAM about its work. This was agreed with the project advisory group.

We conducted one Zoom interview with an individual from Homeless Link who then recommended we should speak to the CEO of a day centre in London who had considerable experience in running and transforming day centres. This interview was also conducted by Zoom. The interviews were conducted on 7 and 12 October respectively.

Analysis and reporting

All the interviews were recorded and were then listened to again and / or transcribed. We used a framework approach to analyse the data which was built around a matrix structure, displaying cases or participants as rows and key research themes as columns. We populated the cells with verbatim or summarised data from discussions. Each piece of data was treated in the same way, ensuring that data management is systematic and comprehensive. The completed framework was the raw material for interpretative analysis. Our approach to interpretation was to move step-by-step from the raw data to a coherent set of emerging categories that is accessible to users of the research. As we abstracted from the data, we retained participant language and examples to justify our analysis making the process fully transparent. The value of the matrix approach was that it enabled both thematic and case-based analysis.

4. Summary of literature review key findings
Report prepared for internal team review (full document in Appendix). This document was up-to-date at end of June 2020.

1. The Housing Executive Chronic Homelessness Action Plan estimates that between 5-10% of the homeless population in Northern Ireland could be identified as experiencing chronic homelessness. It has recently developed criteria to define chronic homelessness and plans to collect data specifically on chronic homelessness in future so as to understand its scale and prevalence. The Action Plan identifies that an important aspect of the delivery of services to the chronic homeless is through day services and it is therefore essential to consider the role of day services in delivering support.

2. Since this research was commissioned in March 2020, the impact of Covid-19 and the ensuing lockdown has had a dramatic impact on people's lives and services. Day centres have changed the nature of what they are delivering and the Housing Executive has worked with its partners to ensure that every homeless person is accommodated.

3. This research project methodology will therefore need to take into account the changes which have occurred in delivery of day centre support to people who experience chronic homelessness. We anticipate that the three day centres will be able to share with us their historic experiences of providing services, however there will be an opportunity to learn from the ways in which they have adapted provision since the Covid-19 lockdown and what opportunities this may have created for day centres to provide effective service provision to help end chronic homelessness. It would also be beneficial to explore whether the situation has led to new good practice examples of improved inter-agency working to tackle the problem of chronic homelessness.

4. The term 'day centre' is often used as a 'catch-all' term for a range of different services. Services may prefer to describe themselves as drop-ins, resource centres, hubs or wellbeing centres. Day services vary widely in terms of their provenance, funding, staffing levels, number and type of service users they work with, how they work, their focus and the extent to which they collaborate and work with other agencies and services.

5. Whilst there is considerable recent literature about tackling homelessness in general, there is comparatively much less literature about day centres and their service provision. There appears to be no robust evaluation which attempts to measure their effectiveness collectively.

6. There is limited research on the circumstances which leads an individual experiencing (chronic) homelessness to use day centre services specifically. However, service users appreciate the (often) unconditional accessibility of day centres, which compares with the conditionality of many other agencies and services that they encounter.

7. Previous research has found that individuals attend day centres for:
   - Accessible resources which enable them to survive
   - Sociality and companionship in a safe and welcoming environment
   - Safety, refuge and protection from depressing, frightening and volatile hostel and street environments
   - Access to other services, such as housing, substance misuse or mental health services
   - Advice and advocacy
   - Spiritual support (for some); especially faith-based centres where they could participate in prayer or acts of worship

8. Day centres are often places of change, as they offer service users opportunities to turn their lives around. Service users place high value on involving people with lived experience in service delivery because they:
   - Give hope to those experiencing homelessness that a better future is possible
   - May have a better, more empathic and less judgemental connection with people experiencing homelessness
   - They personally benefit from the confidence and self-esteem that is built by volunteering or working in day centres

9. However, day centres can be volatile and intimidating places, and this may have a negative impact on their appeal to some people experiencing chronic homelessness. Research has found that there is often a gender imbalance with a higher proportion of men than women using day centre services.

10. It has been challenging to find literature which evaluates the performance of day centres, however it appears that there has been increasing momentum for day centres to provide evidence of the impact of their provision, as shown in the creation of the Homeless Link day centre project which ran until May 2019.

11. It has been possible to find evidence of standard metrics for measuring effectiveness in the sector, however there are clear challenges in evaluating their effectiveness.

12. Day centres also face challenges in delivering services to prevent homelessness. The main challenges appear to be:
   - Lack of resources and funding which means it can be difficult to have sufficient staff or even remain open
   - Working with service users, supporting people with complex needs and engaging people
   - Lack of suitable and affordable accommodation

13. There is substantial and increasing evidence about how organisations can work together better to reduce and prevent homelessness. It highlights the fact that the work of day centres is most effective when it is connected to other services and that day centres as a whole are often integral to people experiencing homelessness to access the essential help they need.

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5. Day centre comparison overview

The three case studies and the day centre questionnaire data provide detailed information about each of the day centres. The data was provided by the day centres in September 2020 for two periods: the year before the pandemic lockdown i.e. April 2019 to March 2020 and the period since lockdown i.e. April 2020 to August 2020. This section summarises the main differences between them and is followed by detailed information about each day centre. More detailed information about each day centre is provided in the three case studies in sections 8, 9 and 10.

5.1 Funding

Each day centre is funded differently. Table 3 shows how the funding differs across the three, and what proportion of funding is provided by Housing Executive.

Table 3: Comparison of day centre funding

Funding details 2020/21	MARC project	Foyle Haven	Welcome Organisation
% of service funded by Housing Executive	100%	71%	55%
% of service funded by other sources	100%	29%	45%
Other sources of funding	N/A	Public Health Agency (PHA)	Corporate fundraising, independent grants and fundraising activities
Additional funding awarded by Housing Executive to address impact of Covid-19	No	Yes	Yes

5.2 Service user demographics

The three day centres had different service user volumes, demographics and housing situations. The main service user similarity between all three centres was their gender profile: with around three quarters of service users being male.

Welcome Organisation drop-in centre:
- In 2019/20, it had almost 10 times the number of service users (n=1238) than Foyle Haven (n=125) and over 30 times the number of MARC project service users (n=34).

- It had the highest proportion of service users at risk of or experiencing chronic homelessness.
- It had significantly more EU migrants using its services (16%-13%) compared to the other two day centres.
- It had the highest proportion of service users aged under 30: over a quarter (27%)
- It had the lowest proportion of service users living in permanent accommodation (19%) compared to Foyle Haven (32%) and the MARC project (56%)
- It estimated that all its service users were at risk of or experiencing chronic homelessness

Welcome Organisation and Foyle Haven:
- Both were operating at the centre of the two largest cities in Northern Ireland and experienced a high volume of service users accessing their premises and services (pre-Covid-19). Their low threshold, high tolerance approach meant both day centres dealt on a daily basis with service users who were in crisis and needed immediate help.
- They both had a much higher proportion of younger service users than the MARC project – with half or more of their service users aged 40 and under compared to a quarter of the MARC project's service users
- They had a similar proportion of service users who were rough sleeping (respectively 10% and 13%)

Foyle Haven:
- Just over half of service users of Foyle Haven were estimated as being at risk of or experiencing chronic homelessness.

MARC project:
- In comparison to the other day centres, the MARC project in Newtownards did not experience a high volume of new presenters who were at crisis point. Its focus was on supporting a fairly consistent population of service users from the local town and surrounding area, to access support and services over the long-term.
- It had the highest proportion of service users aged over 50: almost two fifths (39%)
- It had the lowest proportion of service users who were at risk of or experiencing chronic homelessness, with a fifth of service users April 2019-March 2020 fitting these criteria – approx. 6 to 7 service users.

Regular service user proportions
- The MARC project and Foyle Haven had similar proportions of repeat or regular service users (71% and 70% respectively April 2019-March 2020) indicating a fairly consistent service user base.
- In comparison, the Welcome Organisation day centre had a lower proportion of repeat or regular service users over the same period, with just over half being repeat or regular (55%), indicating a higher proportion of drop-in service users and a higher turnover of service users.

6.3 Service provision overview

The day centres had different opening hours and approaches to service delivery. This is summarised in Table 4 below.

Table 4: Comparison of the three day centre opening hours and approaches to service delivery

Key characteristics	MARC project	Foyle Haven	Welcome Organisation
Before Covid-19 opening hours	5 days: Mon-Fri 2.5 hours: 10.30am-1pm	Varied depending on funding 6 days Mon-Fri 10.5 hrs: 9am-7.30pm Saturday 5 hours: 11am-4pm	Daily 14 hours: 8am-10pm
Updated Covid-19 opening hours (Oct 20)	3 days: Mon, Wed, Fri 2 hours: 10.30am-12.30pm	Daily 12 hours Weekdays: 9am-9pm 5 hours weekend: 11:00-16:00	Daily 10 hours: 8am-6pm
Access/thresholds	Low threshold, dry service	Low threshold, damp service	Low threshold, damp service
Key/support working approach	Stepped up to Floating Support service if assessed as needing additional support. Otherwise no key worker	All service users complete a needs assessment and contact agreement. Planned support or 'light touch' support depending on need	Initial presentation assessment. More in depth assessment for those using services more than 3 days and case worker allocated

However, they all provided access to a wide spectrum of services as summarised in Table 5 below. Please note question marks indicate that the service may be available but the day centre has not spontaneously mentioned this during qualitative interview or when completing the questionnaire about its services.

Table 5: Overview of services provided by the day centres

	MARC project	Foyle Haven	Welcome Org
Addiction support	Yes	Yes	Yes
Tenancy sustainment	Yes	Yes	Yes
Daily living skills support	Yes	Yes	Yes
Finance and benefit support	Yes	Yes	Yes
Physical and mental health support	Yes	Yes	Yes
Health hub	?	Yes	Yes
Medication support	Yes	Yes	Yes

	MARC project	Foyle Haven	Welcome Org
Intervention support	Yes	Yes	Yes
Crisis management	Yes	Yes	Yes
Social relationships and inclusion	Yes	Yes	Yes
Referrals to appropriate agencies to create wrap-around support	Yes	Yes	Yes
Educational activities	Yes	Yes	Yes
Recreational activities	Yes	Yes	Yes
Therapeutic activities	Yes	Yes	Yes
Postal address	?	?	Yes
Benefits/money safety/management	?	Yes	?
Access to phone and internet to contact social workers, probation service, family	?	Yes	Yes
Access to legal advice (including Welcome Organisation: immigration and settlement support)	Yes	Yes	Yes
ID support	Yes	Yes	Yes
Referral to external providers for education, employability	Yes	?	?
Involvement with local community and voluntary providers to get involved with projects	Yes	?	?

The difference in approaches and services reflected specific service user needs. The data in the three case studies shows that:

- Welcome Organisation and Foyle Haven drop-in centres provided basic needs support (food, personal care) to all their service users, whereas the MARC project provided this to between three quarters and four fifths of its service users
- All Foyle Haven and the MARC project service users accessed social support (to contribute to wider society / social networks), and a higher proportion accessed employability services in comparison to Welcome Organisation drop-in centre's service users
- All Foyle Haven's service users accessed healthcare services
- A higher proportion of the MARC project service users accessed financial (including benefits) services in comparison with the other two day centres

5.4 Detailed data comparison

Table 6: Data provided by day centres – overview

	MARC project		Foyle Haven		Welcome Organisation	
	April 2019 to March 2020	**April 2020 to August 2020**	**April 2019 to March 2020**	**April 2020 to August 2020**	**April 2019 to March 2020**	**April 2020 to August 2020**
Number of employees	2	2	April 2019-Oc 2019= 4 full-time members+ relief Oct 2019-March 2020 = 8 full time members + relief (due to additional funding)	4 full time members + relief	9 FTE Support Workers (Not including management / back office support)	7 FTE Support Workers (Not including management / back office support)
Number of volunteers	10	9	6 – and 2 student placements for 12 weeks	6	70	15
Number of individuals supported by the Day Centre	34	32	125 approx (not including one off drop-ins)	102 to date (not including one offs)	1238	507
What % of service users are at risk of or experiencing chronic homelessness?	20%	13%	Approx 55%	Approx 55%	13% meet the definition and 87% are at risk of Chronic Homelessness as they are all already homeless. (NB we believe 13% CH is an underestimation as our database does not collate some of the criteria)	15% meet the definition and 85% are at risk of Chronic Homelessness as they are all already homeless. (NB we believe 15% CH is an underestimation as our database does not collate some of the criteria)

Table 6 continued	MARC project		Foyle Haven		Welcome Organisation	
	April 2019 to March 2020	April 2020 to August 2020	April 2019 to March 2020	April 2020 to August 2020	April 2019 to March 2020	April 2020 to August 2020
What % of service users are repeat or regular service users of the day centre?	71%	94%	Approx 70%	Approx 70%	55%	82%
What % of service users are in hostel accommodation?	4%	0%	Approx 18%	Approx 16%	31% *	55% *
What % of service users are rough sleepers?	3%	0%	Approx 13% however this varies	Approx 12% but currently increasing - 25% in Sept 2020	10% **	4% **
What % of service users are sofa surfers / have an uncertain situation (staying with multiple different friends / family)?	17%	13%	Approx 13%	Approx 12% - increasing 25% in Sept 2020	28% **	19% **
What % of service users are in permanent Housing Executive or Housing Association accommodation?	56%	59%	Approx 32%	Approx 28%	19% (This includes those in Housing Executive, Housing Association and Private rented accommodation)	11% (This includes those in Housing Executive, Housing Association and Private rented accommodation)

*Welcome Organisation: includes people who were placed in B&Bs/Hotels in March 2020 during Covid-19 by Housing Executive as they would have been placed in Hostels had places been available)

**Welcome Organisation: NB the homeless population we work with are a fluid group and their homelessness situation fluctuates (i.e. a person could be in a hostel for a few months, lose their place and end up sleeping rough). Therefore the following figures are based on the person's status at their last presentation – it is a snapshot and does not reflect the individual's whole journey.

Table 6 continued	MARC project		Foyle Haven		Welcome Organisation	
	April 2019 to March 2020	April 2020 to August 2020	April 2019 to March 2020	April 2020 to August 2020	April 2019 to March 2020	April 2020 to August 2020
What % of service users are male?	75%		71%		76%	
What % of service users are female?	25%		29%		24%	
What % of service users are under 30?	1%		19%		27%	
What % of service users are aged 31-40?	25%		31%		28.5%	
What % of service users are aged 41-50?	35%		39%		15.5%	
What % of service users are aged over 50?	39%		11%		12% *And age unknown = approx 17%*	
What % of service users are EU migrants?	0%	0%	Approx 2%*	Approx 2%	16%	13%
Approximate n individuals supported to go into temporary accommodation	18	3	68	61	440	334
Approximate n individuals supported to go into permanent accommodation	19	7	28	28	184	83
Approximate n individuals supported / prevented from losing accommodation of any type	34	32	Approx 125	Approx 102	1238	507
Approximately what proportion of service users presenting as homeless go on to register with the Housing Executive	90%	90%	Approx 97%	Approx 98%	100% of those identified as not registered	100% of those identified as not registered

FOYLE HAVEN: This spiked in Dec/Jan 2019/20 to 18% due to 15 to 20 Romanians availing of the day centre for a period of weeks

*** FOYLE HAVEN: This has risen in September due to the increase in homelessness presenters*

Table 7: Service users in TEMPORARY accommodation: % accessing different types of support services

Types of support service	MARC project		Foyle Haven		Welcome Organisation	
	April 2019 to March 2020	April 2020 to August 2020	April 2019 to March 2020	April 2020 to August 2020	April 2019 to March 2020	April 2020 to August 2020
Food and personal care	77%	66%	100%	100%	100%	100%
Health (including physical and mental health, addiction services etc)	89%	66%	100%	100%	23% Mental Health 31% Physical Health 23% Addiction Services	19% Mental Health 22% Physical Health 16% Addiction Services
Financial (including welfare benefits)	89%	100%	Approx 48%	Approx 45%	24%	19%
Employability	22%	33%	Approx 22%	Approx 14%	10%	5%
Social (to contribute to wider society / social networks)	100%	100%	100%	100%	8%	14%

Please note: Welcome Organisation reports that in relation to accommodation during both timeframes there were a number of people whose accommodation status was unknown on last presentation. This was 12% April 2019-March 2020 and 11% unknown April-August 2020. There will be an overlap between individuals supported with temporary and permanent accommodation as some individuals will have been supported with both.

Table 8: Service users in PERMANENT accommodation: % accessing different types of support services

Types of support service	MARC project		Foyle Haven		Welcome Organisation drop-in centre	
	April 2019 to March 2020	April 2020 to August 2020	April 2019 to March 2020	April 2020 to August 2020	April 2019 to March 2020	April 2020 to August 2020
Food and personal care	89%	29%	100%	100%	100%	100%
Health (including physical and mental health, addiction services etc)	83%	86%	100%	100%	29% Mental Health 38% Physical Health 29% Addiction Services	14% Mental Health 19% Physical Health 13% Addiction Services
Financial (including welfare benefits)	83%	71%	Approx 50%	Approx 50%	37%	22%
Employability	39%	29%	Approx 15%	Approx 12%	13%	5%
Social (to contribute to wider society / social networks)	100%	100%	100%	100%	22%	18%

6. Research findings

This section summarises key insights from the three day centre case studies along with thematic analysis of the qualitative interviews with day centre staff/volunteers and service users, as well as the data from the stakeholder survey answers and the two best practice interviews. The findings are reported under each of the agreed research objectives.

It is important to note that the term 'day centre' and 'day services' were not consistently used by staff and service users:

- Staff of Foyle Haven referred to it as the 'day centre' or just 'the centre'. Service users of Foyle Haven referred to it as 'the Haven'.
- Staff at the MARC project referred to it as 'the drop-in'. Service users of the MARC project referred to it as 'the Link' – as in the name of the community centre where it was based.
- Staff at the Welcome Organisation referred to it as both the 'drop-in' and 'the centre'. Service users referred to it as 'the centre' or 'the Welcome Organisation centre'.

However, to be consistent with the original terms and objectives of this research, we have used the term 'day centre' throughout this report, except in the case studies where the term 'drop-in centre' is used which reflects how staff most commonly described the centres.

6.1 Objective 1: Analysis of the needs and experiences of individuals who are accessing day centre services. Given the Covid-19 pandemic this may or may not include currently accessing day centre services on site.
And identify the circumstances which leads to an individual experiencing chronic homelessness to then need to use day services.

6.1.1 Service user routes into accessing day centre services

Service users ended up at the day centres as a result of many different reasons and referral routes. There appeared to be two main pathways into the day centre services:

1. Referral by a statutory or community voluntary service provider, for example, the Housing Executive, a hostel
2. Word of mouth recommendation from people in similar situations to themselves, for example, friends or acquaintances

Referrals were made in a number of ways: by third parties, statutory and voluntary organisations, and by a wide range of organisations. There were some differences across the three day centres in terms of the main referral pathways. The city day centres in particular (Welcome Organisation and Foyle Haven) operated as a safe harbour for people with needs which could not be met by other organisations:

- They received referrals from a wide range of sources
- They frequently dealt with people in acute crisis
- Their service users might use the service regularly, occasionally or as a one off

Both day centres, when they were open, were therefore very busy, with a constant influx of service users. Some were service users who are accessing on-going floating support so were well known to the organisations.

"First of all you would find people who turn up at the door maybe homeless, maybe have nowhere to go so you're engaging with the Housing Executive then, dealing with that, and trying to get them somewhere to stay for the night or trying to get them off the street … If they are on the street like their health's deteriorating, they'll maybe get themselves into different situations, they are going to maybe houses that they don't know so they are very very vulnerable. So you're trying to get them somewhere safe at night or get them home safe. If they are homeless it's carnage just if they can't get in anywhere and if they are sofa surfing it's … downhill for their mental health and getting into bad environments too as well …You might have somebody maybe in a tenancy that maybe has been in that tenancy but maybe a different crowd came in to party and then they have lost their tenancy so they have ended up on the street homeless, so it can change from week to week, but I would say over the last year we have had a right few people come in the door looking for help and maybe just where their landlord's put them out and looking for that support and looking to us for the next step." (Staff member, Foyle Haven)

"During the course of a day you are looking at 70-90 people coming through this building. Some are new presenters, some are sofa surfers, chronic rough sleepers … a lot of floating support clients come in as well, more to do with the loneliness and finances, food and stuff, they maybe can't afford or maybe just don't have the skillset for cooking a good healthy meal, whereas when they come in here they get fed, they get to socialise and things, so there would be quite a lot of people that would come in daily that would also be linked to floating support."
(Staff member, Welcome Organisation)

In comparison, the MARC project at the Link received a comparatively lower volume of referrals and a lower incidence of people in crisis. The MARC project's service users tended to be a more consistent group of individuals with far fewer new presenters arriving on a daily basis than the other two city based day centres. Many of those who were new presenters had been referred to the project's addiction support services, and would be encouraged by their support worker to attend the centre as a means of building engagement with the service.

"Because the drop in runs, if you like, hand in hand with the floating support service which is people come on for a contracted period of time, I think when you are doing an assessment with somebody for coming on to the floating support arrangement, it might be that somebody is not interested in engaging in the floating support so there might be people that you would start off at the drop in, just so that they can begin to

All three day centres received a significant proportion of referrals from the Housing Executive. Examples of reasons for referrals included:
- To get people food, in the hope that the day centre would help them find private accommodation or refer them to the outreach team if they had to rough sleep
- If the Housing Executive did not have a statutory duty to them
- If they had been barred from the Housing Executive office because of their behaviour
- If they had 'intentionally made themselves homeless' – but this might be because the accommodation provided was not suitable for them and they could not sustain it

6.1.2 The circumstances that lead service users to need day centre services

Staff reported that service users who presented at the day centres could be anywhere on a spectrum of crisis, from extreme immediate need to less immediate need.

Some service users had first accessed the day centres when they were at crisis point. They had needed immediate help because:
- Just been made homeless (e.g. excluded from hostel, family breakdown, intimidation/violence – paramilitary, domestic)
- Mental health in crisis / they were suicidal
- Released from prison
- Increase in addiction
- Ongoing trauma related issues
- They were rough sleeping
- They had exhausted other services in other areas/locally e.g. barred from Housing Executive offices

Other service users had first accessed the day centres at a time when they needed support to find housing and / or other support services such as addiction support, but their needs were less immediately time critical. They typically needed:
- Food, warmth, safety, company
- To access specific support provision e.g. housing help, addiction recovery, benefits, legal, immigration
- To access activities

"I started having issues with dependency, drugs and homelessness due to the drug issues. It just basically left me, didn't really have anywhere to turn or anyone to depend on so asking through friends and services and stuff I was referred to here."
(Service user 6, Welcome Organisation)

"I ended up, I suffer from depression and all you know, and I can't remember, someone had said to me about the Link, so I went round and I was really in a bad state, so the girl who was there at the time got an ambulance for me, and then I just

6.1.3 The experiences of individuals who are accessing day centre services

Staff reported that service users usually had little or no family support or positive relationships within the wider community. Typically, service users were experiencing:
- Physical and/or mental health issues
- Chronic addictions
- Recent and historical trauma
- Loneliness and isolation
- Homelessness

Some were victims of exploitation, domestic abuse and discrimination. Some were perpetrators of offending behaviour which had led to them spending time in prison.

"The majority of them see us as the only thing that they have, because everywhere else they go they get judged." (Staff member, Foyle Haven)

The service users we interviewed were vulnerable individuals. It was up to them how much they wanted to share with the researcher about their lives and experiences. Whilst some of the service users were very open to talking about the circumstances which had led them to use these day services, others were less open and the interviews were therefore shorter and more limited. Across the sample as a whole service users volunteered the following information to researchers:

- Most had experienced some degree of family breakdown and therefore did not have families they could reply on to help them; several had experienced violence from family members
- Most were receiving some form of benefit payment
- Just over half were living with mental ill health and some of these were receiving medication for this
- Just under half had experienced extreme trauma, for example domestic abuse from partners or other family members (parents, siblings), assault, paramilitary violence
- Just over half mentioned receiving emergency treatment at a hospital
- Just over half were in permanent accommodation, just under half were not
- Just under half were currently dependent on alcohol or drugs
- Several had been in prison; several had been released from prison within the last year
- Several had been made homeless due to intimidation, violence or anti-social behaviour which meant that they could no longer stay in their accommodation
- Several had made suicide attempts
- Several had previously worked but had lost their jobs

- Several had experience of rough sleeping
- Two were currently employed
- One had a history of self-harming
- One had very recently overdosed
- One had children who were in care

Service users included both those who were currently experiencing chronic homelessness and those who were at risk of experiencing chronic homelessness. Each of the service users therefore had complex, negative experiences. The following personas[1] illustrate the range of experiences:

Persona 1 – Lisa

Lisa is 35 and has experienced chronic homelessness for the last six years. She grew up in a household where her mother was an alcoholic. Her mother died when she was a teenager. She has struggled with drug addiction herself and has been unable to look after her two children who are now being looked after by her sister. She has escaped from an abusive relationship with the father of one of her children. She was hounded out of her home by paramilitaries and was sleeping rough when she first started coming to the day centre. They helped her to get temporary accommodation in a hostel and to get medical care for her depression and anxiety and support for her addiction. The day centre referred her to the local food bank and helped her get support to make a Universal Credit claim. She is currently living in a Housing Executive flat as she had enough points to qualify for accommodation. She still has a floating support worker from the Welcome Organisation. They have helped advocate on her behalf to the Housing Executive to make improvements to her flat. They have also helped her recently with accessing her anti-depressant prescription. She knows she can always phone up or visit and receive caring support from the staff to help her. She credits them with saving her life.

Persona 2 – Jim

Jim is 57 and has previously experienced chronic homelessness. Jim had a difficult childhood and has spent time in prison. He does not have a good relationship with his family. He has spent some years sleeping rough and living in and out of hostels. He would get asked to leave dry hostels when he was drinking. He started going to a weekly lunch which was provided in a local church hall and someone mentioned the Link and the MARC project to him. He went along the next day. The staff welcomed him and helped him to access support to manage his alcohol addiction. The staff also helped him apply for Universal Credit and for a housing association flat where he now lives. He really enjoys visiting the Link when it is open. He likes meeting up with the friends he has made there and doing the crossword in the newspaper. He also enjoys the talks they put on. He now volunteers in the Link's charity shop.

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[1] *Personas are fictional characters created from our research process. They draw on key experiences expressed in the research and seek to pull together some of the strongest patterns that we have observed.*

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RF ASSOCIATES

Persona 3 – Joe

Joe is 29 and is experiencing chronic homelessness. He arrived in Derry from another part of Northern Ireland and was rough sleeping. He had a friend in Derry who was living in B&B accommodation who offered to let him share his room. This was not permitted and they were both told to leave the accommodation and ended up rough sleeping again. Foyle Haven asked the Housing executive for help with housing Joe but the only accommodation available was in Belfast and he was adamant he could not go there, so remained rough sleeping which had a very negative impact on his mental health as he felt so unsafe. He felt desperate and that his only choice was to do something to get arrested so it meant he had somewhere safe to sleep in custody. Once he was in custody the police were able to get him housed in another B&B locally when they released him.

6.1.4 The needs of individuals who are accessing day centre services

Day centre staff were therefore assessing and responding to many different, complex service user needs every day, working with individuals who had limited or no engagement with other agencies or had been excluded from services including Housing Executive.

The needs of service users varied considerably. At one end of the spectrum were people who needed immediate practical and / or medical help to keep them safe and alive; at the other end of the spectrum were those who were managing to cope with everyday life but continued to rely on the support provided by the centres to keep them on an even keel.

Where each service user was on this spectrum on any single day was dependent on a huge variety of complex individual circumstances. Day centre staff worked to meet their needs, although the extent to which they could meet these was dependent on resources. One staff member from Foyle Haven summed up the variety of support they provided and the extent to which this varied according to the needs of the service user in the comment below:

"It would be what their needs are that day; it can change from day to day. Maybe not getting their prescription, maybe have to take them to the hospital or taking them to appointments or like maybe counsellors … every individual there is a different need and you might have an individual they are grand for a month and they just get that support maybe meals every day, and then just something happens in their life and they will constantly dip, they've had a bad stage and they need that extra support. So you're working with that person for that week to get them the support they need, if it's a GP or with their housing or you know … you're working that week on that individual."
(Staff member, Foyle Haven)

6.2 Objective 2: Understand the role of day centres in providing help and support for those at risk of or experiencing chronic homelessness

6.2.1 The ways in which day centres met the needs of service users

The service users we interviewed reported that the day centres had helped them with a wide variety of specific needs:

- **Meeting basic physiological needs:** providing food, rest, warmth and safety
  - Clean clothes
  - Providing them with essential supplies such as sheets, razors, toiletries, a hat
  - Helping them move accommodation, providing a van and help
- **Helping them access other services and support which would help them meet these basic needs:**
  - Helping them get ID to access services such as housing, benefits, bus passes
  - Referring them to other services e.g. food bank, Housing Executive
  - Helping them apply for benefits by assisting them with the application, contacting universal credit by phone and helping them through the call
  - Helping them access housing
  - Helping them get GP appointments
  - Taking them to hospital or accompanying them to medical appointments
  - Helping them get medication
  - Phoning taxis
  - Helping them manage their mental health by providing sheets about managing anxiety, giving them phone numbers which they can stick on their wall
  - Providing them with the phone numbers for outreach support to use when the centre is closed or at night
  - Helping them get bus passes
  - Helping them get their sick lines
  - Providing activities e.g. quizzes, creative writing
  - Providing talks and information sessions e.g. local pharmacist

"They can sort of help you figure out who you need to speak to and what I need to speak to them for and how they can help me"
(Service user 6, Welcome Organisation)

The ways in which service users reported being supported by day centres can be grouped into the following four themes:
1. Safety net providing 'family' style support and acceptance
2. Friendship and community
3. Advocacy and empowerment
4. Structure and routine

These are described in more detail below.

1. Day centre services act as a safety net providing 'family' style support and acceptance

The most salient service user need met by the day centres was having people on their side, who wanted to help them, who did not judge them and who provided the essential help they needed, particularly at crisis points. Fundamentally, the day centres provided a crucial safety net for service users, most of whom did not have any family support. Staff worked hard to stop service users from slipping through this safety net.

"This is what this place has done, it's helped me back into society, it's I would call it a safety net … I am not under their control, but they are still my safety net. If I can go home, and if something is bothering me at home, I know that I can phone these people and say look this is happening, and somebody will sort something out, whether it's the staff, whether they know somebody who knows somebody."
(Service user 3, MARC project)

"They made you feel as if they were really, you were their kid, they were looking after you, it was lovely. Spoon feeding you and helping to get your medication and what way you felt, there was always somebody you could talk to and it was sometimes better talking to a stranger."
(Service user 7, Welcome Organisation)

Some service users were explicit that the help they had accessed had kept them alive. At the most extreme end this was manifest in day centre staff regularly saving service users' lives when they overdosed or attempted suicide.

Staff at the Welcome Organisation and Foyle Haven frequently dealt with service users who had overdosed. They were aware that some service users would intentionally use drugs close to or within the day centre (which was forbidden) as they knew that they would receive help immediately if they overdosed which would save their life. Staff at Foyle Haven were trained to administer Naloxone to counteract opioid overdoses and to use the defibrillator.

"I mean people deliberately brought themselves here because they felt safe and they knew if they did go over that we were trained to deal with it, so they would have either used quite close to the building and brought themselves in or brought themselves in here and used which was not allowed and caused a number of problems for us but that's how, you know we kept people alive by doing that."
(Staff member, Welcome Organisation)

"I think if it wasn't for this day centre in Derry here there would be a lot more people dead, and that's the truth. Obviously with our day centre you have got to be 18 before you come in. So we have people coming to us at 18 who is already homeless and who is already in the midst of addictions and I just feel mentally nowadays they are probably not as strong as different generations were in terms of how to deal with

trauma, how to deal with setbacks, and I think that's why a lot of people goes over the bridge, I really do. Sleeping on the streets, maybe their family has put them out and if they have traumas in their life that keeps coming back up, with us they get looked after, they get a friendly ear, somebody to talk to, somebody they can trust, a key worker who will go and do the things that they can't do. Some of them can't read or write, some of them are really poor at speaking on the phone and trying to get their points across if they are phoning about benefits and things like that, so stuff that we would do. And I genuinely, my hand on heart, I feel that we would have a lot more deaths here in the city if it wasn't for this day centre … Some of them have already said to me if wasn't for you's I'd be dead." (Staff member, Foyle Haven)

2. Day centre services providing friendship and community

Service users valued the feeling of belonging they experienced at the day centres. They attributed this to the welcoming staff and also to being amongst others who understood where they were coming from.

"Most of the ones that are here are all in the same boat, we all have the same thing in common. We all have a problem, whether it's alcohol, whether it's drugs, whether it's a mental problem, whether it's anxiety, whatever kind of problem it is, every one of us in here has experienced at least one of those problems, so it's a good place to come, if you need to talk to somebody." (Service user 2, MARC project)

"To me all of it's quite important because if it wasn't for the people and the staff, who they are and the way they get on it wouldn't be the same, because once you walk in everyone knows you. So if you haven't been in in a while people ask you if you are OK and why haven't you been there, it's that constant friendly reminder that someone cares about what you have gone through in there, we're all in the same boat." (Service user 3, MARC project)

The day centres provided a unique, safe space where the social norms were different, in that to be a rough sleeper or to be dependent on alcohol or drugs or to be homeless was common and accepted. Service users were accepted for who they were, without fear of judgement or exclusion.

"It made you feel more at ease because it seeing you weren't the only one that was like, you weren't the only one that was in the same situation as I was then you would see there were people worse off" (Service user 7, Welcome Organisation)

"In a way it's like staff are family, and the other service users." (Service user 8, Welcome Organisation)

"The majority of them see us as the only thing that they have, because everywhere else they go they get judged." (Staff member, Foyle Haven)

3. Day centre services providing advocacy and empowerment

Service users valued the advocacy and support they received from staff to help them access services. This included both emotional support and practical support. For example, making appointments with the Housing Executive, liaising with them, taking service users to Housing Executive offices (pre-Covid-19). They valued the way in which staff encouraged them to take steps which would help them to improve their lives.

"[Staff member]'s helping me a great deal so he is, he's brilliant, with Housing Executive and with my Solicitor ... [staff member]'s ringing me every day and making sure that I'm okay and I know he's there if I want to talk to him, it's been a great help."
(Service user 1, MARC project)

"I reckon I wouldn't have got half of the stuff in my house fixed if it wasn't for here for phoning up the housing people, because I was phoning up the wrong people, I didn't know who to get in contact with, who to speak to and stuff like that, and they phoned up and said listen this guy is disabled he needs bits and bobs done in his flat."
(Service user 2, MARC project)

"They help people to help themselves." (Service user 12, Foyle Haven)

"It's a safe space for them, that they can come in and talk and our non-judgemental attitudes in a sense, so they can come in and tell whoever is on that day what the issues are at that particular time and know that they will get some sort of support or help. They will be then signposted to somewhere else if we can't do it."
(Staff member/volunteer, MARC project)

4. Day centre services providing structure and routine

A number of the service users interviewed were long term attendees and had enjoyed the daily routine and structure provided when the centre was open. For three out of the four MARC project service users interviewed, it clearly provided a focus to their lives which helped both their mental and physical health.

"It's just the friendship and the craic and gets me out of the house for the couple of hours and it's really really good just meeting different people and having the quiz on the Friday I think it is or Thursday, whatever it is I can't remember now, Thursday I think it is, but just generally just socialising with people … because I have suffered, I do suffer from depression so this helps me with my depression so it does. It helps me with my depression talking to people and just mixing"
(Service user 1, MARC project)

6.2.2 Importance of a physical day centre for people experiencing or at risk of chronic homelessness

The pandemic and lockdown meant that the day centres had to close at short notice and adapt their support services so these could be provided remotely and managed in

the appropriate socially distanced way. Service users and staff were able to compare their experiences of the day centre before and since Covid-19 and this had helped to confirm the value of the physical day centre.

All the service users we interviewed were struggling to adapt to the lack of an easily accessible day centre. They particularly missed:

- The social nature of the centres and the relationships they had built there with staff (and for some, other service users)
- The ability to drop in when they needed help and the easy access to services
- The structure and routine that it provided

This was particularly evident amongst the MARC project service users interviewed, for whom the centre functioned as a daily, communal / familial space for them to get up and out in the morning and meet their friends. One service user described how much they missed this:

"I miss it, really really miss it, because it's, as I said earlier, it gave you a purpose to get up, and you were coming down and you were going round and getting the paper or doing the, [name of fellow service user], [name of fellow service user], us, doing the crossword, having a good laugh over it, arguing over the answers and then the quiz and that and it was a great incentive just to get up in the mornings … It's very very important. It sort of keeps you sane. As I say it's just a purpose to get up and come out and get a smile on your face."
(Service user 1, MARC project)

Day centre staff perceived that a physical day centre was extremely important to all service users, whether they were experiencing chronic homelessness or not. As well as providing essential survival services, crucially it enabled staff to build a relationship with service users. The ability to build face-to-face relationships with service users was considered to be essential by staff as it helped to engage service users in support and avert crises which could lead to them experiencing chronic homelessness. This was much more difficult to establish without face-to-face support within the focus of a physical day centre.

Foyle Haven and the MARC project had created recreational spaces in the day centre to encourage service users to spend time there, which not only helped to address social isolation but also helped to ensure that service users could develop these relationships.

By getting to know individual service users, staff could understand what was happening in their lives in terms of for example their addictions and/or mental ill health, and therefore could offer support to meet those needs. Staff were also able to 'keep an ear to the ground' by understanding what was happening in terms of the new drugs that were circulating.

"The fact that they come in every day and that you get to know them, you can see differences, if they are showing signs of illness or maybe not as talkative at they normally are, you can see day to day changes in how they are feeling. They are maybe feeling ill but not maybe want to talk but you can see maybe by their demeanour that they are not quite their normal selves." (Staff member, MARC project)

"Beforehand the service users could have come in, we would have been open, you would have built up your trust and your relationships with people when you were seeing them face to face one on one and we would have had them in and had our wee meetings, had our wee chats, a cup of tea and have their dinner and we would have had lots of activities and entertainment stuff and all just even wee things, just a game of pool – the amount of relationships that built up with service users having a game of pool, or karaoke, having a bit of craic and a bit of banter and being able to sit down face to face and have a chat with them and tell your side of the story of your life to them and open up to them and then they know that you understand where they are coming from, it's been great like that to build relationships."
(Staff member, Foyle Haven)

"In here they were coming in, we knew that they were on something we would have that conversation what are you taking? Do we need to…? But we don't know that because they are in a house environment … so that's what you miss. In the centre we can sort of see that happening, we can see that if there are different drugs on the street we will be the first ones to hear about it so at least we can alert staff to know that we have the oxygen kit there we can monitor this person."
(Staff member, Foyle Haven)

The physical day centre was also essential for the provision of essential survival services which prevented service users from reaching crisis point by helping them to access the services they need to keep functioning / surviving – from being fed and keeping clean to getting medication. This included:
- Providing a safe space for service users who were in crisis which was not a hospital or a custody centre
- Providing service users who were living in challenging accommodation, such as hostels, access to a continuous, safe space in which they were not socially isolated
- Service users having respite from using substances, the opportunity to rest and eat and recuperate before having to leave again
- Providing easier access to medical services and medication (including substance substitute prescriptions and anti-depressants) as service users could find it difficult to make and keep appointments without staff support
- Ability for service users to build a social network which could help them in their recovery from / management of substance addictions and improve their mental health and wellbeing
- Having one place where it was possible to access support across a wide range of services

Staff considered that the physical day centres also enabled the provision of interesting activities and workshops which both engaged and inform service users e.g. pool,

karaoke, cinema visits, creative activities, workshops on mental and sexual health.

6.2.3 Stakeholder views of day centres

Stakeholders were very positive about how well the day centres met the needs of people who were experiencing chronic homelessness. They considered that the day centres:

- Provided an excellent, much needed, vital service
- Addressed complex and diverse health and social care needs – via delivery and pathway provision
- Had a holistic inclusive approach, reaching homeless people
- Had insightful compassionate staff attuned to individual needs
- Met service users' basic needs for food, shelter, support on a daily basis
- Provided a safe and secure space for time out/socialising
- Had staff available for additional support needs

"This service is ideally placed to assist with addressing the complex and diverse health and social care needs of this population in both what they deliver and signposting / pathway provision."
(Stakeholder, Welcome Organisation)

"All members of staff at the day centre were always present to help clients as and when they needed it. Staff appeared approachable and the clients seemed to have a great deal of trust in them.
(Stakeholder, MARC project)

"They provide an incredible service, they are stretched in terms of finances/staffing number and the restrictions re Covid-19."
(Stakeholder, Foyle Haven)

"The staff are insightful into the needs of each individual and compassionate to everyone who passes through their centre ensuring the clients Human Rights are upheld."
(Stakeholder, Foyle Haven)

6.2.4 Negative aspects of the day centres

Service users were positive about the help they had received from the day centres but some were aware of the stigma attached to needing to use them. There were some differences in emphasis between service users of the three day centres.

Some of the service users of the Welcome Organisation and Foyle Haven day centres spoke about the stigma they had felt, and sometimes did still feel, about using the day centres. They were conscious that the wider community outside often stigmatised people who used their services, and they had been embarrassed at being seen to use the day centres.

They were also conscious of being a visible rough sleeper and / or person with a substance addiction, and aware of being judged and discussed by people who knew them.

"It's a wee bit grim to be honest like. It's a wee bit humiliating coming in through them doors and if there's cars and stuff driving past and they're seeing you or especially like whenever I used to sleep on the street in here, doesn't open to like 8 am in the morning so the security men and the street cleaners would have came along and woke us up around 7 or 7.30, we'd of had to lie outside across there in sleeping bags just sitting on them waiting on them ones opening, so people going to work and all like, like friends or family members going to work and all and they were seeing me lying there like that there, it's not nice like. Because then she's carrying it back to like my cousin or my aunt and then obviously they feel embarrassed and all you know what I mean." (Service user 5, Welcome Organisation)

"I was more embarrassed … I was just ashamed of myself, because I know people could see me, because Derry is a small town." (Service user 10, Foyle Haven)

In comparison, the MARC project service users interviewed included three men aged between 55-64 who considered the Link (community centre) to be a social hub which they enjoyed attending, and were greatly missing since Covid-19 lockdown. They were all extremely positive about the centre and had established friendships with other service users and the staff and volunteers. We hypothesise that because the MARC project is based within a community centre, there may be less of a stigma attached to attending it, because it is not overtly or visibly a day centre which focuses specifically on people experiencing chronic homelessness.

6.2.5 Homelessness prevention work conducted by day centres

Staff in all three day centres considered that the work they did was fundamental in preventing individuals from experiencing chronic homelessness because it was aimed at supporting them to help themselves function in society and therefore to maintain their accommodation. All three day centres reported that through their services they had supported and/or prevented all their service users from losing accommodation of any type.

Staff members recalled service users who were able to get themselves out of the cycle of being at risk of chronic homelessness by accessing services which had helped them onto the path of recovery and independence. When this happened, staff recognised the importance of individuals staying away from the day centre in case they were negatively impacted by being in an atmosphere where there were service users who had addictions.

"We have had a few people who have started off half homeless, come in with addictions and then have ended up and gone and we've not you know, I suppose that's kind of down to, that's down to the individual because, we've actually asked people not to come back because of how much they have improved while being here

if that makes sense. The centre then is kind of maybe not the right place for them to be because they have made so many steps with external agencies and stuff … so we have had people that we have been able to really give them the right path, we've said that you know this is probably not the place for you now in case you fall back into that cycle." (Staff member, Foyle Haven)

6.2.6 Limitations in ability of day centres to prevent chronic homelessness

Whilst the services provided by, and accessed through, the day centres were supporting service users, the fact that many were not in sustained permanent accommodation demonstrated that the day centres were limited in their ability to prevent homelessness for all service users. The day centres could only do so much in preventing homelessness: staff reported that if suitable accommodation was not available for service users they would continue to experience chronic homelessness. This was frequently the case for Welcome Organisation and Foyle Haven day centre service users.

Staff described that a vicious circle of homelessness was caused by individuals not being housed in the right kind of accommodation to meet their needs or being rejected as not qualifying for being under Housing Executive statutory duty. Many of these service users had failed the 'intentionality' test because they had left accommodation that they could not live in or had been evicted from accommodation; others did not have enough 'points'. Day centre staff worked hard to find them (new) accommodation but were dependent on what was available – which may not be suitable or sustainable in the longer term.

The following staff member summed up the complexity of the reasons why service users experienced chronic homelessness and found themselves in a cycle of being homeless:

"The majority of times that's what leads them to either being put out of supported accommodation for their behaviour through their addictions or mental health or put out of somewhere because they are not managing their property, or they haven't filled their benefit forms in or they haven't turned up for meetings and they get wiped and then they are evicted. It is so, it's like a web it's so inter-tangled, it really is." (Staff member, Foyle Haven)

Staff identified that there was a particular lack of suitable temporary accommodation and supported accommodation particularly:
- For women only – particularly those who need to escape from domestic abuse
- For people with mental ill health and / or substance addictions
- That enabled people to live independently, i.e. with cooking and laundry facilities (unlike many hostels)
- That would accept people who had been previously evicted

"They're sent to temporary accommodation that doesn't have any support workers or organisations they can link in with. It's all just like a B&B or somewhere that there is just that staff there that have no idea how to cope with the support needs that a lot of the service users are coming with." (Staff member, Welcome Organisation)

"It's the maintaining it … because … some people can't be that far away from their support and some people maybe they have gone in somewhere and there is restrictions on their drinking, they are chronic alcoholics, they can't handle that, or we had some people who are really really shy and vulnerable going into supported accommodation, it was the only places you could get and the next thing they are terrified and they are out and they would rather go back to the street. So [Covid-19 response] does definitely show that we can help homelessness a lot … I think it's great to get them off the streets but it's where they go so they can stay off the streets." (Staff member, Foyle Haven)

"If we wanted to get somebody emergency housed in Derry let's say today, the only availability they might have is let's say Belfast, but we already know that service user is very high risk and vulnerable and it's not really necessarily safe to have them up there with no support around them, but it's the only place we can get them with a roof over their head." (Staff member, Foyle Haven)

Staff also reported that there had been barriers for service users to easily to access the Housing Executive due to the need to visit an office to make a claim (pre Covid-19) as well as a requirement for some service users from outside the area, to first visit their local office.

Service users who were experiencing chronic homelessness were in limbo waiting for Housing Executive decisions. Five (of the 12 service users interviewed) were currently experiencing chronic homelessness and waiting for Housing Executive decisions:

- One woman had to leave shared accommodation after a traumatic experience and was sofa surfing between 3 places whilst waiting for a Housing Executive decision
- One woman was living in a hostel after losing her home due to drug addiction and was waiting for a Housing Executive decision on permanent accommodation
- One man had just been released from prison and was living in hostel accommodation or rough sleeping when he got evicted from a hostel
- One man was homeless as a result of drug and alcohol addictions and was in emergency accommodation waiting for permanent accommodation
- One man was waiting for permanent accommodation suitable for his disabilities

The views of staff were echoed in the stories of these service users who were overwhelmed and struggle to navigate the housing system. They were heavily reliant on the day centres to support them. They did not understand the Housing Executive system and decision making processes. They also did not know when they might be allocated permanent accommodation.

"I managed to get in contact with the Housing Executive a wee while ago to ask them about … what's going on and they said they were reviewing my thing and that was about it and I still haven't heard anything. And to be honest with you my friend's been doing the phone calls for me because I hadn't been able to go and see anyone else."
(Service user 3, MARC project)

"Someone who is chronically homeless, I mean, are a bit different from your average normal person. I even notice, I have worked basically all my life and I haven't really been homeless apart from the past year or 2 but sort of once I was in that hole it was so hard to get out of. I noticed, you know, and it's still really, I'm still not out of it, like I'm still trying to get out of it, so it's one of those things once you're in that position it's literally nearly a bit impossible to get out of."
(Service user 6, Welcome Organisation)

6.2.7 Connection with other homelessness prevention services

The day centres connected with a wide range of services and providers. The organisations they mentioned are listed in Table 9, but we suspect this list is not exhaustive:

Table 9: Services which connect with day centres

Area	MARC project	Foyle Haven	Welcome Organisation
Homelessness prevention	• Local Housing Executive offices • Bi-monthly or quarterly meetings with Housing Executive • Housing associations	• Housing Executive • Private landlords • First Housing's Night Support • City Centre Initiative, • Temporary supported housing providers etc.	• NI Central Homeless Forum • Homeless Strategy Steering Group • Belfast City Beat Steering Group • CV19: Homeless Operation Group • Temporary supported housing providers • Persons of Concern Case Working (NIHE, housing providers, health) • Belfast City Centre Tasking Meeting (Belfast City Council, City Beat, Extern)
Health	• Community addictions team • Local GPs • Homelessness nurse	• Drug and Alcohol services • Mental Health services • Health hub • Western Trust	• Dunlewey Addiction Services • Drug and Alcohol Outreach Team • Mental health services • Health Hub • Belfast H&SC Trust
Social	• North Down & Ards Floating Support service providers • Social services	• Social services	• Social services

Area	MARC project	Foyle Haven	Welcome Organisation
Finances	• Jobs & Benefits office • Christians against poverty	• Jobs & Benefits office	• Jobs & Benefits office
Advice			Advice NI
Justice/ Policing	• PSNI	• PSNI • Probation service	• PSNI • Probation service
Other community / voluntary organisations	• CVS organisations e.g. local churches, Inspire, New Horizons, Action Mental Health, local foodbank, The Link charity shop	• CVS organisations e.g. • Nexus, Heal the Hurt,	• CVS sector organisations e.g. EXTERN, Suicide Awareness

Day centres connected with these services in varying ways. Some referrals required several steps before service users could access help. Connections between organisations were often based on individual relationships rather than established service user pathways. The degree to which information about service users was shared back and forth between the day centre and the external organisation was dependent on perceived need.

Staff enjoyed positive relationships with individuals from some statutory services such as the Housing Executive and the community addictions team, and with some community and voluntary service providers. They frequently contacted these external agencies and service providers to try to get the essentials of housing, benefits and mental and physical healthcare for their service users.

"I think one of the good things about ourselves at The Link, I do think we have good relationships with the GPs around the area so we would be known as an agency that supports folk with addictions, so that actually works quite well and also we would attend the meetings of the community addictions team as another contributor within the community and somebody that they refer onto as well, so to some extent I think the benefits system is definitely the major one because I think in terms of our community development approach I do think we have managed to link in well with say local churches who provide maybe facilities in the evening, we would have good relationships with the local churches, we would have relationships with other organisations in the area and they are fairly strong"
(Staff member/volunteer, MARC project)

"We have spent a lot of time over the years building those relationships in that sense, so it doesn't just happen overnight but we have gone out of our way to build those relationships and we have got lots of good relationships with both statutory and other voluntary agencies in the town." (Staff member/volunteer, MARC project)

"The main one we would work with would be drug outreach, and I think would be pretty much and that goes across to drop in and outreach. A lot of our guys they live in chronic homelessness, I don't know too many that doesn't use alcohol or doesn't use drugs, it's just the parcel of it. So drug outreach would be a team that we would

use especially with IV users and people that might just be at the start. There's always the thing of I'm dabbling, but it doesn't last for long, so it's important that we try and get them referred to the likes of drug outreach, which is a programme to get these guys referred and into substitute programmes basically to take them away from heroin, IV use, going on to scripts like methadone and stuff."
(Staff member, Welcome Organisation)

"A lot of our service users come in with being homeless or they are, they're asking questions in regards to…the points system, like how many points you get for certain, I know you get different points for different reasons in the housing executive but it would be great for us to know that, just out of curiosity if a service user was inquiring about that, obviously we wouldn't have the information straight away in front of us but it would be good to have a wee bit more information on the likes of that because that's a very commonly asked question." (Staff member, Foyle Haven)

6.2.8 Barriers to better multi-agency working to prevent chronic homelessness

There appeared to be a number of barriers between services which hindered the process of helping service users to move from a position of chronic homelessness to a position where they were permanently housed and supported to maintain their tenancies. These barriers included the following reasons:

- There was no data system which recorded the details of people who were either at risk of or experiencing chronic homelessness, therefore there was no clear oversight of the scale of the problem
- Day centres did not collect information about their service users which included information about all of the possible chronic homelessness criteria e.g. whether a service user has been in prison or whether they were ever a looked after child
- It was not always possible for day centre staff to access a clear picture of which agencies were involved in helping individuals; this could lead to a duplication of effort amongst agencies which was particularly problematic in Belfast
- There was a lack of clear strategic multi-agency working to tackle the problem of chronic homelessness

Day centres identified that there were a number of barriers to better multi-agency working. The main barriers were:

- A lack of understanding within day centres about the details of what other agencies actually do
- A lack of understanding within day centres about how the systems work in other agencies e.g. benefits, Housing Executive claims
- A lack of communication and formal mechanisms for joint working between agencies
- A lack of shared information data about service users between agencies

It was also suggested that the absence of one unified sector voice in Northern Ireland

advocating tackling homelessness like Homeless Link or Crisis (GB), meant that it was more difficult for the sector to work together across statutory and voluntary and community organisations.

6.2.9 Recent improvements to multi-agency working

Staff reported that there had been recent improvements to local inter-agency working which had helped to provide better targeted and more timely support to service users. It was much easier now for all service users to contact the Housing Executive as the changes created by Covid-19 meant that they no longer needed to visit Housing Executive offices in person.

The need to respond to Covid-19 collaboratively in Belfast had led to increasingly positive links between the Welcome Organisation and the Housing Executive, EXTERN, and the drug outreach teams. The organisations had become better at sharing information and more proactive in getting in touch with each other which resulted in less duplication of effort working with the same service users. There had also been an increase in joint agency meetings which had a beneficial impact on collaborative working. The Housing Executive commissioned the Homeless Operation Group as a result of the March pandemic lockdown. This was disbanded at the end of June as lockdown eased but the group's attendees had found that it was so beneficial that in October they re-established it to continue to meet fortnightly.

The Welcome Organisation day centre had good links with the PHA funded Health Hub which was next door to the day centre. It was much easier for service users to access primary healthcare services compared to the situation previously when there was no a co-located provision.

"Getting access to a GP before that health hub was painful, it took weeks, and people had to be taken to like two appointments before they could even get probably seeing a GP, ID and all in place beforehand, it went on and on and on it was horrible."
(Staff member, Welcome Organisation)

Foyle Haven were positive about the ease with which they could make referrals to Housing First floating support which was also provided by Depaul. They had also been working to create protocols for referral pathways into statutory agencies to make it easier for service users to access support. It had previously been necessary for a service user to have a GP referral to go to the Addictions Treatment Unit, but the new referral pathway would mean that it would be possible for Foyle Haven to make a direct referral which would reduce the wait for treatment by 4 weeks.

The MARC project had recent positive experience of a new pilot referral system in North Down area whereby Floating Support providers had one point of contact who liaised with the Housing Executive to allocate referrals depending on the person's specific needs. This provided better targeted support for individuals.

6.2.10 Improving the working relationship with the Housing Executive

Day centres perceived that they had good working relationships with the Housing Executive, particularly at local level, but that there was scope for greater understanding and collaboration. They had worked well together at the outset of the Covid-19 lockdown to help get service users into accommodation.

"The Housing Executive did do a great job at the start of actually finding beds for all these people that they didn't have beds for the week before, it was a huge operation, it's just gone on for so long now and those spaces aren't really suitable in terms of the support that they get there and stuff and we are really the only organisation at the minute going in and being able to provide that support in that more mobile way."
(Staff member, Welcome Organisation)

Staff mentioned a number of examples where particular Housing Executive staff members had helped to house service users, including one person who was street homeless for ten years and was now in a hostel. Together, the day centre and the Housing Executive worked for a year to get him to a position with his mental health where he could sustain hostel accommodation:

"There was a man who would be street homeless I'd say 10 years that hadn't medication, no benefits, so we worked a lot to get his, a doctor, get his benefit and that woman in the Housing Executive got him housed, and now he is in a hostel so it was a great success because that man was on the street like, he just his mental health was that bad that he was lying in old buildings for over 10 years and he just slipped through the net every time that support was offered. So it was a working team in here maybe for a year working with him and he calls here every day for his money, he calls for a haircut, he's linked in with a medical team and he has had a mental health worker and he's been out of the hostel and he is doing amazing from what he was on the street, he was about just going into different buildings, maybe staying with somebody but he had no benefit or no nothing so with the team here worked and also with the Housing Executive to get him a property and maintain that property it was brilliant work." (Staff member, Foyle Haven)

Staff recounted occasions when they had contacted the Housing Executive to ask for help housing a service user and they were told that the Housing Executive did not have a duty of care to them because they had made themselves homeless by leaving their accommodation or behaving in ways which led them to be evicted. However this was often due to the accommodation being unsuitable for the service users. This all contributed to a cycle of continual chronic homelessness and therefore crisis, and the need for day centre staff to advocate urgently on behalf of homeless service users to resolve the issue.

"Sometimes I ring up [Housing Executive] and they say 'No'. They say, 'They were here or they were put out or they chose to leave and it was this' and that's when I say, 'But listen they chose to leave because they felt unsafe there', 'Aye but as soon as they walk out we don't have a duty of care' and I say, 'Well they have maybe been threatened or whatever in there'." (Staff member, Foyle Haven)

6.2.11 Outcomes achieved by day centres to prevent chronic homelessness

Each day centre recorded its own information about service users and provided information to the Housing Executive about outputs and outcomes. The details of this are in the detailed case studies in sections 8, 9 and 10. Each day centre took a different approach to recording their work with service users and tracking service user outcomes.

Staff reported that there were many positive outcomes that were achieved for service users. However, these could be challenging to quantify systematically. It was not clear to what extent each day centre recorded these 'successes' in terms of service users no longer needing their services as opposed to service users who were not using their services but may have remained vulnerable being at risk of chronic homelessness.

The extent to which day centres were able to keep track of outcomes for service users was largely dependent on the extent to which that service user remained being supported by the service.
Staff members were able to provide anecdotal examples of service users that they had helped who were now managing to live independently and had moved away from being at risk of chronic homelessness.

> *"We have had a couple of girls who have fallen pregnant … probably couldn't have seen them on the right path beforehand and now they are doing great. One of our service users just gave birth yesterday and [is] doing unbelievable. I see her going through town every day." (Staff member, Foyle Haven)*

6.3 Objective 3 - Understand the challenges in delivering services to individuals who are at risk of or experiencing chronic homelessness, through day centres.

6.3.1 Challenges involved in delivering service to individuals who are at risk of or experiencing chronic homelessness, through day centres

There were common challenges faced by day centres in delivering services to individuals who were at risk of or experiencing chronic homelessness. These challenges included:

- Challenging (at times violent) service user behaviour which could put staff and other service users at risk. Whilst each day centre had policies about how to manage this, this remained challenging
- Funding and resources – which was short term and often insufficient to provide enough provision for service user needs. It led to day centres having to be flexible with service provision (e.g. Foyle Haven's changing opening hours and staff numbers) and it is difficult to plan long term and to retain experienced staff
- Staff and volunteer retention – this was demanding work and not well paid, staff could get compassion fatigue and burn out. This could have a negative impact on effective interagency working and staff knowledge about how systems worked

- Maintaining service user engagement in support and encouraging them to keep appointments and engage with services. Service users could be difficult to help and it was essential for staff to develop good relationships with service users to encourage this and to bring services to service users where possible. Staff worked hard to maintain this connection where service users had been assessed as needing key/support worker help. Foyle Haven staff telephoned key worked service users to check up on them – and this had also been the case for the other two day centres since Covid-19

"A lot of people come and then they go in short spaces of time and you just feel that there is so much you could do." (Staff member/volunteer, MARC project)

There were also specific challenges faced by each day centre. Both Welcome Organisation and Foyle Haven day centres found it challenging to maintain a positive atmosphere when it could be chaotic at the day centre with some service users in crisis and there was a need for crowd control. Managing the numbers of service users pre Covid-19 was difficult at times and staff had to be flexible and responsive in coping with this.

Volatile situations could occur when street drinkers and younger drug users were together. Staff were on high alert for people overdosing or attempting suicide and needing emergency medical support. In addition, the presence of service users with addictions could have a negative impact on other vulnerable service users who could be influenced by their desire to fit in with the community of people with addictions, therefore encouraging unhealthy peer behaviour.

"There's times there we went through a few spells when it was chaotic and then again depending on what kind of drugs was getting brought into the town, I've seen us days there having 2 or 3 overdoses a day for weeks on end. And you are constantly, constantly on overdose watch, suicide watch. Going through Naloxone pens like nothing normal. Then you might have a couple of weeks where they are just drinking." (Staff member, Foyle Haven)

"People were using it as a bit of a casual space injecting space before Covid … Trying to manage that pre-Covid, was horrendous. And then it led to other issues where people that didn't have addictions were coming in and through sort of peer pressure and just the fact that they were already so isolated from their own friends and families and communities and this became their new community and that's what happens in their new community then they were picking up these addictions" (Staff member, Welcome Organisation)

The Welcome Organisation day centre had found it challenging to provide sufficiently intentional support as a result of the chaotic environment day centre. It had been historically challenging to manage as staff had needed to respond to service users' immediate needs which meant it could be difficult for them to find time for every service user. The changes resulting from the Covid-19 service reorganisation had made it easier for staff to manage the flow of service users and provide more intentional support.

The Welcome Organisation day centre had also found that successful interagency working was challenging when the ethos of the other agencies were different to their ethos (lower tolerance, higher threshold). The Covid-19 service changes had led to closer multi-agency working and joint approaches which had improved this.

The Welcome Organisation day centre had also faced challenges as a result of the local community being resentful of the anti-social behaviour of some service users. This has been difficult for the day centre to address historically, however the Covid-19 service changes had reduced the volume of service users which may have an impact on community attitudes towards the day centre in the future.

6.3.2 Gaps in services to address chronic homelessness

Staff identified some major gaps in services to address chronic homelessness. The primary gap was the lack of suitable accommodation to meet the specific needs of service users. Specifically the lack of:

- Independent living facilities e.g. with access to kitchen and laundry facilities
- (Supervised) women only accommodation
- Supervised mental health accommodation
- Supervised substance addiction accommodation
- Hostels for couples
- Hostels where drug taking does not occur
- Hostels with higher tolerance for challenging behaviour
- Local accommodation

"They're sent to temporary accommodation that doesn't have any support workers or organisations they can link in with. It's all just like a B&B or somewhere that there is just that staff there that have no idea how to cope with the support needs that a lot of the service users are coming with." (Staff member, Welcome Organisation)

"Even there when someone has got rehoused and there is talk about there is nowhere here for them at the minute they will get moved to Ballymena or Coleraine or Portstewart, there is all these different names come up and they say 'Llisten I'd rather stay on the street until something comes up here…I can't be away from here when all my support is here'. It's so vital to them." (Staff member, Foyle Haven)

They also identified gaps in terms of insufficient:

- Mental health support services
- Dual diagnosis support services
- Support services aimed at women
- Floating Support provision for all those in need
- Life skills support provision
- Insufficient access to social service support
- Insufficient specific drug support
- And restricted access to some support services (due to access criteria)

These gaps in services and provision to provide specific support / accommodation were considered to contribute to a cycle of chronic homelessness.

"The majority of times that's what leads them to either being put out of supported accommodation for their behaviour through their addictions or mental health or put out of somewhere because they are not managing their property, or they haven't filled their benefit forms in or they haven't turned up for meetings and they get wiped and then they are evicted. It is so, it's like a web it's so inter-tangled, it really is." (Staff member, Foyle Haven)

"The drug outreach and SPT (substitute prescribing team) actually only work with injecting drug users, so like we did have a girl last year who her issue was coke, and the community addictions team was called out to her and also the community mental health team, and you just couldn't get anybody to actually work with her because they were just saying it was the other thing. Even whenever she had actually been sober for ages her mental health was just so bad that they actually wouldn't believe that she wasn't high and they refused to work with her, and in the end she ended up killing herself." (Staff member, Welcome Organisation)

"We are only contracted and paid for a certain amount of client group, but when you know that there are people who aren't in the floating support, who don't necessarily come to the day centre as you call it but who could be doing with the outreach." (Staff member/volunteer, MARC project)

"Access to social services is horrendous actually. A particular like social worker for homeless people would be amazing" " (Staff member, Welcome Organisation)

"I think that's just Northern Ireland and like the mental health team's just, there's not enough people to support the amount of people who need help basically so we do see people just coming back and forth from the hospital getting a mental health assessment and just being sent straight back in to the city centre and they don't know if they've got a place to sleep or anything like that, it's not on their register I don't think." (Staff member, Welcome Organisation)

6.3.3 Gender gap in service provision for women experiencing chronic homelessness

Day centres were conscious that there was a gender gap in service provision generally for women experiencing or at risk of chronic homelessness.

"It's as if homeless women don't exist ... services are not set up for women … research shows there are differences between causes and consequences for homeless women … their needs are different, their drug use is different, their mental health is different, their physical health is different … We have found an increase in homeless women … and chronically homeless women … a massive increase in the last 10 years … so in relation to women's needs we come across women all the time

who have lost their sense of who they are, they've had their kids taken off them, and that whole thing about being a homemaker and if you are homeless then you are not a homemaker ... the whole loss of their identity and a lot of women in continuous grieving for their kids ... whether they are housed or homeless."
(Staff member, Welcome Organisation)

They also identified that there was a particular lack of supported accommodation for women who were the victims of domestic abuse. This meant that it was more difficult for them to escape from their abusers.

"A lot of female service users are victims of domestic abuse, an awful lot, and it would be great if there was almost like a women's hostel that was specific to that. Like the only women's hostel we have in Derry is Foyle Valley, but it doesn't really specialise in that, do you know what I mean? Definitely an extreme amount of service users we have that are in very violent relationships, and they are trying to get away, and maybe they are living with their partner, and you know staying somewhere like that would be great for them because it means they are not independently living, they are getting the support specific to that." (Staff member, Foyle Haven)

Around three quarters of the day centre service users were male and day centres were aware that this could discourage more women from engaging with them, thereby perpetuating low participation and therefore increasing the likelihood that there may be women with unmet needs as they did not access the support available through the day centres. Many women who needed the service may be particularly nervous of being around men and within the chaotic atmospheres of the city day centres (particularly those of Welcome Organisation and Foyle Haven day centres).

Day centres were aware of this imbalance and would like to address this by better meeting their needs. They suggested this could be addressed by for example creating women only spaces / rooms and showers, but this was dependent on the funds being available for this. The MARC project had tried to encourage more women to use the centre via days out and activities but this had not been successful as women had not engaged in this.

"I think it does come down to the sort of set-up…that is a challenge making that drop in there hospitable, welcoming…There is women that are very nervous around men due to past trauma and things like that so they have somewhere they can go sit just with other women and not have potential triggers and things like that would go a long way to helping them feel safer and calmer and be able to work with them as well."
(Staff member, Welcome Organisation)

"They are less likely to come to the day centre, in my experience, now I don't know if that's the same everywhere but certainly where we are, and there has been a decrease even since I've been there. We did have quite a few women years ago and we tried our utmost to get them to engage and we set up all sorts of activities and days out and they just didn't show up."(Staff member/volunteer, MARC)

6.3.4 Impact of Covid-19 on day centre provision

We have provided information in this section on the impact of Covid-19 pandemic as it has been a very difficult challenge for day centres, to which they have needed to adapt.

As reported in the data comparison in section 5, Covid-19 has had a varying impact on staff numbers, funding and on service user numbers. All three day centres delivered a full outreach service during lockdown including telephone calls to service users, as well as some visits to service users according to need. They delivered their services in different ways, the details of which are reported in full in the case studies in sections 8, 9 and 10.

The day centre staff expressed a range of different views about the impact of the Covid-19 lockdown on services. This reflected the different contexts in which each of the centres operated. Whilst there was agreement that it had been positive that service users were off the streets and in some form of accommodation without (for a while) the threat of eviction, staff identified that this did not resolve the problem of chronic homelessness.

This was particularly identified as an issue by staff at the Welcome Organisation and Foyle Haven day centres who were dealing with high volumes of service users experiencing chronic homelessness. They considered that the emergency accommodation provided to service users had often been unsuitable for their needs:

- Individuals with addiction issues, housed with other people who were addicted to substances, could exacerbate their addictions
- Shy and vulnerable individuals housed in supported accommodation with people who exhibited behaviours which frightened them. The shy and vulnerable individuals would often rather be homeless than stay in the allotted accommodation
- People with alcohol addictions housed in accommodation which did not tolerate their drinking
- Vulnerable women housed in mixed accommodation
- People with mental ill health housed away from their support services
- People housed far away from their local area / support networks

At Foyle Haven, the centre staff had found that there had been a huge increase in people being moved out of Belfast into accommodation around Derry, which had led to a significant increase in the volume of service users who needed help. At the same time, day centre service users who had been accommodated out of the city were still in need of the support they had relied on previously.

The changes to service delivery had brought challenges in terms of it being:

- More challenging to keep track of service users
- More challenging to manage competing service user needs – some may be lonely but there was less possibility of them being able to access the day

centre for a meal and a chat
- More difficult for service users to self-refer
- More difficult for service users to maintain appointments and social distancing

Staff at Foyle Haven were frustrated at their inability to provide the usual high levels of face-to-face support due to lockdown and then the social distancing requirements. It was also essential to have face-to-face contact to help service users obtain ID, which was the gateway into services. This would involve taking them to get their photos.

"If they are out of the house, they have no benefits, and we have had people come to us, redirected maybe from Belfast or Lurgan or something and they end up in Derry; they've no address, they've no doctor, they've no benefits, so then we are trying to get them referred. We refer them into here and then we try and register them with a doctor and a lot of the cases people don't have an ID, they have either lost their ID or they have been put out of somewhere and they have, their belongings have gone, so we've got to try to get them a form of ID so that we can get them registered with the Housing Executive and registered with doctors and it's such a broad scale of stuff that you are trying to help them help themselves you know but more so with the Covid, it's been a bit more difficult because of the lockdown side of it."
(Staff member, Foyle Haven)

"We are seeing a lot of people calling to the door that has been supported in Belfast that are now living in the Derry area and we have seen the numbers really, just maybe people calling for bus tickets, maybe calling to get their medication, because they are just in the B&B and they are not getting the support...they've no cooking facilities, so we are linking in with a lot of people that were from the city that are maybe moved to different areas and we are still linking in with them for support and for stuff because they had been a service user in the centre." (Staff member, Foyle Haven)

The lack of an open day centre in Belfast and Derry also meant that there was nowhere for other organisations to take people from the street to sober up.

"Whenever I have meetings with the police and other homeless organisations in town, is that they are actually, they want us to open up again so that they have somewhere safe to bring people whenever they are coming across them in the streets, taking up a lot more of their time, out and about in the street because they can't leave people, but they are refusing to go to hospital or whatever, so they need this space so people are safe when they have used or for them to use in."
(Staff member, Welcome Organisation)

Whilst staff from all three day centres were helping service users via outreach - phoning service users and delivering food parcels or checking up on them at their accommodation, staff identified that it was much more difficult to help service users when they were not face-to-face. It was easier to help service users with addictions face-to-face as they might forget or be confused about telephone conversations. Whilst service users had phones, they could often be difficult to reach because their phones were not charged or they did not answer them. (In some cases day centres had actually provided services users with phones). This meant that it could take

longer to provide the support needed to service users. Support workers were spending considerable time trying to track down service users.

"Having a face to face is vital that, it's more real for them ones because sometimes if you have a conversation over the phone and then they don't turn up they forget about the conversation on the phone." (Staff member, Foyle Haven)

"It's not being able to provide constant support to the extent that we would have done before." (Staff member, Foyle Haven)

Staff at the Welcome Organisation day centre considered that the changes caused by the Covid-19 lockdown had led to some positive outcomes for the Welcome Organisation as an organisation. Whereas previously the day centre had often been chaotic and staff had needed to continually react to an ever changing variety of service user needs, the closure of the centre and the subsequent limited reopening had provided the team with the opportunity to restructure the way in which they worked and prioritise their workload with service users. Staff valued the more organised nature of the centre due to the new appointment system which provided them with time to focus on specific service users without having to respond to new presenters and avert crises within the day centre. This change was explicitly recognised by one of its stakeholders:

"It has been my experience that this drop-in deals with the most complex and diverse service user group. It is sometimes not recognised, the task that staff cope with on a day to day basis. I also feel that while Covid-19 has restricted numbers within the centre it has allowed those with the greatest support to have more in-depth meaningful one to one support." (Stakeholder, Welcome Organisation)

The lockdown had also provided some time for reflection within the Welcome Organisation about the best way to deliver services in the future. More details on this are included in the case studies in section 8, 9 and 10.

"Before Covid you didn't know what day you were going to expect, every single day was totally different, you know it could be a day filled with overdoses or it could be really quiet. You didn't know what was going to happen." (Staff, Welcome Organisation)

"The positive out of Covid I suppose is the time to restructure and think about positive ways going forward." (Staff member, Welcome Organisation)

6.3.5 Impact of Covid-19 on service users

Many service users reported that they had found the impact of the Covid-19 pandemic very difficult to cope with. It was clear that the social isolation and lack of ability to get out and about was having a negative impact on people's wellbeing.

"I can't live in that house anymore, I'm just scared. I hardly ever go out now this pandemic … Every day is just the same, you wake up and every day is like a Saturday without the football, there's no, what can I say, there's no incentive to do anything, go anywhere." (Service user 1, MARC)

"Depression and anxiety really got just … now where I have just recently started a new medication, so hopefully that will help. So I've a tablet now to help me sleep and then during the day." (Service user 7, Welcome Organisation)

"It's a bit impossible to do anything at the minute because nowhere's open and nowhere has the resources and the places that are open and … the resources are just completely overwhelmed and struggling to even function. So it's like you're asking an already overloaded system." (Service user 6, Welcome Organisation)

"It sort of left a lot of us in limbo, and it's not the Links fault, I'm not saying that, but I know like I've been talking to people over the phone who I would talk to at the Link type of thing and they were in the same boat, they were just out on a limb. Miss it that much." (Service user 4, MARC)

During this time service users credited staff at the day centres who had maintained contact with them and helped them survive despite the social isolation and anxiety. Service users talked about knowing they could rely on the day centre staff to help them and recounted the ways in which they were persistent at contacting them since the Covid-19 lockdown had forced the day centres to close.

"I know like if I didn't answer the phone I would say next day they'd be straight on the phone and the day after that you know what I mean." (Service user 10, Foyle Haven)

6.3.6 Trends which had occurred as a result of Covid-19

The staff teams from all three day centres had noticed three negative trends as a result of Covid-19:

- Increased social isolation
- Negative impact on addictions
- Negative impact on mental health

Increased social isolation: a significant increase in social isolation amongst service users is considered to have led to a greater dependency on the centres for outreach support. Staff perceived that the absence of the normally accessible day centre combined with the social isolation and anxiety caused by Covid-19 lockdown and fear of Covid-19, was having a considerable negative impact on service users. They were concerned that service users' mental and physical health was suffering and that they could be reaching crisis point but this was less visible and it was therefore more difficult to help them.

"I just think of our service users who aren't capable of coping with all these different scenarios happening at one time and it's a big culture shock to them. I think it has really really affected them more than most. I've seen a decline in a lot of people's mental health and I have seen a massive rise in addiction, and because of that it has led to more homelessness, we've had a lot of service users who have been put on the street because of it, so it has ramped up in all departments massively."
(Staff member, Foyle Haven)

"I know service users who need their meds and don't go because they don't want to leave the house, they have got it in their heads, Covid, you know what I mean, and if they are not taking their meds then obviously it affects their mood and their mental health even more" (Staff member, Foyle Haven)

Some service users had tried to address isolation by inviting people into accommodation when they were not allowed to do so - which could lead to eviction. Foyle Haven noted that Derry service users who had been allocated housing away from the city had still needed support from the day centre as it was not available locally in their new areas.

The Welcome Organisation and Foyle Haven noted that there was a negative impact on addictions also because the reduced street supply of preferred drugs had led to an increased use of alternative drugs and the purchase of drugs online which had led to people mixing substances and therefore an increased health risk. The MARC project reported that there had also been an increase in alcohol abuse amongst service users.

"I think one of the things that the drop in does is where somebody has moved towards sobriety it does help people and support people to hold their sobriety, so I do think one of the downfalls is for folk who have been working on sobriety the duration of the lockdown has actually taken that support away and has made them less able."
(Staff/volunteer, MARC)

"Because mental health has declined, naturally because of the situation, it's caused a lot of our service users to abuse alcohol and themselves more negatively, so as a turn you know some people make, by having issues with their tenancy they are losing their tenancy but it's almost like a self-destruct mode, because their mental health is declining because of these uncertain times, they are under the influence a lot more and then putting themselves and their house at risk."
(Staff member, Foyle Haven

The significant increase in poor mental health had led to increased need for support/referrals, but this was challenging due to limited provision. Foyle Haven reported that it had seen an increase in suicide ideation and self harm, with more than double the number of referrals for mental health support in the quarter April to June 2020 than in the previous to his quarter.

The Welcome Organisation and Foyle Haven had also noticed specific negative trends in homelessness as a result of Covid-19:

- **Increase in new homeless presenters**
    - **Welcome Organisation:** Primary cause is family or relationship breakdown
    - **Foyle Haven:** Increase in people moved from other areas like Belfast to temp housing in Derry
    - Main placements have been within B&B settings and due to the complexities of these individuals intensive support in many areas has had to be applied to support them to maintain this placement
- **Welcome Organisation other negative trends**
    - Anecdotal increase in survival crime e.g. theft.
    - Increase in physical and sexual violence especially towards women
    - Increase in numbers of people contacting the Welcome Organisation in food poverty
    - Lack of Belfast based accommodation after hours
- **Welcome Organisation positive trends**
    - Increase in numbers accessing private rented accommodation
    - Increase in motivation to sustain accommodation in single lets and B&Bs etc. and a decrease in motivation to be moved into hostels. Decrease in numbers sleeping rough, partly due to preventative work being completed that allows clients to get into accommodation before having to sleep rough
    - Decrease in number of clients 'recycling' around the system however there is a core group that continues to 'recycle' through prison, hostel, streets and other temporary accommodation
    - Increase in clients being reconnected with family outside Northern Ireland

"The Housing Executive for a while were just housing everybody which was great and then they stopped for people they didn't have a duty to house which included a lot of the EU nationals so that has led to them having to go back rough sleeping and we don't have the back-up option then of the night shelter."
(Staff member, Welcome Organisation)

6.4 Objective 4: To look at methods for identifying the numbers of those experiencing chronic homelessness who utilise support services available through day centres, but who do not engage with the Housing Executive.
To understand how day centres currently collect data around those experiencing chronic homelessness and how this might be developed in future

Day centres perceived that the Housing Executive was aware of almost all their service users who were experiencing chronic homelessness. They did not think that these service users had not engaged with the Housing Executive. The data they provided (section 5 and case studies in sections 9, 10 and 11) shows that the proportion of homeless presenters who went on to register with the Housing Executive or who were identified as not being registered with Housing Executive who then go on to register with the Housing Executive ranges between 90% (MARC project), to 97% (Foyle Haven) and 100% (Welcome Organisation).

However, the demographic profile of service users and the findings from staff indicate that it might well be the case that many *potential* service users experiencing chronic homelessness were not using the day centres e.g. women, sofa surfers, younger people, people who do not have addictions.

In addition, day centres did not systematically collect data which would identify all the criteria which define whether someone is experiencing or at risk of chronic homelessness. They were collecting data to help them understand what services to provide to individuals and the details depended on the extent of the in depth assessment, which depended on the nature of the relationship with the day centre and service user.

The data collected also varied between day centres. They used different pro-formas and different IT systems to record data, and they had different data reporting requirements from the Housing Executive, as detailed in the case studies in sections 8, 9 and 10. We have included ideas for developments around data collection in our final conclusions.

6.5 Objective 5: To identify methods of day service delivery in other jurisdictions which are effective in meeting the needs of those who are experiencing chronic homelessness.
To identify effective inter-agency working which may be effective in assisting the needs of those who are experiencing chronic homelessness

6.5.1 Methods of day service delivery which are effective in meeting the needs of those who are experiencing chronic homelessness

We explored with staff members whether there were any examples of best practice that they were aware of or were interested in finding out more about. All staff members expressed an interest in learning more about how other services were working to tackle these issues. It was apparent that day centre staff were very much focused on their daily work in supporting service users in need and did not have the opportunity to share learnings with other day centres or services. However, there was clearly an appetite for this.

The two best practice interviews with experts identified some common challenges which day centres face in delivering services, some of which are relevant to the research findings from the three Northern Ireland day centres. These were that:

- Different day centres will have different 'starting points' and different core purposes
- However, day centres often try to be all things to all people and find it difficult to focus on their core purpose
- This means that day centres can be overwhelmed with service users and key working support can be difficult to manage effectively
- There can also be considerable co-dependency between clients and the day centres

- Day centre staff can be very resistant to their way of working being challenged and change management is often upsetting for staff
- Day centres can provide a positive social network for people but not always – the environment can encourage/perpetuate harmful behaviours
- Day centres can be negatively perceived by local councils and communities as they can be magnets for anti-social behaviour which result in complaints
- This can create an antagonistic relationship between the day centre and the local council/authorities

The best practice interviews identified examples of current best practice in day centres. They emphasised that there are many different models.

The interviewees emphasised that people's challenging behaviour can be because they are in flight or fight mode due to trauma. Effective day centre work uses trauma informed care to understand that people have experienced complex trauma and that day centres therefore need to adapt services to enable recovery from this. Trauma informed care uses a strength based approach, to encourage people to believe in themselves, and to give them opportunities to contribute.

There is a growth of co-produced services in this sector, which are run and further developed by service users. An example of a service which is working well is the Booth Centre in Manchester, which is also involved in the Manchester Homelessness Partnership (it has best practice examples and toolkits on its website). It provides a supportive environment, it is well linked in to all the things that people may need – for example it is able to offer housing advice, it links to opportunities and mental health teams and support and provides a hub. It creates these links within the centre, where people are currently instead of expecting people to keep appointments outside of services.

In comparison, other day centres have identified that it is more effective for them to link service users in with external community based services and organisations, effectively moving them on from needing intensive support within the day centre by helping them to establish connections and a community outside of this.

A good example of this is included in the report on the Providence Row day centre[2], which describes a process of transformational good practice, whereby a chaotic day centre with 6000 service users per year (2009/10) was transformed into an organisation which provided focused, intentional support designed to help approximately 1300 people per year (2015/16).

The best practice interviews identified key ingredients for successful day centre services:

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[2] *Orchard, P. (2016) Executive Summary: Providence Row – Transforming Day Services for homeless people 2011 – permission of author Pam Orchard, for internal use only within Northern Ireland Housing Executive – not for external publication*

- It needs to have excellent leadership and it is essential to have clarity about the day centre's core purpose
- It should use a clearly targeted approach
- It should use a strengths based model rather than a deficits based model (trauma informed care) which focuses on positive goal/outcomes for individual e.g. finding a job or voluntary role which ultimately involves an exit from the service
- Data collection should be used appropriately – people don't like repeating their (negative) story, therefore the centre needs to interrogate: what is the data actually used for? How much data is needed? At what point should the details be collected?
- Access to support should be managed within a clear structure and ideally with co-located services e.g. health hub
- Having a strong partnership with other agencies is essential – homelessness forum, panels, MEAM

6.5.2 Facilitating better multi-agency working to prevent chronic homelessness

Day centre staff suggested a range of ways to improve multi-agency working which were all focused on greater knowledge sharing and breaking down silo working:

- The opportunity to gain better understanding of what each organisation does and the roles of providers in supporting service users, to deepen understanding of the ways in which an individual could be helped by that service
- Greater understanding of the details of how systems work e.g. how the Housing Executive points system works so they can explain it correctly to service users and help them out of homelessness; understanding how the benefits system works and being better trained to help service users complete application forms for example UC and PIP assessments
- Having opportunities to learn from other organisations
- Better knowledge sharing amongst local agencies about services and service users leading
- Less duplication of effort across providers helping these service users
- Better targeted support for service users
- Greater joint understanding of the scale of the problem of chronic homelessness

"It would be great if we could get everybody that works in Belfast into one giant big meeting and get us all on the same page."
(Staff member, Welcome Organisation)

"I would say more getting maybe like I would say more kind of meeting with the team or meeting you know what we do here maybe like I don't know a meet up day or something or like what they can bring to, what we do and what do they do and more like to explain more like a workshop probably for different agencies because I would find here, if you are talking to a housing officer and they are talking to me a support worker, what do I do in my job or what they do in theirs and what level of support they support as well, so I would say more kind of if you are working all around the same

team different kind of I would probably say different workshops and stuff you go and learn more about their role you know." (Staff member, Foyle Haven)

"All the agencies would feed into one database so you could just look up a name and you could add to it and therefore it's shared across so you know who is linked in with who and where they are at so there is not all this double working and things like that…but it's not really I don't think it's close to appearing [here]." (Staff member, Welcome Organisation)

To improve the relationship with the Housing Executive specifically, day centre staff suggested:

- Regular meetings which focused on individuals experiencing chronic homelessness (e.g. Belfast rough sleepers meeting)
- Forums for joint working
- Better understanding of the details of housing qualification criteria and Housing Executive's decision making processes to be able to provide informed advice to service users

"When we would be making daily calls to other organisations like EXTERN or the Housing Executive daily…we would ask to speak to a housing officer and it's almost like them informing us what can be done. It would be great if we were more informed, educated a wee bit more in what each project does, so we can offer that service better to our service users then, we could be more confident in talking about it." (Staff member, Foyle Haven)

6.5.3 Stakeholder suggestions for improving multi-agency working

Stakeholders who responded to the online survey were asked what improvements they would make to inter-agency / multi-agency working between the providers of day services and external agencies which could help to reduce the numbers of people who were at risk of or experiencing chronic homelessness. They recommended:

- Stronger links between statutory and voluntary services
- Joint working protocols / or service unification
- Strategy focus group meeting regularly, sharing information, good follow up, actions completed
- Pathway development
- Regular update meetings (monthly/quarterly): service user progress
- Involving those who experience homelessness to understand what we can do for them
- Housing Executive visiting day centres to provide info / assess applicants

Stakeholders suggested changes which could be made to day centre services to improve how they support people who are at risk of or experiencing chronic homelessness. The most commonly suggested change was to expand the capacity of day centres via long-term funding which would enable them to retain experienced staff, to have longer opening hours, to provide more individual support for service

users and more services. They also recommended that day centres should have greater access to specific services such as mental health practitioners, healthcare services and social prescribers.

"Secure funding would allow day centres to have set opening hours with a full complement of staff at all times. Staff would be better versed in their role and there would a huge decrease in the turnover of staff. It would make for a more productive service as it would offer job security and a quality service for their client group. Sometimes providers worry more about how they will keep a service open, which takes away from the service they are supposed to be providing."
(Stakeholder, Foyle Haven)

There was recognition that day centres were only able to do so much to meet the needs of people experiencing chronic homelessness and that it was essential for other services to step up and provide support. Suggestions included continued and improved collaboration, communication and pathway development with other services.

"That other services involved with this population take ownership and responsibility and don't expect drop-in services to take on situations they are not prepared to deal with themselves." (Stakeholder, Welcome Organisation)

"There is so much more to learn and do .... we need to work closer, be more open minded on how best we can help (Stakeholder, Foyle Haven)

"Sharing the positives." (Stakeholder, Foyle Haven)

6.5.4 Best practice interview – multi-agency working

One of the best practice interviews identified an example of good multi-agency working within Westminster. The interviewee emphasised that it was essential to have a strong partnership with other agencies through groups such as a homelessness forum and panels and that having a dedicated partnership meant that the Local Authority would take it more seriously and also that therefore there would be a more emphatic commitment to collective joined up action.

Westminster Homelessness Partnership focuses on relationship building between Westminster City Council and local voluntary and community organisations. On its website there is information about how it works:

"The WHP is jointly run by a group of organisations committed to the same goal: ending street homelessness in Westminster. The group has a part-time coordinator to help convene meetings, and plan and deliver projects. The regular WHP Core Group is attended by leaders from several key organisations working with people currently experiencing rough sleeping in Westminster: Connection at St Martin's, Passage, St Mungo's, West London Mission and Westminster City Council. These organisations are committed to working together in new ways to create more effective systems and services. A larger Strategic Group meets to provide additional ideas and input and

bring a broader perspective to the WHP. This group includes representatives from the NHS, Groundswell, Housing Justice and the Mayday Trust.[3]

An objective coordinator runs joint meetings between homelessness organisations and local authority representatives. The aim is to work together to reduce street homelessness. Key strengths of this approach are considered to be the way in which each organisation has a better understanding of what the other organisations do which has enabled the members to have a good understanding of who does what for each service user / client.

It is also considered to be helpful for the various organisations including day centres to acknowledge the frictions which might exist between themselves and to then move on from these collaboratively. At the time of the interview, the interviewee reported that the WHP has been focusing on what has been happening during the pandemic and reviewing the joint approach to rough sleeping with PWC. As part of this the WHP has created a new triage hub. It has facilitated the sharing of best practise. Peer feedback with an external facilitator has been used to help the members understand how other practise teams see them which has then helped each team to understand one another and build good working relationships.

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[3] _whpartnership_ *website*

7. Conclusions and recommendations

7.1 Understanding service users and current provision

1. The service users who present at day centres could be anywhere on a spectrum of crisis, from extreme immediate need to less immediate need.

2. The day centres (drop-in centres) deliver a hugely varied, difficult and complex health and social care service to a wide range of service users who cannot easily access help anywhere else.

3. Each day centre is unique and deals with differing client groups to some extent. Service users and stakeholders participating in the research consider that they do this well. Their strength lies in providing individuals with:
   - Access to essential survival services
   - A safety net of support
   - Advocacy and empowerment
   - Structure and routine
   - Friendship and community

4. The physical day centre is hugely important in enabling staff to build relationships with service users and ensuring that service users access the support they need.

5. Each day centre provided different estimates of the proportion of service users who are experiencing or at risk of chronic homelessness. These are estimates as the day centres do not collect data for all the definition criteria of chronic homelessness.

6. The focus of day centre work is on responding to need and helping service users to maintain accommodation by providing services which help them to function; housing may not be the individual's most immediate pressing concern. Their work appears to be more tactical than strategic.

7.2 Understanding the challenges

1. Day centres face many challenges in providing their services to these vulnerable service users:
   - Challenging service user behaviour
   - Insufficient funding and resources
   - Staff and volunteer retention
   - Maintaining service user engagement
   - Providing sufficiently intentional support to every service user in need

2. The complex service user issues that day centres are dealing with are only partially addressed by the day centres as they rely on many other organisations and agencies to do their part - including the Housing Executive.

3. The day centres do their best to get people help but this can take time, given the length of time it can take to navigate mental health and physical health referral systems and deal with complexities around Universal Credit applications and housing points etc.

4. There are a number of barriers to better multi-agency working e.g. slow referrals, different ethos, lack of understanding about each other's roles and systems, lack of communications and formal mechanisms for joint working, lack of shared information about service users.

5. The support services provided by the day centres help to mitigate against homelessness. However, day centres can only do so much in preventing homelessness – if suitable accommodation (supported if needed) is not available for service users they will continue to experience chronic homelessness.

6. Service users experiencing chronic homelessness are overwhelmed and struggle to navigate the housing system. They are in limbo waiting for Housing Executive decisions.

7. Day centres perceive that they have good working relationships with the Housing Executive but there is scope for greater understanding and collaboration.

7.3 Identifying potential service gaps

1. Day centres can be chaotic and threatening places at times, and this means that there are likely to be people who experience chronic homelessness who do not use them.

2. There is a gender gap in service provision, with fewer women than men using day centres.

3. There are major gaps in services to address chronic homelessness:
   - Housing: Not enough suitable temporary and permanent accommodation to meet service user needs
   - Healthcare: Not enough mental health support provision; not enough / very limited dual diagnosis (addiction and mental health) support provision
   - Support services: Restricted access to some support services (due to access criteria); not enough floating support provision; not enough skills support provision

4. The day centres appear to be focused on the sharp end of the problem rather than part of a joined-up system that people can move through to exit chronic homelessness.

7.4 Identifying good practice

1. The impact of Covid-19 has demonstrated the value of day centre services in supporting service users. Considerable change has occurred in the way in which they deliver their services. There is an opportunity for the Housing Executive to work together with the day centres that it funds to maximise the positive elements of these changes.

2. There are a wide range of best practice day centre service examples and recommendations for improving inter-agency working that the Housing Executive can use to inform its work.

7.5 Recommendations

7.5.1 Addressing the challenges, closing the service gaps and building on best practice

1. Ideally there would be more long-term sustained funding of the day services to ensure that there is sufficient capacity for them to meet the needs of people experiencing chronic homelessness. Day centres would welcome greater transparency about how to access funding from other agencies such as the PHA.

2. Ideally there would be sufficient suitable temporary and permanent accommodation to meet the varying needs of these specific service users.

3. There is an opportunity for the Housing Executive to take the lead in working with other statutory organisations such as local authorities, the PHA, Health and Social Care Trusts and the criminal justice system to ensure that there is a joined up, targeted approach to supporting people experiencing chronic homelessness, following best practice models such as the MEAM approach in England which aims to develop effective, coordinated services that directly improve the lives of people facing multiple disadvantage.

4. The 3 NI day centres have similarities and differences. We believe it would be useful to bring them together as a group on a regular basis to support them to share best practice – and to share best practice from other sources with them, including referral pathways and joint working. This could begin with the sharing of this research report.

7.5.2 Relationship between day centres and the Housing Executive

1. There is an opportunity for the Housing Executive to develop closer working relationships with the day centres which are focused on the outcomes of moving people out of chronic homelessness.

2. The Housing Executive could provide online training for day centre staff on its housing selection scheme and statutory duty.

![RFA RF ASSOCIATES logo]

2. Changes made post Covid-19 (such as person not having to present at an office / closer working relationships with the Housing Executive to get people into housing) have demonstrated the value of a service user friendly approach, closer connections and joint working between day centres and the Housing Executive. These positive changes should continue and be embedded across different areas / locations.

7.5.3 Data collection on chronic homelessness

1. The Housing Executive plans to collect data on chronic homelessness. It should do this whenever new people present to them, even if they do not appear to be eligible for help and/or are then referred on to the day centres.

2. The Housing Executive has created the chronic homelessness definition to be able to report better against this. The day centres need support and funding to enable better long-term data collection. Ideally consistent approaches would be undertaken across all three organisations. This would need discrete funding and support.

3. The Housing Executive may want to consider developing a chronic homelessness metric that day centres can collect e.g. the number of people who they work with who have moved into and stayed in permanent accommodation for a set period of time. It should be appreciated that this may be difficult as the day centres may well lose touch with the contacts.

7.5.4 Initial recommendation for a model to target chronic homelessness in partnership with day centres

We have developed this outline model for working in partnership around day centre service user needs:

4. Forum for multi-agency joint working	• Shared strategic goals • Good relationships between service providers • Clear roles and agreed actions
3. Clear shared understanding of the chronic homeless population	• Analyse the numbers in temporary accommodation: Who are they and where are they? Which day centre service users?
2. Agreement about what success looks like	• e.g. numbers sustaining permanent accommodation • Reduction in numbers of CH
1. Targeted approach with day centre service users	• Clear entry criteria • Clear triage process • Clear key worker process • Clear pathway to next steps

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8. Detailed case study: Welcome Organisation drop-in centre, Belfast

The information in this summary includes text provided by the Welcome Organisation, qualitative research with day centre staff conducted by RF Associates, data provided by the Welcome Organisation via a questionnaire and data provided by Northern Ireland Housing Executive. The information provided here has been checked by the Welcome Organisation team and was up to date as of 23 October 2020.

8. Approach and ethos

The Welcome Organisation provides services to extremely vulnerable people who are sleeping rough, homeless or at risk of homelessness. These individuals are traditionally hard to reach, and have historically faced multiple exclusions and restricted access to mainstream services as a result of behavioural challenges linked to poor mental health, alcohol dependency, substance misuse and dual diagnosis.

Its broad approach is that it provides unconditional and non-judgmental care to people affected by homelessness by providing a place for safety and support to change. It offers low-threshold access and provides high tolerance services, based on the principles of harm reduction. This means that service users aged over 18 can receive services from the drop-in centre without having to accept any conditions to change.

The drop-in service offers early intervention (which includes inter-agency case management) to people who are homeless and rough sleeping or are marginally housed. The role of the drop-in centre is to:

- Act as an assessment hub, offering intervention and support to people who are rough sleeping and offer respite services for those experiencing daytime homelessness
- Be a place for people to attend for specific reasons including programme/clinic/activity
- Act as an added layer of support to those clients who are marginally housed and at risk of losing their accommodation due to transient and chaotic lifestyles and challenging behaviours emanating from drug/alcohol abuse and/or mental health issues. This service recognises that it is particularly hard to sustain engagement with this group, thus "traditional" floating support models do not meet the needs of a significant number of individuals, and the drop-in centre adds value to its pre-existing floating support service by providing respite to those clients out of hours and at weekends

The drop-in centre is central to addressing homelessness in Belfast which is becoming more challenging in relation to the increasing number of individuals with high support needs who continue to "recycle" through services.

> *"We are recognised for accepting people 'where they are at' as opposed to where others think they should be." (Welcome Organisation website)*

"We work towards no one being out for one night, and we would like to see nobody out and if we can avoid that then we will." (Staff member, Welcome Organisation)

Working within a high tolerance, low threshold service model the Welcome Organisation recognises that many of the behaviours clients present with will be challenging. It is the aim of the Welcome Organisation to keep people in services therefore rules are kept to a minimum and consequences of breaching rules will vary depending on the level of risk to the client and others. 'Time Out' is the preferred option with no client being excluded from all services, for example a 'time out' exclusion may be given in the drop-in but Outreach would continue to work with the client during this time.

8.2 Opening hours

At the time of the research, the Welcome Organisation's drop-in centre in Belfast was open 08:00 to 18:00 seven days a week.

It had reduced its opening hours by four hours in the evening since the pandemic lockdown at the end of March 2020. Before lockdown it was open from 08:00 to 22:00 seven days a week.

"Sometimes you're pulling the shutters up and you've got a queue of people already, all ready to come in, all wanting it all at the same time." (Staff member, Welcome Organisation)

8.3 Funding

The Housing Executive funded 55% of the original projected day centre running costs for 2020/21.

The Welcome Organisation manages the remaining 45% financial shortfall through corporate fundraising, independent grants and fundraising activities. It has a marketing and fundraising manager who is responsible for this.

The Housing Executive awarded further funding to assist the drop-in with the impact of Covid-19.

8.4 Staff and volunteer numbers April 2019-March 2020

- 9 FTE Support Workers
- 1 FT Assistant Manager, 2.5 FTE Coordinators, 1 FT Volunteer Development Worker and 1 FT Administrator
- Back office support for all services; 1 FT Facilities Coordinator, 1 FT Systems Development and Data Analyst, 1 FT Finance Officer, 1 PT Admin & HR Support,

- Senior Management for all services; 1 FT CEO, 1 FT Director of Operations, 1 FT Operations Manager, 1 FT Fundraising & Marketing Manger
- 70 volunteers

8.5 Staff and volunteer numbers April-August 2020

- 7 FTE Support Workers *
- 1 FT Assistant Manager , 1.5 FTE Coordinators, 1 FT Volunteer Development Worker and 1 FT Administrator
- Back office support for all services; 1 FT Facilities Coordinator, 1 FT Systems Development and Data Analyst, 1 FT Finance Officer, 1 PT Admin & HR Support
- Senior Management for all services; 1 FT CEO, 1 FT Director of Operations, 1 FT Operations Manager, 1 FT Fundraising & Marketing Manger
- 15 Volunteers*

* In order to manage the impact of Covid-19 and keep in line with social distancing guidelines the drop-in was restructured with less staff. However, the number of hours staff were required to work did not decrease and in many cases it increased. The situation was the same with volunteers.

8.6 Service user numbers and demographics

Before the Covid-19 pandemic lockdown the drop-in was receiving approximately 70-90 service users a day. The people using its services daily included new presenters, rough sleepers, people who were accommodated in hostels and crash facilities, people staying with friends/family i.e. 'Sofa Surfers', people in their own accommodation and receiving floating support from the Welcome Organisation and other floating support services as well as people in their own accommodation but experiencing isolation and poverty.

The Welcome Organisation has collected and analysed data on the demographics of people presenting to the drop-in centre. Between 15 March 2019 and 15 March 2020 there were 1,248 unique service users.

The Welcome Organisation's data shows that 13% met the Housing Executive definition of people affected by chronic homelessness and 87% were at risk of chronic homelessness by virtue of the fact that they had a history of repeat homelessness with support needs. However, the Welcome Organisation perceive that the proportion of people meeting the definition of chronic homelessness was likely to be an under-estimation because the drop-in does not as a rule record all the criteria included in the Housing Executive's Homeless Strategy's Chronic Homeless definition.

Demographics:
- Gender split: Male: 76% Female: 24%

- Age Profile:
  - 18-24 11%
  - 25-29 16%
  - 30-34 16%
  - 35-39 12.5%
  - 40-44 8%
  - 45-49 7.5%
  - 50-59 9%
  - 60-69 2.5%
  - 70+ 0.7%
  - Unknown 15 - 17%

The average age of service users was 36 years old, with over half (57%) under the age of 40. Over a quarter (27%) were aged 18-29. The oldest presenter was 86 years old.

Service users encompassed 45 different nationalities. 48% identified as being from the UK, 28% identified as Irish. 18% were EU nationals and 3% were from other countries.

16% were EU migrants April 2019-March 2020, and 13% were EU migrants between April-August 2020.

55% of service users were repeat or regular service users of the drop-in centre April 2019- March 2020, increasing to 82% April-August 2020.

All service users who presented as homeless were signposted to register with the Housing Executive.

The homeless population that the Welcome Organisation works with is a fluid group and their homelessness situation fluctuates (i.e. a person could be in a hostel for a few months, lose their place and end up sleeping rough). Therefore the following figures are based on the person's status at their last presentation – it is a snapshot and does not reflect the individual's whole journey. Housing situations of service users:

- All service users continued to be at risk of or experiencing chronic homelessness, both pre April 2020 and afterwards.
- Approximately 55% of service users April 2019-March 2020 had been supported to go into temporary accommodation. This rose to 82% from April-August 2020.
- Approximately 31% of service users were living in hostel accommodation April 2019-March 2020; 55% from April-August 2020. This category includes those people that were accommodated in B&Bs/Hotels in March 2020 during Covid-19 by Housing Executive as they would have been placed in hostels had places been available.
- Approximately 10% of service users were rough sleepers April 2019-March 2020; and 4% from April-August 2020.

- Approximately 29% of service users were sofa surfers / had an uncertain situation (staying with multiple different friends / family) April 2019-March 2020; 19% from April-August 2020.
- Approximately 19% of service users April 2019-March 2020 were living in permanent Housing Executive, Housing Association or privately rented accommodation; 11% April-August 2020.

8.7 The reasons individuals self-refer to the service or are referred to the day centre service by third parties

There are a wide range of reasons why an individual needs immediate support and self refers to the Welcome Organisation's drop-in:

- Individual has a basic need (i.e. food, laundry, toiletries and/or showers).
- Individual needs somewhere warm and/or is feeling isolated and needs respite and socialisation.
- Individual is under the influence and needs to recover before returning to their accommodation.
- Individual is under the influence and needs a safe place where they will be monitored in case of overdose.
- Individual wants to access a specific activity (i.e. group work or addiction counsellor).
- Individual has fled from domestic violence and needs immediate support.
- Individual has just been released from prison and needs immediate support/has no-where to go.
- Individual is waiting to hear back about a decision (i.e. from Housing Executive or a hostel) or is waiting for a room to be got ready for them.
- Individual is waiting for a service to open (i.e. crash facility or the Health Hub)
- Individual needs staff to support them with a wide range of support areas such as:
  - Complete a housing referral to hostel, homeless application, etc.
  - Access legal support i.e. housing rights, solicitors
  - Access a health service (i.e. Health Hub, addiction services, etc.)
  - Apply for benefits
  - Link in with resettlement scheme (i.e. EEA nationals wishing to apply for settled status)

Individual needs immediate support and is referred by a third party. Third parties include:

- **Housing Executive** – if it does not have a duty of care for a person, Housing Executive will refer them to Welcome Organisation to provide hot food and/or food pack. Also to help find them private accommodation or to register them with the Outreach Team in the event the person has to rough sleep.
- **Ambulance** – will drop people off who are not deemed unwell enough to go to hospital or are refusing to go to hospital but still need to be monitored.
- **Hospital** – will send patients that they are discharging but have nowhere to go.

- **Police** – will drop individuals off who are engaging in anti-social behaviour or in a vulnerable state and police deem no offence is committed but individual needs a place of safety or risks being arrested. Also individuals whom they have identified are homeless.
- **Safer Neighbourhood Officers** – will refer individuals in a vulnerable state or if there was an incident of anti-social behaviour and the person needs support to calm down.
- **Housing Rights 'beyond the gate'** – will arrange to link up with individuals who they are providing ongoing support for and will also refer directly, new releases from prison if they have nowhere to go.
- **Hostels** – will refer individuals who are at risk from exclusion to get support or take 'time out'. This includes individuals who need to 'sober up' if the hostel requires them to be sober. Hostel will also refer individuals for food and clothes/toiletries (not all hostels provide food).
- **Health Hub –** particularly during clinic times if the person is too vulnerable to wait alone; individuals can wait for appointments with doctor and nurses.
- **General public –** will contact the Welcome Organisation to refer a person they have seen in a vulnerable state who needs help.

8.8 Proportion of service users in *temporary* accommodation accessing specific services from the day centre April 2019 – March 2020 and from April 2020 – August 2020

Please note: Welcome Organisation reports that in relation to accommodation during both timeframes there were a number of people whose accommodation status was unknown on last presentation. This equated to 12% of service users in April 2019-March 2020 and 11% between April-August 2020. There will be an overlap between individuals supported with temporary and permanent accommodation as some individuals will have been supported with both.

- 440 service users (35.5%) were supported to go into temporary accommodation April 2019–March 2020, and 334 between April-August 2020.
- All were accessing food and personal care.
- Proportions accessing healthcare services: 23% were accessing mental health services April 2019-March 2020, 19% between April-August 2020. 31% were accessing physical health services April 2019-March 2020, 22% between April-August 2020. 23% were accessing addiction services April 2019-March 2020, 16% between April-August 2020.
- 24% were accessing financial support services April 2019-March 2020, 19% between April-August 2020.
- 10% were accessing employability services April 2019-March 2020, 5% between April-August 2020.
- 8% were accessing social (to contribute to wider society / social networks) April 2019-March 2020, 14% between April-August 2020.

The Welcome Organisation also provided data regarding the proportion of people that it supported into *temporary accommodation* who have accessed the following support services at the day centre:

- Immigration and related issues: 5% April 2019-March 2020, 7% between April-August 2020.
- Legal matters/criminal justice including offending: 29% April 2019-March 2020, 17% between April-August 2020.
- Health and Wellbeing (emotional support, risk of overdose/suicide, risk of sexual exploitation, trafficking): 49% April 2019-March 2020, 63% between April-August 2020.

8.9 Proportion of service users in *permanent* accommodation accessing specific services from the day centre April 2019 – March 2020 and from April 2020 – August 2020

- 184 service users were supported to go into permanent accommodation April 2019–March 2020, and 83 between April-August 2020.
- All were accessing food and personal care.
- Proportions accessing healthcare services: 29% were accessing mental health services April 2019-March 2020, 14% between April-August 2020. 38% were accessing physical health services April 2019-March 2020, 19% between April-August 2020. 29% were accessing addiction services April 2019-March 2020, 13% between April-August 2020.
- 37% were accessing financial support services April 2019-March 2020, 22% between April-August 2020.
- 13% were accessing employability services April 2019-March 2020, 5% between April-August 2020.
- 22% were accessing social (to contribute to wider society / social networks) April 2019-March 2020, 18% between April-August 2020.

The Welcome Organisation has also provided the following data regarding the proportion of people that it had supported into *permanent accommodation* who have accessed the following support services at the day centre:

- Immigration and related issues: 4% April 2019-March 2020, 6% between April-August 2020.
- Legal matters/Criminal Justice including offending: 35% April 2019-March 2020, 25% between April-August 2020.
- Health and Wellbeing (emotional support, risk of overdose/suicide, risk of sexual exploitation, trafficking): 59% April 2019-March 2020, 64% between April-August 2020.

8.10 Details of services and how support is provided (pre-Covid-19) including follow-up support

8.10.1 Services on offer at the day centre

The Welcome Organisation's drop-in centre provides essential services to meet people's basic survival needs: hot meals, toilets and showers, washing and laundry services and clean clothes. It provides a welcoming environment which is a respite from homelessness. It is a safe place to stay during the day and offers the opportunity to feel less socially isolated.

"They are feeling in much better form once they are like clean, dry and fed, they are much better at engaging, more willing to work on all the other support needs they have. And it fits into our ethos, the idea of everybody who comes in and out of our centre feeling valued, feeling respected, being treated equally and allowing that, that humanity, that humane side of just being able to be entitled to that basic need."
(Staff member, Welcome Organisation)

"Some of the times they come and they have maybe been intimidated out of their flat or their hostel and due to paramilitary threats they can come here and try to find somewhere safe as well but also know that no-one can just walk in through the door, where they are there are staff there making sure that they are safe and secure inside."
(Staff member, Welcome Organisation)

Support services include accessing both immediate and on-going support, for example help applying for ID and bank accounts, accessing benefits and housing, immigration and settlement support. The drop-in centre itself is an address that service users can use to apply for help.

Specialist teams from statutory services and community and voluntary organisations provide support and advice in person at various times. There are teams for: drug and alcohol addiction (including substitute prescribing), benefits, employment schemes, settlement scheme, housing (Housing Executive) and legal advice.

Support workers also help service users access health services to meet physical and mental health needs, from immediate first aid to longer-term conditions. A Health Inclusion Hub is located on the same site (funded separately by the BHSCT) which provides access to a GP, nurse, podiatrist, optician. It does not currently have a mental health worker but there is an aim to include this in future as there is a huge need for mental health services. The Welcome Organisation works closely with the Health Hub.

The drop-in also provided a number of meaningful creative activities to engage and inspire service users for example via Welcome Organisation Home. Welcome Organisation Home provides opportunities for people affected by homelessness to help restyle and redesign furniture and everyday items for sale in Welcome Organisation Home, offering homeless clients and volunteers the chance to rediscover skills and be trained in new ones which will help with employability.

Service users might also use the drop-in centre for access to a phone or internet to contact Probation Officers and Social Workers or family.

"A lot of them don't have phones or they lose their phones or just don't have access to it but it means they can come here and phone their drug outreach or GP or whoever it is and arrange further help and support that way."
(Staff member, Welcome Organisation)

"People come here and they will need medical help with their medications or they have injured themselves. We can access the likes of the Hub or get them talking to their GP because a lot of them don't have access to being able to contact their GP or remember who they have last seen a GP with or their GP is like maybe disengaged with them because they haven't seen them in a certain amount of time. So the Hub is very good for taking on people who are not necessarily linked in with anyone."
(Staff member, Welcome Organisation)

8.10.2 Management of service users

The drop-in centre provides support (immediate and ongoing) via a case worker system to help facilitate change, advocate for and support people.

New service users receive an initial presentation assessment which identifies their immediate needs, for example whether they need temporary accommodation now or ID. Approximately a quarter of new presenters would attend for a couple of days and then not present again or not for a while. If the client stays within the Welcome Organisation's services for more than three days, they receive a full, in-depth needs assessment including risk assessment and will be allocated a case worker. The case worker will provide one-one, in depth support in a range of areas including (but not restricted to) housing, benefits, health addiction and mental health services, employment, training and/or further education.

"So many of the people we work with do not have ID or have lost it or something has happened, but ID falls into everything, and so just like the bank accounts and the benefits, because you can't get a placement in a hostel unless you have proof that you have applied for benefits or are accessible to them so it all has a knock on effect."
(Staff member, Welcome Organisation)

The drop-in centre is able to keep track of service user outcomes in many cases:

- If it provides key working to a client it is aware of the outcome as it will have direct ongoing communication with the client as part of a support plan
- If the client returns to the service it will know the outcome via direct communication with them.
- If it provides immediate support to clients and the support is provided by the centre directly it will know the outcome i.e. if we support someone to set up a universal credit claim we will know that the claim is set up.

- If a client is linked into external services held in the centre, these services will feedback the outcome of individual clients as long as this is within GDPR guidelines.

However, staff at the Welcome Organisation may not know the outcomes for service users in the following situations:

- If the centre refer/sign post outside the drop-in, it does not always know the outcome i.e. it sends someone to make a homeless application or hostel referral to the Housing Executive they may not come back to the centre with the outcome and as a matter of course the centre will not contact them.
- If someone is arrested or is admitted to hospital and the centre has not brought them there, it would not as a matter of course know this unless the client has asked the hospital and/or police to contact the Welcome Organisation for a reason i.e. clothing etc. or it is following up as a person of concern.

The gap in knowing outcomes for clients can sometimes be mitigated by the outreach service who may come across the client on the street and are thus able to feed back to the drop-in.

The Welcome Organisation will also follow up on an individual if it defines them as a 'person of concern' for example if they have just been released from prison and/or are at risk of overdose it will follow up with the service it signposted them to, or its own outreach team in order to know the outcome. If the service it signposted them to does not know what happened to that individual or the outreach team has not seen them, the drop-in centre will refer them to the police as a 'person of concern' i.e. someone to look for as they are vulnerable.

8.10.3 Other services provided by the Welcome Organisation in Belfast

The Welcome Organisation helps people affected by homelessness through a range of other services including the Street Outreach service, Crisis Accommodation for Women (Annsgate), Floating Support service and its Welcome Organisation Home project.

In its simplest form, Street Outreach is a means to identify people sleeping rough and assist them to move into accommodation. The Welcome Organisation's Outreach Team is also funded by the Housing Executive.

Annsgate is a short term temporary housing option and floating support services are provided to people in housing aiming to support them to maintain their tenancies. Both these services are funded by Supporting People. Housing Benefit tops Annsgate up but is dependent on eligibility of service users and numbers staying.

Welcome Organisation Home is the Welcome Organisation's social enterprise initiative and is funded by independent grants and fundraising.

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A Covid-19 response service was set up and worked jointly between Outreach and Drop-in; it receives funding from the Housing Executive.

8.10.4 Multi-agency working

The Welcome Organisation works with a variety of other agencies. It has a close relationship with agencies such as Dunlewey Addiction Services and the Drug and Alcohol Outreach Team which supports service users on substitute programmes. The Welcome Organisation also works with Advice NI (which provides a clinic helping migrants with the immigration settlement scheme), PSNI, probation services, the Belfast Health and Social Care Trust, mental health services, social services, plus other voluntary sector organisations and temporary supported housing providers.

The Welcome Organisation regularly attends a number of multi-agency meetings such as the NI Central Homeless Forum, the Homeless Strategy Steering Group and the Belfast City Centre Beat Steering Group. During Covid-19 the NIHE commissioned a new group to be set up to help with co-operation, co-ordination and networking known as the Homeless Operation Group. The group was such a success that despite disbanding at the end of June 2020, the group's attendees made a mutual decision to re-establish the group at the beginning of October and meet fortnightly for the foreseeable future.

Pre-Covid-19 in regards to individual clients of concern, representatives of the Welcome Organisation met fortnightly as part of the Persons of Concern Case Working meeting which involved various housing providers, the Housing Executive and Health Teams. Clients of high concern, who require a multi-agency approach, can have individual case management meetings created and attended.

During Covid-19 weekly meetings with the Housing Executive and private landlords helped the team to ensure service users are accommodated. The fortnightly Belfast City Centre Tasking Meeting in relation to Street Activity is also attended, and includes representatives from Belfast City Council, City Beat and Extern.

8.11 Homelessness prevention work

The Welcome Organisation provides prevention work through its keyworker team at the drop-in, its Floating Support Team and its Outreach Service. It tries to operate on the basis of 'no second night out' – getting people off the street as soon as possible.

The drop-in helps service users access emergency accommodation and makes referrals to the Housing Executive.

Keyworker support is intended to be preventative by meeting service users' needs and building meaningful relationships which help them access the services they need to help them obtain and maintain accommodation, for example helping them to engage with the drug outreach team. The organisation will also consider paying

service charges if a tenant is in danger of being evicted or provide money to help an EEA national return home if that is safe.

The drop-in works with people who are in a cycle of chronic homelessness as they repeatedly lose tenancies or placements in hostels. The case worker team will look at why this has happened, how they can address it and move forward with it to prevent it happening again. Once accommodated, floating support is often critical to help service users maintain their accommodation.

> *"We would have a lot of floating support clients come in as well, more to do with the loneliness and finances, food and stuff, they maybe can't afford or maybe just don't have the skill set for cooking a good healthy meal, whereas when they come in here they get fed, they get to socialise and things, so there would be quite a lot of people that would come in daily that would also be linked to floating support."*
> *(Staff member, Welcome Organisation)*

8.12 Data recorded electronically about service users

Initial information is recorded on all service users who enter the drop-in centre to help meet their immediate needs. However, the longer the service user engages with the Welcome Organisation the more information is gathered and stored as it attempts to help meet the service users' wider needs.

Information is recorded on the Welcome Organisation's custom built database which was created for it specifically a number of years ago. Due to the number of changes and expansions that the Welcome Organisation has undergone in the last number of years the system is not always fit for purpose which makes inputting data and extracting reports more difficult that it could be.

The information recorded by the Welcome Organisation electronically includes:
1. Personal details:
   - Name
   - Gender
   - Nationality
   - Housing status on presentation
   - Last known address
   - DOB/Age
   - National Insurance number
   - Telephone number/email address
   - Emergency Contact/Next of kin

2. Needs
   - Benefits/finance
   - Mental health
   - Physical health
   - Legal and offending
   - Substance use
   - Wellbeing

- Independent living skills
- Immigration and eligibility
- Employment/education/training

3. Support
   - Support given in any of the areas above or other support given not initially identified as a need
   - Basic needs provided
4. Other
   - Appointments
   - Other agencies working with client
   - Keyworker
   - Number of presentations at Drop-in
   - Time line of activity i.e. notes on support given/needs identified

8.13 Data reported to Housing Executive

On a quarterly basis the Welcome Organisation submits an Outputs/Outcomes based performance report to the Housing Executive Homelessness Policy and Strategy team.

It reports the following:
- Total number of clients engaged using drop-in: new, repeat, repeat and living in a hostel

Number of new service users that:
- Had a needs assessment
- Who have not made a H/Less application to NIHE
- Who have not made an application signposted to NIHE
- Referred to temporary accommodation/housing schemes

Number of service users:
- With a Key Worker
- With a support plan
- Eligible for housing case with Housing Executive
- With active housing case with Housing Executive
- Needing health assessment/intervention
- Needing support with addiction
- Needing assistance with benefits/finance
- Needing support with employment (paid/voluntary)
- Needing support to access training/education
- Offered involvement in life skills/activity programmes
- Offered basic needs service
- Who only received basic needs service
- Who received Naloxone

- Number of case management meetings for key worked service users who are persons of concern
- Number of times basic needs services provided
- Number of times Naloxone was administered within drop In

Outcome data, number of clients:
- Supported to access relevant welfare benefits/finance
- Supported to manage their physical/mental health
- Supported to access addiction services as a result of accessing this service
- Supported to gain employment (paid or voluntary)
- Supported to access educational services as a result of accessing this service

Total number of clients supported to:
- Access accommodation
- Access temporary accommodation
- Access permanent accommodation
- Access alternative accommodation as a result of accessing this service

8.14 Impact of Covid-19 on service

Covid-19 had a huge impact on service delivery as many organisations temporarily closed their doors during lockdown. While the drop-in centre did not 'close' it restricted numbers to keep in line with social distancing instructions and only those with nowhere else to go where permitted entry. These procedures were in place from 23 March 2020 – 28 September 2020. During this time the Housing Executive worked with its partners (including the Welcome Organisation) to ensure that every homeless person had accommodation.

Hostels reduced their intake due to social distancing so that rooms which had previously accommodated two people only accommodated one. Service users were therefore also placed in B&Bs and holiday lets. It was an opportunity for some service users to experience independent living. A number of issues arose from the rush to get people into accommodation as quickly as possible, and lessons have been learnt from this. For example, the need to avoid putting people with too many high support needs together in the same place without support from staff on site.

The Welcome Organisation swiftly restructured its services once lockdown was announced. It adapted one of its vans into a mobile support service, to continue to provide support around issues such as benefits and health. Similarly, the drop-in centre became a distribution hub. The organisation gave 75 service users mobile phones so they could access support. It provided weekly food parcels to people in accommodation with cooking facilities, delivered meals twice a day to those in accommodation without cooking facilities, provided a laundry service twice a week for people in accommodation without washing machines, and provided toiletries and clothes to those who needed them. It picked up prescriptions and took people to emergency appointments.

The Welcome Organisation's Outreach Teams remained out in Belfast engaging with new presenters and delivering support to people affected by homelessness.

"It was great to be a homelessness worker ... amidst all the tragedy … because people had quick access to housing and that included those who had no statutory duty ... we worked with the Housing Executive to target those who we knew were sleeping rough to get them in and that was turned around within like 48 hours, it was brilliant…and then ongoing after that as housing broke down during Covid… we were able to get them in [to housing]." (Staff member, Welcome Organisation)

Since lockdown, the drop-in centre has been available for anyone who remained on the street or was in danger of losing accommodation, to receive emergency help with support needs such as accommodation or basic needs such as food and a shower.

This has led to a more focused and intentional support for service users overall (due to the new appointment based approach), with a clear process for each support worker and service user to follow to help ensure their needs are met.

"You can manage your day a lot better now to actually focus on support work. Before Covid you didn't know what day you were going to expect, every single day was totally different, you know it could be a day filled with overdoses or it could be really quiet. You didn't know what was going to happen. I think now you sort of see the clients who actually need the support work and who are there to engage and you can sort of focus on those as well then too." (Staff member, Welcome Organisation)

During City Centre Tasking Meetings it became clear that there was a need for a place of safety for some clients that were still engaged in Street Activity. The Welcome Organisation reconfigured a space in the Drop In where those people of concern could be brought and monitored by staff.

Because the Welcome Organisation continued to work on the street when many organisations were shut, it became central to being able to trace service users and this led to much closer working with the Housing Executive, the Drug Outreach Team and the Health Inclusion Hub. There was an increase in multi-agency meetings, which led to a reduction in duplicate working with other organisations working with the homeless.

8.15 Emerging trends – September 2020

Addiction:
- Due to Covid-19 there was a reduction in supply of certain drugs (i.e. heroin), which caused an increase in use of alternative drugs (i.e. tablets) and alcohol. As heroin has become more available, clients have continued their use of alternative drugs while also using their drug of choice

Mental Health:
- Significant increase in poor mental health and exacerbation in already existing conditions leading to increased work pressure for case management teams

Clients:
- It would appear that there has been an increase in the number of people presenting to the Welcome Organisation whose primary cause of homelessness is family or relationship breakdown

Crime / Anti-Social Behaviour:
- Anecdotally there has been an increase in survival crime i.e. theft.
- There has also been an increase in physical and sexual violence, especially towards women
- Street activity remains an issue

Housing/Homeless
- Decrease in numbers sleeping rough, partly due to preventative work being completed that allows clients to get into accommodation before having to sleep rough
- Decrease in number of clients 'recycling' around the system however there is a core group that continues to 'recycle' through prison, hostel, streets and other temporary accommodation
- Increase in motivation to sustain accommodation in single lets and B&Bs etc. and a decrease in motivation to be moved into hostels
- Increase in numbers accessing private rented accommodation with support from the Welcome Organisation
- Lack of Belfast Based accommodation after hours

Support
- Increase in the ability of the Welcome Organisation to provide more intentional support with engaged clients.
- Increase in clients being reconnected with family outside Northern Ireland.
- Increase in numbers of people contacting the Welcome Organisation in food poverty.

8.16 Ongoing priorities for September – December 2020

During the final quarter of 2020, the Welcome Organisation:
- was re-structuring the drop-in staff team and had put in place a specific case management team to deal with client support and a drop-in team to deal with basic needs and meaningful activities
- had recently recruited a female support worker to provide trauma-informed support to service users
- planned to train the staff team in trauma-informed support
- was exploring how its services were designed and delivered to make sure they were taking into account the emotional and psychological needs of the

individuals using them, a concept known as PIE (Psychologically Informed Environments)

- was planning to improve its information systems so it can use data more effectively
- was looking at developing a female only space and/or time within the drop-in
- had plans to introduce extra addiction support in partnership with the Dunlewey Addiction Services who will provide brief interventions, psychoeducational workshops and health and wellbeing calls
- was looking to provide a homeless medical bus to act as a mobile health service to whose on the street in Belfast and other homeless hotspots in Northern Ireland
- was planning to re-configure Welcome Organisation Home into a furniture re-cycling service to assist clients moving into their own home to furnish their accommodation.

It also had ambitions in the future to:

- Develop services/links to organisations to help with family mediation and managing aggression
- Create semi-permanent accommodation for women as an extension of the Annsgate accommodation
- Develop a Housing First team that would include a drug worker, mental health worker and floating support worker to work together to help service users exit homelessness
- Reviewing the service it provides in terms of employment opportunities with the aim of creating an all-round package to get people into employment
- To create a training and employment programme that allows those with lived experience of homelessness to work within the sector.

9. Detailed case study: Foyle Haven Day Centre, Derry/Londonderry

The information in this summary includes text provided by Depaul taken from its document: Revised Service Model In Response to Covid-19 (1 September 2020) and from its website; qualitative research with day centre staff conducted by RF Associates; data provided by Depaul via a questionnaire and data provided by NIHE. The information provided here has been checked by the Foyle Haven team and was up to date as of 19 October 2020.

9.1 Approach and ethos

Foyle Haven Day Centre is run by Depaul Ireland and operates as a Low Threshold Harm Reduction Addiction Service that provides Homelessness and Health Interventions. An individual must be over 18 and be experiencing homelessness, at risk of homelessness or experiencing addiction issues, mental health or physical health issues that can impact negatively with any associated issues of homelessness.

The Low Threshold basis ensures that those who require the service can access it at the point in which they need to. It is vital there are no barriers to accessing the service for this already vulnerable and often excluded and marginalised cohort of individuals.

Foyle Haven operates a damp service which means individuals accessing the service are not denied access for being intoxicated but are not permitted to consume alcohol/substances on the premises, demonstrating harm reduction practices immediately .

It operates an inclusion policy meaning that challenging behaviour is managed within the services as long as it is safe to do so and within health and safety standards. In line with Foyle Haven's values and low threshold and harm reduction practices issues of abusive or aggressive language, disruptive behaviours and minor issues are managed on site at the time of the incident. This is followed up in one-to-one key-working supporting the service users to manage their behaviours in a more positive manner. Incidents of a more serious nature may require a period of exclusion from directly accessing the Day Centre. However, contact is maintained with the service user during these periods to ensure they are receiving support. Service users are able to leave the centre during the day to go for a drink and can come back in afterwards. This is closely monitored to help support service users in managing their alcohol and substance use and minimise risk of harm. Alcohol and drug management plans are discussed and encouraged with all service users experiencing addiction issues, and are closely and regularly monitored for efficacy. The plans are discussed openly with each service user to ensure they are person-centred, and the optimum level of engagement is gained within the plan.

"Having a physical place where you can come that has a Low Threshold approach that isn't too clinical, where there are people in that building you can trust and who you have engaged with, absolutely essential." (Staff member, Foyle Haven)

"The main goal is to help the service users maintain a tenancy and reduce the chaotic behaviours and make sure they have the skills to maintain that tenancy."
(Staff member, Foyle Haven)

"To be honest, I think if it wasn't for this day centre in Derry here there would be a lot more people dead ... the majority of them see us as the only thing that they have, because everywhere else they go they get judged." (Staff member, Foyle Haven)

9.2 Opening hours

Foyle Haven day centre is in a central location in Derry / Londonderry. At the time of the research it had 7 day opening and extended opening hours of 09:00-21:00 Monday- Friday and 11:00-16:00 Saturday and Sunday. (The 7 day opening and extended opening hours were funded until March 2021, after which the core funded opening hours were due to be Monday- Friday 09:00-19:30, Saturday 11:00-16:00.)

Without additional funding, it was noted that Foyle Haven day centre would need to close on a Sunday. Previously it found this led to an increase in incidents amongst the service user population when this has been the case, and a higher intensity support model was required each Monday, which brings service pressures.

9.3 Funding

In 2020/21 Foyle Haven received around 55% of the funding from the Housing Executive for which it had applied. At the time of the research, the Housing Executive funding covered 71% of the original projected day centre running costs for 2020/21. The remainder was funded by the PHA, which had committed to fund the day centre up to the end of March 2021.

However, the Housing Executive awarded Foyle Haven an additional one off Covid-19 response funding from August 2020 until March 2021, for extended opening hours including 7 day opening, so staffing increased to 9 full time staff, 3 outreach staff and relief staff. This was partly due to the growing importance of the outreach element of work, as Foyle Haven was reaching more service users and interacting differently with the centre due to lockdown and social distancing requirements.

9.4 Staff and volunteer numbers April 2019-March 2020

- 4 (April-September 2019) to 8 (October 2019-March 2020) full-time staff plus 7 relief staff
- 6 volunteers
- 2 student placements for 12 weeks in the year

NB: Additional funding was granted by Housing Executive October 2019-March 2020 for extended opening hours and 7 day opening. This led to the doubling of full-time staff to 8 up to March 2020.

Staff numbers were then reduced: one staff member went to relief, one staff member was seconded to a position within another service and the other staff members left for other employment.

9.5 Staff and volunteer numbers since Covid-19: April-August 2020

- 4 full-time staff plus 7 relief staff
- 6 volunteers

9.6 Service user numbers and demographics

The numbers accessing the service vary from day to day and month to month. As a drop-in centre there is no way of knowing in advance how many people will access the centre on any given day but usually there is a core of about 40 individual people who regularly attend the centre on a daily basis, many of whom access the centre on multiple occasions throughout the day. Access is dependent on the person themselves, and there are usually anywhere between 80 and 120 individuals who have accessed the service in any quarter.

Approximately 125 individuals were supported by the day centre April 2019-March 2020, not including drop-ins. Since Covid-19, April-August 2020, approximately 102 individuals were supported by the day centre, not including drop-ins.

Demographics of service users (NB average data collected over time):
- Gender split: Male: 71% Female: 29%
- Age Profile:
    - 20-30 19%
    - 31-40 31%
    - 41-50 39%
    - 61-70 11%

Approximately 2% generally are EU migrants, however this spiked in Dec/Jan 2019/20 to 18% due to 15 to 20 Romanians availing of the day centre for a period of weeks.

Approximately 70% of service users are repeat or regular service users of the day centre (same proportion pre April 2020 and afterwards).

Approximately 97%-98% of service users who present as homeless go on to register with the Housing Executive.

Housing situations of service users:

- Approximately 55% of service users would continue to be at risk of or experiencing chronic homelessness, both pre April 2020 and afterwards.
- Approximately 55% of service users April 2019-March 2020 have been supported to go into temporary accommodation. This rose to 60% from April 2020 and has continued to rise in September due to an increase in homelessness presenters.
- Approximately 18% of service users were living in hostel accommodation April 2019-March 2020; 16% from April-August 2020.
- Approximately 13% of service users were rough sleepers April 2019-March 2020; 12% from April-August 2020. This has risen to 25% from September 2020.
- Approximately 13% of service users are sofa surfers / have an uncertain situation (staying with multiple different friends / family) April 2019-March 2020; 12% from April-August 2020. This has also risen to 25% from September 2020.
- Approximately 32% of service users April 2019-March 2020 were living in permanent Housing Executive or Housing Association accommodation; the majority of these service users have been assisted within the day centre to secure accommodation and have been key-worked and supported within the day centre and referred to supporting agencies to maintain their accommodation. This reduced slightly to 28% during April-August 2020.

9.7 The reasons individuals self-refer to the service or are referred to the day centre service by third parties

Referrals are made in a number of ways - by third parties, statutory and voluntary organisations as well as service users drop in and self-refer. Service users may avail of the service regularly, occasionally or as a one off particularly at a point of crises.

Service users frequently have multiple issues and complex needs which include chronic addiction, physical and mental health issues, homelessness issues, poverty, loneliness and isolation, discrimination, offending behaviour, victims of exploitation, domestic abuse, long-term health related issues resulting from prolonged entrenched alcohol and substance abuse, recent and historical trauma. Many have little or no family support or positive relationships within the wider community; limited or no engagement with other agencies, have been excluded from other voluntary and community services and/or struck off the list of statutory agencies or services.

The main reasons for referrals and sources of referrals are:
- Person in crises
- At risk of losing tenancy
- Break down in tenancy
- Removal/exclusion from a hostel
- Barred from NIHE offices
- Increase in drug/alcohol use
- Release from prison
- Family breakdown
- Mental health instability and drug/alcohol use
- Rough sleeping

- Vulnerability initially for unknown reasons
- Exhausted all services in other areas i.e. Belfast, Omagh, Enniskillen etc
- Migrant
- Domestic Violence
- Exploitation particularly financial exploitation
- One off crisis
- On-going trauma related issues

Service users' main support needs are:
- Tenancy sustainment
- Homelessness interventions: support in gaining temporary and permanent accommodation
- Support with daily living skills to sustain tenancy
- Addiction support-alcohol management plans, drug management plans-naloxone training and supply
- Finance and benefit support
- Physical and mental health support – there is a health hub within the Foyle Haven with a Western Trust Podiatrist and homelessness nurse attached
- Medication support
- Intervention support
- Crisis management
- Social relationships and inclusion to society
- Referrals to appropriate agencies to create a wrap-around support.

9.8 Proportion of service users in temporary accommodation accessing specific services April 2019 – March 2020 and from April 2020 – August 2020

- Approximately 68 people (55%) were supported to go into temporary accommodation April 2019 – March 2020, and this was 61 people (60%) by September 2020
- All were accessing food and personal care, healthcare services (including physical and mental health, addiction services etc), social (to contribute to wider society / social networks) throughout both periods
- Similar proportions of service users were accessing financial support services: approximately 48% and then 45%
- Decrease in proportion of service users accessing employability services from approximately 22% to 14%

9.9 Proportion of service users in *permanent* accommodation accessing specific services April 2019 – March 2020 and from April 2020 – August 2020

- Approximately 28 people (32%) were supported to go into permanent accommodation April 2019 – March 2020, and 28 people (28%) April – August 2020

- All were accessing food and personal care, healthcare services (including physical and mental health, addiction services etc), social (to contribute to wider society / social networks) throughout both periods
- Approximately half were accessing financial support services throughout both periods
- Slight decrease in proportion of service users accessing employability services from approximately 15% to 12%

9.10 Details of services and how support is provided (pre-Covid-19) including follow-up support

9.10.1 Services on offer at the day centre

Pre Covid-19 the service operated a drop-in centre which provides harm reduction support through building upon Maslow's Hierarchy of Needs through:

- Access to a safe space with a large open plan common room, pool table, a large flat screen TV, leather sofas, a communal dining area, meals and an outdoor smoking area.
- A kitchen where a chef prepares approximately 40-50 freshly cooked meals per day available to people accessing the service throughout the day and consumed on site. Tea, coffee and snacks are also available throughout the day.
- Personal care is provided in the form of showers, shaves, haircuts and changes of clothes. Laundry facilities are also available within the day centre.
- A range of activities operate under three main categories; Educational, Recreational and Therapeutic. The Recreational activities included but not limited to: pool, quizzes, bingo, Karaoke, day trips, positive social engagement etc.
- Educational and therapeutic activities are facilitated by staff as well as external agencies on a 1-1 basis and in service user groups and forums. Education sessions include but are not limited to: Safer Injecting, Health Checks (Chest, Heart and stroke), Art Therapy, Community Dental team, Pharmacists, Podiatrist, Alcohol and Drug Harm reduction practice, sexual health education, benefits, money management, positive mental health and general well-being sessions such as yoga, ladies pamper evenings etc.
- Foyle Haven day centre also works with the Western Trust and has a Homelessness nurse attached to the day centre through its 'Health Hub' to support with daily health issues, service users in medical crisis, medication compliance, appropriate referrals etc. This list is not exhaustive.
- Harm reduction interventions. The main interventions have been around homelessness interventions and/or prevention, physical and mental health, treatment for addictions, referrals for counselling, GP and hospital appointments and any other support they may require regarding self-care and living skills, managing money, medication management, applying for Universal credit, sustaining tenancies and enhancing social networks and relationships.

RFA
RF ASSOCIATES

"The workshops, we would do on their health, on their mental health…maybe about every month we start up workshops for people and we bring in a dietitian about their food, their sexual health, we'd bring down a pharmacist so they would chit chat just about the safety of needles and disposing of them and maybe chatting about…what stuff they were taking." (Staff member, Foyle Haven)

The day centre supports individuals with daily living skills such as cooking, cleaning, managing finances, neighbourhood issues, positive lifestyle choices including positive family and community relationships, positive social interaction, meaningful use of time, harm reduction interventions and practices etc all of which are vital to maintain a tenancy. Where appropriate for a small number of service users, the day centre will look after and distribute benefit money to individuals who do not have the ability to protect it themselves.

9.10.2 Management of service users

Regardless of how an individual accesses the service, Foyle Haven takes a case coordination approach to service user support. All support provided is in a planned manner. The service plays a key role in service user advocacy, specifically regarding housing, health and social needs.

Each service user will complete a needs assessment on their entry into the service. This gives staff an overview of where the service user is at, what supports are currently in place, and what supports may be needed.

"We use a very individualistic person-centred approach .. all based around that needs assessment" (Staff member, Foyle Haven)

Areas include accommodation needs, health (physical and emotional), substance use, relationships, education, training and employment needs, finances, self-care and life skill needs and other agency involvement. This allows for a case management/multi-agency approach to be adopted where Foyle Haven staff can plan and manage meetings with other agencies to ensure that there is a consistency in approach for each service user, and to ensure duplication of work is avoided and a true wrap around support is adopted for each service user. Communication is planned and frequent. As circumstances change and evolve within the service users life, this needs assessment is modified in service to reflect the service users current circumstances.

Each service user is given a full induction on entry to the service and level of support contact agreements are always established to respect the service users wants and needs. This is always re-evaluated as each service users' circumstances or situation changes. This provides a baseline view for the service user and staff member, ensuring that service users are kept safe, and their wishes respected.

When a service user regularly attends the service, Foyle Haven provide planned supports such as support to appointments, workshops (motivational, educational), advocacy work, and planned case management meetings with external professionals.

To best meet service user needs Foyle Haven takes a holistic approach to its service provision, to that end it has secured funding from the PHA to support the delivery of health related supports and more recently Foyle Haven has established a health hub with a general practice nurse and a podiatrist working from the centre providing much needed services to service users.

A handover meeting is performed each morning to evaluate service users the Foyle Haven team have not seen or spoken to. Daily welfare calls are then made with all service users that it has not had visible contact with each day. If staff cannot get through to the service user on the phone they will liaise with the outreach teams and partner organisations including temporary supported housing providers, to try a doorstep visit.

If contact still cannot be gained Foyle Haven will work closely with partner agencies in PSNI, City Centre Initiative, First Housing Night Support, The Western Trust and the Foyle Haven Homelessness nurse to establish if arrests, A&E admissions or visibility in the city has been gained.

Foyle Haven also links in with any professionals linked to the individual as stated above and next of kin to ensure that they are meeting every crisis in the best, safest and most efficient way for all of the service users. This approach adds to the therapeutic relationship that all Foyle Haven Harm Reduction Workers establish with each service user.

As some service users avail of the service periodically Foyle Haven adopt 'light touch' support. These service users generally avail of the centre at points of crises or with specific issues requiring interim support. For these individuals there is not the intensity of follow up as outlined above. A 'light touch' needs assessment, support plan, safety and wellbeing assessment and management plan are completed to meet their immediate needs. Where there are concerns staff make contact with all relevant agencies to raise any concerns and to ensure there is appropriate follow up by the most appropriate agency to ensure the safety and wellbeing of the service user.

9.10.3 Other services provided by Depaul in Derry/Londonderry

Depaul services include a Harm Reduction Floating Support Service and a Housing First Service which provides support around substance use and tenancy sustainment These services are available to those who are eligible within the criteria of each service. Foyle Haven staff work closely with these services and work as a partner agency to ensure that the correct level of support is wrapped around each individual. It also ensures that day centre staff are available to respond to individual service users as and when the need arises.

These services are commissioned through Supporting People and are funded completely separately from the day centre and are seen as a partner agency; therefore the costings of these are not included in this review.

"Here in the day centre we also work with our floating support and Housing First Services, which is brilliant because it means that we can refer to them but they can still come into the centre and do what they do but whenever it comes to different needs that they need we have got our outreach teams who can deal with that and then it means we can help then the next emergency that comes to the door…so I think we are pretty lucky we have got that outreach within us." (Staff member, Foyle Haven)

Depaul is also the commissioned naloxone trainer in the West, and any of its service users that are high risk drug users are trained how to recognise themselves and others slipping into overdose and in the administration of naloxone to counteract the overdose itself. This training is also available for family members and partner agencies. This has saved many lives.

9.10.4 Multi-agency working

Foyle Haven takes a multi-agency approach to its work, working closely with many partner agencies to support and complement their work to ensure that each individual has an individualised and effective needs assessment and support plan which is constantly reviewed and maintained with the service user to ensure efficacy. Examples of partner agencies are the local NIHE office, private landlords, First Housing's Night Support, PSNI, Probation, City Centre Initiative, The Western Trust, Drugs and Alcohol, Mental Health services, Social Services, Voluntary sector organisations and Temporary supported housing providers etc.

Through fortnightly meetings with the local Housing Executive office, service users are discussed to ensure where possible all relevant supports are in place and /or concerns are raised so appropriate levels of follow up can be made where necessary, this also provides reassurance that individuals are safe. Other agencies are included as stated in the case management approach outlined above.

9.11 Homelessness prevention work

If individuals present as homeless, staff will initially refer them to the Housing Executive to support them with accessing temporary accommodation and / or the Housing First service for a more long-term solution. The service user's needs are assessed to understand what has led to a breakdown in tenancy / accommodation. For example, if it is due to chaotic behaviour, day centre staff will use the harm reduction approach to help them recognise those behaviours and then refer them to Floating Support to help them maintain a tenancy in future. Support workers will look at the holistic skills they have and work with them to help them develop skills to maintain a property and develop daily living skills to help them maintain the tenancy. They will also look at drug and alcohol behaviours – to try and keep chaotic behaviours at a minimum. For example, they will use alcohol/drug management plans based on the Harm Reduction approach.

"If you are an avid drug user, you will spend your money on drugs rather than your tenancy. If you are engaging in a lot of alcohol which leads to aggressive behaviour you will lose your tenancy due to that. All these elements feed into how you maintain your tenancy and living successfully in the community, and not presenting a second time as homeless." (Staff member, Foyle Haven)

"What we do find is that a lot of our individuals they will not present in a professional environment, so the likes of the Northern Ireland Housing Executive, they don't want to present there on their own, they don't have the confidence to do so , particularly if they have been sleeping rough for a couple of days or something … we make sure that all our service users are registered with GP's to maintain their health etc … so there is medication management … due to the mental health issues .. there are a lot who would be non-compliant with their medication so that can lead to psychotic episodes so we do support with that, linking in with GPs ... the main thing is to help them to maintain a baseline so that they can maintain tenancies."
(Staff member, Foyle Haven)

9.12 Data recorded electronically about service users

Each service users' personal details are kept on Foyle Haven's client management system, OTIS, along with next of kin and emergency contact details. This system is funded centrally by Depaul for all services. Each service has an allocated IT budget.

OTIS is an online toolkit information system which allows Foyle Haven to capture the journey of its service users from start to finish. The system allows goals and outcomes to be set and recorded, highlighting progression or regression for each of our service users, allowing staff to monitor and respond accordingly and safely. OTIS allows for a service users accommodation status and accommodation type to be recorded and monitored also, allowing staff to monitor trends again allowing Foyle Haven to provide support which is evidence based and the most appropriate for that individual. All of this is recorded and monitored with the service user's consent.

Each service user will have a:
- Needs assessment, which is regularly reviewed.
- Support Plan which includes but is not limited to the following areas:
    1. Managing tenancy and accommodation
    2. Finance and income
    3. Emotional and mental health
    4. Alcohol use
    5. Drug use
    6. Self-care and life skills
    7. Other agencies linked in
    8. Social network and relationships
    9. Physical health
- Safety and well-being assessment (Risk assessment) which includes but is not limited to the following areas:
    - Substance abuse
    - Medication management

- Self-harm
- Suicidal thoughts
- Mental health concerns
- Physical health concerns (including mobility/disability issues)
- Risk to property (disturbance to neighbours, arson, vandalism etc)
- Risk to others (physical, emotional, neglect, sexual abuse, discriminatory behaviours etc)
- Risk from others (physical, sexual, risk from family/other persons/former abusers)

- These aid staff and service users to identify and manage risks. These are regularly reviewed with each service user.
- Incidents reports
- Outcomes are recorded, reviewed and managed.

9.13 Data reported to Housing Executive

On a quarterly basis Foyle Haven submit an Outputs/Outcomes based performance report to Housing Executive Homelessness Policy and Strategy team.

Output data includes:
- Number of clients supported as a whole in the quarter (including by gender)
- Number of new clients
- Number of enquiries from clients who are ineligible for public assistance
- Number of clients continuing to engage
- Number of personal care interventions
- Number of key work sessions
- Number of service users attending activities
- Number of meals provided: breakfast, lunch, dinner

Outcome data includes numbers of existing and new clients supported as well as the number of occasions this type of support was provided for each of the following categories:
- Service users supported to access temporary accommodation
- Service users supported to access permanent accommodation
- Service users supported to maintain a recent placement in accommodation
- Service users prevented from losing their existing accommodation
- Service users supported with:
  - Self-care and life skills
  - Welfare/benefits or other financial advice
  - Employability
  - Addiction services
  - Accessing health and/or social care
  - Social networks/relationships and contribution to wider society
  - Managing physical/mental health

9.14 Impact of Covid-19 on service

Since Foyle Haven closed due to lockdown, it transformed into an outreach centre. Its reconfiguration plan included:

- Outreach plan of welfare calls and support provision to all service users in need.
- All service users who had accessed the day centre in the previous 3 months were listed and categorized into high risk, medium risk and low risk. This was assessed on the following points:
  - Other services supporting the service users
  - Accommodation (hostel, supported living, living independently, temporary accommodation, rough sleeping, sofa surfing)
  - Health needs (physical and mental)
  - Addiction needs
  - All service users needs' assessments/Support plans and safety and well-being assessments were reviewed and followed up for accuracy with each service user
- A communication plan was devised to inform all service users, key agencies and stakeholders of the new service model.
- Communication protocols were agreed with all external stakeholders and agencies in order to communicate any change in service during the pandemic.
- All staff rotas were revised to incorporate social distancing and working from home protocols and procedures established to ensure the service operated in line with Government guidance
- Lone working procedures were revised for the outreach facility now incorporated to the service, and all staff were briefed upon this.
- As the provider of naloxone and naloxone training within the West, Foyle Haven staff liaised with local pharmacies to promote the provision of this to raise awareness and ensure that anyone in need could seek help and support promptly.
- Media coverage was utilized to inform the wider community of the new service model
- All meals were delivered in line with food hygiene standards following EH guidelines and paperwork.

Daily services included:

1. **Adapted Morning Handover**. A new daily handover was devised to allow for an effective review of the previous day, and to prioritise each service user effectively based on changing needs.
2. **Welfare Calls**. A system of daily welfare phone calls to all service users to maintain therapeutic working relationships and their link to the community. In cases where people didn't have access to a phone Foyle Haven facilitated purchasing them one so it could maintain contact with them and they could contact Foyle Haven or other services if necessary. Door-step visits were arranged for those deemed to be most in need and who required face to face engagement with the need to maintain as much contact with staff as possible

so they were supported through the social isolation of lockdown. Video calling was also an option for service users that preferred to use this method.

3. **Outreach service**. Staff members visited service users at their homes using door-step visits to ensure social distancing was maintained. During these visits staff checked in on service users, provided support around any identified issues and delivered fresh meals. This was recorded on the daily contact sheet. Staff were able to identify if people were displaying symptoms of Covid-19 or have any other support needs. Early identification of those who were Covid-19 symptomatic meant that they could seek medical intervention with the support of staff and the aid of the Homelessness nurse. Other needs were also assessed during the welfare call, and then facilitated during the doorstep visit such as:

   - Collection of medication from local pharmacies
   - Collection of food shopping and supplies through food banks and food parcels made up within Foyle Haven
   - Identifying early signs of crises, physical and mental health issues: staff liaised with a counselling service and with the homelessness nurse to support with these issues
   - Neighbourhood/community issues, antisocial behaviour which could led to loss of tenancy
   - Housing issues – Staff facilitated through acting as an advocate with many service users with local landlords etc.
   - Isolation and loneliness: A listening ear was provided and an increase to door-step visits was also facilitated.
   - Addiction Increase: staff used harm reduction support with each service user based on their individual needs. Staff also supplied naloxone and naloxone training to any service users or family members remotely where a risk or increase in drug use was established.
   - Information leaflets/emergency contact numbers: Distributed leaflets to all service users regularly regarding up to date information on Covid-19 and relevant support numbers related to reported and observed trends. During Covid-19 this mainly focused around mental health.
   - Staff sought service users feedback through welfare calls and doorstep visits to ensure the service was delivering what was needed.
   - Foyle Haven 'Health Hub': The Homelessness Nurse worked in conjunction with all Depaul services to ensure that all service user health needs were met.
   - As Covid-19 continued Foyle Haven created a crisis response plan where one service user could enter Foyle Haven at a time with social distancing to receive social interaction, food, hygiene facilities, harm reduction support, health support, daily living skills support etc. (this list is not exhaustive). Foyle Haven also worked in conjunction with a local counsellor to support with the growing trend of mental health issues and suicidal ideation. The counselling was funded through the Cold Weather Fund from NIHE as part of the full funding package.
   - Video links were used to maintain contact with service users who were isolating and could not access social interaction.

4. **Key Work Interventions:** Key-working continued throughout Covid-19 through appointment based sessions, welfare calls, video links and door-step visits. There were a total of 85 Key Work interventions for the quarter April-June 2020. This was a significant drop from the previous quarter total of 176 interventions but shows an average of just over 1 planned key working intervention per day for the duration of lockdown so far.
5. **Nutrition and Health:** 2,826 meals were prepared and delivered to people during lockdown from 1st April to end August.
6. **Additional services:** a dedicated full time Homelessness Nurse now available on site in Foyle Haven and other local Supported Accommodation to address any health needs. This has been used frequently. The addition of a dedicated CBT counsellor 2 days per week. 9 individuals referred to this service April-June. This is evidence of the increasing impact lockdown is having on the mental health and well-being of people who in many cases already had underlying mental health issues.

"It's just maintaining that relationship with them over lockdown that they don't feel any more excluded than they are. You know what I mean, so it's just really maintaining that, although that we are not open to full capacity we are supporting for full capacity."
(Staff member, Foyle Haven)

"The calls every morning so they're brilliant, you're linking in with them every morning and if you don't get that person one or two days that you are maybe calling to the house to see them." (Staff member, Foyle Haven)

"If we were calling to a house visit and we noticed maybe somebody was in the stages of overdosing we'd always an oxygen kit to administer that and phone an ambulance"
(Staff member, Foyle Haven)

At the time of the research, the day centre staff continued to provide these outreach services but since lockdown eased on 3 July 2020 the day centre had also been open for appointments. It initially received four to five individuals at any one time. It implemented temperature checks, hand sanitising, social distancing, key work rooms and isolation rooms, with deep cleans in between appointments.

On 10 August, this was re-evaluated again, with 5-6 service users able to access the centre at any given time using social distancing and an appointment based system. Service users presenting in crisis are given priority.

This re-evaluation of the service highlighted the importance of having both the day centre facility for social inclusion, key-working, educational sessions and daily support, but also how imperative the outreach element of the service was. This was due to service users continuing to isolate due to their health vulnerabilities and also for the opportunity to provide support to service users currently placed in B&Bs who were not familiar with all services and need initial support.

As lockdown further eased, support workers had been encouraging service users to visit the day centre so they could connect socially and relieve some of the isolation

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experienced by many. The centre has a seating area where service users can socialise in limited numbers. The team are considering implementing some form of timed sessions so that more service users can have the opportunity to visit for a period of time.

Community meal provision continued to be a vital part of the outreach visits, along with doorstep visits, practical community support, Harm reduction support, crisis response and a signposting service. In light of this additional funding was sought through Housing Executive, which Foyle Haven was successful in, meaning the day centre can now operate 7 days per week and through extended opening hours.

Staff continue to seek service user feedback regularly to ensure the service is effectively meeting all needs. Trends continue to be analysed daily by staff and management to ensure all measures in place are current, effective and safe.
As part of Depaul's on-going health initiative, the podiatrist has re-started working from Foyle Haven's health hub each Monday 13:30-17:00 from 14th September.

The homelessness nurse is now researching the implementation of flu vaccinations to the service. The nurse is also able to work with the Covid-19 team to deliver screening to service users who have developed relevant symptoms.

The space in Foyle Haven has been re-modelled to allow for extra floor space to facilitate social distancing and to increase the number of service users that can access Foyle Haven.

The extra space has also allowed for a 'sleeping/rest area' to be created. Due to chaotic behaviours, increased alcohol consumption and increased drug use, many of the new service users have lost temporary housing placements and as a result have rough slept. The new sleeping area provided warmth and comfort during these short spells during the day, where Foyle Haven staff were able to source alternative accommodation.

Service users were consulted throughout the reconfiguration plan and had a huge input into the décor, the arrangement of the space and the activities provided within the centre.

Staff continued to identify trends amongst the high priority service user group and continued to seek service user feedback and opinion on what they wanted and needed from this service to ensure the staff were able to meet all of the emerging needs. This was discussed and re-evaluated at each handover and team meeting.

9.15 Emerging trends – September 2020

Social inclusion and interaction is a key part of supporting clients/service users. The day centre provides a support network for clients and a safe space to disclose their issues to allow staff to start building and sustaining a programme of support so

tenancies can be sustained successfully and service users can live safely. Covid-19 has exacerbated social isolation and the day centre has provided a significant number of interventions to alleviate this problem through door-step visits, appointment based visits to the day centre, online contact, social visits in open spaces. The day centre has also reconfigured its space to allow service user attendance with safe social distancing and PPE provision providing the vital face to face intervention that many service users need.

"It's incredibly vital. A lot of the service users that we have they don't have any other support network bar ourselves so the fact that we have that open door policy that they can come in just for a chat, they don't have to need anything to come in. they can just come in for a chat, a cup of tea, some support. It's really really vital now. When we were closed, properly closed during lockdown, a lot of our service users really were affected detrimentally because of that, because a lot of our service users come in and they just sit all day and it's just having that company. It's somebody to talk to really. Really really beneficial for them, just because we are open all day, we're very central, we're central to everything, easy to get to. Definitely it's a massive part of our service users life to come in here." (Staff member, Foyle Haven)

As a result of Covid-19, Foyle Haven has seen a rise in alcohol and drug use due to social isolation and the limited availability of drugs. As drug supply is limited and preferred drugs are harder to source, it has seen a trend in mixing substances and online purchases which can have fatal health consequences for service users.

The advent of Covid-19 restrictions and especially lockdown has had an increasingly negative impact on the mental health and well-being of the people Foyle Haven supports. This has led to a rise in mental health issues among the cohort of service users that it is supporting, resonating in increased suicidal ideation, self-harm, a decrease in personal care etc. This is evident in the four suicide ideation incidents that staff members dealt with during the quarter April-June 2020. In addition, a total of nine individuals were referred for counselling and there have been two referrals to Heal the Hurt and one to the ATU for drug and alcohol counselling and one to Nexus making a total of 13 in this quarter which was more than double the usual amount for a given quarter.

Foyle Haven has also seen a considerable increase in new homeless presenters due to people from other areas such as Belfast being allocated temporary housing in Derry. In addition, people from Derry have been allocated housing away from the city but have still needed the support they receive from Foyle Haven as they do not have this available locally.

Between August 2020-September 2020, 27 new homeless presenters have presented.

- 93% are male
- 48% are in their 30's
- 37% are from other areas (Belfast mostly,one individual from Enniskillen, one individual from Omagh)

- 22% losing their tenancy due to an increase in alcohol/drugs

93% of these individuals have been supported by the Foyle Haven staff to secure temporary accommodation and staff continue to support these individuals. The main placements have been within B&B settings and due to the complexities of these individuals intensive support in many areas has had to be applied to support these individuals to maintain this placement.

9.16 Ongoing priorities for September – December 2020

At the time of the research, the main priorities for the remaining months of 2020 were:
1) Continuing to analyse and develop its recovery plan to aim to get back as close as possible to pre-Covid-19 levels of access whilst delivering as high a quality and as safe a service as possible under the current restrictions
2) Maintain the emergency response plan and risk assessments so the service can flex as required in response to a second wave of the virus and in line with government guidelines
3) Securing funding to continue the extended hours and the outreach service as part of the daily model of delivery. Achieved in Aug with funding secured to the end of March 2021
4) Continuing to triage and analyse trends at daily morning handovers
5) Recruiting staff to facilitate the outreach service in 2020 and beyond
6) Maintaining physical distancing in the drop-in service
7) Securing continuous PPE
8) Continuing to grow the health initiative in the West
9) Seek an uplift in PHA funding to respond to the health needs of service users

10. Detailed case study: MARC Project at The Link Centre, Newtownards

The information in this summary includes text provided by the MARC project via a questionnaire as well as data provided by Housing Executive and qualitative research with MARC staff. The information provided here has been checked by the MARC team and was up to date as of 22 October 2020.

10.1 Approach and ethos

The Making A Real Change (MARC) project is based at The Link Family and Community Centre in Newtownards. The Link was established in 1997 in partnership with churches in the Newtownards area who identified a need for a service to support marginalized individuals who were experiencing substance misuse, mental health problems and homelessness. The MARC project provides a drop-in centre for adults who are experiencing substance use related problems. Its focus is to provide a voice to those who are marginalised and oppressed because of life challenges, and to walk alongside them, supporting them to achieve their goals and improve their quality of life.

The project adopts a low threshold approach however does not tolerate attendance at the drop-in if clients are under the influence of intoxicating substances. Any verbal or physical abuse is not tolerated and any clients responsible for this behaviour are banned from the premises for a period relevant to the behaviour.

Weekly housing clinics are organised and allow individuals attending the drop-in to access support, advice and information in managing current housing related issues in order to prevent homelessness.

"It's really a community focused organisation … it's not just based in the community, but it's focused in the community and it's really about empowering people and enabling them to address some of the issues that they have and to lead independent lives. It's really around respect for the individual, the belief that people have an ability to change …The Link name for the organisation is really about linking people with resources in the community." (Staff member/volunteer, MARC project)

"It's a safe space for them, that they can come in and talk and our non-judgemental attitudes in a sense. So they can come in and tell whoever is on that day what the issues are at that particular time and know that they will get some sort of support or help. They will be then signposted to somewhere else if we can't do it." (Staff member/volunteer, MARC project)

10.2 Opening hours

The Link Community Centre is in Newtownards and the MARC project is running a drop-in clinic and lunch on Mondays, Wednesdays and Fridays 10.30am to 12.30pm. This is limited to five clients and two staff and attendance must be booked in advance

in order that Covid-19 precautions and safety measures can be put in place. The Link Centre has invested in Perspex screens and pop ups, sanitising units, masks, gloves, and all other recommended procedures. Pre-Covid-19 the MARC project was open from 10.30am-1pm Monday to Friday.

10.3 Funding

At the time of the research the indications were that MARC project services, including Day Centre provision, were likely to be 100% funded by the Housing Executive in 20/21.

10.4 Staff and volunteer numbers April 2019-March 2020

- 2 full-time staff
- 10 volunteers

10.5 Staff and volunteer numbers since Covid-19: April-August 2020

- 1 full-time staff member working 30 hrs per week
- 1 part-time staff member working 21 hrs per week
- 9 volunteers

10.6 Service user numbers and demographics

The numbers accessing the service are consistent. Staff members/volunteers estimate that over three quarters of day centre service users are regular attenders, and in addition people who receive contracted floating support also attend. Usually there is a core of about 5 to 8 individual people who regularly attend the centre daily.

34 individuals were supported by the day centre April 2019-March 2020. Since Covid-19, April-August 2020, 32 individuals were supported by the day centre.

Demographics of service users:
- Gender split: Male: 75% Female: 25%
- Age Profile:
  - 20-30 1%
  - 31-40 25%
  - 41-50 35%
  - 61-70 35%
  - 70+ 4%

No service users were EU migrants.

71% of service users April 2019-March 2020 were repeat or regular service users of the day centre, and 98% were between April-August 2020.

90% of service users who present as homeless go on to register with the Housing Executive.

Housing situations of service users:
- 20% of service users continued to be at risk of or experiencing chronic homelessness between April 2019-March 2020, reducing to 13% between April-August 2020.
- 18 service users (53%) were supported to go into temporary accommodation between April 2019-March 2020. This reduced to 3 service users (9%) between April-August 2020.
- 4% of service users were living in hostel accommodation April 2019-March 2020; none were between April-August 2020.
- 3% of service users were rough sleepers April 2019-March 2020; none were between April-August 2020.
- 17% of service users were sofa surfers / have an uncertain situation (staying with multiple different friends / family) April 2019-March 2020; reducing to 13% from April-August 2020.
- Approximately 56% of service users April 2019-March 2020 were living in permanent Housing Executive or Housing Association accommodation. This increased slightly to 59% during April-August 2020. (5% were living in private accommodation.

10.7 The reasons individuals self-refer to the service or are referred to the day centre service by third parties

There are a wide range of reasons why individuals self-refer or are referred to the centre. This may be at a time of crisis when they have become homeless or issued with a Notice to Quit. The day centre works closely with the Housing Executive and regularly receives referrals from this source.

People can attend the day centre to access support in relation to advice/support with housing, finances, debt etc. It can also be when they are experiencing substance use problems and request support to address this. A number are referred by addiction services for ongoing support to assist their recovery and maintain their tenancies by enhancing support networks and developing life skills.

Many service users may have mental health issues which mean they find it difficult to cope. Many would be socially isolated with very limited support networks. Many also have physical health problems from their use of alcohol and from smoking.

"Substance abuse would be one of the main issues … one of the factors that can lead to homelessness … a lot of our service users would have experienced housing relating issues ... and all have had an alcohol or drug problem."
(Staff member / volunteer, MARC project)

10.8 Proportion of service users in *temporary* accommodation accessing specific services from the day centre April 2019 – March 2020 and from April 2020 – August 2020

- 18 service users (53%) were supported to go into temporary accommodation April 2019-March 2020, and 3 service users (9%) between April-August 2020.
- All were accessing support with social aspects of life (to contribute to wider society / social networks) throughout both periods.
- 77% were accessing food and personal care support April 2019-March 2020, and 66% were accessing this between April-August 2020.
- 89% were accessing healthcare services (including physical and mental health, addiction services etc) April 2019-March 2020, and 66% were accessing this between April-August 2020.
- 89% were accessing financial support services April 2019-March 2020, and all were accessing this between April-August 2020.
- 22% were accessing employability services April 2019-March 2020, and 33% were accessing this between April-August 2020.

10.9 Proportion of service users in permanent accommodation accessing specific services from the day centre April 2019 – March 2020 and from April 2020 – August 2020

- 19 individuals were supported to go into permanent accommodation April 2019 – March 2020, and 7 between April-August 2020.
- All were accessing support with social aspects of life (to contribute to wider society / social networks) throughout both periods.
- 89% were accessing food and personal care support April 2019-March 2020, and 29% were accessing this between April-August 2020.
- 83% were accessing healthcare services (including physical and mental health, addiction services etc) April 2019-March 2020, and 86% were accessing this between April-August 2020.
- 83% were accessing financial support services April 2019-March 2020, and 71% were accessing this between April-August 2020.
- 39% were accessing employability services April 2019-March 2020, and 29% were accessing this between April-August 2020.

10.10 Details of services and how support is provided (pre-Covid-19) including follow-up support

10.10.1 Services on offer at the drop-in centre

Pre-Covid-19 the drop-in centre was open 10:30 to 13:00 five days a week providing: a hot meal every day; laundry and shower facilities; emotional support, advocacy (e.g. with GP, Housing Executive, Benefits Office), advice and signposting; activities, group-work sessions (e.g. in relation to managing finances, workshop sessions by local pharmacists, chest, heart and stroke screenings) and various trips. Workshops

and information sessions have included a session by a local pharmacist which included information about the importance of taking vitamin tablets to reduce the risk of alcohol related brain damage.

Its early intervention housing clinic is designed to prevent a homeless crisis. It provides clear referral pathways into substance addiction services. It also receives referrals from addiction services to work with people who need help.

"Signposting is not enough for our clients … a leaflet is not enough … they will require support to make the link initially to engage … we have clear referral pathways into addictions services." (Staff member / volunteer, MARC project)

The aim of the work with service users is to help them to access the support they need and to develop the confidence and resilience to manage this, all within a community setting which encourages them to build social connections and peer relationships.

"I think it provides services in so many areas … where people can come along if it's to reduce social isolation, if it's to give a structure to the day … there is a couple of fellows would sit and do a crossword and that is what they feel has helped, to get up and have a structure to go along to that rather than to start drinking … others you know will want to do a number of other things within the centre … having a number of services ... people can access help with housing, benefits, social care or whatever … people will say for example that they like to be able to access the advice on benefits and they don't have to go off somewhere else to do that … I know that in the first instance being able to have somebody who make the initial contact [for them] … the skills classes … [are about] the difficulty of picking up the phone to ring the GP or Social Security and they find that so difficult and that was the training or the workshops that we gave." (Staff member / volunteer, MARC project)

The drop-in has also developed activities inspired by the input of service users, such as a choir.

Service users are empowered and encouraged to link in with local community and voluntary organisations to get involved in local projects. Some of the service users have been supported to get roles volunteering in The Link charity shop and its second-hand furniture renovation work, some have got involved in a local gardening project and choir. One service user has begun raising money for charity via walks and cycles. Others have begun courses in art, computers and health and wellbeing at New Horizons.

"The research on addictions would say that folk with addictions, their social networks are just shot to pieces over a period of time, so I suppose one of the things that the drop in does, it enables people to start to build a social network around themselves as well and I think that's really helpful." (Staff member / volunteer, MARC project)

The long-term, consistent relationship established with regular service users using the drop-in can help to avert a crisis, as staff and volunteers are aware of how individual service users are managing and can provide additional support if needed.

> *"The fact that they come in every day and that you get to know them, you can see differences, if they are showing signs of illness or maybe not as talkative at they normally are, you can see day to day changes in how they are feeling. They are maybe feeling ill but not maybe want to talk but you can see maybe by their demeanour that they are not quite their normal selves."*
> *(Staff member / volunteer, MARC project)*

10.10.2 Management of service users

A high percentage of service users are regular attenders and the project would have regular contact for a number of years. If it is assessed that they require additional supports, some are stepped up to the Floating Support service and the project would have contact for up to two years. Others access the service for a short number of sessions, e.g. to access support with housing or benefits and the project would not always have continued contact with these individuals.

The drop-in centre itself does not use a key worker approach in working with service users who self-refer as it is heavily reliant on volunteers although the service users interviewed still feel that they do have a key point of contact. The staff/volunteers will deal with issues that arise and deliver support, signpost to services and advocate for service users if needed, they will also organise sessions and activities. The support at the centre appears to be service user led, in that it meets their needs at that point in time by accessing support in terms of housing, benefits, health and immigration issues etc.

> *"They need company and I think a lot of them feel neglected by society perhaps so that when they come to the Drop-in they perhaps feel a bit of worth because they are given attention when they are there, they get a proper meal which they may not get at home, either not capable of cooking themselves ...then they get friendship."*
> *(Staff member / volunteer, MARC project)*

> *"There is a scepticism about statutory bodies and I think part of our role is to link them into the GP, into the health service, into the Housing Executive or whatever in that sense, and so that's where we will treat them as a human being and treat them as a person and then try to link them into those other services."*
> *(Staff member / volunteer, MARC project)*

> *"I think that that is one of the key roles as well of the Drop-in, that they are not going to be dropped, they are actually going to be listened to and followed through on the issues that are serious to them." (Staff member / volunteer, MARC project)*

> *"I think we can help them present themselves better to get their needs met from another agency." (Staff member / volunteer, MARC project)*

10.10.3 Other services provided by the MARC project

The MARC project also provides a Floating Support Service for North Down and Ards. It is accredited as a housing support provider through Supporting People funding which involves: supporting people one to one who experience substance misuse and housing issues; assisting individuals to maintain tenancies; supporting people who experience a housing crisis; supporting people to obtain temporary accommodation through the homeless application process with NIHE.

Some of the people who use the drop-in centre will be accessing this contracted floating support and will therefore have an assigned key worker through this service.

"[Floating Support] only with a limited amount of people because we are only contracted and paid for a certain amount of client group"
(Staff member / volunteer, MARC project)

The MARC project receives referrals from addiction services and delivers an eight week Crisis Response support programme which involves one to one support in dealing with a crisis in a community setting which focuses on the safety, wellbeing and empowerment of client in crisis. It focuses on beginning treatment as soon as possible to relieve immediate distress and assist recovery.

"We had a woman who had attended who had lost their child to social services and I think through coming to the Drop-in and the work that was done with her she was able to achieve sobriety, get her child back and get a job and that was as a result of it."
(Staff member/volunteer, MARC project)

10.10.4 Multi-agency working

The project has close connections with local community organisations including churches through which it takes part in activity and fundraising opportunities.

"We have spent a lot of time over the years building those relationships in that sense, so it doesn't just happen overnight but we have gone out of our way to build those relationships and we have got lots of good relationships with both statutory and other voluntary agencies in the town." (Staff member / volunteer, MARC project)

Its closest external agency relationship is with the community addictions team, there is a specific referral pathway set up with this team. Staff are regularly in touch via phone or meetings (pre Covid-19).

Interactions with the Housing Executive occur as and when needed on behalf of specific service users. Staff will take service users to register at the Housing Executive and when they are tenants will advocate on their behalf where appropriate to solve problems, such as getting repairs done or reporting anti-social behaviour.

A new pilot referral system has recently been introduced in the North Down area whereby floating support providers have one point of contact who liaises with the Housing Executive to allocate referrals depending on that person's issue.

There are also meetings which occur with the Housing Executive on a bi-monthly or quarterly basis which are designed to improve the contact, communication and inform each other of ongoing projects / success stories / obstacles

10.11 Homelessness prevention work

The MARC project provides this through its early intervention and support services at the drop-in centre and its Floating Support team.

It assists people experiencing homelessness in a variety of ways. If people come in off the street it will take them to register with the Housing Executive, help them find suitable temporary accommodation, help them to source more permanent accommodation and then furnish it.

Sometimes people who attend the centre are made homeless through paramilitary threats and / or other anti-social behaviour, and it will help them to find new accommodation, by liaising with the Housing Executive or housing associations.

Much of its work however involves helping people sustain their tenancies and therefore preventing them from experiencing homelessness e.g. liaising with doctors re medication, with departments re benefits etc.

"Whenever there is a crisis you are trying to make sure it doesn't end up in homelessness in that sense you know and you are trying to deal with that crisis at that particular time to try and maintain that them staying in their own home whatever that means." (Staff member / volunteer, MARC project)

"All those things that I talked about [relate to prevention] … whether helping people deal with addiction issues, with finances, with budgeting so that they can pay rent etc, sometimes we would find that people … have major debt issues which makes it then difficult to pay rent or to maintain their tenancy … assisting people with alcohol or drugs, sometimes people will chose abstinence but more regularly it's trying to minimise the harm…sometimes people are having difficulty maintaining the tenancy as they are having difficulty coping…Mental health is another one, you are trying to pick things up at an early stage, so if you have noticed that someone's condition has changed trying to link them in with the GP and so on rather than letting it run on …. Doing all that skills work, trying to enable people to do those things, whether that's coping mechanisms or skills workshops, we ran a number of life skills workshops, it's trying to bolster that individual … a lot of clients have a long history of failures and at times just have an attitude of what's the point .. they can have very little sense of efficacy." (Staff member / volunteer, MARC project)

"The fact that they come in every day and that you get to know them, you can see differences, if they are showing signs of illness or maybe not as talkative at they normally are, you can see day to day changes in how they are feeling. They are maybe feeling ill but not maybe want to talk but you can see maybe by their demeanour that they are not quite their normal selves…Whenever there is a crisis we will deal with that but I think part of it is trying to avert that crisis so on a regular basis if you are able to see them you can help avert that."
(Staff member / volunteer, MARC project)

10.12 Data recorded electronically about service users

The MARC project records data using SPOCC for each service user who has been referred to them and takes part in an assessment. This includes recording the relevant information / history under the following headings:
- Detail of other relevant professionals/services involved with client
- Housing situation, length of time in accommodation, ability to manage tenancy/accommodation
- Physical health needs
- Emotional and mental health needs
- Alcohol and drug misuse - current and previous
- Offending info
- Managing money info
- Self-care and living skills
- Motivation and taking responsibility
- Meaningful use of time
- Social networks and relationships:
- Relevant others in household/family members:

10.13 Data reported to the Housing Executive

On a quarterly basis Foyle Haven submit an outputs/outcomes based performance report to the Housing Executive Homelessness Policy and Strategy team.

Output data includes:
- Number of clients engaged
- Average weekly attendance
- Number of new referrals to drop-in service
- Number of new service users attending 3 or more sessions
- Number of referrals to Homelessness Prevention Service

Outcome data includes numbers of existing and new clients supported as well as the number of occasions this type of support was provided for each of the following categories:
- Service users supported to access temporary accommodation
- Service users supported to access permanent accommodation

![RFA - RF Associates logo]

- Service users supported to maintain a recent placement in accommodation
- Service users prevented from losing their existing accommodation
- Service users supported to:
    - Access welfare/benefits or other financial advice
    - Contribute to wider society and enhance social networks
    - Manage physical / mental health
    - Access appropriate health and/or social care
    - Access to addiction services
    - Enhancing employability prospects

10.14 Impact of Covid-19 on service

The drop-in centre closed and the staff and volunteers worked remotely to deliver the services related to the drop-in centre and floating support. Many of its service users have underlying medical conditions such as COPD and asthma which put them at greater risk and meant that they needed to shield.

The figures for "regular attendance" for this period relate to telephone contact and outreach services. Staff have provided support advice with housing, finances and debt management; staff have provided support with addiction problems.

Staff in the centre have organised delivery of food and medications. They have assisted service users access health and social care. They have reduced isolation through regular telephone contact and through some online activities, e.g. quizzes.

"The team who have been supporting our clients on the phone have been amazing. They have really upped their game as far as keeping in touch with the clients when they have not been coming into the Drop-in, and the clients do appreciate that. So at least daily they are getting a call from the team and they are there. It's not only calls from our team it's the clients calling them as well so that they know they are being supported and the help is there if it's required." (Staff member/volunteer, MARC projectr)

Service users also maintained some of the friendships they enjoyed at the centre by keeping in touch and supporting each other.

"I think one of the things that people have done in the Covid time that has been really interesting to see as the product of the drop-in has been the amount of peer support people have been able to give one another. So that says something about the relationships in the day centre in the drop-in that have been made that in a time of crisis like the Covid crisis that they are now able to support one another, so I think that has been a helpful thing to observe." (Staff member / volunteer, MARC project)

The centre tried to provide some activities online such as a Zoom quiz, to help combat the social isolation experienced by all those who usually attend the drop-in centre, but many service users were either unable to use this as they did not have sufficiently hi-tech mobile phones or they were unwilling to engage with this.

The project also provided food deliveries from the local food bank to those who were shielding and supermarket shopping.

The Link's charity shop in Newtownards reopened in the summer and some of the service users dropped in to this to see the staff / volunteers in the absence of the drop-in centre being open. Some service users also began volunteering at the charity shop.

"We're still keeping in touch with the clients by phone or by shopping for them or them coming into the shop to chat, so it's happening that way, but there would be a lot less face to face meeting than we would normally have."
(Staff member / volunteer, MARC project)

The drop-in put in place measures to protect clients and staff in light of Covid-19 and it reopened on 12 October 2020, three days per week for limited numbers of five persons per day and two staff.

Floating Support continued to support clients via telephone and in the Drop-in. In person visits are made in certain circumstances where benefit outweighs risk such as in cases of medical emergency, delivering emergency food supplies etc.

10.15 Emerging trends – September 2020

Lockdown and the current Covid-19 restrictions and general anxiety surrounding society and the MARC clients has increased the quantity of contact calls with clients. Clients have become more dependent on the services provided for emotional support, prescription deliveries, food deliveries and general day to day reassurance. Due to the Drop in being closed clients have become lonely and isolated with some reverting to old drinking habits and increased usage.

10.16 Ongoing priorities for September – December 2020

- 12 October 2020, Drop-in reopening for limited hours and days
- Floating Support continues via telephone and in person when required

Role of Day Services in delivering support to those experiencing Chronic Homelessness

Literature Review

Prepared by Sarah Carter and Ruth Flood

FINAL: 06.07.2020

RFA
RF ASSOCIATES

1.Overall research project objectives

Key objectives for this project as a whole are:

- Analysis of the needs and experiences of individuals who are attending day centres.
    - *And identify the circumstances which leads to an individual experiencing chronic homelessness to use day services*

- To evaluate the performance of the day centres in providing help and support for those at risk of or experiencing chronic homelessness.
    - *Evaluate and review the role of existing day centres in Northern Ireland, namely Foyle Haven Day Centre, Derry/Londonderry, the Welcome Centre, Belfast and the Marc Project drop in centre, Newtownards in delivering assistance to those that are experiencing chronic homelessness. What services do they provide, prevention work, hours of opening?*

- To understand the challenges in delivering services to individuals who are experiencing chronic homelessness, through day centres.
    - *What are the services currently available to address it? Are there gaps in services available? If gaps are present are they gender specific*?

- To look at methods for identifying the numbers of those experiencing chronic homelessness who utilise support services available through day centres, but who do not engage with the Housing Executive.

- To identify methods of day service delivery in other jurisdictions which are effective in meeting the needs of those who are experiencing chronic homelessness.
    - To examine methods of service delivery in other jurisdictions which are effective in meeting the needs of individuals who are experiencing chronic homelessness.
    - To identify effective inter-agency working which may be effective in assisting the needs of those who are experiencing chronic homelessness.

The following literature review seeks to provide insights into what is already known regarding the areas described in these objectives. The intention is that RF Associates will build on this during the subsequent primary research with day centre staff and providers.

2. Summary of literature review key findings

1. The Housing Executive Chronic Homelessness Action Plan estimates that between 5-10% of the homeless population in Northern Ireland could be identified as experiencing chronic homelessness. It has recently developed criteria to define chronic homelessness and plans to collect data specifically on chronic homelessness in future so as to understand its scale and prevalence.

2. The Action Plan identifies that an important aspect of the delivery of services to the chronic homeless is through day services and it is therefore essential to consider the role of day services in delivering support.

3. Since this research was commissioned in March 2020, the impact of Covid-19 and the ensuing lockdown has had a dramatic impact on people's lives and services. Day centres have changed the nature of what they are delivering and the Housing Executive has worked with its partners to ensure that every homeless person is accommodated.

4. This research project methodology will therefore need to take into account the changes which have occurred in delivery of day centre support to people who experience chronic homelessness. We anticipate that the three day centres will be able to share with us their historic experiences of providing services, however there will be an opportunity to learn from the ways in which they have adapted provision since the Covid-19 lockdown and what opportunities this may have created for day centres to provide effective service provision to help end chronic homelessness. It would also be beneficial to explore whether the situation has led to new good practice examples of improved inter-agency working to tackle the problem of chronic homelessness.

5. The term 'day centre' is often used as a 'catch-all' term for a range of different services. Services may prefer to describe themselves as drop-ins, resource centres, hubs or wellbeing centres. Day services vary widely in terms of their provenance, funding, staffing levels, number and type of service users they work with, how they work, their focus and the extent to which they collaborate and work with other agencies and services.

6. Whilst there is considerable recent literature about tackling homelessness in general, there is comparatively much less literature about day centres and their service provision. There appears to be no robust evaluation which attempts to measure their effectiveness collectively.

7. There is limited research on the circumstances which leads an individual experiencing (chronic) homelessness to use day centre services specifically. However, service users appreciate the (often) unconditional accessibility of day centres, which compares with the conditionality of many other agencies and services that they encounter.

8. Previous research has found that individuals attend day centres for:

- Accessible resources which enable them to survive
- Sociality and companionship in a safe and welcoming environment
- Safety, refuge and protection from depressing, frightening and volatile hostel and street environments
- Access to other services, such as housing, substance misuse or mental health services
- Advice and advocacy
- Spiritual support (for some); especially faith-based centres where they could participate in prayer or acts of worship.

9. Day centres are often places of change, as they offer service users opportunities to turn their lives around.

10. Service users place high value on involving people with lived experience in service delivery because they:
- Give hope to those experiencing homelessness that a better future is possible
- May have a better, more empathic and less judgemental connection with people experiencing homelessness
- They personally benefit from the confidence and self-esteem that is built by volunteering or working in day centres

11. However, day centres can be volatile and intimidating places, and this may have a negative impact on their appeal to some people experiencing chronic homelessness. Research has found that there is often a gender imbalance with a higher proportion of men than women using day centre services.

12. It has been challenging to find literature which evaluates the performance of day centres, however it appears that there has been increasing momentum for day centres to provide evidence of the impact of their provision, as shown in the creation of the Homeless Link day centre project which ran until May 2019.

13. It has been possible to find evidence of standard metrics for measuring effectiveness in the sector, however there are clear challenges in evaluating their effectiveness.

14. Day centres also face challenges in delivering services to prevent homelessness. The main challenges appear to be:
- Lack of resources and funding which means it can be difficult to have sufficient staff or even remain open
- Working with service users, supporting people with complex needs and engaging people
- Lack of suitable and affordable accommodation

15. There is substantial and increasing evidence about how organisations can work together better to reduce and prevent homelessness. It highlights the fact that the work of day centres is most effective when it is connected to other services and that day centres as a whole are often integral to people experiencing homelessness to access the essential help they need.

3. The definition of chronic homelessness and the context for this research

The Housing Executive Chronic Homelessness Action Plan (updated 2020)[4] outlines the need to reduce the numbers of people who experience chronic homelessness. The Housing Executive has recently developed criteria to define chronic homelessness. An individual can be said to be experiencing chronic homelessness if they meet one of the indicators listed:

- An individual with more than one episode of homelessness in the last 12 months
  OR
- An individual with multiple (3 or more) placements/ exclusions from temporary accommodation during the last 12 months.

AND two or more of the following indicators 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, 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 (residential and non - residential care)

The Action Plan outlines the intent under Objective One, for the Housing Executive to collect data specifically on chronic homelessness in order to understand its scale and prevalence. Whilst it is intended that chronic homelessness will be a new category in itself in the future, there is no plan to retrospectively identify individuals who fit this definition. The Housing Executive does not yet have a defined reporting mechanism for identifying these individuals.

The Housing Executive provided RF Associates with its current service user journey data in April 2020. The data includes:

- **Presenters**: all households that have presented to the Housing Executive as homeless.
- **Acceptances**: all households that have passed the four statutory tests of: Homelessness, Eligibility, Priority Need and Intentionality. They are Full Duty Applicants (FDA). This means the Housing Executive has a duty to ensure that accommodation becomes available for the household (this duty can be discharged in stages via temporary accommodation before permanent allocation). They are also owed duties around the protection of their goods.

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[4] Housing Executive, (January 2020). *Chronic Homelessness Action Plan*

Table 1 shows the percentage of acceptances in comparison to the overall number of households presenting as homeless over the last four years.

Table 1: Housing Executive Service User Journey Data 2019/20 - Overall numbers

Year	Presenters	Acceptances	Total not 'accepted' not pass statutory tests	% presenters accepted	% presenters refused
2019/20	16802	11323	5479	67%	33%
2018/19	18202	12512	5690	69%	31%
2017/18	18180	11877	6030	65%	35%
2016/17	18573	11889	6684	64%	36%

The Housing Executive data includes the number and proportion of presenters and acceptances by gender/age/type of household, reason for homelessness and by area.

Table 2 shows the proportion of acceptance compared to presenters for each type of household in ascending order and Table 3 shows the proportion of acceptances compared to presenters for each reason for homelessness in ascending order.

People experiencing chronic homelessness will feature in the % presenters not accepted, but it is not yet known how they are distributed across these reasons and categories (and areas).

Table 2: Housing Executive Service User Journey Data 2019/20 -Reasons for presenting as homeless as defined by Housing Executive

Presenters by household 19/20	Presenters	Acceptances	Difference	% Presenters accepted
Single Male 16-17 yrs	68	32	36	47%
Single Female 16-17 yrs	90	44	46	49%
Single Male 18-25 yrs	1322	666	656	50%
Single Male 26-59 yrs	4245	2248	1997	53%
Single Female 18-25 yrs	1195	776	419	65%
Couples	751	492	259	66%
Single Female 26-59 yrs	1722	1198	524	70%
Families	5093	3979	1114	78%
Pensioners	2237	1888	349	84%
Undefined	79	0	79	100%
Grand Total	**16802**	**11323**	**5479**	**67%**

Table 3: Housing Executive Service User Journey Data 2019/20 - Reasons for presenting as homeless as defined by Housing Executive

Reason for presenting 2019/20	Presenter	Acceptance	Difference	% accepted
Default homeless reason	1	n/a	1	0%
Loss of private rented accom.	6	n/a	6	0%
No data	71	n/a	71	0%
Accommodation not reasonable	22	n/a	22	0%
Loss of HA accom: arrears	25	3	22	12%
Loss of NIHE accom: arrears	31	4	27	13%
Intimidation- ASB	51	13	38	25%
Loss of NIHE accom:ASB	12	4	8	33%
LOPRA: affordability	394	168	226	43%
Loss of HA accm: other	94	41	53	44%
Loss of HA accm: ASB	24	12	12	50%
Relationship Breakdown	1683	846	837	50%
No accom in Northern Ireland	1305	707	598	54%
Fire/Flood/Other Emergency	44	24	20	55%
LOPRA: other	559	306	253	55%
Loss of NIHE accom: other	29	16	13	55%
ANR: Property unfitness	168	96	72	57%
LOPRA: fitness/repairs	84	48	36	57%
Mortgage Arrears	89	51	38	57%
ANR: Financial hardship	233	134	99	58%
Release from Prison	230	134	96	58%
B'down of sharing/Family dispute	3652	2135	1517	58%
Bomb/Fire Damage	46	27	19	59%
LOPRA: landlord dispute	198	119	79	60%
Neighbourhood harassment	1415	899	516	64%
Hospital Discharge	29	20	9	69%
Intimidation- Racial	18	13	5	72%
ANR: Other	260	195	65	75%
LOPRA: property sale	871	654	217	75%
Intimidation-Sectarian	14	11	3	79%
ANR: Violence	155	124	31	80%
Other Action	87	70	17	80%
ANR: Overcrowding	169	141	28	83%
Child Ex Care	102	86	16	84%
Sexual abuse/Violence	92	79	13	86%
Intimidation- Paramilitary	246	212	34	86%
ANR: Physicalhealth/Disability	2660	2375	285	89%
ANR: Mental health	572	541	31	95%
Domestic Violence	1055	1009	46	96%
Intimidation-Sexual Orientation	6	6	0	100%
Grand Total	**16802**	**11323**	**5479**	**67%**

The Chronic Homelessness Action Plan identifies that an important aspect of the delivery of services to people experiencing chronic homelessness is through day services. It is therefore essential to consider the role of day services in delivering support. There is an assumption that day centres are likely to be predominantly providing services for people who fit the definition of chronically homeless. The Housing Executive wish to focus on this specifically in relation to three day centres that it helps to fund: Foyle Haven Day Centre, Derry/Londonderry; Welcome Centre, Belfast; The Marc Project drop in centre, Newtownards, and this therefore requires each of the day centres to provide data on how they impact on this category.

In England, the organisation Making Every Adult Matter (MEAM), which is a coalition of national charities in England: Clinks, Homeless Link, Mind and associate member Collective Voice, works to support local areas across the country to develop effective, coordinated services that directly improve the lives of people facing multiple disadvantage. MEAM describes these as people who experience a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. MEAM describes them as falling "through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives".[5]

In its recent submission to the Housing, Communities and Local Government Committee's Inquiry into Coronavirus and the Private Rented Sector (Spring 2020) MEAM explains that:

> "individuals experiencing multiple disadvantage often have serious housing issues, frequently rough sleeping for significant periods of time. For many, accessing stable and appropriate accommodation is exceptionally difficult. They are rarely deemed to be in priority need and regularly determined to be intentionally homeless because of past behaviour." [6]

This would appear to be similar to the Housing Executive definition of the chronically homeless and it would be useful to understand whether this is the case from the perspective of the Project Advisory Group (PAG) for this research project. If it is the case, then MEAM is currently building a strong evidence base about how to address the needs of homeless people facing multiple disadvantage which could be used to provide insights into the needs of people experiencing chronic homelessness although its work extends far beyond day centre provision. Data from some of MEAM's work is included later in this literature review.

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[5] meam
[6] MEAM (May 2020). *MEAMS response to the Housing, Communities and Local Government Committee's Inquiry into Coronavirus and the Private Rented Sector* p.1

4. The new landscape created by Covid-19 which has impacted on day centre provision for people experiencing homelessness

Since this research project was commissioned in March 2020, the impact of Covid-19 and the ensuing lockdown has had a dramatic impact on people's lives and services. Day centres have temporarily closed their doors and the Housing Executive has worked with its partners (including the day centres) to ensure that every homeless person is accommodated. From media reports and / or information posted on the day centres websites we understand that:

- Foyle Haven Day Centre, Derry/Londonderry is providing remote support such as phone calls and video link-ins with service users and home visits. Staff prepare and distribute food to those in need, collect and arrange medicines and provide Naloxone kits to those at risk.[7]
- Welcome Centre, Belfast is working closely with its partners in drug addiction services and mental health and continuing to provide on-going support and encouragement to people who are finding the isolation difficult. It is providing weekly food parcels to people in accommodation with cooking facilities, delivering meals twice a day to those in accommodation without cooking facilities, providing a laundry service twice a week for people in accommodation without washing machines, providing toiletries and clothes to those who need them. Its Outreach Teams are out on the streets of Belfast engaging with new presenters and delivering support to people affected by homelessness.[8]
- The Marc Project drop in centre, Newtownards is also closed. The Link Family and Community Centre where it is based are working in partnership with the Foodbank, Kiltonga and the Churches in the town to continue to offer support to the community.[9]

It is likely that since some of this information was published, each day centre has continued to evolve its provision and services to people.

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[7] Derry Journal (27 March 2020)
[8] Welcome Organisation (12 May 2020)
[9] The Link Family and Community Centre Facebook page (accessed 19 May 2020)

5. Introduction to this literature review

This literature review is stage one in the research project. It is intended to inform all the work that follows, for example ensuring that our research tools (discussion guides) build on tools already developed and take into account the various hypotheses and findings already reported.

We agreed with the Housing Executive to focus on the most relevant and recent policy and research documents relating to day centres and chronic homelessness, and the information we could find to provide insights under each of the five research objectives. We received a comprehensive list of documents from the Housing Executive and conducted our own extensive data trawl. We tried to focus on the most recent and up to date literature about homelessness (published after 2017). Whilst there is considerable recent literature about tackling homelessness in general, there is comparatively much less recently published literature about day centres and their service provision, so we have included some older reports.

It is worth noting that a number of recently published key documents focusing on homelessness in Northern Ireland do not include any specific references to day centres or day centre services, such as the most recent Homelessness Monitor: Northern Ireland (2020)[10] published by Crisis, and Chronic Homelessness and Temporary Accommodation in Belfast (2018).[11] Even the report written by Crisis in 2018 on ending homelessness in Great Britain makes only a few references to day centres.[12]

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[10] Fitzpatrick, S., Pawson, H., Bramley, G., Wood, J., Stephens, M., Frey, J. and McMordie, L. (January 2020) *The Homelessness Monitor: Northern Ireland.* Institute for Social Policy, Housing and Equalities Research (I-SPHERE) and The Urban Institute, Heriot-Watt University, City Futures Research Centre, University of New South Wales, & UK Collaborative Centre for Housing Evidence (CaCHE).

[11] McMordie, L. (2018). *Chronic Homelessness and Temporary Accommodation Placement in Belfast.* Edinburgh: I-SPHERE, Heriot-Watt University.

[12] Downie, M., Pritchard, R., Sanders, B., Reid, B., Hancock, C., Devlin, C., & Basran, J. (2018). *Everybody in: How to end homelessness in Great Britain.* Crisis

The Centre for Homelessness Impact[13] which was created by Crisis and Glasgow Homelessness Network in 2018, compiles evidence on its website of the effectiveness of various interventions on reducing homelessness. Its website currently states that there are no studies measuring the effectiveness of day centres.

Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. It is one of the few organisations which has published reports specifically on day centres. It makes a salient point in one of its recent reports that "day centres" are:

> "a 'catch all' term for a range of different services. The name 'day centre' can be loaded and, as such, some services prefer to describe themselves as drop-ins, resource centres, hubs or wellbeing centres."[14]

Because 'day centre services' operate in a variety of ways, this would appear to have contributed to the challenge we have found in finding robust literature about them which measures their effectiveness. Homeless Link goes on to define day centre services as:

> "places where people who are homeless or on the margins of homelessness can come to receive support. The type of support may vary from hot food, to structured advice appointments and anything in between. All of these services are included under the name 'day centre' in this report."[15]

It is also important to note that whilst there is a huge amount of literature available which discusses and explores homelessness generally, White et al (March 2020)[16] have identified that there has historically been no single resource which pulls together all the evidence about which interventions and programmes work to tackle the problem. The UK Centre for Homelessness is therefore currently involved in developing two evidence maps to show both what works and the implementation issues involved.

White et al state that the most recent evidence review on homelessness is that produced by Crisis and SCIE[17] in 2018. Whilst this does not focus purely on chronic homelessness and the role of day centres, its findings provide evidence that is useful to consider when planning the next stage of research for this project. Namely that:

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[13] https://www.homelessnessimpact.org/intervention/day-centres

[14] Homeless Link (2018). *Stopping homelessness before it starts (again) Homelessness prevention and day centres.*

[15] Ibid., p.4

[16] White, H., Saran, A., Fowler, B., Portes, A., Fitzpatrick, S., & Teixeira, L (2020) *Protocol: studies of the effectiveness of interventions to improve the welfare of those affected by, and at risk of, homelessness in high-income countries: An evidence and gap map.*

[17] Sheikh, S., & Teeman, D. (2018). *A rapid evidence assessment of what works in homelessness services.*

- "Sustained services, targeted to meet specific needs across time are effective. Effective services include those which provide Intensive Case Management, Critical Time Interventions and Housing First. Effective services incorporate Permanent Supported Housing elements, support for people into accommodation through the provision of housing vouchers and subsidies, and guidance on benefits and information about services.
- A number of features contribute to the effectiveness of services, including: adhering to particular aspects of models/designs of service that are found to be successful (fidelity); adapting and aligning services to local settings and context; developing and providing a range of person-centred responses that are attuned to reflect the personal circumstances of people, particularly with regards to their journey out of homelessness; integration and multi-agency working; a housing market that respond flexibly to the needs of homeless households.
- Challenges include a lack of services for people with complex needs such as mental health issues. People with complex needs can be more difficult to engage with in terms of assessing needs and providing flexible, responsive and sustained expert-led person-centred support. There were also challenges regarding access to housing in the local market and a lack of data and monitoring to inform service design.
- A lack of evidence about what works for a number of specific population groups, for instance with black and minority ethnic (BAME) groups and people living in transient accommodation (squatting, unsafe environment) who have rarely featured in studies and when they have, outcomes have not always been as positive as for other groups.
- The assessment suggests that involving and engaging people with lived experience of homelessness, and the wider community in service design would enable services to better access and engage harder-to-reach groups."

Where possible, we have tried to focus the literature review on finding evidence which focuses on people who fit the Housing Executive definition of chronic homelessness, however this has not always been possible.

6. Literature review – material which provides insights into: Objective 1: Analysis of the needs and experiences of individuals who are attending day centres

In this section we include insights from previous research with day centre users.

There appears to be limited collated research on the circumstances which leads an individual experiencing (chronic) homelessness to use day centre services specifically. A report by Homeless Link (2018)[18] which reported qualitative and quantitative research findings from 100 day centres in England found that most service users they interviewed had tried to get help from the Council initially, and that this had been a negative experience as they were either not offered help or made to feel worthless, as illustrated by these quotes from service users:

> *"The council is all official. You are just a number.[19]"*

> *"The Council said no, cos we're over 40 we're not disabled and don't have dependent kids so we're priority zero which is understandable, we're fit and healthy but it's difficult when they just say no. I panicked. What the hell do I do now?"[20]*

A recent report by Crisis mentions briefly that night shelters may direct people to day centres but does not provide any further information on this.[21] Information can also be gleaned from individual day centre data. For example, the most recent Annual Report published by St Petrock's day centre in Exeter reports that approximately 85% of new service users came directly to the centre themselves, the remaining 15% were referred by other services.[22] However, a number of other day centre annual reports reviewed do not contain any information about the referrals process or how people first access their services.

Research into the role played by day centres in England by Johnsen et al (2005)[23] includes survey data from 165 day centre project managers and qualitative data from over 200 semi-structured interviews with project managers, paid and volunteer staff, homeless service users, and other key informants from day centres in seven towns and cities. Its findings on the needs and experiences of individuals who attend day centres are supported by subsequent research conducted by Bowpit et al (2011) in

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[18] Homeless Link (2018). *Stopping homelessness before it starts (again) Homelessness prevention and day centres.*

[19] Ibid., p.20

[20] Ibid., p.21

[21] Downie, M., Pritchard, R., Sanders, B., Reid, B., Hancock, C., Devlin, C., & Basran, J. (2018). *Everybody in: How to end homelessness in Great Britain.* Crisis

[22] St Petrock's, (2018). *Annual Report 2017/18* p.8

[23] Johnsen, S., Cloke, P., & May, J. (2005). *Day centres for homeless people: spaces of care or fear?*

the HOME study[24] and later expanded on by Bowpit et al (2014)[25] which focused on single homeless adults experiencing "multiply exclusion homelessness". They found that individuals attended day centres for the following reasons:

- For accessible resources which enabled them to survive – this can be the hook which draws people in: food, clean clothes, blankets, bathing and laundry facilities, shelter from the street during the day. The resources also helped those who struggled to survive on welfare benefits who are housed in temporary or insecure accommodation.

  "Zara, a 19 year old 'hidden homeless' woman who was staying with a friend explained during one of her regular visits to a local day centre that:
  I never ever got money. Only get £82 every two weeks ... I've never got food. The only time I ever have food is when I come in here. (Zara, Service user, Bristol) ."[26]

- For sociality and companionship in a safe and welcoming environment which was free from the stigma experienced by people who are homeless in other environments. Day centres could alleviate the social isolation experienced by those living in temporary accommodation.

  "the staff of a case study day centre often had difficulty removing one particular service user from the premises at closing time. The individual concerned (aged in his 50s and resident in a local B&B) would beg to be allowed to stay "to just sit here quietly for a while with a cup of tea", claiming he was "starved of conversation". By engaging in light-hearted banter and listening more seriously to his concerns, the staff clearly offered conditions conducive to a therapeutic encounter (Gordon 1999). The primary outcome of similar such encounters was described simply by Dale as follows:

  'You come here because after sleeping rough for the night you're cold and you're depressed and you're beat up, so you come here to get warm, to get a wash etcetera, and that cheers you up and kick-starts your day.' (Dale, Service user, Worcester)"[27]

- For safety, refuge and protection from depressing, frightening and volatile hostel and street environments. As illustrated in the following quote:

  "John: *It's [the hostel] dead heavy, it's dead hard, it's dead aggressive, because of the drugs, because of drugs, they just don't give a hoot ... The whole place is a barrel of gunpowder waiting for a spark. It's not like – it's all*

[24] Bowpitt, G., Dwyer, P., Sundin, E., & Weinstein, M. (2011). *The HOME Study. Comparing the priorities of multiply excluded homeless people and support agencies.*
[25] Bowpitt, G., Dwyer, P., Sundin, E., & Weinstein, M. (2014). *Places of sanctuary for 'the undeserving'? Homeless people's day centres and the problem of conditionality.*
[26] Johnsen et al (2005), *Day centres for homeless people: spaces of care or fear?* p.11
[27] Ibid. p.12

knives and all this and all that, you know what I mean? Sort of threatening you with an empty syringe, you know what I mean? ... The less time I'm there the better I feel about it like.
Interviewer: *Is that why you spend time in the day centres?*
John: *It's bloody safer [here in the day centre] than being there.* (John, Service user, Worcester)" [28]

Bowpit et al (2014)[29] state that service users appreciate the unconditional accessibility of day centres, which compares with the conditionality of many other agencies and services that they encounter. Johnsen et al state that day centres provide a space for people experiencing homelessness to 'belong' and where their status is the norm and accepted:

> "Consequently, as Parr (2000) notes of drop-ins for people with mental health problems, bodily appearances, odours, and certain behaviours (for example, sleeping under a table) that might be deemed 'odd' or 'inappropriate' elsewhere, are accepted…informal collaboration between service users allows for the expression of difference – or what Parr (2000) calls 'unusual norms' – and provides a degree of stability within which different behaviour codings are allowed and even perpetuated."[30]

Bowpit et al (2014)[31] state that individuals also value the support they receive from day centres in a number of specific areas:

- To access or as a route to other services, such as housing, substance misuse or mental health services.
- As sources of advice and advocacy (for some).
- As providing spiritual support (for some); especially faith-based centres where they could participate in prayer or acts of worship.

This finding is reflected in the more recent research by Homeless Link[32] which emphasised that service users particularly value the specialist support provided by day centres and especially when this is ongoing, thereby helping service users to maintain tenancies:

> *"Once you've got a flat your problems are not ended. You've got more problems. Rents and council tax and the rest so the help continues."*[33]

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[28] Ibid.

[29] Bowpitt et al (2014). *Places of sanctuary for 'the undeserving'? Homeless people's day centres and the problem of conditionality.*

[30] Ibid., p.14

[31] Bowpitt et al, (2014). *Places of sanctuary for 'the undeserving'? Homeless people's day centres and the problem of conditionality.* p.12

[32] Homeless Link (2018). *Stopping homelessness before it starts (again) Homelessness prevention and day centres*

[33] Ibid., p.22

"I think a lot of it is a support thing. I know when I got put into emergency housing with my baby. This place I was staying was disgusting but I didn't want to leave because I had so much support there. I had other women there that were in the same boat. So when I was given this flat I found that transition really hard cos I went from having someone to talk to every day to suddenly being on my own again ... you get used to having some sort of family around you even if it's just a street family. And you're all in the same boat and there's a strength in that and I think leaving that is hard."[34]

Bowpit et al characterise the role played by day centres as also being places of change, as they offer service users opportunities to turn their lives around. Day centres provide this by:

- Providing "supportive enablement, giving service users the facilities to negotiate their own cases with other agencies, with day centre expertise as a fall-back."
- Offering "convivial activation, engaging service users in accessible and inclusive activities that promote skill development in an atmosphere that fosters mutuality."[35]

The 2011 research conducted by Bowpit et al found that multiply excluded homeless people MEHP consistently reported that the personal support provided to them by services such as day centres, was felt by them to be effective as it was centred on their needs and involved personal attention and support from staff:

- "Where agencies and their staff are not circumscribed by external agendas, the most effective help is offered. This is most often found in soup runs, day centres, outreach teams and key working in specialist hostels, where a personal commitment to homeless people can be exercised.
- Personalised help from support workers who go beyond their brief to provide commitment and friendship to people at times of great need was the most common feature of effective support identified by MEHP"[36]

These reports on day centres written in 2005, 2011 and 2014 do not mention people with lived experience being involved in service delivery. It may be the case that this is an element of day centre service provision which is a relatively recent development. It appears from the Homeless Link report that this is now widespread across day centres in England. It states that service users placed high value on involving people with lived experience in service delivery, either through volunteering or working because:

- People with lived experience give hope to those experiencing homelessness that a better future is possible:

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[34] Ibid. p.22
[35] Ibid., p.14-15
[36] Ibid., p.4

"It was people that was already on the ladder that got me to the stage where I am now and now I'm on that ladder and I hope I'm helping people that come in now to get on that ladder."[37]

- People with lived experience have a better, more empathic and less judgemental connection with people experiencing homelessness than staff who do not have that experience themselves:

"You know you're not going to be judged and you know there's not going to be any stigma there. There is still judgement and stigma in services. Whether it's very subconscious, we've all experienced it and if you're working with someone who's been there and done that, that isn't there. Even if you just perceived that you're being judged that can stop you."

"They say it really quick 'oh you have to do this and that' instead of 'stage 1, stage 2 etc' the way a professional speaks. Speak quicker and get it all over with. Different way of conversation." [38]

- People with lived experience personally benefit from the confidence and self-esteem that is built by volunteering or working in day centres:

"It gives you confidence when you give us trust – you trust us with lots of things. I'm trusted to go out with money."

Johnsen et al (2005) also found some evidence that the absence of day centres was experienced negatively by some people experiencing homelessness. They stated that:

- The lack of access to survival resources provided by day centres could lead to some homeless people resorting to 'survivalist crime':

"This outcome was most tellingly exhibited when a member of the research team was conducting an informal group interview with three rough sleepers in a rural town that had no day centre. During this conversation one of the men stripped down to his underwear and began to bathe himself with a packet of 'wet wipes', announcing that he had stolen them that very morning *"because there are no showers in this bloody town"*. Similarly, several other homeless interviewees admitted that they regularly shoplifted food when the day centres in their respective towns were closed (usually during the weekends)."[39]

- The lack of access to safe refuge provided by day centres could have a detrimental impact on mental health:

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[37] Homeless Link (2018). *Stopping homelessness before it starts (again) Homelessness prevention and day centres* p.19
[38] Ibid., p.20
[39] Ibid.

"Sam…described the despair he feels when forced outdoors into an urban environment that doesn't want him as residents have to leave the city's only night shelter each morning:

I've got nowhere to go during the day, you know what I mean? ... Here you get kicked out at half past eight in the morning and get woken up at seven, and people are up and about until about half past twelve/one o'clock so by the time you get to sleep you're not getting enough sleep so you're feeling really drowsy and grumpy in the mornings and having to go out in the cold. It's just – I can't handle it really. (Sam, Service user, Doncaster)"[40]

However, all these reports also state that day centres can be intimidating places, and this may have an impact on their appeal to some people experiencing chronic homelessness.

Johnsen et al state that day centres can be perceived as "spaces of fear" because they often have different ethos and aims, which can lead to differences in conditions within them: for example, ranging from an atmosphere of acceptance to a focus on rehabilitation and the requirement to see a service user show a desire to change to a focus on empowering service users to encourage them to take responsibility.

As a result these lead to differences in atmosphere within day centres which may impact on their appeal to different people experiencing homelessness. Some people resent the imposition of rules, whilst others welcome the sense of order and control that these create. This is illustrated by the verbatim quotes by two service users:

You tend to find that [some people] don't use this place [The Lighthouse Day Centre] you know what I mean - they'd rather use places like The Basement - it's a bit quieter - you know what I mean - and it's - different clientele altogether, different clientele altogether. (Sean, Service user, Bristol)

You tend to get a much gentler type of person in there, goes in there, for a start off. That goes without saying straightaway. And also the conversation in there, no one seems to swear in there, you won't hear bad language ... It's out of respect. There are posters of Christ on the wall. They have free bibles. I think it's a bit like it's drummed into you as a child. You don't steal from a church, very, very wrong. And that's almost locked into everyone's head from a very young age and it sticks. So when you enter a Christian café you tend to behave in a slightly... You tend to moderate your behaviour to fit. It's the last bit of the jigsaw puzzle going in. You fit in. You make yourself fit. You alter your behaviour to fit. (Phil, Service user, Bristol)[41]

The more recent Homeless Link (2018) report stated that in two of the focus groups, service users explained that day centres (and hostels) can be intimidating if they are chaotic, particularly for women. Service users were quoted as saying:

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[40] Johnsen et al (2005). *Day centres for homeless people: spaces of care or fear?* p.12
[41] Ibid., p.16-17

"A lot of people won't use a day centre because they don't touch drugs, they don't drink but they don't want to be around that chaotic place so there's a lot of people who don't really access the service who could really do with it."

"Up at the day centre we know for a fact that women are avoiding going there because they don't want to be around chaotic men."[42]

This supports the findings from the Johnsen et al report in 2005, which found that survey respondents estimated that on average 74% of their service users were men and just 26% women. They state that this gender imbalance also contributed to the frightening atmosphere of some day centres for some people experiencing homelessness.

Johnsen et al go into considerable detail to make the point that service users are not homogeneous, and that the differences between them can therefore also lead to conflict. The report states that they found a number of different subcultures of homelessness common amongst service users of day centres. It categorised the three main groups as being:

'pissheads' (alcoholics), 'smackheads' (heroin addicts), and 'straightheads' (individuals with no major substance dependencies). Outside of homeless services, these groups tend to colonise different parts of the city and do not mix to any significant degree."[43]

The report states that the volatility of day centres can be derived from these groups being brought together and creating their own hierarchies:

'homeless day centre users…interpret the differences between the three groups according to (similar) hierarchies of stigma that they themselves enact. As a consequence, 'pissheads' see themselves as superior to 'smackheads' and vice versa, and 'straightheads' consider themselves more virtuous than either of the other two groups.[44]"

The report also found that service users assessed each other in terms of degree of culpability for their homelessness:

"day centre users routinely (even if unconsciously) classify one another according to one of three groups, recently coined 'unwilling victims', 'lackers', and 'slackers' by Rosenthal (2000). Amongst respondents, the 'unwilling victim' group included those who needed to utilise homelessness services because of structural forces deemed to be beyond their control (for example, the loss of a job, or eviction), thus rendering them 'deserving' in the eyes of fellow service

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[42] Homeless Link (2018). *Stopping homelessness before it starts (again) Homelessness prevention and day centres* p.23
[43] Johnsen et al (2005). *Day centres for homeless people: spaces of care or fear?* p.22
[44] Ibid.

users. Also considered 'deserving' by their peers, 'lackers' were assessed as not 'responsible' for their predicament because of some form of 'incompetence' (most often, mental illness or old age). In contrast, those positioned in the 'slacker' category tended to be deemed 'undeserving' because considered to be competent (that is, able to choose alternative lifestyles) and hence responsible for their homelessness. These categorisations are key influences upon the degree to which the 'unusual norms' exhibited by different people are tolerated within day centres."[45]

As these findings were based on research in England fifteen years ago, it is likely there now may be different 'groups' amongst people experiencing chronic homelessness in Northern Ireland.

Implications for this research project

These insights demonstrate that there will be a need to understand how current service users have ended up using and benefitting from the three day centres. For example, what are the common routes to accessing day centre services, what are the respective roles played by referrals vs word of mouth and do common routes to accessing day centres favour or exclude particular groups of people within the wider category of those experiencing chronic homelessness? Do day centres address / plug gaps in other services provided to those who face chronic homelessness?

These insights shed light on the tensions which may be present within day centres and which may make it challenging for them to be effective in meeting the needs of all types of people experiencing chronic homelessness. It highlights the potential need to include people who may be affected by chronic homelessness but who do not use day centres. The research does not currently plan to include these as a sample segment, however there may be value in undertaking research to understand better the barriers to usage and whether there are opportunities to provide them with day centre services in Northern Ireland which better meet their needs and help them to find a route out of chronic homelessness.

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[45] Ibid. p.24-25

7. Literature review – material which provides insights into: Objective 2: To evaluate the performance of the day centres in providing help and support for those at risk of or experiencing chronic homelessness

In this section we provide an overview of the services which are typically provided by day centres, and information about how day centre performance is commonly described and evaluated.

The report by Johnsen, Cloke and May (2005)[46] is useful as it highlights the roots which have led to the wide variety within the day centre provider sector:

> "Day centres generally have their roots in small-scale projects set up as a direct response to local need by concerned members of the public. They have evolved in divergent ways, so today take a range of forms and articulate their charitable impulses in different ways. Yet, still regarded as 'Cinderella subsidiaries' within the sector (Waters 1992), most day centres operate in less than ideal circumstances – perpetually subject to unstable funding bases, fragile staffing arrangements, and public opposition." [47]

Bowpitt et al (2014)[48] summarised three models of day centre provision which have been identified and described in previous research:

- The 'spiritual/missionary approach' where day centres "are places of containment and acceptance, where the aim is "to provide sanctuary ... or a tolerating community of people", with open accessibility and minimum expectations of service users."
- "The 'social work approach' where day centres are places of rehabilitation and change, where the aim is to challenge service users to change their lives by offering professional support, often delivered through a key working system.
- The 'community work approach' where day centres aim to foster personal change, by encouraging service users to tap into their inner resources through, for instance, skill development and work-related activity."[49]

Bowpitt et al assert that most day centres show elements of more than one of these approaches. Their report also states that there has been criticism that day centres "support the very lifestyles they are meant to challenge" and that this "has become part of the folklore of homelessness policy for at least the last 20 years".[50]

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[46] Johnsen et al (2005). *Day centres for homeless people: spaces of care or fear?*
[47] Ibid., p.10
[48] Bowpitt, G., Dwyer, P., Sundin, E., & Weinstein, M. (2014). *Places of sanctuary for 'the undeserving'? Homeless people's day centres and the problem of conditionality.* British Journal of Social Work, 44(5), 1251-1267. core p.3-4
[49] Ibid., p.3
[50] Ibid., p.4

A report by Homeless Link (2014)[51] on the role played by day centres in England in tackling rough sleeping specifically, outlines the particular attributes of day centres which means they are suited to play a significant role in this goal:

- They have a broad client base
- They tend to have low or no threshold access, which means they can engage with hard-to-reach clients
- They rarely have time constraints on their services which means they can develop trusting relationships with clients
- They can play a key role in homelessness prevention as they are often the first point of contact for those at risk of homelessness
- They are often the only services for people sleeping rough
- They can be innovative as they are often funded from diverse sources which means they can pioneer new ways to meet client needs
- They often engage in partnership working by operating as a hub for people to access other services such as health services, drug and alcohol workers, and housing and benefits advice

The report includes case studies of four different day centres. Each of these appeared to have evolved to target its work in some way to a particular need, such as addressing rough sleeping specifically or in some cases focused on a particular group of people and spectrum of needs of those experiencing homelessness (NB at the time of report publication – these services may have evolved since):

- The Whitechapel Centre in Liverpool which led the No Second Night Out response to rough sleeping in the Merseyside area
- Beacon House in Colchester which specialised in healthcare services for people who are homeless or at risk of becoming homeless
- Spires Day Centre in Streatham London which helped homeless and disadvantaged people to access services and activities that promote the skills, health and wellbeing needed to ensure they don't return to the streets. It also specialised in offering adult learning opportunities for people in the community who are often excluded from conventional learning.
- St Petrock's in Exeter which worked with homeless and disadvantaged people and identified the need for a service targeted at offenders returning to the community from local prisons. In 2010, it took over the Prolific Offender Resettlement Through Co-ordinated Housing (PORCH) project, aimed to reduce re-offending and contribute to safer communities by providing sustainable accommodation and support to offenders. It offered an intensive package of support, in conjunction with police, probation and public health partners.

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[51] Homeless Link, (2014). *Making the difference: how day centres are helping to tackle rough sleeping*

The most recent Homeless Link (2018)[52] report which focused on day centres and homelessness prevention provides data from a survey of 87 day centres/drop-ins in England. It found that:

- The median day service worked with 400 service users per year with 4.5 staff members.
- The majority of day centres worked with the full range of homeless groups although a small number focused specifically on rough sleepers or another group such as those in temporary accommodation. Rough sleepers accounted for a small majority of day centre attendees (28.5%), followed closely by those at risk of homelessness (27.5%) and those who were sofa surfing or 'hidden homeless' (26.2%).
- 95% of day centres (n=87) offered some level of support with housing advice and referrals, benefits advice, debt advice and support, education, training and employment (ETE) and maintaining a tenancy.
- Day centres also offered advice and support with substance misuse, mental health, physical health, offending behaviour and positive activities such as art and gardening.
- The majority of interactions took the form of signposting or informal conversations.
- Day centres also offered an array of specialist advice delivered by their own staff and by the staff of other organisations based onsite.
- Support and advice included:
    - Practical services, such as showers and laundry facilities
    - Access to primary care services (GP, nurse, optician)
    - Additional employability training e.g. literacy and numeracy support, IT, Women into Work course
    - ESOL and training within the centres' social enterprises
    - Support around relationships; personal development/life coaching
    - Support for those trafficked; outreach into local B&B accommodation.

The report provides detailed examples of the specific ways in which day centres help to prevent homelessness through activities and associated outcomes under what it categorises as the following stages of homelessness:

1. Early intervention
2. Preventing the loss of a home
3. Helping someone out of homelessness
4. Preventing entrenched homelessness
5. Helping someone keep their home

The most relevant category for this project which focuses on people experiencing chronic homelessness would appear to be 'preventing entrenched homelessness' (Figure 1).

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[52] Homeless Link (2018). *Stopping homelessness before it starts (again) Homelessness prevention and day centres*

Figure 1: How day centres prevent homelessness: Table 4 preventing entrenched homelessness[53]

PREVENTING ENTRENCHED HOMELESSNESS		
Type of intervention	Activities	How activities prevent homelessness
Timely advice and support	• Providing easy access to services through hub model or satellite service provision • Referral to support • Provision of advice services onsite or through outreach • Support rough sleepers to access support and attend appointments	Ensure people spend as little time as possible sleeping rough or in unsuitable housing
No second night out	• Rapid access to emergency accommodation • Rapid support to resolve homelessness	Ensure no one spends a prolonged period sleeping rough
Provision of activities and groups	• Art, music, creative groups • Practical skills e.g. gardening • Confidence building and community groups	Develop a sense of self and wellbeing in order to promote move on from homelessness and street lifestyles
Trauma-informed care and PIE approaches	• Structure services to support service users with trauma • Co-produce services with service users • Design service model to promote recovery	Enable service users to recover from trauma and move forwards with their lives
Support service users with complex needs	• Making Every Adult Matter (MEAM) • Complex needs workers • Partnership building	Ensure service users with complex needs receive the support they need

The Homeless Link report found that around a third of day centres could provide information on how they measured the prevention work that they do. Most measured outputs in the form of advice/support received, housing, advice and support outcomes and self-assessments such as the Homelessness Outcomes Star (see Objective 5 section for an explanation of this). Figure 2 on the following page is a summary table from the report of the type of measurement used by day centres.

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[53] Ibid., p16

Figure 2: Prevention outcomes measured by day centres[54]

Type of measurement	
Standard P1E (local authority) returns	(see Appendix I for details)
Housing-based outcomes	Moved into accommodation
	Sustained tenancy for set periods of time
Housing-based outputs	Accommodation advice provided
	Number of acceptances into local accommodation providers
Other outcomes	Substance related outcomes
	Employment outcomes
	Benefits outcomes
	Health and wellbeing outcomes
	Day to day successes measured
Other outputs	Accessing health services
	GP registration
	Accessing substance misuse services
	Support given on issues that could lead to homelessness
	Advice given
Self-assessment tools	Self-assessment form completed several times a year
	Assessment wheel
	Outcomes star (mentioned by several services)

It has been challenging to find literature which evaluates the performance of day centres beyond the annual reports produced by some day centres and outreach support providers such as The Connection at St Martin's[55] and St Petrock's[56]. However, it has been possible to identify one detailed evaluation report which focuses on the work of Nightsafe's Safelinks Big Lottery funded project (2017).

Nightsafe offers support and refuge to young people who are homeless or vulnerably housed within the Borough of Blackburn with Darwen[57]. The Safelinks project included a combination of its Platform 5 day centre support and a mentoring scheme aimed at helping young people overcome barriers to living a safe, settled and productive life. It was evaluated by Nightsafe and an independent evaluator and the measures used to demonstrate its impact reported[58]. The evaluation data included the following metrics:

- **Attendance**: Number of young people engaging with the project and the number of visits overall; gender and age demographics
- **Food and nutrition provided**: numbers of lunches, food parcels and food bank vouchers given out
- **Personal hygiene**: numbers of showers, toiletry packs given out, washing loads made
- **Percentage of activities accessed** according to the following categories: welfare benefits help and advice, physical activities, arts and crafts, literacy and

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[54] Ibid., p.18
[55] The Connection at St Martin-in-the-fields, (2019). *Annual Report 2018/19*
[56] St Petrock's, (2018). *Annual Report 2017/18*
[57] /nightsafe.org
[58] Nightsafe (2017) *Safelinks Evaluation, Reaching Communities Big Lottery Funding June 2014-February 2017*

numeracy help, health and wellbeing sessions, individual job search, CVs completed
- **Emergency crisis support** provided to numbers of people, including gender and category (family, single)
- **Referrals made to supporting services** – numbers overall and in the following categories: targeted services including Childrens and Families, children's social care, adult social care, multi-agency meetings attended, domestic abuse services, mental health services, substance abuse services, MEAM (Making Every Adult Matter service)
- **Information, advice and guidance accessed** by number of people
- **Information, advice and guidance signposted** by number of people
- Finances: incoming resources and sources, resources expended, resources brought forward for remaining project time
- **Project outcomes achieved: evaluation of project success against its intended outcomes and numerical targets for each outcome's goal**. The four overarching outcomes were ranked accordingly:
  - Outstanding - achieving 110% or more of the goal
  - Good – achieving 100% to 110% of the goal
  - Average – within 90% of the goal
  - Poor – achieving less than 90% of the goal
- Each of the 4 outcomes were achieved via either 2 or 3 main outputs, and there were clear numerical goals for each of these: *Example: Outcome 1: Homeless or vulnerably housed young people engaging with mentors to improve access to support agencies, reducing homelessness and chaotic lifestyles*
  - ***Output (1 of 3 for this outcome): Young people gaining long term accommodation with support from mentor***
  - *Goal*
    ⇒ 15 young people to gain long term accommodation within year one
    ⇒ 60 young people to have secured long term accommodation by the end of the project.
  - *Achievement*
    ⇒ 63 young people gained long term accommodation by the end of year one
    - *⇒ 223 young people had secured long term accommodation by the end of quarter 9*
  - *Each output supported by qualitative research findings and service user*

Day centres often publish annual reports and some have impact summaries available on their websites. Figure 3 is an example from The Whitechapel Centre in Liverpool, which provides a day centre as well as a range of other homelessness support services.

Figure 3: The Whitechapel Centre impact visual 2018/19[59]

OUR IMPACT: 2018/2019

The Whitechapel Centre

We are the leading homeless and housing charity for the Liverpool region.

Last year we worked with **4323 people;** all of whom were homeless, socially excluded or in housing poverty.

2061 homeless people were helped to access the right accommodation; ending homelessness.

Last year, **238** people volunteered to help us run the delivery of our services.

1403 people were prevented from becoming homeless.

712 people accessed learning, education and employment activities targeted to their needs.

Our projects reflect the diverse routes into and through homelessness. We operate a variety of services in different settings to compliment each other and ensure individuals do not slip through the net of provision.

We supported **90** clients into paid or voluntary employment.

Our family centres provided high quality housing with support to over **112** families.

88% of families we supported moved on to independent accommodation.

housing solutions
overnight hub
street outreach
dedicated support
hospital outreach
taliored solutions
someone to listen
warm shower
hot food
clean clothes
rapid response
patient mentor
peer mentoring
open 365 days
expert advice
prevention
intensive support
taliored solutions
someone to listen
housing solutions
overnight hub
street outreach
dedicated support
hospital outreach
taliored solutions
someone to listen
warm shower
hot food
clean clothes
rapid response
patient mentor
peer mentoring
open 365 days
expert advice
prevention
intensive support
taliored solutions
someone to listen
housing solutions

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[59] www.whitechapelcentre.co.uk

RFA
RF ASSOCIATES

OUR IMPACT: 2018/2019

The Whitechapel Centre — Real solutions to housing & homelessness

Chart values (2011-12 to 2018-19): 1840, 2286, 2485, 2605, 2814, 3017, 4025, 4323

Every year the number of people we work with increases

Since 2011 there has been a 135% increase

71% are men
50% are aged 18 to 40 yrs

The most common causes of homelessness:
- Accommodation breakdown
- Mental health
- Financial
- Relationship breakdown
- Drugs
- Alcohol
- Physical health
- Offending

An overwhelming majority of people we support have additional support needs:

60% mental health
47% managing money
50% alcohol & drug use

It appears that there has been increasing momentum for day centres to provide evidence of the impact of their provision, as shown in the creation of the Homeless Link day centre project which ran until May 2019. Homeless Link provides extensive resources to help day centres with their service provision, including free downloadable online resources[60], such as excel spreadsheet templates to enable them to collect, understand and use data to evidence their work, as well as a handbook to help them deliver services to end rough sleeping and good practice case studies.

In an earlier section of this literature review, reference was made to the work of MEAM[61]. MEAM is currently in the middle of a five year evaluation (2017-2022) of 'the MEAM Approach' which is:

> "a non-prescriptive framework to help local areas design and deliver better coordinated services for people facing multiple disadvantage. It is currently being used by cross-sector partnerships of statutory and voluntary agencies in 26 local areas across England."[62]

The MEAM Approach evaluation framework[63] contains a detailed list of outcomes, indicators, data collection measures and frequency of data collection. Of most relevance to this project exploring day centre provision for people experiencing

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[60] www.homeless.org.uk/our-work/national-projects/day-centres-project/resources-for-day-centres
[61] meam.org.uk
[62] Cordis Bright, (May 2018). *MEAM Approach evaluation: evaluation framework* p.3
[63] Ibid

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chronic homelessness, is the following outcome concerning improvements in a wide range of areas, which is detailed in Figure 4 below:

Figure 4: MEAM approach evaluation framework – outcome 2.2 [64]

Outcome	Indicator(s)	Method(s)	Frequency
2.2 People facing multiple disadvantage experience improvements in areas such as (but not restricted to): • Emotional and mental health • Physical health • Social networks and relationships • Accommodation • Financial situation • Drug and alcohol use • Offending • Motivation	• People who have been supported by work using the MEAM Approach experience positive change over time in areas included on the Homelessness Outcomes Star and the New Directions Team Assessment scores. • Any improvements in outcomes are experienced equally across all profiles of people experiencing multiple disadvantage. • People who have been supported by work using the MEAM Approach report that they have experienced improvements in these and/or other areas of importance to them. • Staff who have been supporting people report that they have experienced improvements in these and/or other areas of importance to them.	Common data framework. Client interviews. Local staff consultation. Case studies.	Field work annual. Quarterly submission of CDF data. Analysis biannual.

Data collection for the MEAM evaluation is extensive. It involves collating service user level data for individuals who are being supported. Their consent for having their data shared is required. A Unique Reference Number is used for each service user and the anonymised data is shared with the evaluator every quarter. Full details of the data collected can be found in the Evaluation Framework document[65].

The MEAM Approach evaluation also uses the Homelessness Outcome Star™ (HOS) developed by Triangle Consulting in partnership with Homeless Link[66]. Homeless Link leads on dissemination of it amongst voluntary sector homeless services in the UK. It is widely used across the homelessness service provision sector. Detailed information

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[64] Ibid., p.16

[65] Ibid

[66] www.outcomesstar.org.uk/using-the-star/see-the-stars/homelessness-star/

about the HOS is available online[67]. The 20 page guide to using it explains that it focuses on ten core areas that have been found to be critical when supporting people to move away from homelessness. These are:

1. Motivation and taking responsibility
2. Self-care and living skills
3. Managing money and personal administration
4. Social networks and relationships
5. Drug and alcohol misuse
6. Physical health
7. Emotional and mental health
8. Meaningful use of time
9. Managing tenancy and accommodation
10. Offending.

For each of these, there is a ten-point scale that measures where the service user is on their journey towards addressing each area and identifying the amount of support needed. They are based on the Journey of Change model which is an understanding of the steps people go through in the move away from homelessness which are envisaged in five stages. The guide emphasises the fundamental principle of empowerment which is integral to using the HOS. For change to take place, service providers (such as day centres and NIHE) need to "build the motivation, beliefs and skills of the person to create that change"[68].

The HOS is therefore an intervention in its own right as well as a method of measuring change. The guide contains considerable detail about how homelessness services can use the HOS with service users and includes evidence of its effectiveness. The HOS data can be used for routine monitoring whereby the initial service user reading is compared with their most recent reading, as well as to carry out in depth research into the effectiveness of services.

The HOS has been critically evaluated[69] by Johnson and Pleace (2016), who found that there is a lack of empirical support for the theoretical framework which underpins the HOS through the Journey of Change stage model and the Motivational Interviewing (MI) technique used to apply the HOS.

Their report asserts that organisations which focus solely on changing individual behaviour "risk reinforcing an overly simplistic discourse that sees individual pathology as the root cause of homelessness."[70] They argue that the outcome measures need to be valid and reliable, but there is no peer reviewed evidence to support this. They emphasise that widespread evidence indicates the complex nature of homelessness

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[67]Burns, S., Graham, K., MacKeith, J. (April 2017) *Outcomes Star: The Star for people with housing and other needs Organisation Guide*.

[68] Ibid., p.6

[69] Johnson, G., & Pleace, N. (2016). *How do we measure success in homelessness services?: critically assessing the rise of the homelessness outcomes star*.

[70] Ibid, p.33

and homelessness causation, citing references which provide evidence that homelessness varies in size, nature and scope between different cultures and welfare systems.

Their critique exposes some of the likely challenges of evaluating the performance of day centres in addressing chronic homelessness. Extrapolating from their critique, research methods to evaluate performance of day centres should:

- Be consistent in how much time should elapse between data collection so that their performance can be compared robustly
- Be clear about how much change is reasonable in a given period of time
- Include controls which mitigate against the biases introduced by self-report data whereby: people respond to scales differently; may conceal problems; may be influenced by social desirability to please workers administering the HOS
- Ensure that data collection is not impacted by change of worker collecting the information from an individual
- Include measurements where it is possible to delineate between scaled scores in a meaningful and robust way
- Include contextual data
- Make allowance for the possibility that attitude, behaviour and willingness to change are not the areas that explain homelessness

Implications for this research project

These insights reveal some of the standard metrics for measuring effectiveness in the sector as well as the challenges of data collection around the effectiveness of day centres.

Our planned evaluation of help and support provided by day centres to people experiencing chronic homelessness will be primarily reliant on the available data which the day centres currently collect, including the data they submit to the Housing Executive on their work. We understand that the Housing Executive will provide us with the most recent return data it has received from the day centres.

Whilst it will be possible to gain qualitative insights on effectiveness from the primary research interviews with staff and service users, it may be difficult to robustly evaluate day centre performance and its specific impact on people experiencing chronic homelessness unless this data is being collected systematically and consistently by all three day centres.

8. Literature review – material which provides insights into: Objective 3: To understand the challenges in delivering services to individuals who are experiencing chronic homelessness, through day centres

In this section we include insights from previous recent research with day centre staff and users.

Homeless Link (2018)[71] report that day centres faced challenges in delivering services to prevent homelessness (nb not specifically chronic homelessness). The main challenge was the lack of resources and funding which meant it could be difficult for them to have sufficient staff or even remain open. There were also challenges in working with service users, supporting people with complex needs and engaging people as well as the lack of suitable and affordable accommodation. Other challenges cited in the survey with day centres included:

- Working well with partner agencies
- Welfare reform / other government policy
- Lack of other local specialist services
- Lack of understanding of day centres' positive contribution
- Finding suitable staff and volunteers
- Local connection criteria
- Coping with rising demand

However, the report did not expand on these in detail beyond listing them in a chart showing the proportionate volume of responses.

Research conducted by Johnsen et al (2005)[72] found that the interactions between staff and service users had an impact on the atmosphere of day centres. Where resources were stretched this put pressure on the staff, and this was compounded by the challenges of the work which:

> "frequently involves listening to disturbing tales of abuse and injustice, handling stressed service users, and resolving (sometimes potentially violent) conflicts. The potential volatility of such an environment is made all the more acute by substance dependencies and mental health problems which have become increasingly prevalent amongst the homeless population in recent years."[73]

The volatile and fragile atmosphere which can therefore exist in day centres, and the strains of dealing with challenging service user behaviour often within a less than ideal physical environment can reduce the empathy of staff to service users, as illustrated by this quote from a key worker:

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[71] Homeless Link, (2018). *Stopping homelessness before it starts (again) Homelessness prevention and day centres*
[72] Johnsen et al. (2005). *Day centres for homeless people: spaces of care or fear?*
[73] Ibid., p.18

I know people can get hardened to the situation ... Some people do come in and because they're a bit embarrassed about the situation, or because they have mental health issues or other issues going on, they don't always give you the full picture, and so you do get lied to ... And it does tend to - at times it can make you switch off your feelings of sympathy and empathy for them. (Stuart, Key worker, Bristol)[74]

Day centres have a duty to minimise risk to staff and this means that they face the challenge of balancing being inclusive with needing to impose a degree of social control through implementing environmental 'controls'. Examples include using CCTV and having formal reception centres to 'vet' people coming in, so that people who are inebriated or who may have been 'banned' for breaking a rule (such as being violent) are not able to enter. This is illustrated by a quote from a day centre manager:

It's a fine line between sort of creating a prison-like environment to actually making it a comfortable, warm, welcoming environment, but also safe. Difficult one. (Sally, Day Centre Manager Scarborough)[75]

The Homeless Link report found that day centres provided a range of services to help people experiencing homelessness, however it did not explicitly focus on chronic homelessness. The proportions of day centres providing different types of specialist advice and support (from the survey of 87 different day services) are summarised in figures 5 and 6 below.

Figure 5: Proportion of day centres delivering different types of specialist advice[76]

Includes one-to-one advice from staff or an onsite service.	250 or fewer service users/year (n=25)	251-600 service users/year (n=24)	> 600 service users/year (n=24)
Housing referrals	61%	88%	83%
Specialist housing advice	64%	79%	79%
Advice on welfare benefits	60%	88%	96%
Debt advice and support	52%	46%	71%
ETE (including group work)	52%	83%	92%
Tenancy sustainment (including group work)	60%	83%	79%

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[74] Ibid.

[75] Ibid.

[76] Homeless Link, (2018). *Stopping homelessness before it starts (again) Homelessness prevention and day centres. p.10*

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Figure 6: Proportion of day centres offering specialised support[77]

Includes one-to-one advice, signposting to an onsite service and group work	250 or fewer service users/year (n=25)	600 or fewer service users/year (n=24)	> 600 service users/year (n=24)
Improving mental health	56%	83%	83%
Improving physical health	56%	71%	79%
Addressing drug or alcohol misuse	64%	79%	75%
Reducing offending behaviour	36%	71%	67%
Provision of positive activities	64%	79%	83%

This report also includes nine detailed case studies about different day centres and the services they provide. What is clear from these is that they all vary in terms of their funding, their staffing levels, the number of service users they work with, how they work, what is their focus and the extent to which they collaborate and work with other agencies and services.

The report also found that people with lived experience identified key points at which they had become homeless and where there were gaps in service provision. It did not expand on the details of these but listed them as the following:

- Couples' accommodation (flexible housing)
- Mental health support
- Mental health housing provision
- Provision of dual diagnosis support
- Provision of safe/secure hostel accommodation
- Support for people once they have moved into their own home
- Support for women
- Support leaving prison

Implications for this research project

These insights provide a sense of the generic challenges facing day centres and the gaps identified by service users in England. It also demonstrates the wide variety in provision which exists in the sector. There are therefore likely to be very specific challenges for the three day centres in Northern Ireland which this research is focusing on.

The review has also highlighted the importance of getting the service user perspective and non service users perspective, on what the gaps in day centres services currently are.

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[77] Ibid.

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9. Literature review – material which provides insights into: Objective 4: To look at methods for identifying the numbers of those experiencing chronic homelessness who utilise support services available through day centres, but who do not engage with the Housing Executive

This will be a prime area to discuss with day centres themselves in terms of how they collect data on service users and specifically how they will reliably identify people experiencing chronic homelessness who do not engage with the Housing executive (because they are not eligible for support). It will also be useful to understand from the Project PAG how work is progressing to deliver against an action identified in the Chronic Homelessness Action Plan for the Housing Executive to:

> "improve data collection by determining what information needs to be collected and retained within existing IT systems. This may include information recorded on HMS (Housing Management System which
>
> holds all customer information regarding housing, homelessness and tenancies) and CMS (Customer Management System which captures information on the number, method, frequency, time and nature of the demands placed on our service by customers) and consider any amendments needed to the systems to collect, retain and analyse this information. We also need to understand the limitations of the data collection processes so that we can try to improve them. This is particularly in the ability for data systems to be cross referenced between organisations."[78]

Implications for this research project

It will be useful in this research to explore whether the application of the Housing Executive four tests of statutory homelessness (homelessness, eligibility, priority need and intentionality) has historically made it challenging for some people experiencing chronic homelessness in NI to find a way out of homelessness. For example, they may fail the intentionality test[79] by being considered to have deliberately done something or failed to do something and that action caused their homelessness. This is explained by Housing First in the following way:

> "The Housing Executive doesn't have to help you if you left suitable accommodation that you could have stayed in or if you had to leave your home because of something you did or failed to do." [80]

The Covid-19 pandemic has led to an adaptation of working practices to ensure rough sleeping is eliminated for the duration of the pandemic.[81] It will be helpful to understand from the Project PAG what the plans are for these statutory homelessness tests in the future and the extent to which data on people experiencing chronic homelessness has been collected as a result of the emergency lockdown response.

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[78] Housing Executive, Chronic Homelessness Action Plan, p.23
[79] Housing Advice NI website
[80] Ibid

10. Literature review – material which provides insights into: Objective 5: To identify methods of day service delivery in other jurisdictions which are effective in meeting the needs of those who are experiencing chronic homelessness, and identify effective inter-agency working which may be effective in assisting the needs of those who are experiencing chronic homelessness

This section includes day centre specific evidence regarding the role played by day centres in other jurisdictions and what learnings there might be about how agencies can work better together.

The HOME report on multiply excluded homeless people (MEHP) in England found that day centres were often considered to be better by service users at meeting their needs in comparison to the other services and agencies that also engaged with them. The report states that there was often a conflict between the needs of MEHP and the priorities of the agencies that work with them. This was because:

- "(MEHP's) priorities are not fixed but evolve with changing circumstances and experiences. Very few want to remain homeless, but for many the priority of securing accommodation is, initially, superseded by meeting survival needs – safety, food and personal hygiene – and the demands of drug or alcohol dependency.
- Agencies that work with MEHP identify a range of disparate priorities. Agencies may either serve to resolve or re-enforce multiple exclusion homelessness according to their specific priority and the ways in which they operate. A tension between support and intervention agendas is apparent in the work of many agencies who work with multiply excluded homeless people.
- A significant number of MEHP view agencies, rightly or wrongly, as prioritising their own agendas above meeting the needs and concerns of MEHP.
- While many support agencies share the priorities of MEHP to an extent, most are constrained to varying degrees by other agendas. This is especially true of mainstream statutory services that do not specialise in the needs of this user group. The help given by these services is frequently fixed by statutory priorities, centrally driven targets or constraints on the use of resources. It is also true where agencies are equally driven by the interests of public protection, street enforcement or migration control. Policy and practice sustains multiple exclusion homelessness in a number of key circumstances."[82]

The extrapolation from this is that the way in which agencies work and their different competing priorities can impede the provision of help to people experiencing homelessness. Again, it emphasises the importance of centring the service user perspective and needs at the heart of any solutions and inter-agency working.

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[81] Housing Rights website
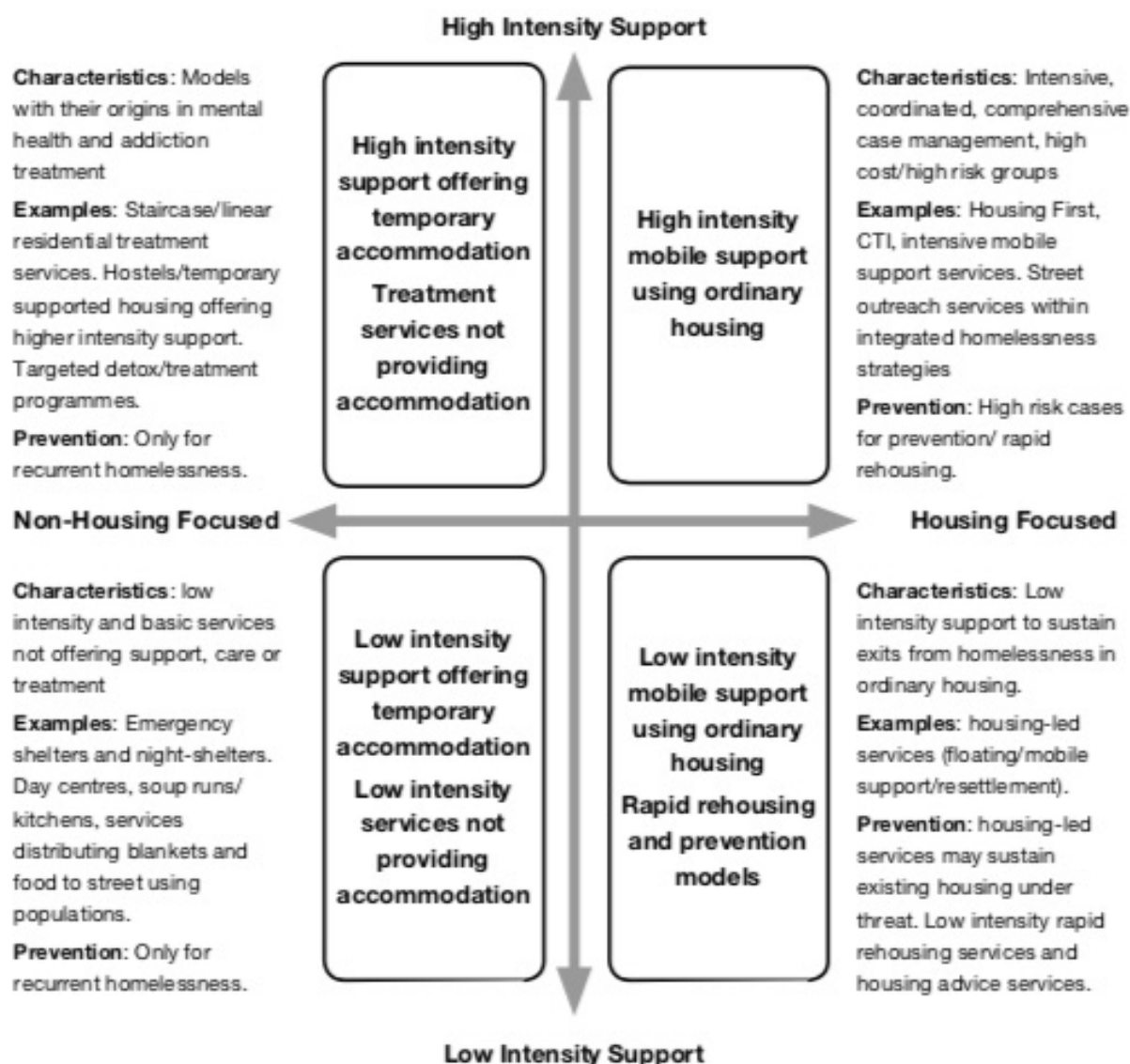[82] Bowpitt et al (2011). *The HOME Study.* p.3-4

A report by Pleace, Baptista, Benjaminsen and Busch-Geertsema (2018)[83] summarises the findings from questionnaire responses from experts in homelessness across 16 European Union member states. This summarises the role played by day centres in other jurisdictions.

The report includes some findings on the role of day centres which provide food and other forms of practical support, including blankets, sleeping bags, clothing, bathrooms and washing facilities in most of the 16 countries. It identifies that there was a broad tendency for them to also engage in providing access to education, training and job-seeking services that were focused on labour market activation for homeless people, which was most evident in the Eastern European services and in the UK. Medical services tended to work in close association with other non-housing support services for homeless people, such as daycentres. The services could be dedicated multi-disciplinary specialist services or more informal arrangements where a doctor regularly visited a homelessness service.

The report proposes a typology of European Homelessness Services (Figure 7). Within this, day centres are characterised as non-housing focused, low intensity services not providing accommodation, which can prevent recurrent homelessness:

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[83] Pleace, N., Baptista, I., Benjaminsen, L., & Busch-Geertsema, V. (2018). *Homelessness Services in Europe: EOH Comparative Studies on Homelessness*.

Figure 7: A proposed typology of European Homelessness Service

High Intensity Support

Characteristics: Models with their origins in mental health and addiction treatment

Examples: Staircase/linear residential treatment services. Hostels/temporary supported housing offering higher intensity support. Targeted detox/treatment programmes.

Prevention: Only for recurrent homelessness.

High intensity support offering temporary accommodation

Treatment services not providing accommodation

High intensity mobile support using ordinary housing

Characteristics: Intensive, coordinated, comprehensive case management, high cost/high risk groups

Examples: Housing First, CTI, intensive mobile support services. Street outreach services within integrated homelessness strategies

Prevention: High risk cases for prevention/ rapid rehousing.

Non-Housing Focused ← → **Housing Focused**

Characteristics: low intensity and basic services not offering support, care or treatment

Examples: Emergency shelters and night-shelters. Day centres, soup runs/ kitchens, services distributing blankets and food to street using populations.

Prevention: Only for recurrent homelessness.

Low intensity support offering temporary accommodation

Low intensity services not providing accommodation

Low intensity mobile support using ordinary housing

Rapid rehousing and prevention models

Characteristics: Low intensity support to sustain exits from homelessness in ordinary housing.

Examples: housing-led services (floating/mobile support/resettlement).

Prevention: housing-led services may sustain existing housing under threat. Low intensity rapid rehousing services and housing advice services.

Low Intensity Support

The report states that certain groups are at greater risk of long-term and repeated homelessness. There are relationships between low level offending, addiction, mental illness and homelessness, which creates the need for services like Housing First and specialist interventions for other at-risk groups, such as young people who have been looked after by social work services as children.

However, Pleace at al's report states that the most important change in recent years is the presence of a map to solving homelessness. It identifies Finland as being a prime example of this kind of successfully integrated strategy, combining extensive preventative systems with a range of housing-led services, including Finnish versions of Housing First, for people with higher needs, while pursuing an ambitious programme of social housing building to reduce homelessness among groups like homeless families, who typically do not have high support needs. The report identifies that an effective homelessness strategy has five main elements:

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- "Maximising prevention and rapid rehousing systems to minimise the risk of homelessness occurring and stop homelessness becoming repeated or prolonged when it does occur.
- Employing housing-led and Housing First service models, i.e. low to medium intensity and high-intensity housing-focused support, to meet the needs of homeless people with support needs at risk of repeated and sustained homelessness (this would appear to fit the description of chronic homelessness).
- Services that reflect and respond to the diversity of homelessness, ranging from low-intensity rapid rehousing services for people whose primary need is simply affordable housing, through to housing-focused and support-focused services run for women, by women, as well as specialist services for other groups, such as ex-offenders or young people who had experience of social work care as children.
- Integration with health, social work, criminal justice and other relevant services to ensure that when medical and other needs are present, these needs can be addressed.
- A clear strategy to meet housing needs by increasing supply of adequate and affordable housing, to whatever extent may be necessary."[84]

The most recent MEAM Approach evaluation: year 2 evaluation report (2019)[85] provides a summary of key findings. It finds that the Approach has helped individuals to achieve goals that are important to them, show improvements in key areas of their lives and improve their accommodation situation, with a significant reduction in rough sleeping. Key finding 6 is that 'local areas are delivering better coordinated interventions."[86] The most salient example of improved service coordination was the use of multi-agency "operational group" meetings to plan and deliver support for clients. In addition, multi-agency strategic groups were being established to provide senior- level oversight of the MEAM Approach work and a commitment to tackling strategic-level challenges to improving local services and systems. In some cases, it was expressed that the use of the MEAM Approach had helped services and commissioners to collaborate face-to-face in a way that had not happened previously. One enabling factor identified in the report was the benefit reported by staff in two local areas that sharing a working space with other statutory services led to better support coordination, improved communication and cooperation. For example, in one area the multiple disadvantage coordinators shared a space which included a community police officer, a social worker, and local housing representatives. The report emphasises that the evidence is not strong enough to suggest that it should be an aim everywhere, but includes this as an enabling factor which has emerged from the evaluation so far.

It is anticipated that this Housing Executive research conducted by RF Associates will identify similar enabling factors that deliver effective inter-agency working connected to day centres to help move people away from experiencing chronic homelessness.

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[84] Ibid, p.98
[85] Cordis Bright, (July 2019). *MEAM Approach evaluation: year 2 evaluation report.*
[86] Ibid., p.25

In May 2020, MEAM launched a new working document *'Multiple Disadvantage: A framework for transition planning*[87] (May 2020). It identifies that since Covid-19 lockdown was implemented in England, many of these people have experienced a significant change in circumstances as they "have been housed in hotels, the benefits system has been substantially increased; support for people using substances has become more flexible; there is greater focus on transitions from prison and hospitals to accommodation; and mental health and wellbeing are at the forefront of people's minds."[88]

Its new working document argues that every local area – and the new taskforce in England which is being led by Dame Louise Casey – needs to develop a "multiple disadvantage transition strategy", which can answer four key questions:

1. Do we know what people need and want?
2. Do we have cross-sector leadership?
3. How can we maintain and expand flexible responses from housing, substance misuse, health, mental health and criminal justice services?
4. Do we have appropriate accommodation?

Under each of these questions it lists the reasons why this is important, the MEAM vision, key questions for local areas and national government to ask and what should the government taskforce transition plan say on this.

There are likely to be learnings from the work that MEAM is conducting on this which can be used to inform this research on day centre provision in Northern Ireland for people experiencing chronic homelessness and we recommend that this is reviewed as the project progresses.

Implications for this research project

These insights show that there is substantial and increasing evidence about how organisations can work together better to reduce and prevent homelessness and that this is fundamental to solving the problem. It highlights the fact that the work of day centres is most effective when it is connected to other services and that day centres as a whole are often integral for people experiencing homelessness to access the essential help they need.

However, the requirement of this research project to identify effective inter-agency working which may be effective in assisting the needs of those who are experiencing chronic homelessness will be predominantly the task of the primary research interviews with stakeholders and day centre staff as it needs to be grounded in the structures and systems present in Northern Ireland.

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[87] MEAM website meam.org.uk/wp-content/uploads/2020/05/Framework-transition-planning-v1.pdf
[88] Ibid. p.3

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For any information on The Role of Day Services in delivering support to those experiencing Chronic Homelessness Report, please contact:

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