Housing
Executive

Homelessness Service User Journeys

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Contents

Introduction

1.1   The NI Housing Executive (henceforth 'the Housing Executive') identified the need for Northern Ireland wide research on the theme of *Homelessness Service User Journeys.*

Research rationale and aims

1.2   The purpose of the research was to provide the Housing Executive with an improved understanding of service users who currently use or have used homeless services, looking specifically at the homelessness process, and the individual's journey into, through and in some cases out of homelessness.   In particular the research aimed to provide understanding on the type and broad range and variety of 'journeys' experienced by homeless service users.

The term 'homeless service user journey' is defined in more detail at Section 2.12. For the purposes of this introduction it is noted that the terminology adopted for this research study – 'homeless journey' – was based on the definition noted by CRESR[1] (and previously used as an approach by Crisis); that a *"homeless journey approach is premised on the view that homelessness and other vulnerabilities are a product of a complex series of processes, events, actions and interactions"* which can combine to influence homeless people's housing and life experiences, to move them along their 'homelessness journey', and can define their housing and support needs.

Using this definition and approach this study sought to look at the full range of factors that influence individual and groups of homeless people's housing and life experiences and have the most impact on their 'homeless journey'. These factors include the following:

- personal characteristics and experiences e.g. substance misuse, mental health etc.
- institutional and organisational practices and processes e.g. legislation, policy, eligibility criteria, service provision and referral routes and onward signposting.
- structural factors and forces e.g. poverty, housing market and affordability.

1.3   The rationale for this specific piece of homelessness research stems from a number of findings and recommendations in other policy documents including consultations, strategies and evaluations, for example the two most recent Homelessness Strategies (2012 – 2017 and 2017 – 2022), the Evaluation of the 2012 – 2017 Homelessness Strategy and the NI Audit Office (NIAO) report, *Homelessness in Northern Ireland,* 2017.   These, along with other relevant documents are reviewed and referenced in some detail in Section 2.

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[1] *The Homelessness Journeys of Homeless People with Complex Needs in Stoke-on-Trent, CRESR – Centre for Regional Economic and Social Research, Sheffield Hallam University, December 2009.*

1.4   The research was externally commissioned by the Housing Executive and undertaken by lead consultant, Fiona Boyle[2] with support from the Housing Executive via the Research Unit and the Homelessness Policy & Strategy Unit.

1.5   A Project Advisory Group (henceforth referred to as the PAG) was established for the research study. Membership of the PAG comprised:

- Richard Tanswell   Housing Executive, Homelessness Policy and Strategy Unit (Client)
- Karly Greene   Housing Executive, Head of Research Unit
- Patrick Finucane   Housing Executive, Research Unit (Project Leader)
- Pamela Dobbin   Housing Executive, Homelessness Policy and Strategy Unit
- Bernie Crossan   Housing Executive, Supporting People
- Jo Daykin Goodall   Welcome Organisation
- Siobhan Mitchell   Housing Rights
- Mary Bingham   Housing Rights
- Fiona Boyle   Principal consultant, Fiona Boyle Associates

1.6   The agreed role of the PAG was to:

- Provide guidance to the research consultant in terms of methodology, data sources and key/emerging issues;
- Facilitate access for the research consultant to various data sets and consultation/feedback with relevant stakeholder groups including staff and service users;
- Act as a sounding board to review key outputs including preliminary findings, test scenarios and the final report.

Research objectives

1.7   The key research objectives outlined in the research specification were as follows:

1. To explore the needs and experiences of a variety of individuals/households using a 'homelessness journey approach'.
2. To investigate the ways in which individual situations and actions link with wider processes such as service provision, referral routes, exclusion policies, eligibility and wider legislation e.g. Welfare Reform.
3. To chronologically chart the housing situations, life experiences and service contact of individuals/households and explore the links between these spheres of their lives.
4. To identify individuals' experiences in regard to engagement with statutory and voluntary organisations and how these impact upon outcomes (including prevention of homelessness, placement sustainability and movement to permanent accommodation).
5. To identify any role that the Housing Executive, or any other statutory or voluntary organisation, could have played in preventing the homelessness at an earlier opportunity and make recommendations. These may cover areas of policy, strategy and/or operational development.

Research methodology

1.8   The agreed research methodology was multi-faceted with three specific research areas and stages. These are outlined below.

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[2]   Principal consultant, Fiona Boyle Associates.

- **Research Area 1: Review of relevant literature and background information**

This element of the research included a review of the relevant literature in Northern Ireland, Great Britain and internationally on the seven themes/client groups listed by the Housing Executive. These are as follows:

Specific groups - Chronic homeless and youth homeless
Specific background issues – poly drug use/intravenous drug use
Specific reasons for homelessness - Accommodation not reasonable, family breakdown, loss of rented accommodation and financial reasons

In addition, this research area referenced current relevant legislation and policy in Northern Ireland; in particular the Housing (NI) Order 1988, Evaluation of the Homelessness Strategy 2012 – 2017, the Homelessness Strategy NI 2017 – 2022 and the NIAO report – Homelessness in Northern Ireland 2017. This research area also looked at wider literature and research studies which used a homelessness journey approach.

- **Research Area 2: Quantitative analysis of existing data**

This research area sought to identify, collect/collate and review available existing data in relation to the seven specific groups/areas specified above and more widely in relation to homeless service user journeys. Data was obtained from the Housing Executive (Housing Management System – HMS), Supporting People data together with other relevant data from wider statutory and voluntary sector organisations e.g. Dept for Communities data and data on youth homelessness and reasons for homelessness.

This stage of the research provided quantitative background to the research topic, and interlinked specifically with a number of the key objectives. For example, it helped to highlight the wide range of housing and support needs demonstrated by homeless service users (Objective 1) and provided background information on the range of housing situations service users move through and the type/range of contact they have with services (Objective 2). As well as secondary data on the background circumstances/situation of homeless service users, this analysis also sought to examine wider structural factors such as the level and nature of repeat homelessness in Northern Ireland, the use of temporary accommodation and single lets and length of time in temporary accommodation. This has contributed to the developing picture of the 'journeys' experienced by homeless clients.

- **Research Area 3: Primary Data collection**

Primary research was undertaken to establish the views and opinions of stakeholders as outlined below. It should be noted that Covid-19 restrictions in the period March – October 2020 impacted the nature and approach of the primary fieldwork. Instead of planned face-to-face interviews and focus groups these were undertaken through a mix of phone and Zoom video-conferencing, together with a small number of face-to-face interviews held in line with social distancing regulations.

The overall aim of this stage of the research was to understand the multiplicity of avenues through which homeless service users 'journey' and to identify which aspects help and assist them, and which elements compound their homeless status, for example, resulting in them becoming and/or remaining homeless, or preventing them from moving out of homelessness. An important element of this stage was the inclusion of the service user's voice, as both feeding into the research material and findings, and being represented in the research outcome/report.

Appendix 1 provides the research tools including external semi-structured interview schedule (used for sectoral and Housing Executive engagement) Appendix 2 provides a list of all external stakeholders and Housing Executive respondents. Appendices 5 and 6 provide details of the provider organisations which enabled access for the service user interviews and the research tools used with service users. Three specific areas of engagement took place as follows:

1   *Sectoral engagement* – Phone interviews were undertaken with 11 key stakeholders/organisations (see Appendix 2). The focus of these interviews was three-fold; firstly to obtain an understanding of background issues and circumstances relating to homelessness, secondly, to understand the broad range of services and provision available to this client group and thirdly, to explore stakeholder organisations' understanding of 'homeless journeys' and how the service user interacts with services, provision and systems (both housing and homeless systems). In addition, sectoral engagement assisted the consultant in terms of obtaining access to the seven client groups cited above.

2   *Housing Executive Staff perspective* – Internal Housing Executive staff mainly covering operational areas (16) with three policy-based staff participated in the research via phone interviews (see Appendix 2)**.** A total of 19 staff took part and the purpose of these interviews was similar to the three aims identified above for stakeholder interviews.

3   *Homeless Service Users* – This was the main focus of the research; as such the consultant delivered a multi-method approach which enabled the production of a series of chronological charts of service users housing situations, life experiences and service contact – in short, their specific and personalised homeless journey. A balance between current service users and past service users was established as part of the research process.   Access to homeless service users was achieved via contact with key stakeholders (noted earlier). A total of 30 service users took part in this stage of the research against a targeted number of 35. The proposed methodology was to involve 35 service users, obtain more in-depth information from 21 and then produce case-studies for seven. However, as the research developed it became clear that it would be more beneficial to get the more in-depth information from the total sample number; 30 interviews were achieved and six full case-studies were developed.

3a   *Questionnaire* – a questionnaire was completed at the outset of this stage with a total of **30 homeless service users**. The purpose of this stage was to build a profile of the individual's life experience before the age of 16, personal characteristics, primary routes into homelessness, level of hidden homelessness (rough sleeping, sofa surfing), history of institutions, history of settled housing, trigger points and critical episodes and incidents in the journey. Analysis of this information provided a back-drop to both the interviews and the charting of homeless journeys.

3b   *In-depth interviews* – based on analysis of the questionnaire, the consultant then interviewed **30 homeless service users**, together with their Key Worker if this was appropriate. . This stage of the primary research provided in-depth information on the individual's housing and homelessness journey and the interplay of wider factors and issues in their lives, including a range of complex needs and wider structural issues, highlighting commonality of themes across all seven client groups and specific issues for one or more groups. In addition, this stage highlighted the multi-faceted nature of homelessness, consequential factors – how one event led to another in the short-term and long-term, how different actions could have taken people's journeys in a different or more positive direction –

and provided qualitative quotes which have brought a 3-dimensional approach to the final report, focussing on the service users voices and highlighting the impact and effect of their homeless journey.

3c   Charting homeless service user journeys – This element of the research provided detailed case-studies for **six clients**, based on their questionnaires and interviews. For these individuals their homeless journey was analysed in detail and plotted, with a chronology of events and engagement with services, with correlations and relationships noted and explored. Each case-study is provided in Section 6 with 1 – 2 pages of discussion and exploration. This part of the study used elements of a biographical narrative interpretive method (BNIM).   The core methodological assumptions underpinning BNIM, and embodied in the broad analytical strategy include three interconnected factors:
-    the person's whole life history or life story (biography);
-    how the person tells their story (narrative);
-    the social interpretation of the life story and narrative (interpretive).

BNIM provides an opportunity to understand a service user – beyond traditional research methods – by understanding the historical, psycho-social and biographical dynamics within a person's life, through a process of listening, recording, analysing and interpretation. The inclusion of this approach in this research study draws on the development of the technique and its use in situations such as nursing, which have enabled research participants to articulate the circumstances of their life circumstances and experiences of illnesses.[3]

In this study the approach has been developed for use with a homeless client group. BNIM methods enable homeless research participants to articulate the changes of circumstances in their life and experiences of homelessness and homeless services while also providing a rich seam of data which enables the researcher, using a framework, to interpret their life story and narrative.   Drawing heavily on Corbally and O'Neill[4] the following provides a short definition of the three main terms, with particular reference to their application within the homelessness sector:

Biography: Biography is the process of accounting for an individual's life history or life story. BNIM can be adapted to study both life histories (full lives) and life stories (for example the life story or recollection of becoming and remaining homeless). The biographical element enables the research to understand and interpret the main and secondary causal reasons for homelessness, whilst connecting these to other relevant life events and life stages. It also provides the opportunity to understand the different choices that faced an individual and how and why they responded in the way they did resulting in the choices and decisions made. As noted by Corbally and O'Neill, *exploring the biography of the person enables their lived lives to be examined in more detail.[5]*

Narrative: A narrative is a means by which individuals account for themselves and their life choices, decisions and outcomes.   This can be done either through written or spoken media; in the case of this research participants spoke about their 'life story' in relation to homelessness.   This helps to emphasise what is and was important to them – in the biography they are telling. Again this moves away from the concept of interpretation relying solely or heavily on the eyes and ears of the researcher or professionals working in the field of homelessness – and ensures that the person's narrative is placed first and foremost at the centre of the story telling.

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[3] Corbally, Melissa and O'Neill, Catherine (2014) *An introduction to the biographical narrative interpretive method.* Nurse Researcher, 21 (5). ISSN 20478992
[4] Op cit, Corbally and O'Neill.
[5] Ibid, page 4.

Interpretivism: Corbally and O'Neill noted that *interpretive methodologies acknowledge the importance of meanings for people which prompt them to act (or not to act) in a particular way. This understanding is relevant for both participants and researchers who 'interpret' their reality and construct meanings based upon those interpretations*[6]. In short, this approach recognises that the story and the narrative that the individual builds around this is their interpretation; that the researcher brings other factors to bear in the interpretation, and somewhere in the midst of this is what is referred to as the absolute truth of what happened, when it happened and how it happened.

In addition, BNIM recognises this subjectivity of both the participant and the researcher. *In short, individuals craft and shape their own meanings as they recount their stories. This is not done explicitly or intentionally and is prompted mostly by habit, characteristics or impulse… many factors have the capacity to influence the telling (or not) of a story, the interpretation of that story and the subsequent relaying of that story to others* [7]

Whilst this current study did not use BNIM in its fullest sense, a number of factors have been incorporated into the research methodology with service users. These are as follows:

Data Collection:
- Use of Single Framing Question in first interview with participant. This is referred to as the Single Question aimed at Inducing Narrative (SQUIN) (Wengraf 2006[8], Wengraf 2013[9]). This question is broad in nature, with the intention of empowering the participant to begin to construct and end their narrative on their own terms. In essence the SQUIN enables the participant to say what they want to say – and not what the researcher wants them to say; the latter approach is predominant in structured and semi-structured interviews;
- After this initial interaction, the researcher then used more traditional semi-structured interview questions to further develop the life story and narrative, together with clarification of what was raised in the SQUIN.

Data analysis:
- The use of an overall analytic strategy, based on the full verbatim transcript of the interview. This strategy used a sequential or chronological detailed analysis of the lived life and told story of the participant, as gathered above;
- In addition, analysis of how the person 'told' their story, including analysis of tone, structure, language and emphasis, was important;
- Thinking about the lived life pattern, and interpretation of why an individual may have lived in this way.

1.9   Research with this vulnerable client group required special consideration on a number of fronts. Firstly, in line with standard practice the research consultant was Access NI checked. Secondly, the research approach, methods and tools were developed in line with the Research Ethics Framework and the relevant Code of Ethics and Conduct. Thirdly, the consultant's track record in research with vulnerable homeless clients enabled the fieldwork stage – and the relevant research

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[6] Ibid, pages 5 and 6.
[7] Ibid, page 6.
[8] Wengraf T (2006) Qualitative Research Interviewing - Biographic Narrative and Semi-Structured Methods. Sage Publications, London.
[9] Wengraf T (2013) Life Histories, Lived Situations and Ongoing Personal Experiencing Using the Biographic Narrative Interpretive Method (BNIM). Guide to BNIM Interviewing and Interpretation. Version 1213c. http://www.methodspace.com/profile/TomWengraf

briefing notes, invitation to interview/participation, research questionnaires and semi-structured interview schedules – to be adapted specifically for the needs and complexities of this group.   For example, this included close attention to the wording of questions, in particular removing difficult language, jargon and also being cognisant of the fact that the research interview could potentially touch on current emotional issues and past or historical trauma. To respond to this arrangements were put in place with the service provider should the participant require or request follow-up support following the interview(s) or for a period of time after the research phase.

Report Layout

1.10   **Section 2: Legislation, rationale for research and policy context in Northern Ireland** provides relevant context for this research study. This includes legislation, the rationale for the research together with additional information on the policy context in Northern Ireland.

1.11   **Section 3: Literature and Data on homelessness in Northern Ireland** explores the grey and academic literature relating to the seven client groups and reasons for homelessness outlined for this study. These include two specific groups – chronic homeless and young homeless people. In addition, these include five specific reasons for homelessness – Accommodation not Reasonable, family breakdown, loss of rented accommodation, financial reasons and poly drug and intravenous drug use. The focus of this section is to review and summarise available data for each of these seven areas, together with a review of relevant information and literature. . Relevant data was provided by the Housing Executive (Homelessness Policy & Strategy Unit) and other external stakeholders.

1.12   Two sections outline the findings from the primary fieldwork. **Section 4: Research Findings – Understanding Homeless service user journeys – stakeholder perspectives** provides an analysis of feedback from stakeholders in the homelessness sector and specifically from Housing Executive personnel.

1.13   **Section 5: Research Findings – Understanding homeless service user journeys – service user perspectives** then summarises an analysis of feedback from current and past users of homelessness services. This includes those who have presented to the Housing Executive as homeless and gone through the Housing Solutions interview/process, those who have not presented in an official sense as homeless, those in temporary accommodation (hostels and single lets), those using day centres and other services e.g. Community Addiction teams, soup kitchens and runs, and those who interact in other ways with the wide range of statutory and voluntary/community sector provision to anyone defined as homeless.

1.14   Homeless service user journeys are laid out in detail in **Section 6: Research Findings – Six Homeless service user journeys.** Using the methodological approach from the 2009 study by CRESR, this section presents six homeless journeys; referencing key findings, critical points, causes and consequences and good practice.

1.15   Finally **Section 7: Conclusions and recommendations** highlights the key themes, issues and findings from this research study. It seeks to provide understanding on the type and broad range and variety of 'journeys' experienced by homeless service users, together with recommendations which highlight specific services and actions aimed at both preventing homelessness in the first place and ensuring that service users can 'journey' out of homelessness as quickly and effectively as possible.

Introduction

2.1   The premise of this research study is to examine in detail the 'journeys' experienced by a range of homeless service users. The specific groupings of service users highlighted for examination by the Housing Executive include those with defined needs, those with specific reasons for homelessness and those with additional social and health needs – these were outlined in paragraph 1.8.   Section 2 provides relevant context for this study, including relevant legislation, policy and services in Northern Ireland, together with outlining the specific rationale for the research.

2.2   The response to those defined as homeless service users is found in the Housing Executive's statutory duties in relation to homelessness.   The primary legislation, the Housing (NI) Order 1988, established the definitions and the duties surrounding homelessness (homeless/threatened with homelessness, priority need and intentionality), making enquiries, temporary accommodation and decision letters[10]. The Housing (NI) Order 2003 amended the provisions of the 1988 Order, introducing changes to the definitions of homelessness and to the provisions regarding becoming homeless intentionally[11], and introduced the additional requirement on the Housing Executive to assess an applicant's eligibility for housing assistance.

Relevant Legislation

2.3   For the purposes of this research the following legislative definitions are important:

- A person is homeless if he or she has no accommodation available for his or her occupation in the United Kingdom or elsewhere;
- A person shall not be treated as having accommodation unless it is accommodation which it would be reasonable for him or her to continue to occupy;
- The following have a priority need for accommodation:

    o A pregnant woman or a person with whom a pregnant woman resides or might reasonably be expected to reside;
    o A person with whom dependent children reside or might reasonably be expected to reside;
    o A person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason, or with whom such a person resides or might reasonably be expected to reside;
    o A person who is homeless or threatened with homelessness as a result of an emergency such as a flood, fire or other disaster;
    o A person without dependent children, who satisfies the Housing Executive that he or she has been subject to violence and is at risk of violent pursuit or, if he or she returns home, is at risk of further violence;
    o A young person who satisfies the Housing Executive that he or she is at risk of sexual or financial exploitation.

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[10] Information on the Housing (NI) Order 1988 and the Housing (NI) Order 2003 from the Housing Executive *Homelessness Guidance Manual,* December 2017, Chapter 1

[11] Ibid, paragraph 1.2.4 – *A person becomes homeless intentionally if he or she deliberately does or fails to do anything in consequence of which he ceases to occupy accommodation, whether in Northern Ireland or elsewhere, which is available for his or her occupation and which it would have been reasonable for him or her to continue to occupy.*

2.4   The Housing Executive has a statutory duty under the provisions of the Housing (NI) Order 1988, as amended, to investigate the circumstances of all applicants presenting as homeless. In carrying out its statutory duty to make enquiries into homelessness applications, the Housing Executive should consider whether or not the applicant is:

- Eligible for homelessness assistance[12]
- Homeless/threatened with homelessness
- In priority need[13]
- Intentionality

2.5   Where an applicant meets all of the legislative criteria, the Housing Executive awards Full Duty Applicant status (FDA), and undertakes a housing need assessment, with the award of relevant points in line with the rules of the Housing Selection Scheme[14]. Any household that meets the four tests outlined above is therefore accepted as a FDA; the housing duty to them includes ensuring that accommodation is made available for the household as well as the provision of temporary accommodation where necessary with the protection of the household's furniture and possessions.

It is important to also acknowledge here that in some instances homeless individuals and households do not present or apply for assistance under the legislation, and therefore do not have a housing assessment. The NIAO report[15] refers to those who are not included in the official statistics, for example including *households staying with friends or sharing with family members or squatting.* In addition, the Homelessness Monitor (2016)[16] estimated that this could be thousands of people although the real extent of hidden or concealed homelessness is not known. This research was therefore unable to examine or make comment on this additional group of homeless households – the hidden or concealed homeless.

2.6   The research looked at seven key areas; these are now reviewed in Table 1 in terms of where they would be noted during the housing assessment process. At the point of application for housing, the Housing Advisor completes the Housing Solutions form based on an interview with the applicant and information provided. Specific information relating to a homelessness assessment is completed on page 11 of the Housing Solutions form – *Understand my Situation – Am I homeless?* On this the Housing Advisor records the reason why the applicant is homeless or threatened with homelessness; and notes details from the homelessness investigation under the four tests – eligibility, homelessness, priority need and intentionality (see also paragraphs 2.2 and 2.4).   Page 12 of the Housing Solutions form also provides space to record 'other' as a reason for homelessness. Details relating to the final decision in terms of homelessness are recorded on page 16 of the Housing Solutions form; this covers all of the allowable reasons for homelessness. These are as follows:

- Breakdown sharing/family dispute

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[12] To establish eligibility for homeless assistance the Housing Executive first investigates if the applicant, or any member of the applicant's household, has been involved in any unacceptable behaviour. The Housing Executive must also establish the applicant's eligibility for housing assistance under immigration/asylum regulations.

[13] The following homeless presenters are considered to have priority need: persons with dependents, pregnant women or persons with whom a pregnant woman resides, persons who are vulnerable for specified or other special reasons, persons made homeless as a result of an emergency, persons subject to violence or at risk of violence and young persons at risk of sexual or financial exploitation.

[14] Commencing in 2016 and on a phased introduction the Housing Executive has adopted a Housing Solutions and Support approach to dealing with any person who contacts them with a housing issue. All offices and patches were fully operational by March 2019. Full details of the Housing Solutions approach are outlined in the *Housing Solutions Handbook* (February 2017) and the Housing Solutions form.   The Housing Executive notes (Housing Solutions Handbook – February 2017) that this *is a holistic approach that considers the individual circumstances, needs and aspirations of the person.*

[15] NIAO, *Homelessness in Northern Ireland, Report by the Comptroller and Auditor General,* November 2017, page 19.

[16] Crisis, *The homelessness monitor: Northern Ireland 2016,* November 2016.

- Relationship breakdown
- Intimidation (six separate categories – paramilitary, sectarian, racial, sexual orientation, disability, antisocial behaviour)
- Bomb/fire damage
- Neighbourhood harassment
- Battered partners/violence
- Sexual abuse/violence
- Accommodation not reasonable
- Fire/flood/other emergency
- Mortgage arrears
- Release from prison
- Hospital discharge
- Child ex care
- Loss of private rented accommodation
- Loss of Housing Executive accommodation
- Other action
- No accommodation in Northern Ireland.

Table 1: Relevance of seven areas/themes to Housing Solutions process

Key Areas	Details	Place and Stage in process where this is identified
Specific group	**Chronic Homeless**	At present this is not specifically identified at the point of application, although data collected during the Housing Solutions interview points to the factors listed in the definition and criteria relating to chronic homelessness (see Appendix 3). A new system of data collection and collation in relation to chronic homelessness was to have been introduced from 1st April 2020 via criteria provided to Housing Advisors by the Homelessness Unit. However implementation of data collection has been delayed because of Covid-19.
	Youth Homeless	Identified at the point of application, via Date of Birth (page 1 – Housing Solutions Form). Also via recording of household group on page 1 of the Housing Solutions Form. This records gender against age, with 16 – 17 and 18 – 25 years old as distinct groups. Pages 1 and 16 of the Housing Solutions Form also records if the applicant has been a child in care. Page 6 of the Housing Solutions form also records additional information about the age of the applicant, and references duties under the Children (NI) Order 1995. On page 16 (Final Decision details) – there is space to record a young person as being in priority need as a result of their vulnerability as a young person.
Specific background issue	**Poly drug use/IV drug use**	Whilst there is no specific place on the Housing Solutions form to tick or note drug use, there are a number of places where this can be recorded within the applicant's history and circumstances. For example, on page 2 – *Understand me and what I need* – details could be recorded in terms of the applicant's situation and housing history. In addition, if this impacts the individual's health and wellbeing, support needs or other social needs, there are opportunities to include this on pages 7 – 9. Complex needs can be recorded on page 10 and additional comments from the homelessness assessment on page 13.
Specific reason for homelessness	**Accommodation Not Reasonable** **Family breakdown** **Loss of rented accommodation** **Financial reasons**	These specific reasons for homelessness are noted and recorded in a number of places in the Housing Solutions form as follows: - Opportunity to record customer situation and housing history on page 2; - Main homelessness discussion on page 11 – *Understand my Situation – am I homeless?* where the reason for homelessness or threat of homelessness can be recorded; - Other reason for homelessness – if the person is not FDA – can be recorded on page 12. - Page 16 records whether the person is homeless or threatened with homelessness, and provides the full range of categories of reasons including these ones

Source: Housing Executive – Housing Solutions Form

The Housing Solutions Handbook also provides information on possible sustainment activity in relation to a number of the seven themes[17]. This is replicated in Table 2.

Table 2: Seven areas/themes - Sustainment Activity outlined in Housing Solutions Handbook

Key Areas	Theme	Housing Issue	Sustainment Activity
Specific group	Chronic Homeless	Reference is made to domestic violence, whereby a customer may not be able to continue in current living arrangements	- Avail of Sanctuary scheme - Seek help via Women's Aid, Men's Advice line - Support customer to obtain an injunction/court order
Specific reason for homelessness	Accommodation Not Reasonable	Reference is made to accommodation not suitable – where a customer no longer wishes to remain in their current accommodation due to its condition or suitability.	- Liaise with landlord regarding repairs - Carry our adaptations, apply for adaptations grant
	Family breakdown	Reference is made to relationship breakdown, where a customer indicates they are unable to continue with their current living arrangements.	- Mediation - Seek legal advice - Process joint to single tenancy - Negotiate with landlord to amend tenancy agreement
	Financial reasons	Reference is made to affordability – when a customer indicates they are or will have difficulties in maintaining their current accommodation because they cannot afford it – linked to low income, poor money management, a sudden change in financial circumstances, lack of benefit uptake etc.	- Financial Capability assessment including completing a financial statement, income maximisation - Explore sharing options - Seek legal advice on debt and debt advice - Seek housing advice for home owners - Negotiation with landlords

Source: Housing Executive – Housing Solutions Handbook

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[17] Housing Solutions Handbook, February 2017, page 62.

Rationale for this research – Homelessness Service User Journeys

2.7   As noted at paragraph 1.2 the overarching purpose of this research was to provide the Housing Executive with an improved understanding of service users who currently use or have used homeless services, looking specifically at the homelessness process, and the individual's journey into, through and in some cases out of homelessness.   In particular the research aimed to provide understanding on the type and range of 'journeys' experienced by homeless service users.

2.8   The rationale for the study stemmed from a number of sources. Firstly, the NIAO report, *Homelessness in Northern Ireland*[18] noted that homelessness is a complex societal problem, and referenced four broad causes that increase the probability of becoming homeless. These four causes or triggers were structural, institutional, relationship and personal factors. Analysis of these indicates that they cross-reference with five of the seven areas highlighted for examination in this study.   Table 3 outlines the interconnections.   Those considered as a group of homeless individuals/households based on age or needs – that is young homeless and chronic homeless – are not considered in this table.

Table 3: Interconnection of areas/themes to NIAO Report

Key Areas	Details	Reference from NIAO Report, Figure 1 – Risk Factors and triggers for homelessness
Specific background issue	**Poly drug use/IV drug use**	Cause – personal – Addiction (alcohol, drugs, gambling) – triggers including support breakdown or problems in getting adequate support, and increased substance misuse.
Specific reason for homelessness	**Accommodation Not Reasonable**	Cause – linked to number of causes including institutional – release from institution and personal, linked to disability, long term illness, mental health problems etc.
	Family breakdown	Cause – Relationship – Relationship situation (abusive partners or parents) – trigger, domestic violence, Relationship breakdown (death, divorce, separation) – trigger - family leaving home or living alone.
	Loss of rented accommodation	Cause – Structural – economic processes and housing market processes – triggers including rent arrears, eviction from rented home, loss of tied accommodation.
	Financial reasons	Cause – Structural - economic processes and housing market processes – triggers including mortgage arrears and eviction from owned home, change of place for job search, and Personal causes linked to illness and breakdown of support.

Source: **NIAO Report**

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[18] NIAO, *Homelessness in Northern Ireland, Report by the Comptroller and Auditor General,* November 2017

The NIAO report criticised the fact that the Homelessness Strategy for 2012 - 2017 had no overall outcome-based targets, recommending that the Housing Executive should establish clear objectives that capture key high level expected outcomes, include performance indicators to measure overall success and that evaluation is done systematically looking at performance against strategic objectives in terms of homelessness (Recommendations 2 and 3). Recommendation 4 of this report also recognised the need to take into account, in any measurement and evaluation, the input of the wide range of agencies working in partnership to respond to homelessness.

Part 3 of the Audit Office report examined the current and potential mechanisms to both prevent people becoming homeless and respond to the issue through the provision of accommodation and services. Importantly Part 4 highlighted a key finding – *Homelessness is more than a housing issue.* This element of the report noted the fact that irrespective of the provision of accommodation, this is not sufficient for some client groups, for some presenting reasons for homelessness and for some service users with additional needs. This can be summed up as follows:

For some households provision of a home does not fully address their homelessness and other support needs. In such cases, homelessness may be linked to mental health problems, drug and alcohol dependencies, street lifestyles and institutional experiences, including prison and the care system[19].

This report also fully recognised the part played by other agencies, over and above the Housing Executive. Furthermore the report noted the need to have clear accountability arrangements in place where services are delivered by several organisations; and that in many cases service users have multiple needs which require different specialist responses. The NIAO report specifically mentioned needs in relation to those accessing health and social care services, those with additional health needs, those who have experienced domestic violence, ex-offenders, rough sleeping, and changes effected from welfare reform.

2.9   In terms of the rationale for this research, other previous research and policy highlighted the need to better understand the exact nature and needs relating to homelessness in Northern Ireland. For example, whilst the evaluation of the previous Homelessness Strategy 2012 – 2017[20] noted that levels of homeless presentations[21] and the number of households owed the Full Duty[22] remained at similar levels between 2011/12 and 2015/16 and the reasons for homelessness given by applicants were not subject to marked variation over the period 2011/12 to 2015/16, there was less known about the homeless person's journey or experience of services.

In response to learning from the development of preventative work in the other UK jurisdictions, reprioritisation of the Homelessness Strategy in 2014 enabled targeted focus on the development of Housing Solutions, the development of the Common Assessment Framework (CAF), the development of a Central Access Point (CAP), the development of Housing First and putting in place measures to support sustainable tenancies. The evaluation of implementation of the Homelessness

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[19] NIAO, *Homelessness in Northern Ireland, Report by the Comptroller and Auditor General,* November 2017
Part Four, page 46, paragraph 4.1.
[20] *Evaluation of the Homelessness Strategy,* for NI Housing Executive - Fiona Boyle and Nicholas Pleace, January 2017.
[21] Households seeking assistance from the Northern Ireland Housing Executive
[22] Assessed as homeless and in priority need.

Strategy highlighted the key successes concluding that *in pursuing prevention, service coordination and innovation, in areas such as Housing First, the Strategy was widely perceived as moving homelessness in the right directions. There have been some positive developments in preventing and reducing homelessness in Northern Ireland, achievements that have been delivered by most of the agencies, public, voluntary and charitable, that seek to tackle homelessness.* However, the evaluation report also concluded that *progress in delivering the Strategy had not always been rapid, including the development of preventative services.*

2.10   Following on from the previous Homelessness Strategy (and the evaluation of it) the Homelessness Strategy 2017 – 2022, *Ending Homelessness Together* was published in April 2017. It recognised the important role of other agencies in providing advice, assistance and support to prevent households reaching crisis point. It is worth noting the Inter-departmental Homelessness Action Plan which works alongside the current Homelessness Strategy, in addressing non-accommodation based issues relevant to homelessness[23].

The Homelessness Strategy encompassed five strategic objectives as follows - to prioritise the prevention of homelessness, to secure suitable accommodation and appropriate support for homeless households, to further understand and address the complexities of chronic homelessness and to have the right delivery mechanisms, measurement and monitoring in place to oversee and deliver the strategy. Again this current research study stems from the desire to further understand and address the complexities of homelessness, and to find better mechanisms to both prevent and respond to it.

2.11   *The Homelessness Monitor: Northern Ireland 2016[24]* provided a comprehensive update on homelessness at that point.   It referenced the high levels of applicants providing Accommodation not reasonable as their reason for homelessness. And it also referenced the other key reasons – family breakdown, loss of rented accommodation and financial reasons – which are examined in detail in this report. In terms of family breakdown the Monitor made reference to factors including overcrowding, concealed or hidden homelessness and wider welfare reform and affordability issues affecting families.

The Monitor also commented on predictions in 2013 that there would be a rapid increase in affordability related homelessness (financial reasons, debt, and loss of rented or owned accommodation). However, the 2016 report found that whilst there had been a modest rise in the three years up to 2015/16 in loss of rented accommodation – 12% increase – this was slight in comparison to trends in England.

In terms of poly drug/IV drug use, the Monitor noted – *there are growing concerns over the impact of so-called 'legal highs' on young people and others living in homeless accommodation in Northern Ireland[25].*

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[23] Interdepartmental Homelessness Action Plans
[24] Crisis, *The homelessness monitor: Northern Ireland 2016,* November 2016.
[25] Crisis – page 4

With a focus on young people this report also noted – *young people, single people and other lower priority groups were struggling to gain access to social tenancies[26]* and *there was scope for a more ambitious approach to addressing youth homelessness in Northern Ireland…The disproportionate impact of welfare reforms, particularly benefit sanctions, on young people… was noted as a concern[27].*

The Monitor report also highlighted concerns relating to chronic homelessness; in particular referencing that whilst rates of visible rough sleeping in Belfast remain low, there was concern about perceived increases in begging and street drinking.

Definition of Homeless Journey

2.12   Section 1 provided a short overview of the concept and definition of a 'homeless journey'; in other literature referred to as a homelessness career. The approach originally developed by Crisis[28] was utilised by CRESR[29] in a research study in 2009 which investigated and reported on the homelessness journeys of homeless people with complex needs in Stoke-on-Trent.

The context to the study was two-fold; firstly a local fire in a derelict warehouse in Stoke in 2007 which resulted in the death of two young homeless people and secondly, reflection by Stoke-on-Trent city council and their partners on how they should best understand and respond to the challenges of tackling homelessness and rough sleeping, particularly amongst those with complex and multiple needs[30].

2.13   We have adopted this definition for use in this study in Northern Ireland (2020); as follows:

"the homeless journey approach is premised on the view that homelessness and other vulnerabilities are a product of a complex series of processes, events, actions and interactions."

As noted in the CRESR report:

Personal characteristics and experiences (substance misuse, mental ill health, divorce, offending, bereavement); institutional and organisational practices and processes (legislation, eligibility and exclusion policies, service provision; referral routes), and structural forces (poverty, the housing market) combine to influence homeless people's housing and life experiences, to move them along their 'homelessness journey', and to define their housing and support needs. Meeting these needs, and understanding the barriers homeless people face accessing appropriate housing and support, requires appreciation of this 'journey' and all elements of it[31].

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[26] Crisis – page 6
[27] Crisis – page 7
[28] The CRESR study team previously employed this approach during research exploring the housing experiences of homeless women, commissioned by Crisis.
[29] *The Homelessness Journeys of Homeless People with Complex Needs in Stoke-on-Trent, CRESR – Centre for Regional Economic and Social Research, Sheffield Hallam University, December 2009.*
[30] For the purposes of the CRESR study people with complex needs are defined as people who are homeless *and* who present with a drug or alcohol dependency, *or* a history of street sex working, *or* a history of violent behaviour.
[31] CRESR report – page 19.

2.14   Organisations like Crisis have long recognised the term 'homeless journey'. In addition, their experience in service delivery as well as research has enabled insight that the journey into and out of homelessness is much more than about finding work and somewhere to live. In their report, *The journey out of homelessness Impact Report 2014/15[32]*, Crisis identify the wide range of health and wellbeing, education and employment factors that are necessary to enable someone to come from a situation of being homeless to moving to a position of being in stable accommodation. This includes factors such as – gaining qualifications, help with a housing budget and other financial skills, developing a routine and having a sense of purpose and community.

2.15   We have also adopted and developed this homelessness journey approach in the fieldwork stage; starting with feedback from 35 service users; then more in-depth information from 21 of the original cohort, and finally plotting and analysing in fine detail the homeless journey of seven service users. This process has involved comprehensively and consistently noting and charting each respondent's circumstances in terms of housing situations, significant life events and experiences, their engagement with statutory and voluntary sector services, and their interconnection to a wide range of factors – including the seven areas outlined in the research specification.

2.16   The most important benefit from this approach – in terms of providing learning and insight – is that it shows the complex, multi-faceted nature of homelessness and service users' needs, together with the responses that were put in place at different times by different services and agencies. It also enables the reader to see at a glance the interconnections between different factors; and most importantly the cause and effect of one factor on another. As noted in the CRESR report – *Crucially, it is possible to see how different actions could have taken peoples' journeys in a more positive direction[33].*

2.17   This research study also took into account the approach taken by the Scottish Government, in its development of the *Ending Homelessness Together: High Level Action Plan[34]*. The basis of this plan was engagement by the Homelessness and Rough Sleeping Action Group with over 400 people with lived experience of homelessness, together with input from those organisations working on the frontline of preventing and responding to homelessness and drawing on wider national and international evidence. The engagement with homeless service users is reported in a separate report *Aye We Can[35].*

Other relevant policy context in Northern Ireland
2.18   It is worth noting the wider policy context relevant to the overall research topic (homeless service users) as follows. Other policy context, relevant to one or more of the seven groups outlined is provided in the literature review in Section 3.

- The Housing Strategy for Northern Ireland 2012 - 2017[36] noted the vision for everyone to have access to good quality housing at a reasonable cost. The strategy noted that *a home is*

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[32] Crisis, *The journey out of homelessness Impact Report 2014/15*

[33] CRESR report – page 19.

[34] *Ending Homelessness Together: High Level Action Plan,* Scottish Government and COSLA, 2018.

[35] Aye-Report-August-2018.pdf (homelessnetwork.scot)

[36] *Facing the Future: The Housing Strategy for Northern Ireland 2012-2017.* In the absence of a functioning Northern Ireland Assembly and Executive since January 2017, this strategy has not been superseded, and is deemed under civil service rules to continue.

at the heart of people's lives and *good quality, reasonably-priced housing contributes significantly to creating a safe, healthy and prosperous society*[37];

- The Common Selection Scheme (effective from November 2000, and also referred to as the Housing Selection Scheme) provides a common waiting list; representing a single gateway into social housing in Northern Ireland. The Common Selection Scheme consists of a set of rules which govern access, assessment and allocation to social housing; this is administered by the Housing Executive and adhered to by all participating social housing landlords. The Housing Executive allocates housing according to an applicant's point score on this waiting list[38];

- The Fundamental Review of Social Housing Allocations was part of commitments set out in the Housing Strategy above and the draft Programme for Government (PFG). The Department for Communities (DfC) commenced work on this review in 2013; the overall aim is to produce a better range of solutions to meet housing need and in particular an improved system for the most vulnerable applicants to the Common Selection Scheme, including those who are homeless. The *Consultation on Proposals*[39] published by the Department for Communities in 2017 put forward a total of 20 proposals to make the allocations process more fair, transparent and effective for all;

- The Supporting People programme was introduced under the Housing Support Services (Northern Ireland) Order 2002[40] and the Housing Support Services Regulations (Northern Ireland) 2003[41] and provides an invaluable service to the most vulnerable citizens of our society. The DfC has responsibility for legislation and overarching policy underpinning the Supporting People Programme. The Housing Executive, as the strategic housing authority for Northern Ireland, has the responsibility for securing the provision of housing support services and takes administrative responsibility for delivering the Supporting People programme on behalf of the DfC.

  The Supporting People programme funds a range of voluntary and statutory agencies in line with the Northern Ireland (NI) Supporting People Guidance 2012 to provide support to help:

  • prevent homelessness
  • people live independently
  • people live in their own home; hostel, refuge, sheltered housing or supported accommodation.

- Supporting People have developed a Strategic Needs Assessment (SNA) which has shown that the demand for services is greater than the supply and that gap is getting greater with time. The development of the strategic needs assessment for the Supporting People

[37] Department for Social Development (2015) *Facing the Future: Housing Strategy for Northern Ireland.* Belfast: DSD p.4 Available online at: www.communities-ni.gov.uk/sites/default/files/publications/dsd/facing-the-future-housing-strategy.pdf [Accessed 25 January 2019]
[38] FDA status is the second highest point-scoring criterion; the highest is intimidation which is worth 200 points.
[39] Department for Communities (2017) A *Fundamental Review of Social Housing Allocations* Belfast: DfC pp 111-114 [Accessed 05 February 2019].
[40] The Housing Support Services (Northern Ireland) Order 2002
[41] The Housing Support Services Regulations (Northern Ireland) 2003

Programme adopted a co-production approach, involving direct engagement with SP provider organisations and service users. This approach allowed for vital 'voice information' with the voice of users and stakeholders shaping the needs assessment. The research team adopted a case study approach to understand service users' needs, with 20 semi structured interviews completed via telephone to gather first hand feedback from users across the breadth of the SP Programme's services, to understand their needs and what matters most to them. The service user interviews were combined with secondary research to produce case study personas on housing support needs to be developed.

SECTION 3   LITERATURE AND DATA ON HOMELESSNESS IN NORTHERN IRELAND

Introduction

3.1   This section reviews the academic and grey literature together with available secondary data on homelessness in Northern Ireland. In particular seven areas or client groups are examined as follows:
- Specific group - Chronic homelessness
- Specific group - Youth homelessness
- Specific background issue – Poly drug and intravenous drug use
- Specific reason for homelessness – Accommodation not Reasonable
- Specific reason for homelessness – Family breakdown
- Specific reason for homelessness – Loss of rented accommodation
- Specific reason for homelessness – Financial reasons

As noted earlier these client groups and reasons for homelessness were identified by the Homelessness Policy & Strategy Unit, Housing Executive, as areas which required further investigation; in particular with a focus on service user journeys, following on from the NIAO report of November 2017.

3.2   This section comprises a review of available data for each area, together with a review of any relevant literature and information. In addition, expertise from the wider homeless sector provides their professional viewpoint on these seven areas. The focus of this overall section is to note the level, frequency or incidence of the reason for homelessness or client group, as well as outlining some of the critical factors relating to each theme.

Specific Group - Chronic Homelessness

3.3   The Housing Executive's duties in terms of homelessness relate broadly to general homelessness, rather than picking out particular groups or needs such as family homelessness or chronic homelessness. Whilst the legislation and policy guidance relating to it have not up until now defined chronic homelessness, there has been a move in recent years to further understand, define, identify and respond to the needs of those individuals who remain within and/or come in and out of the revolving door of homelessness on a cyclical basis.

3.4   As early as 2002, the need to examine homelessness services for those with more complex needs was noted in the first homelessness strategy *Making a Difference to People's Lives[42]*.   For a period of time the main focus within this group was rough sleepers; culminating in the development of the *Belfast Area Rough Sleepers Strategy 2004 – 2006* and a number of Street Needs audits and Street counts.

The previous Homelessness strategy 2012 – 2017 referenced chronic homelessness. The evaluation of this strategy[43] noted that whilst there was evidence of enhanced service coordination, issues

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[42] *Making a Difference to People's Lives,* NI Housing Executive, 2002.
[43] *Evaluation of the Homelessness Strategy,* for NI Housing Executive - Fiona Boyle and Nicholas Pleace, January 2017.

remained in terms of delivering effective coordination for long term and recurrent homeless people with complex needs; in short, they were not always receiving a joined-up service. Respondents in the evaluation of the 2012 – 2017 Homelessness Strategy highlighted that *higher need individuals with large amounts of wraparound* (multiple and complex) *needs are stuck in that revolving door of hostels and services.* Respondents also noted concern; *to try and help people who are chronic homeless, there is a lack of understanding amongst housing staff, the work that needs to be done with someone to transition them into permanent housing.*

The Homelessness strategy 2017 - 2022 set out a definition for chronic homelessness based on the Crisis report (2010)[44]. The situation of chronic homelessness or being chronically homeless was defined as "a group of individuals with very pronounced and complex support needs who found it difficult to exit from homelessness." In addition, the current strategy has the following key objective - *To further understand and address the complexities of chronic homelessness across Northern Ireland (Objective 3).* The strategy also notes:

Chronic homelessness can often manifest itself as rough sleeping or other street activity and is perhaps the most severe and visible form of homelessness. This client group tends to have extremely complex needs making it difficult for them to sustain tenancies causing frequent, repeat cycles of homelessness and typically intermittent engagement with services and periods of non-engagement.

This strategy also recognised the categorisation used by The European Conference on Homelessness[45], specifying chronic homelessness as long-term users of emergency services, in particular rough sleepers.

Research undertaken by Lynne McMordie, *Chronic Homelessness and Temporary Accommodation Placement in Belfast[46],* examined the provision and design of temporary accommodation services in Belfast and its use by individuals who have experienced chronic homelessness. This study highlighted the complex needs of this grouping, their experience in terms of multiple placements and periods of rough sleeping, and their coping mechanisms to reduce the stresses of living in hostel accommodation, which further adds to placement failure and the perpetual nature of their homelessness.

3.5 A further part of the response to chronic homelessness was the development of a Chronic Homelessness Action Plan (CHAP), published in January 2020, following a public consultation exercise. The CHAP focuses on the Housing Executive's commitment, set out in the current Homelessness strategy, *to develop appropriate responses to address the needs of the population in Northern Ireland experiencing chronic homelessness[47].* The CHAP includes a number of objectives including the design of specific criteria for measuring chronic homelessness and the implementation of a range of support services to help people sustain their accommodation. The CHAP report emphasised that the problem of chronic homelessness cannot fully be resolved through housing

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[44] *A Review of Single Homelessness in the UK 2000 – 2010,* Anwen Jones and Nicholas Pleace, Crisis 2010.
[45] *Homelessness and Housing Policies in Europe: Lessons from Research,* FEANTSA, 2010.
[46] *Chronic Homelessness and Temporary Accommodation Placement in Belfast,* Lynne McMordie, Heriott Watt University, I-sphere, Oak Foundation, July 2018.
[47] *Chronic Homelessness Action Plan* (CHAP), January 2020, page 1.

provision; that it requires collaborative working across the statutory, voluntary and community sectors.   The full list of objectives is outlined in Appendix 4.

3.6   A new counting mechanism in relation to chronic homelessness was developed by the Housing Executive in response to the development of the Chronic Homeless Action Plan (CHAP)[48]. This counting mechanism was to be incorporated at local area office level via the Housing Solutions teams and utilising prompts and guidance via the Housing Solutions form. Using an identified set of criteria Housing Advisors would identify applicants who can be defined as experiencing chronic homelessness under the definition and criteria listed in Appendix 3.   In short this defines an individual as experiencing chronic homelessness if they have experienced more than one episode of homelessness in the last 12 months, or had multiple (3 or more) placements/exclusions from temporary accommodation during the last 12 months, and demonstrate two or more from a list of indicators including mental health problems, addictions, engagement in street activity etc. Unfortunately these planned system changes were impacted by Covid-19. The overall purpose of this 'count', when it is implemented in due course, will be to both assess the scale of the problem and to then in turn inform the provision of effective and targeted interventions.

3.7   The CHAP report [49]noted that based on wider research[50] it would be expected that between 5 – 10% of the homeless population could be identified as experiencing chronic homelessness. Based on a total of 22,000 FDA registered with the Housing Executive at the end of December 2018, this report suggests – *it would not be unreasonable to assume between 1,100 – 2,200 of these individuals or households could be experiencing chronic homelessness.* However, there is recognition that the analytical basis for this estimation is relatively dated.

3.8   In the absence of a discrete counting mechanism for chronic homelessness data on a number of related factors (part of the definition of chronic homelessness) have been included in this report – namely data on rough sleeping counts, data on the level of repeat presenters and data on domestic violence as a reason for homelessness. The Belfast Street Needs Audit (2016)[51] was commissioned by the Housing Executive and delivered in partnership with the Welcome Centre, Depaul and Belfast City Centre Management. The Street Needs Audit examined street activity (begging and street drinking) and rough sleeping over a 12-week period. During this period a total of 361 different individuals were observed engaging in some sort of street activity on one or more occasions. Eighty-five per cent of these individuals were male, with 15% female.

More recently street counts[52] in Belfast and Newry (2017/2018) identified a relatively low number of rough sleepers – eight in total. Counts in Belfast, Derry and Newry (November 2018) demonstrate an increased number of rough sleepers within these areas – 16, 13 and five respectively.   The Housing Executive also used rough sleeper street estimates to identify the number of rough sleepers more widely in Northern Ireland, in conjunction with local partners, e.g. PSNI. A nil return was

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[48] *Chronic Homelessness Action Plan* (CHAP), January 2020

[49] *Chronic Homelessness Action Plan* (CHAP), January 2020, page 25.

[50] *Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization Results from the Analysis of Administrative Data,* Kuhn and Culhane, 1998.

[51] Belfast Street Needs Audit, Northern Ireland Housing Executive, The Welcome Organisation and Depaul Belfast City Centre Management, Final Report January 2016

[52] *Tackling Rough Sleeping in Northern Ireland: Key facts and figures*, NIHE, February 2019
Homelessness Strategy 2017-22 Annual Progress Report 2018-19=.

recorded for most areas, except for the Coleraine area where four rough sleepers were recorded. The street count numbers are a snapshot of rough sleepers on any given night.

It is worth noting that the Housing Executive plan to carry out street audits in Belfast, Derry and Newry in the coming year (2021/22). In addition, the Year 3 Annual Progress Report (on the 5-year Homelessness Strategy) noted the number of rough sleepers provided with assistance during the pandemic. From the introduction of lockdown arrangements on 23rd March to 31st July 2020 at total of 59 rough sleepers were identified across Northern Ireland.

During the most recent street audit a total of 18 people were estimated to be sleeping rough in Northern Ireland on the night of Thursday 26th November 2020 leading in to the morning of Friday 27th November 2020. This represents a 50% decrease from the November 2019 figure of 36[53].

Further information on rough sleeping data for Northern Ireland, including a breakdown by Local Government District can be found here.

3.9   Examination of the level of repeat presentation amongst homeless presenters links directly to the definition of chronic homelessness, in terms of the initial categorisation, that is *an individual with more than one episode of homelessness in the last 12 months.* The Housing Executive have emphasised that counting and measuring 'repeat' homelessness is not without its difficulties[54]. Data on repeat presentation is available for the last three years (2017/18, 2018/19 and 2019/20). Table 4 indicates that for the most recent year (2019/20) there were 1,101 repeat presenters from single households[55] compared to the 16,802 total presenters in that year. Table 4 also highlights that this incidence level has increased slightly over the last three years.

Table 4: Repeat presenters from single households , 2017 - 2020

Presenters – single households			
Year	**2017 - 2018**	**2018 – 2019**	**2019 - 2020**
Total presenters in year	18,180	18,202	16,802
Repeat presenters from single households	1,016	1,088	1,101

Source: NIHE Data Analytics Unit

3.10   Table 5 indicates the number and proportion of homeless applicants over the last five years, by presenting and acceptance reasons for homelessness, specifically for the reason – domestic

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[53] As part of the response to the COVID-19 pandemic the Housing Executive, along with the Department of Health and Department for Communities adopted the 'Everyone In' approach. The 'Everyone In' approach sought to minimise the risk of those individuals, who were rough sleeping, contracting or spreading COVID-19. In conjunction with sector partners, including assertive outreach in Belfast, all identified rough sleepers were engaged with.'

[54] The Housing Executive noted the following - Some of the repeat presentations – particularly those with a very short number of days between can on occasion be down to errors in case processing. For example, if we lose contact with someone the case can be closed, however they may appear again some days or weeks later. If this happens, staff should reopen the existing case, but on occasion a new case will be opened if perhaps they present to a different office. It is the nature of the chaotic lifestyles of some clients experiencing chronic homelessness which can cause this to occur. Strictly speaking a new case should only be taken where the client is in a different bout of homelessness, however, it can sometimes be difficult for staff to determine this.

[55] The Housing Executive defines a repeat presenter as any household that had previously presented within 365 days of their current application.

violence. Domestic violence is one of the criteria listed in relation to chronic homelessness (see Appendix 3).

Table 5: Domestic violence as one criteria in chronic homelessness - Number of applicants and acceptances by 2015 - 2020

Reason for homelessness – Domestic violence	2015 – 2016		2016 – 2017		2017 – 2018		2018 – 2019		2019 - 2020	
	Nr of applicants	%age of total applicants	Nr of applicants	%age of total applicants	Nr of applicants	%age of total applicants	Nr of applicants	%age of total applicants	Nr of applicants	%age of total applicants
Applicants	845	4.54%	865	4.66%	917	5.04%	1,174	6.45%	1,147	6.83%
Total applicants in year	18,628	100%	18,573	100%	18,180	100%	18,202	100%	16,802	100%
Acceptances	750	6.30%	852	7.17%	904	7.61%	1,124	8.98%	1,088	9.61%
Total acceptances in year	11,202	100%	11,889	100%	11,877	100%	12,512	100%	11,323	100%

Source: NIHE Data Analytics Unit

Note: Percentages may not add to totals due to rounding and also because all categories are not included in this table.

Specific Group - Youth Homelessness

3.11   The legislative requirement towards young people in terms of homeless need is covered in a number of ways. Firstly, the guidance under the primary legislation (the Housing (NI) Order 1988) and further developed via the Housing (NI) Order 2003 references young people as one of the priority need categories in specific circumstances. This refers to a young person that is at risk specifically of sexual or financial exploitation.   The Homelessness Guidance Manual (December 2017) notes that this includes a person over compulsory school age but not yet 21, who has been or is at risk of sexual assault from someone residing in their accommodation, and who has been forced to leave or cannot remain there. In addition, it notes that a young person on the streets without adequate financial resources to live independently may be at risk of abuse or prostitution.

Furthermore young people, who are homeless, can also be deemed to be in priority need if they fall into any of the other categories listed (see paragraph 2.3), and the Homelessness Guidance Manual (December 2017) notes that Housing Executive staff should give careful consideration to the possibility of vulnerability, when assessing young people who are applying as homeless.

The Children (NI) Order 1995 defined a 'looked after' child as one who is in the care of the Health & Social Services Trust or who is provided with accommodation by the Trust[56]. Furthermore the Children (Leaving Care) Act 2002 provided guidance in terms of entitlement for homeless applicants who are in need and vulnerable.

The Housing Executive's Homelessness Guidance Manual (December 2017) notes the following in relation to 16- and 17-year olds and also 18-to-21-year olds:

- The Housing Executive accepts and considers homeless presentations submitted by 16- and 17-year olds and undertakes appropriate enquiries in the same way as with other homelessness presentations;
- In both age categories the Housing Executive reference the Regional Good Practice Guide – *Meeting the Accommodation and Support needs of 16 – 21-year olds: Regional Good Practice agreed by the NI Housing Executive and the Health & Social Care Trusts.*

3.12   Tables 6 and 7 indicate the level of young people presenting and accepted as homeless to the NI Housing Executive over the last five years, split into household type by gender and age categories.

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[56] Accommodation includes a Residential home or school, a foster placement or a family placement with a relative or occasionally at home.

Table 6: Number of young applicants, by gender and as proportion of total applicants - 2015 - 2020

Category of young person – household type	2015 – 2016		2016 - 2017		2017 – 2018		2018 – 2019		2019 - 2020	
	Nr of applicants	%age of total Applicants	Nr of applicants	%age of total applicants	Nr of applicants	%age of total applicants	Nr of applicants	%age of total applicants	Nr of applicants	%age of total applicants
Single female – Aged 16 – 17 years	160	0.86%	122	0.66%	106	0.58%	89	0.49%	90	0.54%
Single female – Aged 18 – 25 years	1,388	7.45%	1,366	7.35%	1,274	7.01%	1,252	6.88%	1,195	7.11%
Single male – Aged 16 – 17 years	139	0.75%	102	0.55%	69	0.38%	66	0.36%	68	0.4%
Single male – Aged 18 – 25 years	1,868	10.03%	1,606	8.65%	1,552	8.54%	1,429	7.85%	1,322	7.87%
All young applicants (aged 16 – 25 years)	3,555	19.08%	3,196	17.21%	3,001	16.51%	2,836	15.58%	2,675	15.92%
Total applicants in year	**18,628**	**100%**	**18,573**	**100%**	18,180	**100%**	**18,202**	**100%**	**16,802**	**100%**

Source: NIHE Data Analytics Unit

Note: Percentages may not add to totals due to rounding and also because all categories are not included in this table.

Table 7: Number of FDA acceptances, by household type - age, gender and as proportion of total acceptances - 2015 - 2020

Category of young person – household type	2015 - 2016		2016 - 2017		2017 - 2018		2018 - 2019		2019 - 2020	
	Nr of acceptances	%age of total acceptances	Nr of acceptances	%age of total acceptances	Nr of acceptances	%age of total acceptances	Nr of acceptances	%age of total acceptances	Nr of acceptances	%age of total acceptances
Single female – Aged 16 – 17 years	94	0.84%	74	0.62%	56	0.47%	53	0.42%	44	0.39%
Single female – Aged 18 – 25 years	775	6.92%	816	6.86%	799	6.73%	828	6.62%	776	6.85%
Single male – Aged 16 – 17 years	72	0.64%	52	0.44%	31	0.26%	33	0.26%	32	0.28%
Single male – Aged 18 – 25 years	716	6.39%	678	5.70%	681	5.73%	655	5.23%	666	5.88%
All young acceptances (aged 16 – 25 years)	1,657	14.79%	1,620	13.63%	1,567	13.19%	1,569	12.54%	1,474	13.02%
Total acceptances in year	**11,202**	**100%**	**11,889**	**100%**	**11,877**	**100%**	**12,512**	**100%**	**11,323**	**100%**

Source: NIHE Data Analytics Unit

Note: Percentages may not add to totals due to rounding and also because all categories are not included in this table.

3.13   Tables 6 and 7 indicate a reduction in the number of young presenters (aged 16 – 25 years) to the Housing Executive over the last five years, from a total of 3,555 in 2015/16 to 2,675 in 2019/20. In addition, the proportion of young presenters in comparison to all presenters reduced from 19.08% to 15.92%, again suggesting a slight decline in young people in housing need and experiencing homelessness.   Table 7 however highlights that the number of FDA acceptances amongst young people declined at a lower rate; from 1,657 in 2015/16 to 1,474 in 2019/20 – and from 14.79% of all acceptances to 13.02% over the same time period.

On closer inspection the following should be noted:
- The number of young single males presenting appears to have decreased more rapidly than females and other age groups. As noted in paragraph 3.18 young males may perceive that there is little point in applying as they will not be awarded FDA status;
- There is quite a significant differential between the total number of young people applying as homeless and the number accepted as having FDA status. This is because young people do not generally fall into the category of priority need; unless there are other factors involved, for example a young person that is at risk specifically of sexual or financial exploitation, as noted at 3.10;
- The decline in applications from and acceptances of single males and females aged 16 – 17 years can be attributed to improved working between the Housing Executive and the HSC Trusts, in particular working within the UNOCINI guidance[57].

3.14   As already noted the data in the above tables is also impacted by joint arrangements between the NI Housing Executive and the Health & Social Care Trusts.[58] This protocol results in reciprocal arrangements when a young person presents as homeless, for example with the HSC Trust in some cases making an immediate telephone call to the NI Housing Executive to request temporary accommodation, whilst in other cases making a written referral using standard forms.   Data provided by the Health & Social Care Trusts is outlined in Table 8.

Table 8: Annual number of young people (aged 16 and 17) recorded by Health & Social Care Trusts, NI wide, 2016 - 2020

Health & Social Care Trusts – NI wide data	Number of young people presenting			
	April 2016 – March 2017	April 2017 – March 2018	April 2018 – March 2019	April 2019 – March 2020
Males aged 16 years	27	13	19	15
Males aged 17 years	54	41	36	41
Females aged 16 years	23	16	22	12
Females aged 17 years	56	57	46	34
Total	**160**	**127**	**123**	**102**

Source: HSC Board

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[57] UNOCINI – Understanding the Needs of Children in Northern Ireland.
[58] *Meeting the Accommodation and Support Needs of 16 – 21 year olds: Regional Good Practice Guidance agreed by the NI Housing Executive and the Health & Social Care Trusts.* December 2014, Revised Version. It should be noted that this document is under review.

This data shows a reduction in the number of young people aged 16 and 17 presenting as homeless, and being recorded by the Health & Social Care Trusts, over the period 2016-2020. In addition, analysis of the data for 2019 – 2020 provides the following important facts:

- the majority of young people were living with parents or family (63%) prior to the point when they became homeless. A further 25% were living with friends and family;
- the majority of presenters were currently or previously known to the HSC Trust (72%), although 23% were not previously known to the Trust;

A range of outcomes to this intervention were recorded in 2018 – 2019. For example, 32 young people, who were deemed to be a child in need under the Children (NI) Order[59] and placed in temporary accommodation including Young People's Supported accommodation project, B&B, NI Housing Executive temporary accommodation, supported lodgings or hotel. In other cases where there was a looked after pathway, the young person was accommodated in a placement. Around two thirds (65%) were placed at home (under placement) or returned home (with no support or Child in Need Pathway HSC Trust support).

3.15   Research in the 1990s and early 2000s noted a clear link between young people leaving the care system, wider family conflict and homelessness[60].   More recently this trend has been reconfirmed[61]. For example the National Audit Office (2015)[62] found that one third of care leavers became homeless within the first two years of leaving care, and 25% of homeless people have been in care at some point in their lives. This clear link between the care system and homelessness is worth noting in this exploration of service users homeless journeys.

3.16   Furthermore research in the field of youth homelessness[63] has highlighted a number of significant factors as follows:

- Young people who are homeless, and particularly those who have a background in the care system, have a range of complex additional needs including mental health difficulties, a history of self-harm, and have experienced childhood abuse and low self-esteem;
- Young people are frequently unable to recognise or acknowledge their needs and may at times be unwilling to engage with services;
- Generic services to young people who are homeless are not adequately resourced to deal with the complexity of needs which some young people present with;
- There are significant challenges in seeking to refer young people to external agencies for more in-depth or specialist support.

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[59] Article 21, Children (NI) Order 1995 – provides for local authorities to provide accommodation for 16 – 17 year olds in need, where there is no other accommodation available.
[60] *Young Homeless People,* Fitzpatrick. S, 2000; *Trouble at Home: Family conflict, young people and homelessness,* Crisis, 2001.
Which youth became homeless in the UK? Changes and persistences in the biographical and social risks among 16 – 25 year olds, University of Cambridge, 2004.
[61] *Young and Homeless,* Homeless Link, April 2018.
[62] *Care Leavers' transitions to adulthood,* National Audit Office, 2015.
[63] *Telling It Like It Is: Research into the accommodation and support needs of homeless 16-21 year olds in Northern Ireland*, Council for the Homeless NI, 2008, and NI Assembly, Research and Information Service Briefing Paper, Paper 42/16 – 16 June 2016, NAR 166-16, Eleanor Murphy.

The Council for the Homeless report concluded the following:
Given the complexity of needs of young people, it can be concluded that either their needs have not been adequately addressed whilst they are living in supported accommodation or that they are not being adequately prepared for, or supported during, periods of independent living.

3.17   This research and a study conducted by the University of York and Heriot-Watt University[64] made suggestions around how best to support young people moving into independent living. Initiatives suggested in these studies included:

- Ensuring that young people were tenancy ready;
- The development of re-engagement plans to support the maintenance of tenancies;
- Access to crisis intervention services to support young people through specific difficulties;
- Support to enable young people to build good local community connections, thus preventing isolation and loneliness;
- The development of 'respite' arrangements for young people for short periods of time, plus housing support pathways to allow young people to trial independence with an option to return to previous supported accommodation if necessary; and
- Schemes in the private rented sector with landlords or agents, to enable them to assist in supporting young people in their tenancies.

3.18   From a Northern Ireland perspective the NIAO report noted that young presenters include formerly 'looked after' children leaving the care system who are referred by the Health & Social Care Trusts.   However, research[65] also suggests that there is a perception amongst some young single people (particularly males) that there is little point in applying to the Housing Executive for accommodation as they will be deemed to have no priority need, and given the length of the waiting list, an offer of social rented accommodation is unlikely.

3.19   The two most recent homelessness strategies in Northern Ireland have made specific mention of young people in terms of higher levels of housing need and homelessness. For example, the 2012-2017 Homelessness Strategy referenced the need for family mediation and family intervention programmes as a means of helping young people to sustain Housing Executive tenancies, and noted a number of proposals and services in response to youth homelessness. These came in part from work undertaken by the Promoting Social Inclusion Youth Homelessness subgroup (established 2008) and from 2010 onwards the work of the Strategic Regional Reference Group on *Meeting the Accommodation and Support Needs of Young People aged 16 and 17 who are Leaving Care or Homeless.* As previously noted, considerable work has been undertaken to review existing joint working arrangements and to develop Good Practice guidelines and local protocols.

The 2017-2022 Homelessness Strategy tended to focus on overall goals and objectives, rather than identifying specific homeless groups (other than the clear focus on chronic homeless). In terms of homeless young people the Strategy has a clear focus on prioritising homelessness prevention. It

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[64] Quilgars, D. et al (2011) *Ending youth homelessness: Possibilities, challenges and practical solutions*. Centre for Housing Policy, University of York and School of the Built Environment, Heriot-Watt University.
[65] Pleace, N. & Bretherton, J. (2013) Measuring Homelessness and Housing Exclusion in Northern Ireland. Northern Ireland Housing Executive.

references the need for pre-crisis intervention, based on a UK wide Government Report, *Making Every Contact Count[66].* A specific focus is looking at how services for all households (not just young people) can be managed in such a way that the individual does not reach crisis point, where homelessness might be the result or outcome.

The NI Housing Executive has also identified youth homelessness as a current and important area for further focussed research; this will take place during 2020/21. The main focus of this research project will be to examine the issues relating to and experience of youth homelessness in Northern Ireland. The overall purpose of the research will be to inform homelessness policy and strategy development in the area of youth homelessness, assisting the Housing Executive to meet the aims of the Homelessness Strategy 2017 – 2022, as well as contributing to the development of the next Homelessness Strategy (2022 onwards).

Specific background issue - Poly drug and intravenous drug use

3.20   Poly drug and intravenous drug use has increased significantly in the last five years in Northern Ireland, and in particular amongst the homeless population. This has been referenced as a significant background issue for people presenting as homeless in recent studies[67].

Department for Health statistics[68] on drug misuse report that during 2019/20 a total of 4,264 clients were recorded on the Substance Misuse database as having presented to treatment for substance use; of these 67.2% indicated drugs misuse (2,867 clients) and 64.2% indicated misuse of alcohol (2,739 clients).

The most common age group for clients presenting to treatment was 26-39 years for both drug misuse only clients (39.7%), and for drug & alcohol misuse clients (44.3%); however clients accessing services for misuse of alcohol only tended to be in older age-groups with the most common age group being 40 years and over (71.5%). The majority of clients were male, with only around a fifth of clients presenting to treatment for either drugs only, or for drugs & alcohol, being female (23.2% & 17.7% respectively). However, for those clients presenting to treatment for problem alcohol use only, two-fifths were female (41.9%).

It is important to bear in mind that these figures do not include individuals who do not recognise that they have a misuse problem and/or who recorded in this database e.g. not noted in medical records, not referred for services etc. These figures therefore only represent data relating to those presenting for treatment and not the full population who may be experiencing drug use.

Data published by the Northern Ireland Statistics and Research Agency (NISRA)[69] noted that there were 189 drug-related deaths registered in Northern Ireland in 2018. Half (95) of these deaths were

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[66] *Making Every Contact Count,* Department for Communities & Local Government, 2012.
[67] *Analysis of Homelessness Presenters and Acceptances - Including Analysis of regional variation, analysis of Accommodation Not Reasonable (ANR) and comparison to Great Britain,* Report for NI Housing Executive, Fiona Boyle Associates with Professor Nicholas Pleace, Centre for Housing Policy, The University of York, March 2020.
NI Healthcare Review, July 2019 – Issue 113, nihealthcare.com/illicit-drug-use-in-northern-ireland-challenges-in-2019
[68] *Statistics from the Northern Ireland Substance Misuse Database: 1 April 2019 – 31 March 2020 Experimental statistics*, Authors: Cryss Foster, Mary Scarlett, Bill Stewart (lead statistician), Public Health Information & Research Branch, Information Analysis Directorate, Department of Health, October 2020
[69] Drug-Related Deaths | Northern Ireland Statistics and Research Agency (nisra.gov.uk)

of men aged 25-44. The 2018 total (189) is more than double that recorded a decade ago (89) and has risen by 39% over the year, from 136 in 2017.   This data also reported that half of drug-related deaths in 2018 involved three or more drugs (poly drug use). In contrast, in 2008 almost half of drug-related deaths involved one drug.

Since 2010, over half of drug-related deaths each year have involved an opioid. In 2018, a total of 115 drug-related deaths had an opioid mentioned on the death certificate. Heroin and morphine were the most frequently mentioned opioids in 2018, connected to 40 drug-related deaths, up from 24 in 2017 and the highest number on record. Drug-related deaths involving cocaine increased from 13 in 2017 to 28 in 2018 and is the highest level on record. Diazepam was listed in 40.2% of all drug-related deaths in 2018. Almost 23% of all drug-related deaths in 2018 also mentioned alcohol on the death certificate, a proportion which has remained relatively consistent over the last five years.

3.21   A number of organisations provide services across Northern Ireland relating to drug misuse, including Outreach workers and services – the Drug Outreach Team, Extern's Multi-Disciplinary Homeless Support team, and other specialist services such as the 'Street Injection Support Service' (SISS) managed by Extern. This service engages with people, not exclusively homeless, who inject in the community. Key aspects of this service include signposting service users to a wide range of other services in response to their complex housing and health needs, signposting to treatment services, giving advice on injecting practices and supplying naloxone[70].

Service providers have also confirmed changes in the range, type and availability of drugs[71]. The increase in heroin use, particularly a change in the mechanisms by which it is sold in the last number of years, has also been well documented, as is the increase in the use of prescription and other synthetic drugs.

Extern note that *the Belfast Health & Social Care Trust have reduced their waiting time for assessment of heroin use to around six weeks… this is welcomed by all working in the homelessness sector…if the result of their assessment indicates that Opioid Substitution Therapy (OST – usually methadone or buprenorphine) is the preferred option, this should be started as soon as possible thereafter[72].*

Dependency on intravenous drug use is also highlighted in the Service Report (2018 – 2019) produced by the NI Needle and Syringe Exchange. This document notes a 13% increase on the previous year in visits to pharmacies providing this service by those injecting drugs and requiring an exchange of needles and syringes.

It is also important to mention dual diagnosis in this sub-section; the term used to describe a person who suffers from both a substance abuse problem/addiction and a mental health issue such as depression or anxiety.

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[70] SISS team – attending overdoses and administering naloxone to those with opioid overdose symptoms.
[71] Chris Rintoul, Extern – in NI Healthcare Review, July 2019 – Issue 113, nihealthcare.com/illicit-drug-use-in-northern-ireland-challenges-in-2019
[72] Ibid.

3.22   Whilst drug use, including poly drug and intravenous drug use, is not listed as a specific reason for homelessness, it is referenced in the Homelessness Guidance Manual (December 2017). Chapter 5 examines the definition and component parts of Priority Need.   One aspect of this is vulnerability, which includes mental illness or handicap or physical disability, with reference to the *relationship between the illness and/or disability and other factors such as drug and/or alcohol misuse etc.*[73]   This section notes the clear need to assess this via close co-operation between the Housing Executive and a range of professionals and agencies.

The Housing Solutions Handbook notes the need throughout the process to identify if the customer is vulnerable (for whatever reason) and needs additional support to access housing and/or maintain a tenancy. The Handbook references the Multi-Disciplinary Support Team (MDHST) which operates in the Belfast area, working closely with the Housing Executive to provide support and outreach services to a range of vulnerable customers. It notes *a significant number of clients seen by the MDHST have drug and alcohol issues*[74]. The Housing Solutions Handbook also notes the process for investigation of support needs, and indicates that *some customers may be reluctant to divulge problems they may have, such as addiction issues, and you should try to build trust and confidence required for the customer to be open and honest about their problems*[75]. Further they note that *if during the course of the interview the applicant divulges that they are experiencing financial problems or are not coping because of substance problems or mental health issues then appropriate support should be offered.* The Manual refers to housing related support services funded by the Supporting People Team and the Homeless Team.

In addition, as noted in Section 2 whilst there is no specific place on the Housing Solutions form or during the assessment to address drug use, this can be recorded within the applicant's history and circumstances, particularly in relation to the section on *Understand me and what I need.* Furthermore if this impacts an individual's health, wellbeing, support needs or social needs, this can also be recorded, including any complex needs.

3.23   The linkage between use of and dependency on drugs and homelessness is also well cited in a range of reports. The NIAO report[76] provided feedback from third sector respondents who noted a number of factors (at the time of publication):

- when addicts who are resident in hostels decide to give up alcohol or drugs, frequently the opportunity is lost as it can take four to six weeks to get accepted into a Harm Reduction service or substitute prescription programme;
- often support is only provided in extreme circumstances where individuals are detained under the Mental Health Act;
- there are only two professional dual diagnosis assessors in Northern Ireland.

This analysis and commentary correlated with findings from the NI Assembly's Committee for Communities[77] in March and June 2016, which noted that access to mental health and addiction services in Northern Ireland are not straightforward as the formal assessment process is lengthy and

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[73] Homelessness Guidance Manual (December 2017), paragraph 5.4.2.
[74] The Housing Solutions Handbook, page 44.
[75] Ibid, page 55.
[76] NIAO, *Homelessness in Northern Ireland, Report by the Comptroller and Auditor General,* November 2017, page 49.
[77] Homelessness Briefing, Committee for Communities, 3 March and 23 June 2016.

complicated, and that there is a shortage of Harm Reduction services in Northern Ireland. The Joseph Rowntree Foundation paper (September 2011) notes the *overlap between homelessness, mental health problems, drug and alcohol dependency, street activities like begging, sex work or shoplifting, and experiences of institutions such as prisons.*

The previous and current homelessness strategies have also referred to interconnections between drug use and homelessness. The 2012 – 2017 Homelessness Strategy noted the changing nature of the homeless population, pointing to increasing numbers with addiction problems, mental health and other complex needs who require intensive support. A central focus of this strategy was the development of floating support, firstly for those with generic needs but also for that requiring specialist support, e.g. those with addictions. This included reference to an efficient and effective referral mechanism to ensure vulnerable clients got the right support.

The 2012/17 Homelessness Strategy also referenced the area health-based Drug and Alcohol teams (DACTS), and noted that the Public Health Agency emphasised the need to work in close partnership with all agencies in order to tackle issues around drugs and alcohol misuse. The need to commission and raise awareness of appropriate services and ensure access to these was also noted.

The 2017 – 2022 Homelessness Strategy also references the need to think about drug addiction and in particular poly drug and IV drug use, when looking at services for the homeless population. Again this strategy linked drug use to other issues – mental health problems and rough sleeping – recognising that service users experience a wide range of issues in their lives. This strategy also recognised the negative impact drug use has on a service user's ability to engage with homeless services. *Mental health and addiction problems can lead clients to disengage with services….*[78]

Specific reasons for homelessness

3.24   The next four areas examined in this research study relate to specific reasons for homelessness. These are examined in detail below for each of the specific reasons cited[79]:

- Specific reason for homelessness – Accommodation not Reasonable
- Specific reason for homelessness – Family breakdown
- Specific reason for homelessness – Loss of rented accommodation
- Specific reason for homelessness – Financial reasons

Tables 9 and 10 provide details of the number of applicants applying as homeless to the Housing Executive under these reasons for homelessness over the last five years. Table 9 provides this for presenting reason whilst Table 10 outlines this for acceptance reason. In these tables details are provided of how each 'homeless reason' relates to the total number of applicants and the total number of acceptances.

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[78] 2017 – 2022 Homelessness Strategy, page 23.
[79] These tables do not reference all of the other categories of reasons for homelessness; there are 13 in total/ Other categories cover neighbourhood harassment, no accommodation in Northern Ireland, intimidation, domestic violence, release from hospital, prison or other institution, mortgage default, fire, flood or other emergency, bomb/fire (civil disturbance) and an 'other' category. In a small number of cases there may be no data recorded for reason for presentation.

Table 9: Number of applicants, by presenting reason – 2015 - 2020

Presenting Reason	2015 – 2016		2016 – 2017		2017 – 2018		2018 – 2019		2019 - 2020	
	Nr of applicants	%age of total applicants	Nr of applicants	%age of total applicants	Nr of applicants	%age of total applicants	Nr of applicants	%age of total applicants	Nr of applicants	%age of total applicants
Accommodation not Reasonable	3,980	21.05%	4,119	22.18%	4,201	23.11%	4,588	25.21%	4,239	25.23%
Family breakdown[80]	5,327	27.93%	5,710	30.74%	5,520	30.36%	5,694	31.28%	5,335	31.74%
Loss of rented accommodation[81]	2,572	13.31%	2,668	14.36%	2,679	14.74%	2,778	15.27%	2,327	13.85%
Financial reasons[82]	223	1.16%	188	1.01%	181	1.00%	123	0.68%	89	0.53%
Total applicants in year	**18,628**	**100%**	**18,573**	**100%**	**18,180**	**100%**	**18,202**	**100%**	**16,802**	**100%**

Source: NIHE Data Analytics Unit

Note: Percentages may not add to totals due to rounding and also because all categories are not included in this table.

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[80] Family breakdown covers two recorded reasons for homelessness – sharing breakdown/family dispute and marital/relationship breakdown.

[81] Loss of rented accommodation covers two reasons for homelessness – loss of NIHE accommodation (including Housing Association) and loss of private rented accommodation.

[82] For the purposes of this research study data on mortgage arrears as a recorded reason for homelessness is being taken as 'financial reasons'. Other financial reasons relating to the loss of rented accommodation can only be separately analysed for the period 2019 – 2020.

Table 10: Number of FDA acceptances, by accepted reason – 2015 - 2020

Accepted Reason for homelessness	2015 – 2016		2016 – 2017		2017 – 2018		2018 – 2019		2019 - 2020	
	Nr of acceptances	%age of total acceptances	Nr of acceptances	%age of total acceptances	Nr of acceptances	%age of total acceptances	Nr of acceptances	%age of total acceptances	Nr of acceptances	%age of total acceptances
Accommodation not Reasonable	3,413	30.47%	3,641	30.72%	3,674	30.93%	3,955	31.61%	3,606	31.85%
Family breakdown	2,790	24.9%	2,931	24.7%	2,973	25.03%	3,236	25.86%	2,981	26.33%
Loss of rented accommodation	1,460	13.03%	1,544	13.00%	1,502	12.65%	1,681	13.44%	1,375	12.14%
Financial reasons	122	1.09%	102	0.86%	99	0.83%	65	0.52%	51	0.45%
Total FDA acceptances in year	**11,202**	**100%**	**11,889**	**100%**	**11,877**	**100%**	**12,512**	**100%**	**11,323**	**100%**

Source: NIHE Data Analytics Unit

Note: Percentages may not add to totals due to rounding and also because all categories are not included in this table.

Specific Reason for Homelessness – Accommodation not Reasonable

3.25   The Homelessness Guidance Manual (December 2017) notes the following in relation to reasonableness of accommodation:

An applicant may be homeless if he or she is occupying accommodation which it would not be reasonable for him or her to continue to occupy, together with any other person who normally resides with him or her….

The Manual notes that whilst there is no simple test for reasonableness, it is for the Housing Advisor to make a judgement on the facts of each case, taking into account the circumstances of the applicant. The manual notes that this may include (but is not limited to) the following:

- The accommodation itself or the physical nature of the accommodation;
- Overcrowding;
- Location;
- Applicants housing needs and/or personal circumstances;
- Violence or threats of violence including domestic violence, harassment or intimidation; and
- Affordability.

3.26   In addition, there is an 'other' category under ANR and drop-downs were introduced from June 2018[83] for recording purposes[84]; these are as follows: physical health/disability, financial hardship, mental health, overcrowding, property unfitness, violence and other.

3.27   The level of ANR, proportionate to other reasons for homelessness has been increasing steadily over the last five years, both in terms of presenters and acceptances, as demonstrated earlier in tables 9 and 10.   This is now one of the largest reasons for homelessness in Northern Ireland, cited by 25% of applicants and representing nearly one third of those accepted as Full Duty applicants (see data for 2019/2020). ANR as a presenting reason for homelessness falls only behind family breakdown in terms of numbers and is the reason for the highest level of acceptances.

3.28   The NIAO report[85] noted concerns about the increasing level of ANR as a reason for homelessness, in particular in comparison to other GB jurisdictions.   The Housing Executive commissioned research into this area; *Analysis of Homelessness Presenters and Acceptances[86].*

This research concluded that a number of demographic and societal changes including an increasing number of older people, factors relating to financial hardship and physical health, mobility and mental health, and factors such as changes in the adaptations and grants programme may have impacted the increase in the ANR category.   Comparison was made with other GB jurisdictions, where for decades there has been no equivalent of an ANR category under homelessness legislation,

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[83]   LSAN HSG 06/18, June 2018
[84]   These were not 'new' headings as such but were introduced for data recording and collection purposes, and to enable analysis of this reason.
[85]   NIAO, *Homelessness in Northern Ireland, Report by the Comptroller and Auditor General,* November 2017
[86]   *Analysis of Homelessness Presenters and Acceptances - Including Analysis of regional variation, analysis of Accommodation Not Reasonable (ANR) and comparison to Great Britain,* Report for NI Housing Executive, Fiona Boyle Associates with Professor Nicholas Pleace, Centre for Housing Policy, The University of York, March 2020

and consequently a narrower definition and application of ANR in practice has meant this is a low recorded category of homelessness in the overall scale of things.

This 'perception' of an increase in the number of older presenters was confirmed in this research study against the NIHE data on age of presenters and acceptances for the time period 2012/13 to 2018/19[87]. This confirmed that the number of pensioner households accepted as homeless increased from 1,539 to 2,139 (a 40% increase); this was for all presenting reasons.

In addition, analysis of the drop-down reasons for ANR indicates that the most frequently occurring ANR presenting reason is physical health and disability; in Quarter 3 of 2018 this was at its highest at 66%. Furthermore ANR – physical health and disability was the most significant reason in the last couple of years, for ANR homeless acceptances. This previous research study found that the ANR physical health and disability accounted for 52% of all ANR acceptances (Q1 2018) rising to 70% of all ANR acceptances (Q3 2018) for this category. In other words in Q3 of 2018 nearly three out of every four ANR acceptances were related to physical health and disability. As noted in this research, this more detailed information and analysis was not available at the time of the NIAO report (2017), and clearly indicates that physical health and disability are the bulk of presenting and accepted reasons under the ANR heading. However, it should be noted that drop-downs and therefore analysis of the individual reasons under ANR were not available for the full five-year period under review.

Specific Reason for Homelessness – Family breakdown

3.29   Family breakdown as noted at table 9 has been taken, for the purposes of this research on homelessness service user journeys to cover two recorded reasons for homelessness. These are sharing breakdown/family dispute and marital/relationship breakdown. The Homelessness Guidance Manual (December 2017) noted the following definition for these reasons for homelessness:

- Sharing breakdown/family dispute – in the Guidance this is referred to as *asked to leave…request to leave accommodation by family (parents or relatives) or friends.* The Guidance also notes – *in some cases there will be genuine reasons why the applicant is unable to stay in their accommodation and in others there may be scope for preventing or postponing homelessness…*
- Marital/relationship breakdown – including breakdown in co-habitation and breakdown in same sex relationships. Reference is made to information[88] that NIHE may use in arriving in a decision on this reason for homelessness.

3.30   Tables 9 and 10 show that taken together these two recorded reasons for homelessness – defined as family breakdown account for a high proportion (31.74% in 2019/2020) of homeless applications and a high level of acceptances (26.33% or one quarter of all acceptances in 2019/2020). These proportions have increased since 2015/16 (27.93% of presenters and 24.9% of

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[87] Op cit, Fiona Boyle Associates with Professor Nicholas Pleace. Section 2, Table 6.
[88] This includes an order for maintenance, residence or contact, an occupation or non-molestation order, a decree of judicial separation or divorce, a dissolution order and/or documents from a solicitor. In addition, other information sources may include a voluntary group e.g. Women's Aid, or information from the PSNI, doctor, Social Services or other source.

acceptances). It should be emphasised that family breakdown is the largest single reason for presenting as homeless, and the second highest reason for acceptances (after ANR).

3.31 The NIAO report[89] referenced family and relationship breakdown as one of four key risk factors and triggers in terms of homelessness. In addition, this has been referenced in the current and most recent homelessness strategies. The 2012 – 2017 Homelessness strategy noted – *in keeping with other jurisdictions within the UK, family and relationship breakdown continues to be the main reason for being accepted as homeless;* whilst the 2017 – 2022 Homelessness strategy references the two highest reasons for presenting and acceptances as Family/sharing breakdown and ANR.

3.32 Wider literature on homelessness as a result of family breakdown points to factors including higher levels of sharing households in Northern Ireland, high levels of concealed households[90] and levels of overcrowding[91].

Specific Reason for Homelessness – Loss of rented accommodation

3.33 Loss of rented accommodation – both private rented and Housing Executive tenancies – is a significant reason for homelessness, as demonstrated in tables 9 and 10; this equates to around one out of every eight applicants and those who are accepted as homeless. The figures have remained relatively stable over the last five years (2,480 to 2,327 presenters from 2015/16 to 2019/20 and 1,460 to 1,375 acceptances over the same period). It should be emphasised that the greatest proportion of these figures relate to the private rented sector rather than the social rented sector; of the 2,327 presenters for this reason in 2019/20, 2,112 were for loss of rented accommodation in the private rented sector and 215 in the social rented sector. Equally for acceptances, 1,295 were private rented and 80 social rented.

3.34 The Homelessness Guidance Manual (December 2017) noted the following definition in relation to loss of rented accommodation. In terms of loss of a Housing Executive tenancy reference should be made to a Notice Seeking Possession (NSP) or a Notice of Possession (NOP) on a full or introductory tenancy. Particular reference was made to a tenancy being brought to an end by a court order, as a result of rent arrears or unacceptable behaviour. In relation to the loss of private rented accommodation, reference is made to court action (Possession Order or Notice to Quit) by a landlord and the reasons for this.

3.35 One reason for loss of rented accommodation may be because of financial reasons e.g. rent arrears as a result of debt or other financial difficulty. Drop-down menus for recording and collation of data on loss of rented accommodation as a specific reason for homelessness were introduced in 2018/2019[92]. Financial reasons as a specific reason for homelessness are covered in the next sub-section, although the limitation is that this only relates to the owner occupier sector and mortgage default.

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[89] Op cit, *Report by the Comptroller and Auditor General.*
[90] Concealed households are family units or single adults living within other households, who may be regarded as potential separate households that may wish to form given appropriate opportunity.
[91] *A Review of Single Homelessness in the UK 2000 – 2010,* Anwen Jones and Nicholas Pleace, Crisis 2010.
[92] LOPRA (Loss of private rented accommodation) – due to affordability, fitness/repairs, landlord dispute, property sale and other. Loss of HA accommodation – due to arrears, ASB, other. Loss of NIHE accommodation – due to arrears, ASB, other.

3.36   As already noted loss of rented accommodation does not appear to have increased as a reason for presentation or acceptance over the last five years, despite changes in the comparative picture of housing tenure across Northern Ireland. A reduction in the proportion of owner occupiers and social renters has been in contrast to an increase in the proportion of private renters.   The increase in the proportion of housing tenure recorded as private rental is clear from a comparison of the 2006 and 2016 House Condition Surveys[93].   Changes in the three main tenures and the proportion of vacant dwellings were as follows: owner occupation (67% to 63%), private rented housing (12% to 17%) and social rented housing (no change - 16%); vacant dwellings (5.7% to 3.7%). This breakdown indicates a move from one in 8 dwellings being in the private rented sector to one in 6 dwellings.

Interestingly Crisis noted – *in sharp contrast to the position in England, there has been no pronounced recent rise in the number of homeless applications prompted by the loss of rented accommodation. This likely reflects the differential impact of welfare reform in the two jurisdictions, and possibly also the fact that, unlike Great Britain, direct payment to private landlords was retained after the Local Housing Allowance regime was introduced[94].*   The NIAO report referenced previous schemes which have aimed to help and enable tenancy sustainment both in the social and private rented sectors.

3.37   The Homelessness Strategy 2012 – 2017 referenced reductions in the loss of rented accommodation as a reason for homelessness; from 17% of total acceptances in 2007/08 to 11% in 2010/11. This lower picture has been maintained to a certain degree; as noted above equating to around 13.85% of presenters and 12.14% of acceptances in 2019/2020).   The independent evaluation of this Strategy[95] noted that whilst there has been much achieved in tackling homelessness a number of challenges still remained.   In terms of rented accommodation the following was noted:

- The supply of affordable housing across Northern Ireland was repeatedly highlighted as a structural constraint in reducing homelessness;
- There were concerns also about the use of the private rented sector with calls for better standards and the need to address affordability issues.

The current Homelessness Strategy (2017 – 2022) highlights the approach to prioritise homelessness prevention and the service provided across Northern Ireland in terms of Housing Solutions and Support, and the 'Making every contact count' approach[96].

Specific Reason for Homelessness – Financial reasons

3.38   As noted in table 9 for the purposes of this research study data on mortgage arrears as a recorded reason for homelessness is being taken as 'financial reasons'.   Other financial reasons relating to the loss of rented accommodation can only be separately analysed for the period 2019 –

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[93] NI House Condition Surveys 2006 and 2016.
[94] *A Review of Single Homelessness in the UK 2000 – 2010,* Anwen Jones and Nicholas Pleace, Crisis 2010. Page 3.
[95] *Evaluation of the Homelessness Strategy,* for NI Housing Executive - Fiona Boyle and Nicholas Pleace, January 2017.
[96] *Making Every Contact Count,* Department for Communities & Local Government, 2012.

2020; this was examined in the previous sub-section, with the acknowledgement that financial reasons may result in loss of rented accommodation (in social and private rental sectors). In relation to renting this was be because of an increase in the overall cost of renting including rent increases, rent deposits and rent in advance, together with changes in householder's finances including loss of employment, reliance on welfare benefits and debt.

3.39   The Homelessness Guidance Manual (December 2017) noted a number of factors in relation to financial reasons. Firstly, affordability is listed under the definition of reasonableness of accommodation, whilst reference is made to loss of rented accommodation (as above) and sale of owner-occupied dwellings. Other references to financial difficulties are covered in terms of an assessment of intentionality – which looks at mortgage default and rent arrears – and the level of disposable income after housing costs.

3.40   Tables 9 and 10 provide details on the level of financial reasons in terms of mortgage default. In comparison to the other reasons for homelessness already examined, this is a relatively small number in terms of presenters and acceptances. In addition, the numbers providing this reason for homelessness have decreased over the last five years, from 216 to 89 presenters between 2015/16 and 2019/2020 and from 122 to 51 acceptances over the same time period. This equates to less than one percent of presenters and acceptances. It is interesting to note that this is a reduction on previous years; for example the number of acceptances citing this reason was 200 in 2010/11.

3.41   One reason this may be a small contributory factor in homelessness is the level of housing advice services in Northern Ireland, including mortgage debt advice services.   However, it is worth noting that Housing Rights recently reported[97] an increasing number of mortgage actions for possessions; there were 300 mortgage cases disposed of between October and December 2019, a 140% increase from the same period in 2018 (125) and the highest number of mortgage cases disposed during this quarter since 2014. This may in turn led to an increase in the number of homelessness applications on the basis of financial reasons due to mortgage default.

3.42   The NIAO Report also noted higher fragility in Northern Ireland in terms of one risk factor in homelessness – unemployment. This report referenced at 2014 survey[98] which assessed how long a UK household's savings could sustain their current levels of spending if they had a sudden shock to their income. The results indicated that the average household in the UK could sustain this for 29 days, whereas in Northern Ireland the estimate was 19 days.

Housing Executive wider data – factors that impact the homeless journey
3.43   This sub-section examines wider data including the level and nature of repeat homelessness in Northern Ireland, the use of temporary accommodation and single lets and length of time in temporary accommodation. As demonstrated later in Sections 5 and 6 of this report all of these factors can impact the length and course of a service user's homeless journey.

Repeat homelessness was covered above at paragraph 3.9 indicating that a small proportion of homeless presenters have presented within the last 12 months. Whilst the proportion is relatively

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[97] *Impact report 2020,* Housing Rights, Housing Rights Impact Report 2020 low res.pdf
[98] *Deadline to the Breadline report,* Legal and General, 2014.

low (4.62% in 2019/2020) it nevertheless indicates that individuals in a homeless situation are coming back to the Housing Executive within a relatively short period of time.

3.44   For service users moving through a homeless journey much depends on what is available to them in terms of accommodation and other services. The Housing Executive, under its duty to accommodate those in priority need refers to standard and non-standard accommodation. The former covers temporary and emergency hostel accommodation provided by both the Housing Executive and the voluntary sector whilst the latter includes private single lets, B&Bs and leased properties. Table 11 indicates that the number of placements per annum stayed relatively stable between 2013 and 2017, with significant increases since 2018.

Table 11: Total placements in standard and non-standard accommodation, 2013 - 2020

Year	Total placements
2013 – 2014[99]	2,978
2014 – 2015	2,817
2015 – 2016	2,883
2016 – 2017	2,746
2017 – 2018	3,024
2018 – 2019	3,340
2019 - 2020	4,527

Source: NIHE Data Analytics Unit

3.45   Length of time is a further variable which has a bearing on the overall length of a service user's homeless journey. Table 12 indicates that there has been a slight decrease in the average length of stay for placements over the last four years. However, it is worth noting that the average varies by Region and also by the type of accommodation e.g. in 2019/20 whilst the average length of stay in voluntary sector hostels was 234 days this compared to 451 days in single lets.

Table 12: Placement by average length of stay, 2016 - 2020

Year	Total average days	Total average weeks
2016 – 2017	285	41
2017 – 2018	282	40
2018 – 2019	281	40
2019 - 2020	273	39

Source: NIHE Data Analytics Unit

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[99] A mid-year system change in this year may have resulted in some duplication as some people will have migrated from one system to the other.

SECTION 4   RESEARCH FINDINGS – UNDERSTANDING HOMELESS SERVICE USER JOURNEYS – STAKEHOLDER PERSPECTIVES

Introduction

4.1   This section examines stakeholder perspectives in terms of **homeless service user journeys**.

The agreed definition for exploration with stakeholders was as follows:
"the homeless journey approach is premised on the view that homelessness and other vulnerabilities are a product of a complex series of processes, events, actions and interactions."

The background to this definition of a homeless journey was covered in Section 2.13, which noted that the approach was first developed by Crisis and utilised by CRESR in a research study in 2009[100]. A full list of respondents who engaged in this element of the research is listed at Appendix 2 and the research questions are outlined in Appendix 1. The range of themes analysed in this section are examined with input from both sets of stakeholders – external stakeholders working and providing services in the homeless sector and internal stakeholders comprising Housing Executive personnel. Quotes are provided in *italics,* with reference to whether these are internal (INT) or external (EXT) stakeholders.

Throughout the discussions the aim was to not only get the stakeholders professional or organisational feedback but also to discuss how, in their opinion, service users experience services. This theme is continued in more detail in Sections 5 and 6 of this report, in terms of service user feedback.

The Homeless Journey

4.2   As noted this research adopted the terminology of a homeless journey, as a mechanism to explore and understand the needs and experiences of homeless service users with complex needs. This concept and term were explored with both sets of stakeholders; table 13 summarises the analysis of feedback. Key findings about the homeless journey are highlighted in bold in the left-hand column, and these are substantiated with quotes from stakeholders in the right-hand column.

The concept of the homeless journey was summed up by one external stakeholder as follows:
The homeless journey is from somebody coming homeless right through to them being housed. (EXT)

There was recognition amongst stakeholders that there was a distinction between 'first time' homeless service users and 'repeat' homeless service users.

Those that are fresh or new to homelessness and those who are chronic homeless – this is a continuation of their homelessness.   (EXT)

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[100] *The Homelessness Journeys of Homeless People with Complex Needs in Stoke-on-Trent, CRESR – Centre for Regional Economic and Social Research, Sheffield Hallam University, December 2009.*

Table 13: Stakeholder Feedback – The Homeless Journey

Key Finding	Quotes from Stakeholders
Everyone's homeless journey is different	*When I think of a client's homeless journey I think of their holistic journey - I think that every client is different – every set of circumstances is different.* (INT) *It's very important to us that we treat each homeless young person as a unique individual…and try to develop our practices around that because obviously some of their journeys might be the same, but what they've experienced is very different.* (EXT)
The journey starts way before the service user presents to the HE	*The homeless journey begins way before the person comes into a homeless setting.* (EXT) *To me the homeless journey is from the beginning of when someone is made homeless – whether that's them being asked to leave their family home or relationship breakdown or release from prison.* (INT)
In many cases a homeless journey was not a journey of choice	*It's individual stories – their housing conditions are as a result of their past and current circumstances. – including their economic circumstances. They'd never intended for this to be the case. …but it's happened to them – and they're having to survive without the value of a decent home.* (INT)
There are multiple triggers and background factors which result in a homeless journey	*The homeless journey is going to be when someone is at the least threatened with losing – what they call their home…they may not actually be on the streets. But it may be that the house is not suitable for them, it may be a range of factors – that they don't feel safe and secure in that area, it could be down to affordability. It could be family disputes, it could be anti-social behaviour issues, it could be addictions or factors in the wider community.* (INT) *Homelessness is not just a housing issue – for the person it could be going right back to their childhood – places or childhood traumas or experiences within the family home of domestic violence or addictions. Or it could be something within their personal life now – their own issues that they are facing – complex needs, be it mental health, substance abuse, street activities – so it's really looking at the person's story and what's brought them to this point.* (INT)
The journey isn't just about accommodation – it's about so much more	*The homeless journey – it's more than just a house – it can take in cost, their health – everything – their education and training. It's more than just a simple exercise. It's looking at the person's homeless journey and what the person really wants and needs at the end of the day. But the person coming in may not really know what they need themselves…they may think they need a house but they may actually need more support.* (INT) *The homeless journey is only a very small part of why the person comes to us.* (INT)

Key Finding	Quotes from Stakeholders
Whilst the end goal is accommodation/ being rehoused there needs to be support in place to make/help this happen	*Sometimes people think if we can get them a house that will solve all their problems – when actually it can turn out to be an even bigger problem.* (INT) *Looking at the cause of their homelessness and what support is given to them on their journey. In order to enable them to end that journey of homelessness – and to end it successfully – to lower the risk of repeating that journey and ending up getting into a cycle.* (ENT)
The journey is an interactive process	*Homeless journeys – the first questions I have when someone comes into the office is – where has the person come from? what is their background? and how have they survived so far? We are there to listen to them first of all – what does the customer really need? Do they need a home, what type of home, what's best for them – not just to tick a box – to say there's social housing.* (INT)
The journey can be difficult on many levels	*My understanding of the homeless journey for the individual who finds themselves homeless – is that it is a very lonely, very daunting and very intimidating experience – particularly if you are someone who is experiencing it for the very first time. Where do I go? Who do I speak to? Am I going to be tainted by it? Should I be ashamed? What are the reasons that brought me here? (INT)* *They don't necessarily follow a linear path – where you go in, you go through and you come out. I think there could be quite a lot of twists and turns in the path as well. (EXT)*
The journey does not always come to a positive end	*Personally I don't think it's a journey – when I think about a journey there is an end destination – but for many of the people that come to us – more often than not – I'm seeing a lot of re-presentations. I don't think it's a journey – I see it more as a reoccurring cycle.* (INT) *A homeless journey differs for everyone – it's entirely unique for that person's circumstances and what is going on in their life at that time – and it can range from weeks to months and years – and unfortunately there are a lot of people who fall into the chronic category with regards to their homeless journey – it doesn't have an end. They seem to jump back to the start – over and over again.* (INT) *They go round and round in circles – and it's very hard to get out of this situation. Once they get involved in that system it's very difficult to get back out of it again – moving from hostel to hostel.* (ENT)

4.3   Whilst the majority of respondents visualised the homeless journey commencing at a point much in advance of presentation to the Housing Executive, there were some who adopted a slightly narrower interpretation, referring to the journey being *from when they come in to when they are housed.* (INT) In addition there was recognition that considerable numbers of service users remain as hidden or concealed homeless individuals or households for a range of reasons.

The interactive nature of the journey, and the service users' initial and ongoing interaction with a range of accommodation and wider support agencies was seen as critical to progression along the time line of the journey. Respondents noted that this was often hampered by the attitude and response of service users; in some cases it was suggested that service users have gone through the same or similar journeys so many times they have become reluctant to accept or engage with support services. In other cases there was recognition of a residual attitude that resolving the homelessness (and other needs) was not viewed by service users as being their responsibility.

The initial or early stages of a homeless journey including precursors to this were also a repetitive theme.   Respondents reflected on the preventative work that is already done, prior to a homeless journey starting. *The homeless journey for me is really that road that someone is on that can lead to homelessness. It can be prevented at any point along the way. The people will continue that homeless journey right through – all the way – until they can be housed – be that by the HE, in the private rented sector, whatever tenure that they're rehoused in.* (INT) In addition, the lack of completion of some homeless journeys, and the difficulties in bringing things to a successful conclusion (person housed in temporary accommodation, person housed in permanent accommodation, person receiving adequate support) were highlighted by respondents.   They recognised that homelessness had become an embedded way of life for a small but not insignificant group of people (chronic homeless), whilst for others homelessness was the result of a small number of factors e.g. loss of job, and could potentially be resolved more easily.

Journeys into homelessness

4.4　This interview theme explored what respondents thought were the risk factors and trigger points in terms of the causal factors why individuals started on a journey into homelessness. In addition, respondents pointed to particular life circumstances or life chances, which they thought pre-disposed some people to a heightened risk of becoming homeless. Table 14 summarises the full range of risk and trigger factors identified.

There was acknowledgement that in the majority of cases the issues were not solely or largely related to housing or accommodation, and were more about a wide range of other social, emotional and psychological factors for the individual or community-based issues. In addition, there was general recognition that many of the journeys into homelessness were largely predictable (given the risk factors and trigger points visible in many people's lives), and that as such more should be done to work with those at risk to both prevent initial homelessness and recurrent homelessness. Furthermore stakeholders suggested that the journey into homelessness is often predicated in a change in a service user's specific need or issue, including mental health issues and addictions, which had changed (developed, deteriorated, escalated) thus triggering their homelessness. It was also recognised that changes in specific issues and needs could be the result of a single episode of or persistent homelessness.

Table 14: Stakeholder Feedback – Overall Risk Factors and Trigger Points

Risk Factors and Trigger Points	Commentary from Stakeholders	Quotes from Stakeholders
Family background and circumstances	Stakeholders noted that particular individuals or groups were at risk, including those with a history of the care system, those who had previous homelessness experience including family homelessness and those experiencing social or family exclusion/poor family support. Other factors noted include links to the Troubles, poor social and economic background/area, disruptive childhoods and multiple moves and lack of a male role model.	*Family breakdown is huge and living at home with parents and carers that also have those risk factors – so living at home if your Mummy has been a care leaver, or had alcohol problems.* (EXT)
Significant life event or trauma	Feedback from stakeholders suggested that in many cases of entrenched or ongoing homelessness, a key trigger is often a significant life event or trauma, for example, miscarriage or the death of a child, sexual or domestic abuse, witnessing a traumatic event. They noted that whilst needs may evidence themselves in a person's addiction or mental health, the starting point or nucleus for this was frequently a negative and overwhelming event in their life history.	*The death of somebody, they've broken up in a relationship, anything at all that can just leave people vulnerable…* (INT)

Risk Factors and Trigger Points	Commentary from Stakeholders	Quotes from Stakeholders
Sudden loss of income or other financial change	Stakeholders noted that a sudden and often unexpected drop in income due to the loss of a job or change in family circumstances (e.g. reduction in benefits when young person turns 18) were frequently the trigger for a homeless journey starting.	*These are varied, if we look at financial – this is usually either mortgage difficulties or default. And those can largely be traced back to a change in somebody's income – so that's what happens generally. That can be proceeded by a number of things – loss of a job, reduction in earnings, death in the family of one of or the primary wage earner, retirement – there tends to be 4 or 5 big events that mean in effect that somebody's income is reduced. And therefore – what they could once pay they can no longer pay – that's where the journey starts. ..it tends to be a trigger or a change in somebody's life circumstances so they can no longer afford the outgoings they had previously committed to.* (EXT)
Collision of number of smaller needs/factors	Stakeholders pointed to the multiple complex issues experienced by many homeless service users, and for some, their chaotic lives. They noted that the start of a homeless journey was often triggered by the interplay of a number of smaller issues, rather than one large specific need or issue. For example, a young person's behaviour within a family household, parental inability to cope with this, pressures of family finances etc. all culminating into a homeless journey.	*There's always a reason behind it (taking drugs etc.) – it may be a past history of abuse. It could be they've come through the care system; it could be they've been released from prison and they just can't cope anymore. Or it could be that they've had a relationship breakdown. For some of our young people my experience has been that Mum and Dad are split up – Mum or Dad has met someone else – and they don't feel welcome any more – so they've left their home. And unemployment – someone has lost their job. It's all the reasons for homelessness. There's always issues behind the addiction.* (EXT)

4.5   Analysis of the trigger points in table 14 provide insight into a number of factors – firstly that there is often a historical element to the homelessness, embedded in the family unit and family circumstances. Secondly, that the starting point of a homeless journey is often as a result of a sudden and in some cases unexpected trigger, outside of the individual's control e.g. death of a parent. Thirdly, that triggers were inextricably linked to the service users other or additional needs, including their mental and physical health and other socio-economic factors.   Risk factors in themselves did not definitively mean that someone would commence a homeless journey; more that the likelihood of this increased and that this in itself also increased if there were one or more risks or triggers.

4.6   Particular background or trigger points were mentioned in relation to the seven groups being examined, with some commonality across all themes. In terms of chronic homelessness the triggers were deemed to centre around poor mental health and addictions, often closely associated with a range of other individual and circumstantial factors.

The death of somebody, they've broken up in a relationship, anything at all that can just leave people vulnerable – difficult for them to stay on the wagon, some set back. (EXT)

The main needs are addictions and mental health – with these, they live in the moment – and this often translates into challenging behaviour, often not wanting to change – they become entrenched in homelessness – they can't think ahead, very often because of the trauma they have experienced. (EXT)

4.7   On the subject of youth homelessness respondents pointed to a wide range of risk factors including a history in the care system, breakdown in family sharing, interaction with wider negative behaviours e.g. anti-social behaviour, alcohol and substance misuse etc.

I suppose at the very early stages it is the breakdown in sharing…with the parents. Perhaps it's a struggle between Mum and Dad – whoever's in the home – their expectations of rules and boundaries. And the young person's expectation of rules and boundaries. At other times we find young people are engaging in behaviours that maybe Mum and Dad can't cope with – and things just dramatically break down. Perhaps misusing drugs, prescription drugs, anti-social behaviour, young people under threat from the local community – because of behaviours within the local community. (INT)

We are funded to provide housing support so the main need that our young people have is some sort of housing support need. But alongside this comes everything else that they need support with (over and above housing) – mental health, drug use, offending, benefits. Their reason for becoming homeless – if it's family breakdown we would be looking at that, mental health and alongside that comes a lot of drug use – so they then fall into dual diagnosis – they fall between the cracks. (EXT)

Identifying and understanding the needs of service users in the homeless journey

4.8   Stakeholders emphasised the process and tools they used to identify and understand the needs of service users they interacted with during their homeless journey.

The changes to the homeless application process and interaction with the Housing Executive since the phased introduction of Housing Solutions from 2016 onwards were seen as particularly useful and focussed on identifying the needs of service users. External and internal stakeholders pointed to six key components of Housing Solutions which they suggested had resulted in a more person-centred process and better outcomes for the service user. These were as follows:

- **Continuity of Housing Advisor** – in contrast to the previous system where an applicant might have seen a different member of Housing Executive staff on each occasion, this case management approach ensures continuity of relationship and continuity of service**.** A key benefit noted for the service user was not having to repeat their history each time they visit the HE, and not flitting from one person to another;

- **Identification of needs - Housing Solutions Form and questions** – the process, interview and forms were all viewed as being stream-lined, fit for purpose, very comprehensive and focussed on identifying and analysing needs in relation to accommodation and also support;
- **Housing Solutions taken to the hostel** – the fact that Housing Advisors operated a regular housing clinic in specific temporary accommodation hostels was noted as having enabled the development of trust and good rapport, with the service user feeling more in control of their situation, with the opportunity on an ongoing basis to ask questions and clarify their position;
- **Specialist knowledge and expertise where needed** – the provision in some areas of specialist rather than generic Housing Advisers for particular client groups e.g. young people was seen as invaluable. Both in terms of providing a bespoke service to the young people, and also that HE staff could build a strong relationship with other external agencies, both working towards ensuring that the young person could be accommodated and receive the most appropriate type and level of support;
- **Options for a short-term solution** – there was general agreement that Housing Solutions has enabled a better use of the referral process to temporary accommodation and this has been aided with the provision of better information on what each hostel provides, who can be referred and the eligibility/exclusion criteria;
- **Focus on finding a long-term solution** – the focus of the interaction is about finding solutions within the Housing Executive as well as opening up the discussion with external support agencies. The significant move from previously being focussed on functionally allocating a house to now finding the best option in terms of accommodation together with support was noted.

4.9   The Housing Solutions approach was seen as a very positive step forward as a mechanism to help a service user through the homeless journey.   One specific element consistently noted by respondents was the comprehensive nature of the assessment process.

It takes everything into consideration. Are you homeless? What is the reason why? Looking at priority need, people with addictions in terms of functionality and intentionality?   Is the reason – loss of private rented, family breakdown … it's fair and looks at every type of circumstance. (INT)

The continuity of a named point of contact - the Housing Advisor (HA) - throughout the Housing Solutions process and the homeless journey was noted as follows.

*For those coming in as a housing application – it is a journey – we're very fortunate with the change in the way things are done (*to Housing Solutions*) – that one case worker will manage that the whole way through – until their housing has been sorted – whether they decide to go into Housing Executive or Housing Association accommodation or they go to the private rented sector or whatever.   It makes such a difference to the person coming in* (only having one person dealing with them) *it means they're not having to speak to half a dozen people and repeat their story each time. One person can deal with it – they build up that trust with them – especially when they're at their most vulnerable – they can build up a relationship quite quickly with that person.* (INT)

The theory of a Housing Solutions approach is absolutely fantastic – to allow one individual to case manage the person from the first point of contact through to the conclusion of that case – whatever that might be – be it prevention, rehousing… that can only benefit the customer – as they have a specific and consistent point of contact. The case manager can break down the barriers – from the first time you interview, you start to build up that relationship, to unravel and unpeel all of the layers. The customer has a name and face, they have a direct line – build up a relationship where there is trust on either side. Having one HA also means that it can build up the relationship with the external agencies – because they also have one point of contact…they know who to refer you to, to signpost, speaking to the agencies, making the appointments and follow up afterwards. (INT)

The active nature of Housing Solutions – going to the client – was also highlighted as a significant success. This was noted in terms of particular groups of service users such as those experiencing chronic homelessness.

We have gone to them – to people lying in the streets. They weren't prepared to engage – we do have the Big Word and we can have an interpreter on the other end of the phone.   We can do the interview there – wherever they are - and get them onto the system.   We don't have to be constricted to the office as I know that could put a lot of people off…once they know they're on the system and you've allocated points for their addictions…build up a rapport with them. (INT)

The adaptability of Housing Solutions to both assess need and then match this to a solution was noted in terms of its overarching approach.

I think the form does cover what we need and we're suitably trained enough – we can see possible triggers or characteristics – where the person is going to need a more holistic approach – and we do bring in the multi-agency meeting or more specialist agencies – to get the right accommodation and services for them. (INT)

Trying to ascertain from the outset what support needs they might have – and trying to build that picture from the initial point of contact. Looking first of all at any preventative measures – asking the customer – what has brought you to our door? (INT)

The different elements noted above – from continuity of Housing Adviser, to housing clinics, to specialist knowledge are summed up in the following quote relating to young homeless people.

I have a Housing clinic once a month – for young people. I would actually go to their projects and just hold a housing clinic. Before they come, I would ensure that I know all of their details – their points, where they are on the list – so it means when they come and ask me all those questions, I can respond immediately. I think the young person feels important – this is their time to discuss what they need. It always has to be about the young person. I think they appreciate it – this is someone that actually cares. (INT)

4.10   A small number of criticisms were noted about how information on service users' needs are recorded, with reference made to a lack of consistency across all Housing Advisors. This was seen as being detrimental in relation to how needs were then matched throughout the homeless journey; for example this was put into context in terms of making a referral for temporary accommodation if needs were recorded incorrectly or with insufficient detail, and how then safe placements could be made.   The importance of having a complete comprehensive record for each individual in the system was noted; together with concerns that some staff, albeit they have been trained in the different processes, take short-cuts which leads to information being missing.

I've noticed - there are gaps in how the Advisers do the interview and gauge the information and note the information – that's the biggest downfall in it at the minute. There isn't that baseline of how people should capture and note the information.   That being said – you can see the difference in notes from say 2010 and now. But you want to see why they've presented and if there's any issues such as mental health and drugs.   Especially if we're doing a referral for them for temporary accommodation.   Some people might have 1 or 2 notes – whilst others might have 80 to 100. Also if there was a tab which just showed you information on their health – the details – rather than having to go through realms of notes. A go to button – where you could pull this information out. (INT)

A further criticism was made of the overall system in relation to identifying and responding to the needs of service users in terms of the resilience of Housing Executive staff, primarily Housing Advisors, with the suggestion that further training should be provided, in particular because of the increase in complex and difficult cases. The need to have the right type of training at the right time was highlighted as a mechanism to ensure that Housing Solutions as a process keeps ahead of the type and nature of needs that service users present with.

I would be a big proponent of our housing solutions and support work… having seen both sides – how we did things before and how we do things now – I do think that the customer is at the centre of the work our staff do – and they do seem to provide that comprehensive housing options service.

Whilst external stakeholders were largely positive about the move to Housing Solutions, including the case management aspect, they did also query the long-term nature of the housing placements being made, through the housing options model.

There's certainly a lot more focus and attention paid now to individual circumstances through the Housing Solutions approach – probably the most significant thing is that the HE now clearly views it as their responsibility to examine all options – whereas before they put them on a list to wait to be allocated social housing – they don't take that approach anymore. They're much more proactive in trying to solve a person's situation – they actively consider the private rented sector and I guess they resolve (in inverted commas) an increasing number of people presenting as homeless in that way, through that route – but are they really resolving their homelessness in the longer term or are they just putting them back into a sector – that they'll come back out of in another 12 months' time.   So is it really a resolution or is it a temporary resolution? (EXT)

The needs of service users on a homeless journey

4.11   Analysis of feedback in relation to the seven client groups highlighted particular needs; in the majority of cases these were additional or separate to the individual's housing or accommodation needs, although they could be interlinked (cause and effect). Table 15 provides an overview of the full range of needs highlighted. Stakeholders indicated that the most commonly occurring 'needs' related to a service users mental health and/or addiction(s).

Table 15: Stakeholder Feedback – Homeless service users - Needs

Homeless Service User Needs	Commentary from Stakeholders	Quotes from Stakeholders
Mental Health	Stakeholders noted a high level of mental health needs amongst homeless service users (noting this as a trigger to and resulting from the homeless journey).	*There's a lot of mental health issues there too – not necessarily diagnosed although we do have that.* (EXT) *Some of the younger people coming through for ANR maybe have severe drug issues or mental health – they're not coping in the house they are in.* (INT)
Addictions	Feedback from stakeholders noted the range and diversity of addictions; referencing alcohol addiction, substance misuse and addiction ranging from prescription drugs, other substances through to IV drug use and heroin, and poly drug use.	*So we would get a service user in who is opiate dependent, injecting drugs – so there is risk of infection, infection at their injecting site, risk of overdose is significantly higher, but also, they are homeless, they've been through trauma, there is a lack of family support.* (EXT) *The two (homelessness and drug use) can reinforce each other – and the one can cause the other and vice versa. And then they can reinforce each other from that point on – fairly strongly.* (EXT)
Physical Health	Whilst stakeholders referenced the predominance of poor mental health amongst service users, difficulties with physical health were also noted ranging from increased susceptibility to common ailments through to specific factors relating to service users' addictions (infections from IV drug use) and poor diet.	*The biggest need in that chronic group – is around intervention in terms of their drug use. And of course along with that goes the mental health and physical health.* *(EXT)*

Homeless Service User Needs	Commentary from Stakeholders	Quotes from Stakeholders
Exposure to abuse or violence	A commonly highlighted need related to involvement in or exposure to abuse (physical, emotional, sexual and psychological) and violence. In some cases this had resulted in involvement in adult or youth justice including offending and custodial sentences, whilst in other cases this was a trigger in the homeless journey (leaving the family home) or an unresolved factor in the individual's emotional well-being.	*Sexual abuse would be a massive trauma – which would be common amongst the client group we work with – not just in their history, but also now that they would be assaulted when they are under the influence of heroin. A lot of the women are sex working – to get money for heroin. In terms of their history – they have a care background, a background of sexual and physical abuse, awful stuff – we've had people who were sexually abused as babies, sexual abuse in foster placements.* (EXT)
Financial	Stakeholders noted a recurring need in terms of low or limited finances, dependence on benefits and/or poor uptake of benefits and poor financial management skills, resulting in rent arrears, debt and loss of home for financial reasons.	*If it's financial reasons and they are in significant debt that follows them – they can't really escape it until it's fully addressed. And some of them bury their head in the sand or maybe don't see it as a big issue.* (INT)

4.12 Specific needs were noted in relation to particular homeless groups e.g. chronic homeless or young homeless people. For example, in terms of young homeless people a wide range of possible needs were noted, including those relating to 16/17-year olds (responsibility of the Health & Social Care Trust), breakdown of sharing, risk-taking and inappropriate behaviours, lack of tenancy readiness and coping skills. In addition, the need to take into account some level of flexibility and leeway with regards to young people in their housing journey was noted, e.g. providing some room for 'failure' and the need for ongoing support. Stakeholders highlighted the high occurrence of youth homelessness, and how if that journey was not successfully brought to an end, a journey into adult homelessness could begin, and in many cases was inevitable. Feedback also suggested that considerable inroads had been made into responding to young homeless people's needs over the last 18 months including reference to proposed and pilot schemes under the themes of supported lodgings, shared housing, Housing First models and the Nightstop model, but that regardless of this, more needs to be done to identify and respond to specific factors in youth homelessness. Forthcoming HE commissioned research on this topic – *Experiences of Youth Homelessness -* was noted.

Young people – there's no stereotype – they're not all into drugs or alcohol, they're not all into crime – they all have different reasons for the situation they are in…they could be a leaving and after care

child, they could have domestic violence in the home, maybe addictions – so there is no straight forward stereotype of a young person. (INT)

In addition, emphasis was placed on opportunities to work differently with young homeless people.

How the childhood experiences are so formative, so important to how you become and how you deal with things in your life…it talks about the trauma lens – and seeing the person as a whole. Not just seeing them as the person in front of you living on the streets and taking drugs. By putting your trauma lens on it's about seeing the whole background and what's going on – looking back with reflection there is definitely points of intervention that you could see in their lives. (ENT)

4.13 Stakeholder feedback in relation to those experiencing chronic homelessness also highlighted some factors common to other groupings, and specific factors relating to those defined as chronic homeless. Reference was made throughout the interviews to the definition of chronic homelessness contained in the CHAP report[101]. The complexity of this group was emphasised, with interconnections to two key needs – mental health and addictions, with references in many cases to a care or institutional background, as well the interplay of relationship breakdown, trauma and death. Getting these service users to any stage along the homeless journey was deemed to be difficult given the complexity of their needs.

4.14 Needs in relation to IV and poly drug use (background noted in Section 3) were emphasised by all stakeholders, and in particular those working directly in this field. As well as the actual dependency, stakeholders emphasised its impact on service users' mental and physical health, their relationships and social networks, their ability to motivate and make changes, their vulnerability, their finances and emotional intelligence amongst other things. An understanding of these very specific and complex needs were seen as essential in terms of any intervention – either by the Housing Executive or other services – in trying to enable the service user out of their homeless journey. The revolving cycle was noted; and stakeholders felt that in the case of those with a drug addiction (as well as those defined as chronic homeless) that they were often working with them 'again' at the point they had been asked to leave their temporary accommodation. Engagement was often therefore starting at a negative point.

4.15 The four reasons for homelessness examined – from ANR, to family breakdown, loss of rented accommodation and other financial reasons – often had a homeless service user with quite specific or defined needs. For example, under financial reasons this may have been directly related to financial difficulties, mortgage default and loss of a home. Equally, stakeholders noted that all four of these reasons often interconnected with the list of needs outlined in table 15 as illustrated by the following quote linked to Reason for homelessness – Family breakdown, although often these were less pronounced than the specific service user groupings examined (chronic homeless, youth homeless, IV/poly drug users).

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[101] Chronic Homeless Action Plan (2020), definition of chronic homelessness based on the Crisis report (2010) - *A Review of Single Homelessness in the UK 2000 – 2010,* Anwen Jones and Nicholas Pleace. The situation of chronic homelessness or being chronically homeless was defined as "a group of individuals with very pronounced and complex support needs who found it difficult to exit from homelessness."

One of the things might be debt and that debt can come from one of the family members losing a job, or it can just be a build-up of debt – they fall behind in rent. It could be that one of the adults don't realise that the family was in debt – in that situation, and that can lead to a family breakdown. Also addiction – if one of the family members has an addiction – whether that be to substances or alcohol – we have seen an increase in family breakdown because of that. Mental health issues as well. Sometimes the lack of support people might have – so if a family might be given accommodation in an area they don't know – they might be away from family members, so they don't have any support and they're feeling isolated and the stress is just building up in the house and that can lead to a family breakdown. (EXT)

Responding to the needs of homeless applicants and service users – Housing Executive and external organisations and agencies - Journeys out of homelessness

4.16   Respondents pointed to a range of factors which in their opinion make it difficult for service users to come back out of homelessness and into settled accommodation within the community. They pointed to difficulties, barriers and gaps in services, all of which culminated in adding to either perpetuating a service user's time on the homeless journey and/or made it difficult for them to move out of the state of being homeless. These are summarised in table 16.

One of the biggest factors identified was insufficient service intervention either before a person enters the homeless journey (prevention) or once a person is exiting the homeless journey (sustainment of tenancies). A significant issue relating to this was deemed to be structural – in short, that homeless service users enter housing services as a means to identify, assess and respond to their homelessness, when their actual needs are clearly based in health (physical and mental), family and child care, adult and youth justice and other social services. The interconnection between the homeless journey (and the service user) and the services they need is often fraught with difficulty in terms of appropriateness of referral routes and eligibility criteria and timeliness of service delivery and geographical availability.

Table 16: Stakeholder Feedback – Homeless service users – Responding to Needs

Responding to needs	Commentary from Stakeholders	Quotes from Stakeholders
Access to Mental Health services	Stakeholders emphasised a number of factors in relation to mental health services including complicated referral processes, lengthy waiting lists and times, lack of service provision and lack of appropriate service provision for people in different homeless situations and settings. In addition, the movement from young people's to adult mental health services for many homeless young people was negatively perceived.	*By the time they reach that entrenched 'homelessness' there's no turning back because it becomes a lifestyle choice. It's much more difficult to change this – the constant knock-downs, the engaging with services for a short time, then breakdown, then the mental health service that they need there's a massive waiting list.* (INT)

Responding to needs	Commentary from Stakeholders	Quotes from Stakeholders
Access to Addiction services	Similar to mental health services stakeholder feedback noted availability and appropriateness of service provision as barriers. The lack of addiction services specifically for young people was noted.	*Trying to work out where to refer them in terms of a specific addiction – alcohol, drugs or whatever – to ensure the right resources are in place and to help that individual overcome that issue.* (INT)
Dual diagnosis services	Whilst welcoming service development in the provision of some dual diagnosis services, stakeholders still highlighted the lack of options for those in need of a mental health assessment, but who had an addiction.	*Dual diagnosis is a gap – we've employed our own workers – that kind of gap between mental health and substance misuse – and not being able to get treatment because you're under the influence. The culture we have at the moment of kids just going and waiting for hours in ED[102] – to be seen by the Crisis Response team – and then being sent home because it's suicidal ideation. We need a robust response to youth mental health issues especially for vulnerable homeless kids – because what we have at the moment is to go and sit in the ED for 5 hours…* (EXT)
Dealing with past trauma	Stakeholders referred to this underlying theme, noted earlier as a risk factor and as a need. A lack of access to services including counselling was highlighted. Stakeholders suggested that unless past trauma was dealt with completely the individual's cycle of homelessness (and other needs) was likely to continue.	*Where do you start; if you want to help someone because of their trauma – cannot refer to or access mental health services for counselling – whilst they are using drugs – can't engage with therapy because they are drug dependent.* (EXT)

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[102] Emergency Department.

Responding to needs	Commentary from Stakeholders	Quotes from Stakeholders
Access to support	Stakeholders reiterated (similar to the risk categories) that in many cases homeless service users had 'burnt their bridges' with immediate and wider family members, and in many cases with friends and their community. Support options were minimal.

In addition, a move into temporary accommodation or rough sleeping replaced the individual's social network with a new one. This was often similar people with complex needs, unstable and chaotic lifestyles, who were not necessarily the best support mechanism to help their peers.

Establishment of and access to strong support networks was viewed as essential in responding to service users' needs.

There was recognition that tenants in HE property had the support of a Patch Manager, but this was a gap in the private rented sector. Reference was also made to a wide range of floating support services, and the need for these to be tailored to the service users' needs. | *From a tenancy sustainment point of view – that homeless journey is something that I always want to prevent from happening. Particularly if someone is already a housing executive tenant…it's what we can do to put that support in and around someone to prevent that homeless journey from starting again or ever happening.* (INT)

Chronic homelessness has a lot of other issues that would need more than just a housing input – finding them a housing solution and placing them – they would maybe need wraparound support, maybe even when they get a tenancy, they would need to have skills to sustain the tenancy – basic skills like cooking or budgeting. And for others – maybe Health needs to have an input, maybe they need counselling or addictions support. So again it's a wide range. (INT)

It's looking more to setting up people to succeed – rather than putting them on a waiting list and seeing what happens – because obviously then the cycle – you have multiple cases because they don't have the capacity to maintain tenancies. They need more support in place. (INT) |

Critical Intervention points in the homeless journey

4.16   The previous section highlighted a range of barriers and difficulties to ending the homeless journey; this section now examines what respondents suggested were critical intervention points – where if services were in place (or provided differently) there would be a higher success rate in either preventing or ending homelessness on an individual basis. These are summarised in table 17.

There was also recognition that a critical intervention or turning point in most cases required the service user to at the very least accept something, and at best to embrace it – in some cases this was a change of behaviour, in other cases a change of direction or interaction. Housing Executive personnel noted that from their experience many suggestions can be offered and indeed services put in place, but for there to be a change in the homeless journey, ultimately the service user has to help by recognising the need for intervention, and to work towards making a change e.g. recognition of debt, seeking and accepting debt counselling and advice, drawing up a repayment plan, budgeting accordingly etc. As one Housing Advisor put it - *people have to want to change.*

4.17   Whilst stakeholders confirmed the importance of hostel accommodation – as a temporary option on the homeless journey – it was recognised that this in itself is not the key impetus to ensuring that the homeless journey comes to a successful completion (with the service user permanently rehoused). Indeed a number of stakeholders were quick to point out that this divergence in the journey is often what then perpetuates it; reference was made to service users' needs and issues becoming more embedded as they were deemed to be in inappropriate accommodation for their needs, where some accommodation (non-standard) lacked support for their complex needs, and in other accommodation (standard) they became dependent on the input of support staff.

4.18   Increased reliance on the private rented sector (with a market share increase from 7% in the 2001 to 17% in 2016[103]) was seen as also being part of the perpetuation of the homelessness cycle. Stakeholders made reference to the cost, insecurity and poor conditions within this sector in general, suggesting that this in itself needed to be taken into account and thought through at the critical intervention or turning point relating to the choice of permanent rehousing. Feedback from stakeholders highlighted some dubious landlord practices, with Notice to Quit being issued for a range of reasons (not least to get rid of a tenant they felt was troublesome or where they could secure a higher rent). As a result of this, and the lack of finance for those aged 35 and under, homeless people were forced into situations that were at best perilous and at worst untenable, including inappropriate sharing arrangements, tenancies in poor locations and away from any family support, tenancies with rental levels outside of their assessed affordability levels etc. In such circumstances – and at a critical intervention point when needs had been assessed, support services put in place – the stumbling block, leading to the route back into the homeless journey, was clearly the housing tenure and circumstances.

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[103] NIHE, *NI Housing Market Review & Perspectives, 2015 – 2018* and NIHE, *House Condition Survey, Main Report, 2016.*

Table 17: Stakeholder Feedback – Critical Intervention points

Critical Intervention points (CIP)	Commentary from Stakeholders	Quotes from stakeholders
PREVENTION – Before someone enters the homeless journey		
Mediation and negotiation	Mediation and negotiation were noted by stakeholders with particular reference to the causal factor(s) – for example, if this is a sharing or family breakdown, culmination of debt. Respondents noted the need to have more intervention at community level before the 'breakdown' of family and sharing relationships prior to them embarking on a homeless journey and coming to the HE. There was recognition that for those in social housing a Patch Manager can identify early difficulties or pre-empt tenancy breakdown, but that with the significant growth in the private rented sector, there are fewer mechanisms to intervene before the situation is moving in the direction of a homeless journey.	*By the time the customer presents to us there has been a breakdown in the relationship between the landlord and tenant…we are very good at negotiating with the landlord, as much as we can. But we can't really do too much more – if they have made up their mind… If it was rent arrears – if there was any way to address this – give the landlord an incentive to keep on the tenant.* (INT) *I think a starting point would be with the estate and lettings agents – if they were aware of the support that was available – they could let their tenants know when arrears start to appear. And also if they could advise people about benefits – signpost them to different organisations, say – why don't you look at your rates etc. A lot of people are missing out on money they are eligible for.* (INT) *I always ask if there is any remit for mediation between the family – obviously if it's marital there is less likelihood of this. But if it's a parent and child – I will always look at the option of a support service or counselling… if the young person has drugs or mental health issues I would look to Extern. Sometimes we link in with Community restorative justice.* (INT)

Critical Intervention points (CIP)	Commentary from Stakeholders	Quotes from stakeholders
PREVENTION – Before someone enters the homeless journey		
Intervention at an earlier stage for specific groupings when young person in care or young person in homeless family or in terms of family breakdown	Respondents suggested the need for more targeted and specialist intervention at a much earlier stage, in particular for young people in the at-risk categories – those who are or have been in the care system and those who are or have been in a previously homeless setting as a family. In addition, the need to provide early intervention at the earliest possible stage, linking services to possible trigger points. A further example under this heading related to reason for homelessness, ANR, where early intervention and discussion with the householder could lead to looking at a range of options.	*It's really back to that educational work and understanding the choices that you can make at those critical points. Being able to work with young people and families pre-homelessness. About how you get that early intervention in – and when a family breakdown is likely to happen.* (EXT) *I think we need to have early-stage triggers – before people reach that ultimate stage where there's no going back on. It's making people aware that there is support out there – to help them in those early stages. I think a lot of people think there's only support for if they're homeless or reached that real critical, final stage.* (EXT) *It's usually at the onset of illness, or when someone dies – you don't always get the urgency. They're thinking I can manage this in the short-term, but it's not ideal long term.* (EXT)
Education as a tool on a number of levels	Stakeholders noted that more information and the opportunity to learn and develop independent living skills through the education system could be better developed and coordinated. It was suggested that there were various CIPs in a young person's education, when information about housing and financial choices could be provided, as well as learning how to budget, plan ahead, set up a home, learn to cook and do laundry – all of which would enable the opportunity for a smoother transition into independent living. Education on risks and dangers were also noted; with the ever-changing drug scene in Belfast and more widely in Northern Ireland; together with educating young people on the potential outcomes of engaging in risk taking	*And trying to identify that problem. And then trying to build up their skills – so that if something happens again, they can deal with it – so don't resort to drinking or taking drugs. And look at other aspects of their lives – for example, even things like cooking, IT skills, making sure benefits are right – give them that platform so that when they do get re-housed…* (INT) *Housing and homelessness is something that should be covered from school age…if things were done at an earlier stage in life – it might be different – for people coming through their teenage years. A housing campaign or if the HE could go into school – just so you could see – these are your options.* (INT)

Critical Intervention points (CIP)	Commentary from Stakeholders	Quotes from stakeholders
	behaviours.	
INTERVENTION - When someone is already in the homeless journey		
Sorting out the various needs – in a holistic, joined up way	Stakeholders (internal and external) noted their frustration that having identified a person's needs on their homeless journey, that obtaining and ensuring appropriate supports and treatments are in place can be uncoordinated and difficult, and in most cases not immediate. The timescales involved in making referrals and obtaining services for the wider needs of homeless service users were noted; stakeholders noted that this serves to re-enforce and perpetuate the causal factors and triggers in the individual's life. The fragmentation of service delivery – different agencies, different bodies, different referral processes - act as a key barrier to ensuring that homeless service users get the services they need. Stakeholders talked about a vision for homeless hubs (similar to a one-stop-shop where all needs would be addressed), a case manager model across all services and systems similar to English local authorities where housing and social services are provided under the one roof.	*Wouldn't it be brilliant – from a collaborative perspective – if we were all under the one roof? We didn't just have housing practitioners – we had mental health, we had social workers, addictions workers – and whenever that person comes in on that journey – we didn't need to go anywhere else…* (INT) *The intention in Belfast for that Hub would still be there – but not sure how far down the line….in Belfast they are fortunate – as can make the referrals to Extern (MDHST[104])…it means if someone comes in and you have concerns – you have the experts, the mental health nurse, young people's social worker…I think that what's bad is that the rest of the organisation isn't afforded that same commodity. It could be a small number of individuals to almost triage – to say – where should that individual go? And then let's case manage it to its ultimate conclusion.* (INT) *First of all I don't think it can be one person – I think it has to be a joint effort…it needs to be joined up working and joined up commissioning of services.* (EXT)

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[104] Multi-Disciplinary Homeless Support Team.

Critical Intervention points (CIP)	Commentary from Stakeholders	Quotes from stakeholders
INTERVENTION - When someone is already in the homeless journey		
Providing support to sort out finances	Second to additional needs outlined above, stakeholders indicated that helping a homeless service user assess and sort out their finances, was a key critical intervention point. Suggestions ranged from getting a benefits check and then more income via benefits, budget planning and further assistance to enable service users to negotiate with landlords in the private rented sector.	*I have phoned landlords on applicant's behalf to see if they would be willing not to increase the rent…. A lot of people don't know about the discretionary housing payment – where you ask for extra help to top up your rent where you are finding it difficult to make up the shortfall between HB/UC and what the landlord is actually charging.* (INT)
Preventing the revolving door of hostels and preventing the transition to chronic homelessness	Stakeholder feedback covered the topic of service users moving within their homeless journey, that this was not a linear journey and often service users repeat presented to the HE and had multiple placements with a number of temporary accommodation providers and services. Stakeholders acknowledged that this was often a result of a mismatch between the service users' needs and the appropriateness of the service provision, together with the service users' behaviour and the service providers' eligibility criteria and tolerance levels.

Concern was expressed about the cyclical nature of the homeless journey, with many service users coming back through the system. Comments were noted in terms of appropriate placement in temporary accommodation hostels, the current range of provision and its ability to respond to some higher-level needs e.g. chronic homeless and the need to think about what factors need to be in place to prevent representing.   Suggestions were made about tolerance levels and 'engagement' contracts, depending on the | *It's like putting them on a pause – in the knowledge that they're likely to come back round again…* (INT)
I know we have the duty to assess someone – and then if they fulfil the criteria to accommodate them – but if we could make a compromise. That if they have come back into the system – perhaps because of drug taking and being asked to leave – is there anything we could require them to do – before they get a tenancy? In one way this would be a way to help the person – but if they don't want to help themselves…but at the same time – or you then putting the person under duress – and forcing them to do something they don't want to do. It's a tricky one. (INT)
Early intervention – things like the 2nd night out[105] - once you're on the streets for a couple of weeks you lose the skills to manage your own accommodation. So the earlier you get somebody off the street, the less likely it will turn to chronic homelessness. (EXT) |

[105] Reference to Crisis report (2010) – which looked at fact that the longer a person is on the streets, the more difficult it is to get them off the streets.

Critical Intervention points (CIP)	Commentary from Stakeholders	Quotes from stakeholders
	service user engaging with particular services.	
MOVING ON – When someone becomes temporarily or permanently rehoused		
Ensuring it's the best housing option it can be	Respondents saw this as being one of the biggest and most critical stages and intervention points in the whole homeless journey. Feedback included the need to get it right – including type, cost and location of accommodation. In addition, that support is available and in place, including how this is set up and its timing.	*Maybe they are vulnerable because of a mental or physical health problem – and they would be more suited to supported living.* (INT)
Ensuring service user is tenancy ready	Similar to the point made under education (before someone starts a homeless journey, stakeholders noted that a critical point on the journey, before someone moves on, is to ensure that they are tenancy ready. A range of factors were noted suggesting when/how some individuals may not be tenancy ready, and in reality, are being set up to fail if they move into permanent accommodation. These factors are highlighted in the quotes.	*Maybe they don't know how to financially budget for a tenancy – and they refuse to engage. Or they have an addiction – they're dry at the moment – but they're going into a flat where there are other drinkers. Or they are drinking – and go into a block of flats – other people won't put up with that…* (INT) *It's mostly young people who we are saying are not tenancy ready – …and we're saying – how can you make a judgement in terms of where you want to be housed…we're placing them into a flat – and they're just not ready…some don't know how to boil a kettle and make a cup of tea.* (INT)

Critical Intervention points (CIP)	Commentary from Stakeholders	Quotes from stakeholders
MOVING ON – When someone becomes temporarily or permanently rehoused		
Ensuring the right type and frequency of support is in place	Similar to ensuring that the service user is tenancy ready, stakeholder feedback indicated that need to ensure that the right type and frequency of support is in place for the individual, in order to ensure a successful move out of the homeless journey.	*If someone is homeless and they do get a tenancy – I would go to the Patch Manager – and I would ask them how are things going with him. And they might say – he's back to square one – he's got the hangers on who were hanging on in the street, back again. They were getting support – but they're not engaging again – they're drinking again. I would have to say – this happens in more than half the cases – if you listen to the Patch Managers. He's off the rails again…and they don't care. They'll come back to the HE. (INT)*

SECTION 5   RESEARCH FINDINGS – UNDERSTANDING HOMELESS SERVICE USER JOURNEYS – SERVICE USER PERSPECTIVES

Introduction

5.1   This section reports on feedback from service users, firstly providing a profile analysis of 30 clients who were currently or previously homeless, with feedback collected via a questionnaire and secondly examining in more detail the variety of circumstances, situations, risk factors and triggers, life-chances and journeys into and through homelessness experienced by the total group of service users (see Appendix 6). A full list of provider organisations and access arrangements are outlined in Appendix 5. Thanks are noted to a number of provider organisations for enabling the fieldwork with service users to take place. These are Depaul, First Housing, The Salvation Army, MACS, Extern, Simon Community and Housing Rights. Service users who participated received a small monetary incentive.

As noted in Section 2, a Biographical Narrative Interpretive Method (BNIM) was integrated into this study, in particular for the six case-studies which were developed and are reported on in Section 6. BNIM was also used with the initial tranche of 30 homeless service users, through the medium of a Single Framing Question aimed at Inducing Narrative (SQUIN). This was utilised as an opening to the interview, which then utilised more traditional semi-structured interview questions, and then a series of closed questions to obtain background profile information on the respondent. Prior to the interview with the service user, a short semi-structured interview was conducted with the individual's Key Worker or a relevant member of staff. With the service user's consent, the Key Worker provided a brief background and history of the individual and highlighted any sensitive issues in advance of the service user interview. In a number of cases Key Workers were also present in the interview with the service user.

Interviews with Key Workers and service users were undertaken by a variety of mechanisms depending on what was most suitable for the service user and taking into account Covid-19 restrictions. The mix included phone, Zoom and face-to-face interviews.

The total achieved sample of 30 service users was slightly lower than the targeted number (35). This was due to difficulties in obtaining access and consent, in particular because of Covid-19. It should be noted that in two of the 30 achieved cases the Key Worker interview was completed but the service user then decided not to participate, in one case the service user authorised the Key Worker to provide the full information, and in two cases the service user provided the full information with no Key Worker input. In addition, the total number of case-studies was six rather than seven, because no cases with ANR as the reason for homelessness were in the achieved sample. [106]

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[106] As this research was commissioned by the Housing Executive the preferred approach was for external agencies to enable fieldwork with service users. While it was originally intended to include service users who presented as homeless due to ANR this did not prove feasible. Due to the nature of this homelessness reason service users are less likely to engage with support agencies in the manner that applicants presenting due to the other categories outlined in this report. This resulted in difficulties identifying an initial point of contact for this client group.

Profile Analysis

5.2   A total of 30 service users (covering the groups outlined in Section 1.8) participated. By virtue of the fact that some of the groups had no natural association with the others e.g. loss of rented accommodation and IV drug use, analysis has been undertaken of the most common factors under a number of headings.   It should also be noted that this sample was not drawn as a representative sample, either of homelessness overall or of any of the sub-groups. In addition, as noted earlier, there were no service users in the achieved sample where Accommodation Not Reasonable (ANR) had been their reason for homelessness.

5.3   *Gender and household composition*

A total of 17 females and 13 males participated in the fieldwork.   19 were single at the time of the interview (a number had been previously married, in a partnership, separated or widowed), three were part of a couple and eight were part of a family (in all cases with children, in some cases with a partner and children).

5.4   *Age*

The age range of respondents ranged from under 18 to over 65 years old. Table 18 shows the number of participants in each age category.

Table 18: Age of service user respondents

Age Category	Number of service user respondents
Under 18	1
18 – 25	6
26 – 35	7
36 – 45	7
46 – 55	5
56 – 65	3
66 plus	1
Total	**30**

5.5   *Living situation at time of interview*

Respondents were in a range of living situations at the time of the fieldwork, with some at the front end of their homeless journey, with others having moved through initial homelessness into a cycle of repeat homelessness (accommodation and placement breakdowns), whilst others were now in their own tenancy or in a few cases owner occupied homes. Table 19 provides a breakdown of current living situation at the time of the interview.   No respondents were in non-standard accommodation including B&Bs or single lets, or sleeping rough, at the time of the interview, although some had been in these placements and situations during the course of their homeless journey.

Table 19: Current Living Situation

Living situation	Number of service user respondents
Emergency/temporary accommodation hostel	10
Hostel/Move-on accommodation	3
Own tenancy – Housing Executive	7
Own tenancy – Housing Association	2
Own tenancy – Private Rented Sector	2
Owner-occupied home	2
Family/Friends/Sofa surfing	4
Total	**30**

Respondents were asked how long they had been homeless; information on this is provided in table 20 for 28 of the service users. In two cases the service user had not been officially homeless, but was deemed to be at risk of homelessness and was receiving Floating Support services. Length of homelessness was calculated from the date they had first become homeless; in some cases the service user was now in temporary or move-on accommodation and this was deemed to be included in the length of their homeless journey. For those service users who were now settled, for example in their own tenancy, the length of homelessness was calculated from the first period of homelessness until they were in settled accommodation. It should be noted that in a number of cases there was repeated and cyclical movement in and out of homelessness; in these cases the first date of homelessness has been taken as the measurement.

Table 20: Length of homelessness

Length of homelessness	Number of service user respondents
Less than 3 months	0
3 – 6 months	3
6 – 12 months	8
1 – 2 years	6
2 – 3 years	5
3 – 5 years	3
5 years plus	3
At risk of homelessness	2
Total	**28**

5.6 *Reason for homelessness*

The reasons for homelessness varied across the 30 individuals, both in terms of how they verbalised them and the severity of their situation. It was very clear that most people had more than one reason for their homelessness, and this was firmly interconnected to their range of circumstances noted below.

A number of common factors were present; these included:

- **Relationship breakdown (10 cases)** - this included breakdown with parent(s) in four cases, marriage or partnership breakdown (four cases) and wider family breakdown in two cases
- **Loss of accommodation (6 cases)** – this varied from loss of owner-occupied accommodation (through mortgage default) in one case to loss of Housing Executive (four cases) and private rented sector tenancies (two cases). The reasons for loss of rented accommodation ranged from as a result of intimidation and harassment, neighbour dispute, anti-social behaviour, partner who was sole tenant dying, private landlord deciding to sell and issuing Notice to Quit (NTQ).
- **Domestic violence/abuse (2 cases)** – this was the main reason for homelessness in two cases
- **Refugee status (2 cases)** – this reason featured in two cases where families had left National Asylum Seeker Service (NASS) accommodation and were living in temporary accommodation, having applied for social housing and who had been registered as homeless.
- **Lack of affordable accommodation (1 case)** – this was the main reason provided by one service user.
- **Combination of factors (9 cases)** – Nine service users provided a number of interconnected reasons relating to why they had lost their accommodation and become homeless. These included severe mental health issues, addictions, being in and out of prison, as well as a chaotic lifestyle of moving between different living situations and family arrangements.

5.7   *Range of circumstances*

Analysis of the data provided by the 30 service users indicated the following:

- 25 had a mental health issue
- 17 had alcohol or drug addiction in their current or past history
- 5 had been in prison
- 6 came from a care background

5.8   *Risk factors and triggers*

There was considerable variation in the range of situations highlighted by the respondents, in terms of what might have initially (or repeatedly) been a risk factor or trigger in their homelessness.

Nineteen of the 30 respondents said that they had been homeless before this current period or on a number of occasions during their homeless journey. In some cases, homelessness had been on and off for a long period of time. One female respondent receiving a Floating Support service had been in and out of homelessness for about 10 years, whilst a male participant who was resident in a hostel with Harm Reduction services noted that this was his third stay there, over a period of 4 – 5 years. This movement in and out of homelessness as a result of initial circumstances and then risk factors and triggers was a common theme.   The following provides a summary of their situations and triggers.

- Half of the service users (15) said they had experienced abuse, ranging from physical, emotional and sexual, by partners (and ex-partners), parents, other family members and others;

- Eight service users noted that at some point on their homeless journey one or more of their children had been taken into Social Services care. In some cases, these were now adult children, and in a small number of cases the service user now had contact or some level of care for their child(ren);
- Five participants indicated that they had been homeless as child. Whilst 24 service users said they had not been homeless and/or in care as a child, 12 of these respondents indicated fractured family relationships and/or Social Services involvement at some point in their childhood.

In-depth Analysis

5.9   As noted earlier an in-depth discussion of the individual's journey into, through and in some cases out of homeless was then undertaken with all participants.   This sub-section now analyses these homeless journeys in more detail for all 30 service users.   The narrative of these homeless journeys provides an insight into how the service user recalled and interpreted their own experience of becoming and being homeless and using homeless services.   Qualitative quotes are provided in italics throughout this section.   A full case-study is provided for six service users in Section 6.

This in-depth analysis is provided under a number of headings, similar to Section 4, as follows:
- The homeless journey
- Journeys into homelessness
- Needs identified - Experience of the Housing Executive
- Needs identified - Support needs and service availability
- The impact of being homeless
- Journeying out of homelessness – Critical intervention points

5.10   As noted at 5.6 the service user talked about what they thought had been their reason(s) for homelessness. A separate review enabled the research consultant to categorise the 30 cases into the headings provided for the research; see table 21. No service users had ANR as their reason for homelessness, whilst for two service users their main reason for homelessness related to their arrival in Northern Ireland seeking asylum and refugee status.

Table 21: Category of cases

Category of cases	Number of service user respondents
Chronic homelessness	5
Youth homelessness	4
Reason for homelessness – ANR	0
Reason for homelessness – Family breakdown	9
Reason for homelessness – Loss of rented accommodation	5
Reason for homelessness – Financial reasons	2
Reason for homelessness – Poly drug and IV drug use	3
Asylum seeker/Refugee status	2

5.11 *The homeless journey*

All but two of the 30 respondents used the term homeless in relation to their current or past situation. Service users viewed it as a negative term, which described a very difficult and demoralising chapter in their lives. One service user summed it up by saying: *I feel totally homeless, I've lost everything and I've hit rock bottom.* Service users also spoke about how they felt homeless because they had no other housing or accommodation options and nowhere to stay or go; with some referencing the fact that their home had been more than just somewhere to live, and that it was to do with their identity and status. Being homeless meant they had lost some or all of this.

A female service user talked about her first experience of homelessness in her teenage years. *I did consider myself to be homeless, I had literally nowhere to go. I was going to be put into care and then the Housing Executive offered me this hostel.* This service user went on to outline that despite all of this going on, she had tried to maintain the other parts of her life. *I was just going from place to place; I wasn't rough sleeping or anything. And I still had to go to school and I had my part-time job.*

Service users with experience of temporary accommodation hostels and single lets etc. still said that they felt 'homeless'; and that this feeling would remain until they were in their own permanent accommodation. One male service user said – *I know that I am homeless…but I don't want to acknowledge it. It is frightening. Although this is only temporary, I don't know what is going to happen and I struggle with that.*

Service users who fell into the categories of chronic homelessness or IV and poly drug use referred to their own journey of homelessness, referencing the different hostels and other settings they had lived in over a period of time. These service users also verbalised that they felt stuck in their journey or the cycle of homelessness. Sadly, many of them also indicated that they had no memory of a happy or settled home either in childhood or adulthood, and in that sense, they did not feel they were 'home'less as they had never had that. One male service user responded to the opening question about where he was currently living by saying – *I'm homeless.*

There was some recognition of what some service users called 'official homelessness', referencing when they had applied to the Housing Executive. One male service user put it like this – *There were times when I was not officially homeless but I sofa surfed between flats – there's only been two times I was in a homeless hostel, now and in 2008.*

The two respondents who did not refer to themselves as homeless gave different reasons. One was a female service user from a refugee family; she said *I can't say that…because I have temporary accommodation. I believe I can stay here until I find permanent housing. I'm in the process now – and I know it might take a long time but I know that they won't take this place out of my reach.*

The other was a male service user who had lost his tenancy as a result of harassment and intimidation in his area. In his case his unwillingness to acknowledge his homelessness appeared to be a form of 'self-preservation'. He said – *I was reluctant – I didn't want to admit to the fact that I was homeless and being driven out by children.*

5.12   *Journeys into homelessness*

This sub-section reviews the service user's stories about how they had become homeless in the first instance, and how their homeless journey had started. The recorded reasons for homelessness were reviewed at section 5.6. In addition, this sub-section examines a range of other factors raised in the interviews which service users suggested had contributed to their initial homelessness, in one sense making them more susceptible or pre-disposed to homelessness, and in another sense contributing to the perpetuation of their homeless status and situation. Some reference was made to this in terms of risk factors and triggers at sub-ections 5.7 and 5.8.

For service users falling into the category of **chronic homelessness** the start of their journey had been intertwined with multiple other factors. All five of these service users identified difficulties in their early childhood and teenage years.

One female service user noted that she did not have a good upbringing or relationship with her parents, and that there had been considerable family disruption and that her mother was a heavy drinker. She said – *she is addicted to alcohol and I don't see her much. It's better for me to set boundaries about this.* Another service user reflected on her difficult childhood, and felt her mother had not cared for her and her siblings. She said – *all I understood was violence and the Gardai coming to the house, or the Gardai having to pick us up from school because no-one came for us…. My mother has died now but she was really bad to me.*

These chronic homeless service users chronicled a history of abuse and violence, multiple moves and placements, severe mental health issues, time spent in prison and their addictions. This is highlighted in more detail in case-study 1 in Section 6. One female service user pointed to a number of factors which had led to her becoming homeless. She said – *I was drinking bottles of vodka from when I was 12 or 13 – my mother didn't seem to care. When I was 23 my Dad passed away – and I started taking heroin. And then I was homeless on and off and in and out of temporary accommodation.*

One male service user also highlighted the interconnection between his mental health (diagnosis of schizophrenia), his use of drugs in the past and ongoing alcohol dependency, and other childhood factors which contributed to his homelessness. He said – *I got into the wrong situation and I was really bad on drugs. And my mental health and the alcohol were problems. I've been in and out of prison – I've lost count of the number of times. I've 250 charges against me and they're all to do with drinking.* In this case the Key Worker also highlighted this service user's vulnerability. She noted – *people were taking advantage of him, and he was threatened and easily manipulated by certain people.*

In talking about one of the service users, a Key Worker said – *it was the gradual onset of very complex mental health along with drug use – she wasn't able to manage previous tenancies – her money always went on her habit.*

Abusive relationships also featured as a factor for those in chronic homeless situations. One female service user said: *I made bad choices in my life to do with men. I lost my first son over alcohol, he*

stayed with his Dad. I fell apart at that point and I was drinking very heavily. I was left really homeless – I was sleeping on the floor with coats over me. And later she noted *I didn't see a problem with it – drinking every day. I was with the wrong crowd and there were mess ups when I was drinking. My daughter was removed at the right time before she was damaged.*

The journey into homelessness for **young people** appeared to fall into two categories; firstly, those where there was relationship breakdown between the service user and their family, and secondly in some cases where the young person had significant mental health issues, addictions, prison stays and was already moving in the direction of chronic homelessness. Where family breakdown was the main driver, this appeared to be as a result of differing viewpoints on certain behaviours. This is highlighted in more detail in case-study 2 in Section 6.

One service user indicated that it was when her mother found the contraceptive pill in her daughter's bag, although their relationship had been difficult for a long time. In other cases, it was the parents drinking or risk-taking behaviour which resulted in the young person leaving the family home, or in reverse the young person's behaviours which the parents found unacceptable, resulting in a deterioration in the relationship.

One service user said – *Mum kicked me out and wouldn't let me back in. This was the impact of her finding my planning (contraceptive pill).*

Another female service user outlined a more complex and deep-seated historical difficulty within the family situation. She said – *This happened because of what happened in my childhood – it wasn't normal. I had been living with my Granny for a good few years – then with my Nanny and then back to my Granny. I've been self-harming from the age of 8.* This service user also talked about experience of abuse and her mental health.

Journeys into homelessness as a result of **family breakdown** were mainly related to a breakdown between an adult child and their parent, often because of overcrowding in the family home and/or the presence of further children/grandchildren, or a breakdown in a marriage or partner relationship. This is highlighted in more detail in case-study 3 in Section 6. One female service user said – *there were family arguments in the home – with my Mum. There were constant arguments about getting a new house and fighting about different things.* In this case the Key Worker said – *this was standard family breakdown. She had a bad relationship with her Mum – it was very intense and it was better for them to split.* Another female service user said – *I was in an abusive relationship and I had nowhere to go.*

One older male service user noted that relationship breakdown had been the underlying reason for his homelessness. However, he then traced it back to a number of other factors. He said – *It was the separation, alcoholism and gambling – the last two go hand in hand. When I separated I had too much time to myself and going to the pub every evening was too easy.*

One male service user traced his journey into homelessness as a result of domestic abuse within the home. He said – *it was domestic abuse – it led up to that for four years. We were living together and it was a joint tenancy in the private rented sector. Because of the things that went on I felt*

physically and emotionally isolated. It was very hard to reach out for help. This service user's story is continued below in the sub-section 5.12 looking at interaction with the Housing Executive.

One younger male service user talked about his own situation, where at the age of 18 his family had left him and moved elsewhere, but did not give him the option to move with them. The Key Worker said – *it was to do with family breakdown. They did a night flit and left him – the family had to move out quickly and get out of the area.* In this case there were other contributory factors, where the service user then made disclosures to his Key Worker about the abuse that had gone on at home. He said – *the service user made a big disclosure to me about abuse he had suffered…and that he was worried about the younger siblings in the home.*

Those citing **financial reasons or loss of rented accommodation** as their reason for homelessness mentioned some common factors in both cases. In terms of financial reasons these were directly related to loss or reduction in income and earnings, but other themes were frequently in the background including relationship breakdown, physical and mental health problems and addictions. One male service user who had lost his business and his home as a result of financial reasons, referenced his alcohol addiction as being the biggest contributing factor. He said – *I was trying to fight a battle with drink – but I couldn't beat it. Looking back life was too good and everything was there and in place.*

Loss of rented accommodation was often linked to neighbour dispute, intimidation and harassment. One older male service user said that he had been intimidated in his own social tenancy over a period of 3 – 4 years, eventually having to give up his tenancy. He said – *it was a brilliant 2-bed bungalow and my son was living with me there. It was in walking distance of all the amenities. But I was fed up taking abuse, both from the children and the parents. I was taking notes and dates of what happened for the police – but they had me completely tortured with everything; noise and verbal abuse – stones coming at my windows constantly. They didn't care.*

A female service user also cited neighbour dispute as one of the key reasons for her homelessness. *I had a run-in with the neighbours and then it was intimidation by them – I was assaulted in my own home by the neighbour and then I was too scared to go home.* In this case there had also been allegations about the service user's autistic son; *it escalated, they sent to the police and the paramilitaries got involved.*

In one case loss of rented was linked to the landlord selling the property. The service user said - *we were living in private rental. We got four weeks' notice because the landlord was putting it up for sale. We had been there for two years, and we were really settled. We liked the area and it was near my partner's family.* Another service user found that he lost his space in a shared tenancy; he said – *they took a dislike to me and were increasingly rude to me in the shared space and it became awkward to live there – then I was given a NTQ by the landlord, but I think they* (the flatmates) *conspired to get me out of the flat.*

In another case the service user was a mother with a small child. She talked about the private rented house she had moved into because she could no longer live at home with her own family. She said – *it wasn't good. There was mould and dampness and slugs. I asked the landlord to fix the problems but they were playing me about. They repainted over the dampness but it wasn't sorted.*

And my child started getting chest infections and developed asthma. Since we moved from there, he's had no chest infections.

Where the situation was linked to **IV and poly drug use** the reason for homelessness was often linked to a range of other factors including a history or experience of abuse, having been in care or a disrupted childhood, a move into addictions and drug use. Other contributory factors relating to the drug use per se included the involvement of community and paramilitaries. One female service user said – *I was put out of the tenancy – the neighbours had been making complaints and then the paramilitaries got involved.* Factors relating to this group are highlighted in more detail in case-study 6 in Section 6.

The two families/service users who were living in temporary accommodation having sought **refugee status**, reflecting in their stories the reason they had left their country of origin. Whilst full reasons were not disclosed in both cases there was a history of female abuse and violence.

5.13   *Needs identified – Experience of the Housing Executive*

As part of their homeless journey service users were asked to provide feedback on their experience of the Housing Executive, with particular reference to their knowledge and understanding of the Housing Solutions system, process and forms and also their interaction with a Housing Advisor and the interview process. Service users were also asked to comment on what options had been offered to them including temporary and permanent accommodation.

Service users illustrated a diverse and often very different experience in their interaction with the Housing Executive. Some service users had found their engagement with the Housing Executive to be very positive, providing an indication of the number of points they had acquired, their areas of choice and being able to name their Housing Advisor.

One male service user who had been homeless for a number of years in another UK region, in a range of different types of supported accommodation had recently moved back to Northern Ireland. At this point he had moved into a joint or shared tenancy but this rapidly broke down, with the landlord issuing him with a NTQ. This service user provided feedback on this interaction with the Housing Executive. *I went to the Housing Executive with my NTQ. They registered me as threatened with homelessness and they gave me websites to look at for private rented accommodation. The upshot of that is that my Housing Advisor was really nice and she got me this place* (temporary accommodation hostel) *– and I moved out two weeks before my NTQ came to an end.*

Another male service user was positive about his experience of applying for housing. He said his housing points were good and that *I am high up the list and I wasn't long here* (temporary accommodation hostel) *before there was an offer of housing.* The only drawback of this part of the story was that the service user was unhappy with the location of the first offer, but is now more content with the second offer of housing.

A male service user outlined his initial approach to the Housing Executive in some detail, and also emphasised how they had kept in touch with him even though he was sleeping rough in his car. This is what he said:

When I presented to the Housing Executive – what happened was that I had reached the point of pure desperation. I felt there was no point in being alive any more. I googled and found a helpline for me. They put me in touch with someone from the Rainbow project and they phoned the Housing Executive for me. I got an appointment with the Housing Executive that day and I had to go to their office. The Housing Advisor asked me a lot of questions. They offered me a B&B. I refused; my mental health was starting to really drop. I just couldn't do that or be around people in general. My OCD was quite severe – I was frightened. But there were no other offers from the Housing Executive – I was still in my car. The Housing Advisor did keep ringing me and checking I was eating and washing. I remember when it was minus something she phoned and said – Please go to the B&B. But I felt that when I stayed in the car I was in control. After another three weeks I was offered a space here (hostel) *and that's when I arrived here.*

Other service users noted a number of negative experiences.

One male service user noted that he had engaged with the Housing Executive even before he left his Housing Association tenancy because of a neighbour dispute. At this point he felt let down by the Housing Association – *nothing was done – whether their hands were tied. There were warnings and final warnings to the neighbours but nothing was ever done about these, and they didn't care.* This service user talked about how the Housing Executive had helped him, initially by starting a homelessness application and then by referring him to a Floating Support service, who in turn had helped him to maximise his housing points. Whilst this did result in an offer of housing, this service user felt there had been negative experiences along the way. He talked about his interaction with the Housing Executive office. He said – *it was almost always a different person and I was having to re-explain everything and that takes time. I felt when I did this, they were just going blank and not listening.*

One female service user said – *I didn't find them very helpful* – noting that when she had eventually decided to get out of an abusive relationship and had gone to the Housing Executive, she said they were totally unempathetic to her difficult home situation and they offered her what she felt were unreasonable housing options. She said: *The first place they offered me was an estate just outside Enniskillen – well people told me not to go there. Then I took the keys to another place – but when I viewed it, it was an absolute kip. There was no wallpaper. And when I went outside this man appeared and told me not to move in…and that weekend there was a girl further up the park who was slashed. But when I went back to the Housing Executive, they said I had signed a contract and they were unwilling to terminate it. When I went back to them on the Monday with the keys, I felt they were looking down on me…they had no regard for the situation I was in and how disappointed I was in the house…I feel a lot of anger towards the Housing Executive – why would they put me in such a place.* This service user was also receiving Floating Support and the provider helped her to withdraw from this tenancy, and assisted her in getting a 2-bedroom house in the private rented sector which she is now very content in.

A further criticism directed at the Housing Executive was less about the engagement with staff and more relating to the length of time it had taken to get an offer of housing. One Key Worker noted how this had impacted the service user – *it felt like a lifetime. In the small village he wanted back to there are only a few housing estates and a lot of the houses have been sold.* In the case of a female

service user she explained – *I went on the list, and I've been on it since the child was two months old and now, she's nearly three.* This service user also expressed her frustration with the Covid-19 situation, and how previously Housing Advisors had called out to her temporary accommodation hostel but that was no longer happening. She said – *sometimes he* (the Housing Advisor) *is helpful – I ring him up but he's too busy and then it isn't done.*

One older male service user was unable to engage in any digital interaction with the Housing Executive, the Key Worker said that this was a difficulty for many older service users. This is highlighted further in case-study 4 in Section 6.

5.14 *Needs identified – Support needs and service availability*

This sub-section initially examines the nature and type of temporary accommodation provided by the Housing Executive, including standard hostel and move-on accommodation and non-standard single let and hotel/B&B accommodation, in response to service users' homeless situation. Whilst service users could in many cases see the need for hostels and were positive about various aspects of the service they had received, there were considerable negative comments about hostels and hostel living. On the positive front service users pointed to the level and standard of service they had received, making comments about the physical structure of some hostels and the support provided by staff members.

In reflecting on one hostel, a male service user said – *Exceptional, brilliant. The food was great and the single rooms with ensuite shower and TV – they were really good to me. I went in drinking but stopped drinking when I was in there.*

Another male service user reflected on a different hostel. He said – *I like it but I know I can't stay indefinitely. The staff have helped me making phone calls, getting my bank account sorted out. You can approach them at any time.*

A female service user with her partner and young daughter was placed in a family hostel. She said – *On the day of the tenancy breakdown they put us in here. We weren't happy with it at the start but the staff are good and there's a wee park for the children. And we've made what you say – the best out of a bad situation.* Later in her story this service user said: *the staff are brilliant. You can talk to them if you need them. A few weeks ago we didn't get a payment* (benefits). *And the staff got us food parcels.*

Another female service user in a family hostel noted the following – *the staff have been great and most helpful. When I first moved in, I was very shy and kept myself to myself. But they encouraged me along to the wee clubs and the coffee mornings. There are really good staff – they help with everything.*

Two service users in a specialist hostel with Harm Reduction services were very positive about the help and support they had received. One female service user in this setting was positive about the type and nature of service received, and was now sober, although she did highlight the ups and downs of her journey, how she had found it difficult to adhere to the 'no drink' rule, but that staff

had been supportive throughout this part of her homeless journey. The Key Worker said – *she is happy and settled here although ultimately, she wants to go home.*

A male service user in this hostel said – *I've been in here before. My first time was 4 or 5 years ago. I got detoxed and then back out again. But it's a battle you can't fight by yourself – and this last time I was completely beat, my physical and mental health. I needed help and had to reach out for it.* This service user was very positive about the service received and said – *I'm happy here, they are my family.*

As noted earlier there was some negative feedback about other hostels; this was mainly centred on the other people in the hostel and the different activities and behaviours they were exposed to, which had not helped them in their homeless journey. One young female service user said this in relation to one hostel she stayed in. *I ended up at Hostel A but this didn't help at all. Before that I would have drank a lot of alcohol but wouldn't touch substances. Then when I was here, I was introduced to everything. They were all doing it – it was like a party – there was ecstasy and I was so low, and it made me feel happy. It was my go-to. I was offered heroin but I didn't touch it.*

Negative comments were also made about the rules and regulations in place in some hostels.   One male service user said – *it was like an open prison – alcohol and drugs were everywhere.   But it was far too strict. If you arrived even slightly after 9pm they didn't let you in. I had to sleep on a cardboard box four times shivering on my arse. 9 o'clock for a grown man like me – it was only to suit them. And then the lay priest coming in and doing the rosary and the Angelus after the meal.*

Further negative feedback was also noted in relation to the range, type and location of hostel accommodation offered. This is also noted in case-study 4 in Section 6 in relation to an older male service user who was offered hostel accommodation a considerable distance away from his normal setting.   A similar issue was highlighted by a female service user who at that stage had custody of her six children; she was offered temporary accommodation but the location was not suitable in her opinion.   *There was nowhere to place me. They said about somewhere in Londonderry – and emergency hostel. But I said No way – my kids have school in Belfast and I want to be able to see them.*   This service user went on to say – *another hostel was offered but it wasn't suitable because it's in a predominantly Catholic area and I'm Protestant.*

There was general negative feedback amongst all the respondents in relation to single lets. One male service user, aged 67, explained that he had been offered and had taken a single let. He said – *the rental place was terrible. I was there for all of lockdown from the 18th February to 4th August. For that to be temporary – and I had to fight like hell to get out of it. It was a dump. The furniture was made out of orange boxes, the bed collapsed and I ended up sleeping on the floor and there were mice.* The Key worker also said that the single let had been in a bad state of disrepair.

In another case a female service user outlined her experience of two single lets, with the Key Worker noting that they were in a poor state of repair. The service user said – *I was in that place for less than a month. There were bullets coming into the house and fighting going on outside the neighbour's house. The police were never away. And my Housing Advisor, they were terrible. They offered me a hostel in Derry. But I had my wee boy and I couldn't get him into a good routine*

because of everything. So, then they moved me to a second single let and I was six months there – there was only one bedroom and we had to share it – and then the boiler broke and no-one came out to fix it.

There was considerable feedback on the need for and availability of health, and in particular mental health, services and provision. The service user referred to above who had moved back to Belfast from Scotland, and who was initially in a shared tenancy and then moved into a temporary accommodation hostel, had a history of mental health problems and addictions. With a mental health diagnosis and suicidal ideation, this service user outlined how difficult the journey has been for him in terms of engagement with appropriate services. His story included periods of non-engagement with services, moving to different places and having to register again and start his engagement with services again, and a period in the Mater hospital when he returned to Northern Ireland but with no onward referrals for ongoing support. Now placed in a hostel, this service user was very positive about the staff members in the hostel who have helped him to re-engage with a GP and he now has weekly support calls from a community psychiatric team.

Service users were also very positive about the service they had received from a swathe of other services – including Floating Support services and Day Centres. Reference was made by considerable numbers of service users to obtaining food parcels and help from foodbanks. Other help included support with medication and prescriptions, emotional support and phone-calls, support with moving on and accessing furniture and equipment grants. Service users defined as chronic homeless and those with drug and alcohol addictions referenced services including community addiction teams, drug outreach teams, needle exchange teams and Alcoholics Anonymous. One female service user said the following about the support she received from a Floating Support service – *they have been fantastic – they have been my lifeline. Then when I got the tenancy, they helped me with electric, heat and even got me a tumble dryer. I've been here for six months now.*

Service users who had started their homeless journey because of a loss of job or change of income, and where loss of rented accommodation or financial reasons were the main drivers for their homelessness, were positive about the services they had received from advice agencies including Housing Rights. This is highlighted in more detail in case-study 5 in Section 6.

5.15   *The impact of being homeless*
Service users were asked to comment on how being homeless and their homeless journey had affected them. Their responses tended to be interwoven throughout their story. In particular service users talked about the impact on their physical and mental health, including self-harm and in some cases suicidal ideation, as well as negative feelings about themselves and their situation.

One female service user talked about the impact of living in two single lets. She said – *it was all too much for my physical health and my mental health. I thought I was going to crack up. I cried my eyes out – in that first place.*

Another female service user talked about her mental health in relation to moving into a hostel. She said – *at the start it affected me mentally. I had anxiety and was on tablets for that.*

For some service users, particularly those with chronic homelessness and homelessness linked to drug use, their outlook on life was bleak. One female service user summed it up by saying – *I've been thinking about my own funeral – I may not be here for many months or years. I've been preparing myself for that.*

The most prevalent theme in this part of the discussion was that becoming and being homeless had essentially taken everything away from them. Different service users talked about how homelessness had taken their marriage, their family, their work life and income, their health, and in essence everything that had been important to them.

One male service user, who had become homeless as a result of financial reasons said: *I had a marriage – now it has gone. I lost work over the head of it, I lost my licence* (driving). *I lost two houses – the family one and one I had rented out. I lost most everything – my home, my family didn't want to see me.*

The impact on a female chronic homeless service user was also very clear. She indicated that she had lost everything as a result of her first child being adopted and now had limited access to her second child. She referenced her homeless status, but also acknowledged that this was a result of her addictions and mental health. Overall, she felt this had resulted in *total instability in my life.*

A number of service users felt that their family had walked away from them or disowned them because of their homeless status and/or their other difficulties and problems, e.g. alcohol addiction. Other service users noted that their family had stuck with them throughout their situation

A recurring theme for families in hostel accommodation was worrying about getting their child(ren) settled into a more permanent home, particularly in their area of choice with support networks and in terms of access to schools. They verbalised wanting to know how long they would be in this setting so that they could start to plan for the future, and worried that their children would have to move school.

One female victim of domestic abuse talked about the long lead in to actually leaving her husband and the family home, with her youngest daughter. She said that the impact of being in this situation for so long had undoubtedly had a negative impact on her, but that she now felt relieved and more positive about her current living situation, having journeyed through homelessness. This service user said:

It has been a very long journey. I dreamed a particular dream for a very long time – I had a repeated vision of walking into the Housing Executive office and asking them to help me. It took me a long time to get the courage to do this. Things were very limited for me. I had no money so had to keep living at home. And it was a small community so it was hard to walk away.

Younger service users talked about specific impact on them as they tried to start off on their independent life. A number of them felt that they were often ignored or dismissed because of their age, and that different service providers had judged them. One female service user said – *they inferred that I must have done something wrong to end up in this situation.* The impact of being in a

homeless situation had motivated a couple of the younger service users. One had saved enough to part purchase her own home aged 20, and was now at University. The Key worker of another service user said – *she has been so motivated to get back into education and to get people to help her in this.*

Older service users also linked the impact of being homeless to their age. One male service user, aged 67, said – *It's demoralising for a man of my age to go through that – it was emotional. It's a time I'd rather leave behind me.*

Service users also talked about how being homeless had impacted their behaviours and actions, with some referencing criminal behaviour linked to their situation and others highlighting negative experiences in temporary accommodation hostels and single lets.

5.16   *Journeys out of homelessness – Critical intervention points*
In all cases services users were able to be reflective about their own homeless journey, and in looking back over the period of time they had been homeless or their current homeless situation, they made comments about critical points or periods during that journey when something might have helped. They reflected on how different parts of their own stories e.g. their support needs, their background circumstances, their complex needs together with the lack of availability and accessibility of suitable temporary or permanent accommodation meant that it was difficult to get out of homelessness.

This sub-section includes their comments on what could be done to prevent homelessness in the first place (or repeat homelessness), what could be done to intervene in a homeless situation and what help should be provided to help people move on and journey out of homelessness. It is laid out in a similar fashion to the feedback from stakeholders in Section 4.

Table 22: Service User Feedback – Critical Intervention points

Critical Intervention points (CIP)		
PREVENTION – Before someone enters the homeless journey		
	Commentary from service users	**Quotes from service users**
Early intervention	A number of service users indicated that they could have done something themselves to prevent their journey into homelessness; this was not to discount that they were saying they (or other service users) were fundamentally to blame, more that they could now see in hindsight that certain elements could have been prevented, had there been other support or resources in place. This response was largely made by those with alcohol and/or drug addictions, but also related to access to housing information and knowledge for those at risk of losing their rented accommodation or who had financial issues. One service user said that peer support would have been helpful at an early stage, from someone who had been through the journey.	*It boils down to myself and the nature of the disease. I let it go so far. The help was out there but as you are denying the whole thing you don't take it. It's easier to speak to another alcoholic and for a homeless person to speak to another homeless person.* And for a service user who had received housing advice; she said – *it would be good to have some type of peer support from other people who have been through the same thing and could help or give reassurance.* This is highlighted in more detail in case-study 5 in Section 6.
Intervention at an earlier stage for specific groupings	Service users where the reason for homelessness was family breakdown and/or young service users suggested that family mediation may have enabled them to either stay at home or rebuild relationships within the family. Young service users also talked about being afforded the option of taking some time out, and then trying to rebuild family relationships, and the option of having counsellors in schools who would deal with family breakdown issues. One young male service user emphasised that there should have been intervention in his early childhood, which might have prevented the journey he then entered relating to a whole range of factors including homelessness. This was emphasised by a Key Worker for a different service user. One male service user talked about this situation, where he had been the victim of domestic abuse, and made some suggestions about what could have been done.	• *Having someone from outside the family to provide counselling – that would have helped.* • *Young people should have opportunities to take a breather from their family. No-one really understands it and I was crying myself to sleep.* • *Social Services should have stepped in. I wish I could have met someone earlier in my life who was concerned for me.* • *Social Services should have stepped up earlier – there should have been one person to deal with this young person. Not multiple people with very little reassurance to the young person.* • *In terms of information and services for domestic abuse on males. There is not enough out there – it's something that needs to be talked about. Its unspoken and hidden. Had there been a service I could have turned to I would have moved out at an early stage. I called the police one time but then I was the one taken away.*

Critical Intervention points (CIP)		
PREVENTION – Before someone enters the homeless journey		
	Commentary from service users	**Quotes from service users**
Information and education as a tool on a number of levels	One service user with an alcohol addiction noted that more information should be available in the community, to prevent people taking this route. Younger service users said that information and other forms of help should be specifically directed at what one of them defined as 'troubled youth'. A number of service users, particularly those in the older age groups (and Key Workers) noted their difficulty in understanding tenancy agreements and engaging with services online and digitally.	*Information needs to be more out there, publicised so that anyone can talk about it. There's a lot of stigma attached. I'd worked all round the world but there was only one barman that said to me – you're going down the wrong road.*
INTERVENTION - When someone is already in the homeless journey		
Providing support beyond the homeless label **Sorting out the various needs – in a holistic, joined up way**	Service users felt being labelled had been a recurrent problem in their own homeless journey, and that service providers tended to pigeon-hole their needs and issues, rather than dealing with the overall problem. Service users called for more specific support including Harm Reduction services, mental health facilities and services, befriending and emotional support provision. In terms of mental health services there was recognition by a number of service users that their needs had not been addressed because they were still drinking and/or taking drugs. In addition, service users said that staff should be better trained to understand the needs of people with addictions, and that hostels should operate with more 'leeway' rather than just asking people to leave and moving them on to another hostel.	*A lot of providers just see the drinker but drink is only a symptom of something else. In the click of a finger I went from having my own business to ending up as homeless.* In talking about the hostel with Harm Reduction services one service user said – *I can honestly say it did save my life. I have a photo of myself and how bad I was. They nursed me back, they encouraged me and they helped me.* One service user with severe mental health problems interconnected his homelessness to his mental health. He noted – *the mental health system is a complete failure. I can see why suicide levels are high – it should be gutted and redeveloped. They're not interested and they're not caring. And people slip through the net.* One Key Worker said – *the biggest issue is when there is no dual diagnosis professionals – and the professionals see the alcohol and drugs first. They see the problem before they would look at the mental health…. you can't get a psychiatrist until they decide you have a mental health issue – it's chicken and egg. All they say is stop drinking and taking drugs, but this service user was taking the alcohol to try and block out the voices he was hearing. Well, now a psychiatrist is involved and the service user has medication – but in so many cases they need to go to a crisis to get any type of support.*

Critical Intervention points (CIP)

INTERVENTION - When someone is already in the homeless journey

	Commentary from service users	Quotes from service users
Preventing the revolving door of hostels and preventing the transition to chronic homelessness	Service users reiterated that moving between hostels (either voluntarily or as a result of being asked to leave and being placed elsewhere) was not a helpful model to try and resolve homelessness.	One service user said – *There is a need for consistency – people have trust issues and have to keep repeating their life story. They need to have workers that 'follow' the person.*

MOVING ON – When someone becomes temporarily or permanently rehoused

| **Having access to a range of suitable housing** | The suitability of temporary or permanent housing, in terms of factors such as state of repair, location, amenities, cost etc. – was viewed as being crucial to ensure a successful move-on. A number of service users who had been through the process before noted that they had felt rushed, and did not have sufficient time or support to set up their new accommodation. One service user in a family hostel commented – *they don't rush you to leave – they give you one week to get yourself sorted when an offer comes in.*

Service users also noted that they felt the private rented sector is inaccessible to people in their situation because they have no guarantor or finances for a deposit or rent in advance.

A number of service users also called upon the Government to set in motion plans to build more social | *It's difficult to get back into the way of being in a home. I've been in the homeless life for so long now that it feels like I've got stuck.*

They stayed on (support) with me after I was in my accommodation until they felt I was fully supported. I've now been signed off for a couple of months but I can still talk to them.

The private rented sector is out for me, it's not an option – because I've no guarantor, plus I'm on welfare – that needs to change.

They used to do this – when trying to get into the private rented sector – sometimes it's the only option but then you have difficulty getting a deposit or setting up a guarantor. It was all done away with.

There's people living in tents – they need to do something about homelessness – what about doing up all those empty buildings. |

	housing.	

Critical Intervention points (CIP)		
MOVING ON – When someone becomes temporarily or permanently rehoused		
	Commentary from service users	**Quotes from service users**
Ensuring the right type and frequency of support is in place	Service users were very clear that they had become homeless not just because they lacked accommodation, but because of a range of other complex and interlinked needs. In particular they noted that simply providing them with a house would not ensure they had a successful journey out of homelessness. Whilst suggesting medical and mental health service provision, service users noted that the most important thing to them was having someone who would provide regular (weekly or fortnightly) support, who they knew and could trust and who would stick with them until they were fully settled.	*Rather than just get put out of here and the books are closed on you – someone to help you along the way.* One service user who had been living in his own tenancy for 2 – 3 years still receives support from his previous hostel Key worker, via another voluntary agency. This was clearly an ongoing life-line to this individual. He said – *He has helped me with every single aspect. I think this is one of the most important things. It makes it easier because you can be open and feel you are in a safe zone. He is still helping and supporting me – mentally, emotionally and practically. I'd be lost without him.* Another service user was very positive about the Floating Support service she receives – *they are in contact every single day to see if I need anything…they help with any barrier in your life – they do their best.* One Key worker noted how a Floating Support service can assist the service user to get settled in their community. She emphasised the importance of making community links – *for friendships and hobbies and for the fun stuff. Setting up a new life.*

Critical Intervention points (CIP)		
MOVING ON – When someone becomes temporarily or permanently rehoused		
	Commentary from service users	**Quotes from service users**
Housing is not enough – having access to a range of other practical support	Service users who had journeyed out of homelessness, either recently or in the past, spoke favourably about the range of practical support received to make the move. Reference was made to starter packs/kits[107] including basic items and utensils to set up home, support to sort out their utilities, help at the outset and ongoing with food and other essentials. Positive comments were made about statutory provision including discretionary grants, as well as voluntary sector support. Service users made the point that they found it difficult to save money towards moving into a new home, and when living in a hostel they had no space to build up or store furniture and equipment.	*I need help to get stuff together for a new house – they give assistance for this – I think it's £1,300. I've literally no furniture.* *I need support for furniture – I don't have a thing. She's got everything. I came her with just a few clothes.* *The starter kit is brilliant for us starting off otherwise we'd just have the bare walls.* *The Floating Support service got me a starter kit and a discretionary grant. This helped me get a slow cooker, and iron and ironing board, a toaster – loads of stuff.* A number of Key Workers pointed out that financial assessments and changes mean that service users may be moving into new temporary or permanent accommodation without clarity on their finances. This is highlighted in case-study 4.

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[107] Funded and provided by the NI Housing Executive.

5.17   *The end of their journey?*

A number of service users had moved into, through and then out of homelessness. Their stories were encouraging, particularly when taking into account their presenting needs and issues, their interaction with services, and their journey to overcome particular barriers and obstacles. One older male service user had recently moved into a sheltered housing scheme. He said – *it's real nice.* He said that he liked talking to his new neighbours, how his physical health had improved, and how he was able to manage his own budgeting and cooking.

For other service users it was clear that their story was still ongoing; in some cases, there appeared to be an end in sight and measures were in place to get rehoused or to move into a more settled situation. The Key worker of service users in a family hostel confirmed that the couple had FDA status, they had worked proactively with the Housing Advisor to increase their points – *to put them in a better position.* They had medical evidence relating to their health needs and they were actively working on their independent living skills in the hostel. The service user said that there was nothing more the hostel could have done to help them. She said – *we are ready to move out. Our own house will give us stability, and it will be our own space.*

This was echoed by another service user in a family hostel. *We don't need support – we just need a house. All of this affects our stress and my physical health.*

However, for some service users it was clear that their needs were still not fully met and they had no short-term prospect of housing. For them homelessness had become less of a journey, where there might be a starting and end point, and more a way of life.

SECTION 6   RESEARCH FINDINGS – SIX HOMELESS SERVICE USER JOURNEYS

Introduction

6.1   This section outlines the homeless journeys of six service users.   As noted in the acknowledgements, these six individuals gave full permission for details of their journey into, within and in some cases out of homelessness to be published in this report.   Their names have been changed to protect their anonymity.

6.2   As outlined in Section 2 the approach included elements of a biographical narrative interpretive method (BNIM).   This enabled the respondent to tell their own story, in their own way, and without initial interruption or initial interpretation by the researcher.   The use of a Single Question aimed at Inducing Narrative (SQUIN) at the outset of the project, set the scene for the research approach.   This also had the added value of enabling trust and rapport to develop between the respondent and the researcher, with the former seeing clearly from the outset that this research was focussed on enabling them to tell their own story, rather than research trying to overlay its interpretation on what they were or should be saying.   This part of the study produced a 'biography', a narrative and an interpretation.   Analysis of the data collected for these six case studies was then reflected on by the Research Advisory Group.

For each individual their journey is presented visually in summary format, including discussion which pulls out more detail and analyses their journey in terms of key factors and points – such as key findings, critical points, causes and consequences and good practice.   The write-up of this section draws heavily on that used in the 2009 study by CRESR[108].

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[108] CRESR, *The Homelessness Journeys of Homeless People with Complex Needs in Stoke-on-Trent*, December 2009.

Case-study 1 – David – Theme of chronic homelessness

David is 39 years old and single. He previously lived with his partner and children. David's story is one of chronic homelessness including spells in accommodation, prison, hostels and on the streets during his 20s, and then for a period during his 30s. Since April 2019 David has been settled in a Housing Association tenancy.

Contributory Factors

Whilst David said he had a very settled childhood, he pointed to a number of factors which had emerged in his late teens and 20s, all of which he felt contributed to him initially becoming homeless and then being within a cycle of repeat homelessness.

David noted that he had been diagnosed with paranoid schizophrenia when he was 19 years old, and since then his **mental health** has been subject to highs and lows. He said this was mainly when he did not take his medication properly. *About two years ago I wasn't taking proper medication and I was very low…I was sleeping on the streets and was no fixed abode. I'd no GP because he had struck me off.* David also referred to himself as **alcohol dependent**. *I don't want to go off the drink…it doesn't feel right unless I've had a couple of drinks – then I feel on the level.*

David also talked about the main contributory factor to his most recent homeless period. *It all started when I was 34 – I had a* **relationship breakdown**. *I'd been living in a private rental with my partner and kids and then I broke up with her. I went a bit nuts and then it was like a snowball.*

Homeless History

<div style="border:1px solid green; color:green; text-align:center; font-weight:bold">Homeless Cycle – different situations</div>

A number of **different hostels** in Belfast were mentioned by this service user in his story – Stella Maris, the Morning Star, the Ormeau Centre, Utility Street, Centenary House, Hosford House etc. David talked about the homeless cycle and how going into a hostel had not helped him out of that cycle. He suggested that it had trapped him in the cycle: *I was stuck in the hostel trap – and then it got to the point I didn't want to leave the hostel.* He explained that this was because he was worried about moving on, slipping into old ways and meeting with former associates and also how he would cope by himself. David also suggested that being within the hostel circuit had added to his problems. *I was asked to leave on occasions – I got into the wrong crowd – they're in every hostel I was in. And this led to arguments and fights, and eventually I was asked to leave and had to move somewhere else.*

Another part of David's story related to periods of time **sleeping rough**. *I've lost count of the times I was sleeping rough – it was on and off over a couple of years. A friend and me were sleeping in a shed up the Ormeau Road, but then when the owner found us, he put a lock on the shed. So, he put us out and it was winter time and really cold. So, I put a couple of windows in so that I could get back into prison.* David mentioned being **in prison** on several occasions.

Later in the discussion David said – *I was homeless for about a year at that point – I was in and out of prison and different hostels. I went to them because when I was on the streets I didn't feel safe. I thought someone could come along and stab me. And then I used to get myself arrested to get somewhere safe.* David said that most of the charges against him were low level assaults and criminal damage, interconnected to alcohol-related behaviour.

Moving on and out of homelessness

David indicated a turning point for him had been during another spell in prison. The **Floating Support** provider that continues to give him support – *they spoke to me in jail – they got me into a hostel and then they got me here.* David's version of events was abridged, and further discussion brought out more about how the Key Worker had supported him in the hostel setting and then in making a housing application to the Housing Executive. The ***Key Worker*** provided further details of the support. *We set up support for the service user when he was in the hostel – on a daily basis and we linked in with him to do with his GP and meds.*

Both the service user and the Key Worker felt a critical intervention point had been **re-establishing the proper medical support and medication**. The Key Worker noted that there had been *no continuity of services when they come back out* (of prison), and that he had worked with the service user by attending an appointment with the GP, and initiating a GP referral for a Community Psychiatric Nurse (CPN). *The GP sent off the referral and now we're just waiting for this.* The Key Worker summarised the frustration about getting support for those experiencing homelessness – *everything is linked – mental health, drink and drugs – but when you're trying to get someone to help it's very hard.*

One downside highlighted by the service user was the length of time (6 – 7 months) he spent in that final hostel setting; *floating between different hostels – it takes far too long.*   In particular he noted his concern that it was during this period in previous hostel stays that he had slipped back into old habits and his hostel placement had ended.

Impact of homelessness

David pointed to the ***negative impact*** of homelessness on his life. Whilst he does have occasional phone contact with two nieces, David said *I've a brother and two sisters – but **none of the family want to know me** – I'm an embarrassment to them – and this was because I was on the streets.*

Rebuilding a life and a home

David commented that at this point he feels he is starting to rebuild his life. He said his physical health has improved. *It's not too bad – I'm getting a proper night's sleep and making my own food. I got a cooker so now I do different kinds of meals.* Other positives include his pride in his home – *I'm so proud of it, it's my flat and I keep it clean,* and the help from the Floating Support service in terms of a **starter kit** and getting a **discretionary grant** for furniture and equipment.

The Key Worker noted that the last number of years have had a significant impact on the service user in terms of his physical and mental health, and that this has been the longest period of time he has been settled and in one tenancy.   *He's doing quite well. He has his ups and downs – he is alcohol dependent and has the odd drug.*

Whilst acknowledging the service user's achievements, the Key Worker suggested that their ***Floating Support*** service was one significant reason why the service user was able to sustain his tenancy. *Without this service, this service user would end up back in prison or he would be evicted from this tenancy and end up being intentionally homeless – and if he couldn't get into a hostel then he would*

end up on the streets.   Overall, David said – *I don't know what I would have done if not for this service.*

Case-study 2 – Sharon – Theme of youth homelessness

Sharon is 25 years old, has a partner and is in the early stages of pregnancy. She is currently sofa surfing between a few friends and her partner's Mother's house.

> **Contributory Factors**

Early Childhood

Sharon described a very ***turbulent childhood*** and teenage years, indicating ***difficulties at home*** and in her wider life. She said that *school wasn't the greatest for me – there were bullying issues* and as a result her attendance was poor and she ***left school*** at an early age and has done a variety of courses in hair and beauty.

Triggers for homelessness

Sharon's life has resulted in a number of factors which she would now trace back to her journey into homelessness. Aged 17 she had a daughter, who was subsequently ***taken into care*** and who she now has no contact with. Sharon has also experienced abuse; she said: *I was **sexually abused** as child – that has been one of the biggest issues for me to deal with. It's everything rolled into one – there's only so much one person can take before they explode.*

> **Multiple Triggers**

Sharon was **placed in care** when she was 14 years old, and she also remembered an earlier time in her childhood when she was with her Mum and siblings in a Women's Aid refuge. Her recollection of this period was as follows: *When I was 14 years old, I put myself into care – before that all I was doing was looking after my younger brothers. During this time then I was in and out of foster care – I was taking tablets, partying and drinking and I was in lots of different institutions – this went on from when I was about 12 to 19 years old.* Sharon said that more could have been done for her at an earlier age to prevent her journey into homelessness; and she said there should be concentrated work with what she called 'troubled youth' to help them at ***critical points in their teenage years***.

> **Critical Intervention Points**

Whilst not specific about any diagnosis Sharon said she experienced poor ***mental health*** which was medicated and that she had psychotic episodes. ***Alcohol and drugs*** also featured in Sharon's story. Whilst this had started in her teenage years Sharon felt this had been made worse by her stays in temporary accommodation hostels. She said – *It* (the hostel) *gets you off the streets. When you go in you might be on cannabis and diazepam – but then once you're in there you do harder drugs. My heroin use began when I was there – I had started on other drugs but then someone injected me with heroin. And I overdosed while I was there too. I regret it so much. I got myself off it two years ago – and I'm on methadone.*

Cycle and repeat nature of homelessness

Sharon talked about how she feels she has two different kinds of lifestyle – firstly she described when things are going well and secondly when things are chaotic and she is not in control. This homeless cycle started when she was in her mid to late teenage years. She said: *I've been it the homeless life for so long now that it feels like I've got stuck.*

Sharon's ***tenancies had ended*** for a number of reasons; in one case she said – *two paramilitaries came in with sledge hammers* and in other cases she was simply unable to cope with running the house and her additional problems. Sharon said – *I feel very vulnerable and then I end up homeless and it's very upsetting.*

The **repeat nature** of being in and out of different placements and periods of homelessness was illustrated when Sharon said she has been in prison 12 times, has had four separate tenancies and has been in and out of numerous hostels. Prison sentences have varied in length from short-term (10 weeks) through to longer term sentences for assault and theft. During the discussion Sharon referred to different points when she had wanted to go back to prison because she felt safe there.

As outlined earlier Sharon had been placed in ***a number of different hostels*** at different times. Sharon said that it was the hostels that had been a big factor in her leaving or getting put out of placements. *I lasted three nights there – people were shouting and the level of drugs, and the place is hiving and people are filthy – I left because I didn't feel safe.* A further recurring factor was that Sharon returned home to her Mum in between periods in a tenancy and hostels. However, she said this is no longer an option as her Mum has recently passed away. When this happened, she said she didn't know where she went but *I was found sleeping under a bus stop.*

Sharon acknowledged her homelessness and the cycle of repeat homelessness; and she verbalised that this related to a combination of factors. *It's a whole mixture of what I've done in my life – the whole cycle of in and out of different places. My care experience, then into hostels – and then mixing that with the environment* (of hostels) *and the drugs and my mental health.*

Moving on and out of homelessness

Sharon also reflected on why some of the previous placements and tenancies had not worked for her. She acknowledged that she needs a lot of support, and that previous moves back into a tenancy had broken down – *it's difficult to get back into the way of being in a home.* She also said – *there are gaps in between when no-one else is supporting you.* At this stage she indicated that if she was to move into another tenancy, she would need ***support on a daily basis*** including with domestic tasks like cooking.

Sharon highlighted a ***range of services*** which had helped and supported her at different stages, including the Substitute Prescribing team – *they help with my drug use and make sure that I collect my script.* However, she felt service providers do not really understand her situation – *unless you've been through it you wouldn't really understand homelessness.* She felt her interaction with the Housing Executive had been difficult, although she acknowledged that this was because her housing options were limited as she had previously been put out of a number of areas. Sharon also criticised the fact that whatever service she went to, she had to keep repeating her story. She said *people have trust issues and have to keep repeating their life story. There should be workers that 'follow' the person.*

Sharon's Key Worker said – *overall Sharon has been a very chaotic service user. She has been in every service and programme that's available but none of them have ever got to the core of the issue with Sharon. I believe that more should be done to identify young people like Sharon who are at risk and constantly re-offending in order to try and prevent any further occurrence.*

Case-study 3 – Rosie – Reason for homelessness – Family breakdown

Rosie is 39 years old and has been living in a temporary accommodation hostel in North Belfast for four years, with her teenage daughter and pre-school son.

Reason for homelessness

> **Contributory Factors and reasons for homelessness**

Rosie talked about becoming homeless when she was much younger (when her teenage daughter was two years old). At this point she had been living at home with her parents but there was **family breakdown** and friction due to **overcrowding** and the service user had left that setting to get her own tenancy. She was in the same hostel at that stage for a period of two years, and then got a HE tenancy. However, after a period of time the **tenancy broke down**. *There were lots of boys hanging about drinking and shouting – a lot of noise. I was in the process of thinking about coming out of it to go back and live at Mums, but then a met a guy and moved in with him, but it didn't work out.*

Rosie also mentioned other contributory factors in the relationship breakdown. *He was **a drinker** and it got too much for me. After I had the youngest child, I didn't want him to see and hear all of this.* In addition, Rosie mentioned a further contributory factor. *The tenancy was coming to an end anyway – the private landlord **sold the house** and gave us 28-days' notice. We woke up one day and there was a for sale sign outside.*

Overall, Rosie said that family breakdown had been the main contributor to both her spells of homelessness – firstly from within her parental home, when her first child was very young and then secondly, when she had formed her own relationship, and that then had deteriorated and broken down.

> **Critical Intervention Points**

Moving on and out of homelessness

Rosie said that one of her biggest concerns was about the **lack of communication** from the Housing Executive. She said that after four years in temporary accommodation and the fact that she is on 148 points, she feels that they are not proactively helping her to get out of temporary accommodation. Rosie commented that she felt her previous Housing Officer had been *terrible – she didn't do anything to help me get points* but that she now has a new Housing Advisor, although she has only spoken to them once. She indicated her overall frustration with the system and **her points level**. *There is no contact* (incoming) *with them.*

In addition, both the service user and Key Worker noted that they felt people could get lost in the hostel system, particularly in areas of extreme housing need/demand and where the level of points required is high. Rosie said she felt unsupported, although she was positive about the hostel staff. *The staff are friendly and help you with any difficulties. I can come and talk to them if I need to.*

Impact of homelessness

Rosie talked about the impact of living her life in a 'temporary' setting over a prolonged period of times and how she and her children cannot make plans. It was clear that this has negatively impacted her **mental health** and she expressed a sense of **hopelessness**. Rosie said – *I don't leave the flat because I'm depressed. It's terrible – there's no light at the end of the tunnel.*

Whilst providing some stability, living in a temporary accommodation hostel has also had ***negative effects on her children***; Rosie mentioned her ***health***, the ***children's upbringing*** and the fact she feels they are all becoming institutionalised. Because they are in a 2-bed flat, her teenage daughter often goes to stay at her father's house to get some room.   Rosie said – *she hates the environment here at the hostel, the fact that she is sharing a double bed with her young brother and the fact she can't bring friends home.*   The impact on the younger child was also noted; Rosie said that her son does not remember a time before living at the hostel. Overall, she said – *the children need their own room – they are constantly fighting.*

And Rosie mentioned that there are additional expenses relating to the £20 per week service charge for living there.   *It's very difficult when you're on income support and there's no money from either father.*

Critical Intervention Points

Rosie felt that the relationship breakdown was not avoidable; she said that any intervention on that front *wouldn't have solved that* and that the landlord selling up *was a blessing* as it meant she was pushed to getting out of the difficult relationship.

Whilst Rosie has been waiting a long period of time, given her previous experience of the private rented sector, she said she would not consider moving into it again.   Rosie said – *No, never – they can put you out at any time. And you can't even put a nail in the wall.* Rosie indicated that her housing ***options are solely limited to getting a social housing tenancy***, and that she would have to wait until that was available. She said her furniture was in storage and that she would need some sort of Starter pack or grant to help her with ***furniture and equipment***. She was finding it difficult to save towards a future move – *you can't save nothing here – there's always expenditure.*

Case-study 4 – Liam – Reason for homelessness – Loss of rented accommodation

Liam is 62 years old, is single and was homeless for a period of around one year as a result of loss of rented accommodation. He has recently moved into his own HE tenancy. Liam asked that his Key Worker would tell his story.

Combination of factors – reason for homelessness

Liam's situation was very difficult. He had moved in with his partner to her HE tenancy in July 2019. They had been together for nine years, and when she developed a life-limiting illness Liam became her main carer. Unfortunately, as her health declined, she went into nursing care and although this was to be temporary it then became a permanent situation. Because this lady was the tenant, she then had to give up the tenancy and as a result Liam (who was **not registered** as a member of the household or on the tenancy agreement) was given four weeks' notice to leave the home.

The Key Worker noted the following about the situation, including the service user's ***lack of knowledge of tenancy agreements and arrangements***. *The biggest factor in everything was his lack of understanding and knowledge. In hindsight they should have thought about the implications of the tenancy. When she took it on in September 2018, they should have looked at being joint tenants. He is not very tech savvy and so all of the issues coming out of this have been very hard for him to understand and do anything as a lot of it is online.*

Liam had other circumstances which then contributed to his period of homelessness. He started a housing application, but knew that this would take some time. Up until recently Liam had been working but had to give up because of ***poor health***; this meant that whilst he had previously been a tenant in the private rented sector, he now felt he ***could not afford*** this.

Journey through housing systems and processes

Having journeyed into this situation, Liam and a housing support agency, along with political representatives tried to see if there was anything, they could do to enable him to stay in this tenancy. However, this was not possible. The Key Worker said – *he didn't have his name on anything like utility bills so there was no argument we could make to say he had any right to the tenancy.*

Having made his housing application, the Housing Executive then offered Liam ***temporary accommodation in a hostel*** in Cookstown or Ballymena; this was the only option they offered at this point.

Liam did consider this option. However, given his other health problems including diabetes and his alcohol dependency, and the fact that he had rarely been out of his rural setting and county, a decision was made to provide Liam with temporary accommodation in a small flat/bedsit in ***a hotel setting*** in his own locality.   The length of stay was December 2019 to June 2020 and whilst this was not ideal, in particular given Covid-19, it provided Liam with a stable base during this period.

The Key Worker said this about the hotel – *the hotel was fantastic and very supportive. But it very quickly became a difficult situation for Liam. We saw how quickly he deteriorated in the hotel – he is a very quiet man who was living a very quiet life. During this time his drinking increased massively –*

it became every day and every hour of the day. It was hard to get him to leave the flat and his physical health deteriorated, he was just lying on the bed. It affected him physically and mentally.

The Key Worker queried the suitability of some temporary accommodation offers which are geographically at a distance from the individual's normal setting including access to their GP and other services, and how moving there can actually detriment their journey through homelessness.

Other contributory factors

In Liam's case the Key Worker noted a number of other contributory factors to his housing crisis and the need to think about the journey out of homelessness. These included that the individual has **mobility problems** and walks with mobility aids, is in **chronic pain and has diabetes**. In addition, the service user suffers from **anxiety and depression**, and is **alcohol dependent**. She said – *it's always been there – it's something he doesn't admit to but it has intensified over the last year.* In addition, the service user had virtually no family support.

> **Other factors**

> **Support to Move on**

Moving On – Help and Support

Liam applied to the **Housing Executive** for housing and was assessed as homeless. Then based on his points he was offered a 2-bed bungalow about nine months later.

Liam is in receipt of **Floating Support services**, with the aim of enabling him to retain and sustain his tenancy. The provider does this via weekly contact as well as helping with different elements along the way e.g. helping Liam to get a furniture grant, to purchase **furniture and equipment**, to physically move, provision via the Foodbank etc. By choice he does not engage with mental health or addiction services.

> **Critical Intervention Points**

Critical Intervention Points

The Key Worker suggested several critical intervention points. Firstly, she thought more could have been done right at the outset to ensure that this man's name was on the tenancy agreement. She also noted that there had been a number of areas of **misunderstanding and lack of information**, all mainly due to the fact that this service user has **no internet access or capacity**. She said – *this has been a multiple barrier and stumbling block in the journey and has made the service user fully dependent on others. In this case it's worked well, but for someone with no support this would have been problematic.*

The Key Worker went on to say that in their opinion the offer of temporary accommodation at a geographical distance **had not been suitable** either in terms of location or type of service, and that had he moved to this, Liam would not have coped with it at all.

Moving into his own tenancy had not been without its problems for Liam. He had been a HE tenant in the early 2000s and a small amount of rent arrears had been difficult to deal with, although it was eventually resolved and cleared. In addition, the service user's **finances** had not fully been finalised when he was moving into his new tenancy, and this worried Liam. The Key Worker said – *he was terrified – how would he pay for electric, heat and food?* Overall, it was clear that without the support of the Floating Support service this man's journey out of homelessness would have been more difficult and potentially unsuccessful.

Case-study 5 – Susan – Reason for homelessness – Financial Reasons

Susan is 55 years old and single. She has lived in her owner-occupied house for over 10 years. She got into arrears on her monthly mortgage payments, as a result of which her house is being sold and she has applied for social housing. Whilst not actually homeless at this point, she is vulnerable and at risk of becoming homeless.

Journey into homelessness – contributory factors

Susan talked about how her circumstances had changed over the last 12 – 15 months. She said that as a result whilst she is still currently in her 'owned' home, it is now sold and she is moving to a HE tenancy. Susan had not previously been homeless.

She outlined a series of events, as a result of which she unexpectedly ***lost her job***. Susan said – *it was a huge shock to me, and it wasn't just the job and the money, it was who I was. After that I broke my arm – and things really shut down for me then.* Susan elaborated that although she hoped to get a new job quite quickly, and indeed was able to find something to start straight away, she found it too difficult because her arm was still healing and that job also then came to an end. Without ***a steady income*** she was unable to make her mortgage payments. This period of time then merged into the Covid-19 period and she was given some extensions to payment dates due to the Government provision of a mortgage holiday.

Susan said about the loss of income – *There were a lot of issues and I was trying to get back into work but it was very difficult and the odds were against me. I had a grand-daughter living with me, and she was trying to get me ready to go out to work because I couldn't even move my arm…and then I lost the job.*

The loss of income appeared to be part of the picture, with ***a number of other contributory factors*** further accentuating the difficulties. These included the term left on the mortgage, an outstanding loan repayment and other additional physical and mental health issues. Susan said – *I had 10 years still left on the mortgage to pay, plus then I'd taken out a loan about three years ago to update the heating system and the bathroom so I had that to pay as well.*

> **Contributory Factors**

> **Key Findings - Impact**

Impact of housing situation

Susan highlighted that it had been a very difficult time for her, that her house/home had been her 'pride and joy' and that having to give it up and the whole process had impacted very negatively on her mental health. Susan said – *my **mental health** totally hit rock bottom; I was at a very low point.*

Susan also referenced the impact on her during the journey into this housing situation and as things have changed and moved along. She noted ***feeling worthless*** in her approaches to the bank and she emphasised how difficult it had been, not knowing what might happen.

Well when I tried to talk to the bank about the mortgage, I just felt like I was another number to them – I couldn't process all of what they were saying to me because of my own mental health. The hardest thing has been living in total uncertainty. I was asking myself, well where will I go?

Critical Intervention Points

Susan outlined a mixed picture in terms of responses to her situation. Her relationship and *interaction with the bank* in relation to her mortgage did not go smoothly. Susan said – *I approached the bank when I lost my job and I was looking for work at that point. They gave me a 3-month mortgage holiday and that was extended to six months because of Covid-19. I wanted a bit more time but they were hounding me. And then because of the full lockdown I couldn't get any work.*

Susan also explained that she was on a fixed term mortgage, and that she had tried (unsuccessfully) to switch to another product (interest only loan); *I tried to get onto interest only but they wouldn't move me onto it. No matter what I said it didn't matter.*

At this point Susan did seek other help and she approached **Housing Rights**. Whilst very positive about the help and support she had received from Housing Rights, Susan recognised that it was too late in her circumstances. She said: *by the time I submitted my paperwork to them it was too late – the mortgage holiday was up and I had lost control of everything – if only I'd got **advice at an earlier stage**. Now looking back it's so simple – Housing Rights do this joined up approach type of service.* Housing Rights assessed Susan's finances but unfortunately by this stage it was apparent that she could not afford to sustain the monthly instalments or pay extra towards addressing the arrears.

Moving on and out of homelessness

With no support from her bank, and feeling that she was at crisis point, Susan explained that she contacted the Housing Executive. She also noted that she worried about doing this because she thought she would be judged because of her circumstances. *Well at that point I lifted the phone and rang the Housing Executive. I was worried about doing that – that I would be totally judged and they would ask – well, why did you lose your job? I was waiting for the negative attitude because that's what I got from the banks.*

Susan went on to explain that the **Housing Executive response had been helpful**, supportive and has helped her submit a housing application. She said – *I found I could open up to them and this was my opportunity to tell my story and there was no judgement. I felt at ease talking and he (*Housing Advisor) *let me talk.* Susan noted that she has since been awarded FDA status and made a number of offers of housing, some of which she turned down because of the areas or type of housing.

She has now been offered a 2-bed house, and it is at this point Susan feels she is getting her life back together again. *When I viewed it, I said to the Housing Executive that I was interested – it gave me a hint of purpose and excitement – this was the start of me moving forward on the road to recovery and normality.*

Overall, this service user felt that **Housing Rights** had *thrown me a life-line* and that the Housing Executive was *reassuring and positive – the process wasn't complex. It was short and streamlined.* She also verbalised that a home is much more than just a house, and that in her case it was interwoven with her mental health and stability. She said – *your mental health can't improve unless you have stability – so much of this relates to your home – your housing gives you stability.*

What else could be done?

Susan suggested that it may be possible to provide peer support through a range of advice agencies, to people who are currently experiencing housing crisis or homelessness.

Case-study 6 – Declan – Reason for homelessness – Poly drug and IV drug use

Declan is 30 years old and single. He was previously part of a couple with children and his initial homelessness was the result of relationship breakdown.   This was 7 years ago when the service user was aged 23 and after quite a rapid transition into homelessness, Declan has remained in the homeless sector moving between hostels, sofa surfing and sleeping on the streets and in a tent. At the time of the interview Declan was sofa surfing between a number of different friends.

Causes and consequences

Initial reason for homelessness

Declan said he was living with his partner and two children in a social housing tenancy. When the *relationship broke down* Declan said – *she had the kids and stayed in the tenancy.*

Difficulties in moving out of homelessness

Whilst this was the initial reason for homelessness in Declan's case there have been a number of other triggers and factors which have perpetuated his homelessness. Firstly, he talked about the *lack of options* in terms of temporary accommodation, and how being placed in a hostel was the point at which he moved from taking *soft drugs to harder drugs*, resulting in him becoming addicted to heroin. Declan said: *I smoked cannabis and all. But then I became a heroin addict at the hostel – that's where I first tried it. I was about 24 or 25. First of all it was curiosity – to see what it felt like. But then I got hooked on it – that was quite rapid.*

Secondly Declan said that the drug use and addiction led him into a cycle of repeated homelessness with no settled period or longer-term living arrangements. Finally, he and a girlfriend moved from hostel living to the streets; he mentioned doorways and sleeping in a tent. He noted that he had not been in hostels for the last couple of years, instead living on the streets and then in a single let with his partner. A number of stays *in prison* were also part of Declan's history.

Hostel placements

Declan highlighted various difficulties he had experienced when living in hostels including the fact that he kept 'losing his bed' because of behaviours and arguments. In addition, he said – *there were money issues…I was using the money on drugs and not paying the hostel for things* (service charges) – *then it was always time to leave that hostel and move on.*

Obstacles

Steps towards moving on

Declan then highlighted their next move which had been into a single let. Unfortunately, the *addiction* was still prevalent, and Declan shared the news that his girlfriend had died of an overdose . This appeared to be a massive turning point for him. He said it has made him rethink everything and that he is now determined to change his life. As a result of this situation Declan has come off heroin. He said – *I just went through the rattles. I made my choice and I'm not on it now.* When this was probed Declan noted that he has come off heroin without support, and this was in part because he had been on a methadone programme once before but this had been after a one year waiting list, and this time he was *not willing to wait* that long. He realised there would be serious consequences during the 'waiting period' and that the methadone programme was difficult to access.

There were more obstacles to be overcome. After his girlfriend's death in the single let, Declan said the ***landlord did not want him back***. As a result, he is now in a cycle of sofa surfing.

Securing accommodation

Declan was clear that his journey into homelessness was the result of his relationship breakdown and a range of other contributory factors including drug-taking and behaviours. However, he highlighted that getting out of homelessness is not an easy journey, in particular for men in their 20s and 30s.

Barriers to getting out of homelessness

Declan was fairly negative about his interaction with the Housing Executive. He has been on the housing waiting list for 6 – 7 years, and was ***realistic that 140 points was insufficient*** to get a tenancy in his areas of choice. He said he feels powerless in his situation because *all the Housing Executive do is offer me another hostel and I don't want to go back into a hostel as it's there that my drug use becomes a problem.*

He talked about his most recent interaction with the Housing Executive two weeks previously and that the Housing Advisor had said she would be in touch. He said – *I'm still waiting for her to phone – I feel like giving up with the Housing Executive.*

This revolving door of ***hostel offers*** and different placements has taken its toll on Declan. He noted the uncertainty of not knowing how long her would have to wait to get offered a house, and said that this constant waiting made it hard to make plans and be positive about the future. Declan said – *I'm fed up of being homeless – I want my own place and to get my life built up. I want to get a job.* The Key Worker said – *the likelihood of getting a single let or tenancy for a single male is highly unlikely. If he returned to Belfast he would sleep rough. He needs his own permanent accommodation but it will be a long wait and realistically he **can't afford the private rented sector** – he's on Universal Credit.*

Other services

Declan talked about other services that have helped him through the last number of years including Extern, the ***Drug Outreach team and the Welcome Centre***. He said – *they are very helpful – it is somewhere dry and warm during the day.* He also mentioned his mental health problems including anxiety and depression, and was positive about the help provided by his GP and medication.

Impact on the individual

Lasting effects

It was clear that the constant and repeated nature of this individual's situation and homelessness has negatively impacted him. He talked about his journey into drug taking – *it was a way of escaping.* There was a sense of constantly battling against his situation. The Key Worker said – *hostels don't seem to work out the best for him. It's always been his experience that **drug use** increases and **mental health** decreases. And then an offence would be caused or he would be asked to leave – this is the typical pattern.* The Key worker also highlighted the impact on the service user of losing his girlfriend. *They got a single let from the Housing Executive. There were issues and challenges. But we had wraparound support in place from Extern, the DOT and Homecare. They were co-dependent – emotionally, mentally and practically – the impact on Declan is still very raw. They were inseparable.*

What else could be done?

Declan made a number of suggestions about his situation. Whilst he did not think much could have been done to prevent his initial homelessness, he did think more should be done as follows – ***help those with drug problems***, build ***more social housing*** – *that's what should be done first of all. And there's no* ***help to get private rentals*** *– this should be made easier for people.*

SECTION 7   CONCLUSIONS

Introduction

7.1   This section highlights the key themes, issues and findings from this research study. The overall aim of the research was to provide the Housing Executive with an improved understanding of service users who currently use or have used homeless services, looking specifically at the homelessness process, and the individual's journey into, through and in some cases out of homelessness.   In particular the research aimed to provide understanding on the type and broad range and variety of 'journeys' experienced by homeless service users.   In addition, the study aimed to contextualise the homeless journey beyond the housing element and highlight the critical need for interagency intervention to deal with all aspects of homelessness.

Homeless Service User Journeys – Key Issues identified by stakeholders

7.2 Stakeholders from both the Housing Executive and external accommodation providers/organisations involved in the delivery of services and interaction with individuals and households who are homeless, made a number of key points. These related to the concept of a homeless journey and what it means to a service user, the type and nature of needs (additional to housing) which service users have, the risk factors and triggers resulting in homelessness – and the initial step or recurring step onto a homeless journey, together with an analysis of when and what the critical intervention points are, feedback on current services (housing and other relevant interventions) as well as looking at gaps in services and what more could be done.

o   **Complexity of the risk factors, triggers and causes of homelessness** – feedback from stakeholders confirmed the complexity of the range, type and nature of risk factors, triggers and causes of the onset of a homeless journey, together with set-backs along the journey and difficulties in exiting the journey. In particular, these factors were linked to recurring or repeat presentation within a service user's homeless journey.

o   **Interconnections between reasons and themes** – stakeholder feedback highlighted the significant interconnections between the seven themes and reasons for homelessness; for example loss of rented accommodation was frequently linked to financial reasons, youth homelessness was often as a result of family breakdown and chronic homelessness was on many occasions linked to IV/poly drug use. This being the case, exiting the homeless journey needed multiple interventions from different agencies and support with factors over and above housing.

o   **Importance of intervention at the start of the homeless journey** – feedback from internal HE stakeholders suggested that Housing Solutions as model and approach is working; for example positive comments about the continuity of the one Housing Advisor with a service user etc. However, having highlighted the complexity and interconnectedness of service users' needs, stakeholders noted the need for more time to be spent with the person when they first presented, at the outset of their homeless journey, so that their issues and needs could be better identified and recorded.   Housing Advisors said that they often felt pressurised and rushed with the volume of their caseload, and the complexity of the issues they were dealing with.   They felt that lack of in-depth knowledge relating to a service users' needs may on

occasion result in inadequate services being put in place, both by the HE and wider service providers.

o **The need for more support** – stakeholder feedback highlighted a pressing need for more support to prevent tenancy breakdown in the first place (thus avoiding unnecessary homeless journeys) and to ensure placements and new tenancies are sustained (thus preventing perpetuation or repeat homeless journeys). Stakeholders noted that service users with multiple and complex needs can remain at risk of repeat homelessness for significant periods of time after they have exited their homeless journey and are in permanent accommodation. The need for higher level and ongoing support was reiterated.

o **Some groups of service users need specialist input** – feedback from stakeholders was positive about the systems and practices that have already been put in place for some groups of service users. For example, for young homeless people the provision of specialist HOME teams and Housing Advisors in the Belfast area was noted. Respondents suggested that there was room for extending this regionally and to other service user groupings[109].

o **The homeless journey itself** – interviews with stakeholders were conclusive that the homeless journey starts long before the person presents to the HE, and is often less about housing and accommodation requirements and more about their additional needs in terms of the triggers, and the barriers/obstacles to concluding the homeless journey and becoming permanently rehoused and settled.

o **The lack of suitable temporary accommodation and lack of affordable, accessible permanent accommodation** – stakeholder feedback concluded that irrespective of a person's homeless journey and the full range of interventions at critical points, the lack of suitable temporary accommodation and a lack of affordable, accessible permanent accommodation were dual stumbling blocks to firstly moving out of the state of homelessness and secondly, remaining housed.

Homeless Service User Journeys – Key Issues identified by service users

7.3   Service users provided insight into their current and past experience of being and living through a homeless journey. They identified a number of factors relating to how and when their homeless journey had begun, how they defined their homeless status and situation, what needs and issues they had, their interaction with the Housing Executive and other service providers, how homelessness had impacted them and finally what they thought were the critical intervention points in terms of preventing, intervening in or helping someone to move on from homelessness.

o **Their life story and lived experience** – there was recognition that what the service users were talking about was their own personal story. This was evident from the way in which they told their individual stories, the emotive language and descriptions used, and in many cases the

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[109] The Housing Executive noted that the HOME team is now firmly established as an effective partnership model in Belfast, Lisburn, Bangor and Coleraine. In those areas the HOME team has enabled priority access for NIHE referrals to hostels, regular housing clinics improving move on options and better understanding on both sides (Housing Executive and Simon Community Nit) of the issues facing staff teams and clients/customers.
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acceptance of the journey they had been or were on. Service users were content to share their story, talking about how it had affected them, in particular as they noted - if it could help even one other person. One male service user, who was a recovering alcoholic said - *I can try and help them – I tell people – if I can do it, anyone can do it.*

o **Defined as homeless** – service users recognised and defined themselves as 'homeless'; this was over and above any official homelessness assessment or homeless definition that had been given to them in an official sense. For all, it was a negative definition, a negative experience and a difficult period of their life.

o **Early beginnings** – in many cases the homeless journey had started at a very early age. This was particularly clear from the young service users who were interviewed, but was also a thread that could be traced back amongst many of the older service users, particularly those defined as chronic homeless and those with IV or poly drug history. Five of the service users had been homeless as a child, whilst a further 12 service users indicated fractured family relationships and Social Services involvement in their childhood. A further six respondents noted that they had been in Social Services care as children.

o **Complexity of the risk factors, triggers and causes of homelessness** – feedback from service users confirmed a wide range of difficult background situations, health and social care needs and other factors that had led to or resulted in the individual's homelessness. The most significant of these was the high incidence of mental health issues amongst the respondents, with 25 out of 30 service users indicating this. In addition, 17 out of 30 had a current or past history of alcohol or drug addiction, 15 had experienced abuse of some type during their life, eight had a child or children in Social Services care and five had been in prison. Overall, institutional and other residential settings featured highly in these homeless journeys. It was clear from the service users' descriptions of their homeless journeys that many of these factors had resulted in their initial move into homelessness, and had also perpetuated the length of time they were homeless and/or their repeated cycle of homelessness. In the majority of cases, whilst either loss of accommodation or lack of accommodation to move to was their functional reason for being without a house or home, it was clear that the triggers and causes related to these non-housing factors.

o **Journeys into homelessness** – the 30 service user stories examined in this study showed significant reliance on sofa surfing both at the outset of the homeless journey, when the individual was catapulted into a situation of having nowhere else to go, and for some service users, sofa surfing continued as one option throughout their homeless situation. As a result, service users were often initially 'hidden' from statutory services, until they officially made a homeless application to the Housing Executive.

o **Specific journeys into homelessness** – whilst noting the risks and triggers and other background factors above which frequently were the cause of homelessness for these service users, there were also some very specific reasons relating to loss of rented accommodation and financial reasons. The triggers in these cases included tenancy breakdown, NTQ, landlord selling the property, neighbour dispute, harassment and intimidation. Similarly, stories relating to financial

loss focussed on something significant happening such as loss of a job or income and inability to keep up payments. Interestingly in these cases one or more of the other factors noted above were often also present; this included mental health issues, alcohol dependency, breakdown of relationships.

o **Multiple moves - bouncing around the homeless system and sector** – analysis of service user journeys indicated that for some groupings – mainly those defined as chronic homeless and those with poly/IV drug use – the journey within the homeless system and sector was erratic and chaotic, with the service user jumping in and out of different settings, including temporary accommodation hostels, Harm Reduction services, mental health units, prison and rough sleeping.   Service user stories also demonstrated that multiple moves can lead to non-engagement with essential services e.g. GP and mental health services, with the service user having to re-register and re-engage with these services in a new setting or geographical location.   For homeless people with multiple and complex needs, the stories suggested that hostels were the places where they were introduced to harder drugs and certain behaviours, and in many of these cases, hostels had not provided a route out of homelessness.

o **Interaction with the Housing Executive –** nearly all of the service users had interacted with the Housing Executive. Some noted a positive experience, and had felt listened to with a good outcome and housing solution. Others appeared frustrated with the system both in terms of waiting times and the type and nature of accommodation on offer.

o **What's available?** – the length of time the service users were homeless was an important factor.   As noted earlier for some this was less than a year. However, for others it was a much longer period of time, with some homeless for 3 – 5 years.   For some of the service users hostels and services had been the stepping stone out of homelessness.   All of the service users acknowledged the support provided by statutory and voluntary sector organisations, in particular highlighting specific hostels, floating support and day centres. However, for some service users their experience of hostels had not been so positive; in most cases these respondents had moved around the homeless sector from one hostel to another. In addition, service users provided feedback on other non-standard accommodation including single lets. Whilst providing a temporary solution (which in some cases was a considerable time period), service users noted that these were often of poor quality and resulted in the service user making further moves in their homeless journey, with a result of insecurity and uncertainty.

o **The impact of homelessness** – these incredible stories emphasised not only massive resilience in these individuals, but also the terrible impact on them personally, their families and their lives. Repeated themes and words included poor mental health, self-harm and suicidal ideation, helplessness and hopelessness, losing everything – family, their children, work, income, their previous homes and their future.   The biggest issue hanging over all their homeless experience was uncertainty; not being able to know timescales or if they would ever have a place of their own.

o **An insight into what is needed** – these service users were best placed to know what could help others in their current or past situation. For some, prevention centred around their early lives,

noting that a different direction might have been available or possible for them, if there had been intervention in their family life at that point. In other cases, e.g. addictions and loss of finances, there was recognition that in some situations they themselves could have taken a different course. Information and education were seen as key tools for prevention. Suggestions in terms of intervention, focussed on the critical need to provide people with support for their additional needs, to both prevent them becoming homeless and help them move out of homelessness. Moving on was seen as the goal for anyone in a homeless journey, and service users suggested this can only happen when there is sufficient affordable and accessible housing for all, together with support and finance to help people with the basics to furnish and equip a home.

SECTION 8   RECOMMENDATIONS

Introduction

8.1   This research has provided critical insight into lived experience of homelessness. Through feedback from 30 service users and then detailed examination of six service user journeys, the study has highlighted the obstacles and barriers encountered by many homeless service users. Critical Intervention points were noted by stakeholders (see paragraphs 4.16 – 4.18 and Table 16) and service users (see paragraph 5.16 and Table 22) including their suggestions of what could make a difference.

On one level it would be easy to produce a list of recommendations coming out of this study similar to recommendations that have been made multiple times in the past – recommendations around the need for more preventative work, for whole family mediation at a much earlier stage, for work in terms of the availability and suitability of temporary accommodation to meet the needs of different types of homeless need. Furthermore, recommendations around seeking to reduce reliance on non-standard accommodation and to reduce the amount of time a homeless service user is in temporary accommodation before they are rehoused, and in an overarching sense, recommendations around the future planning and availability of social housing together with access to the private rented sector for those most vulnerable in society.

8.2   Instead this study points to the need to now use this research and translate it into an **Action Plan** to seek to prevent homelessness in the first instance, and to ensure that the homeless journey is as short as possible, and that the service user can be linked in with wider appropriate services. In one sense the review and development of the NI Homelessness Strategy is the best vehicle under which this can take place. The current homelessness strategy comes to an end in 2022, and it is recommended that the findings of this research should be used as part of the evidence base to inform and identify the actions needed over the next five years.

8.3   We recommend that the following are taken into account in the development of the next homelessness strategy:

o   Fundamentally there needs to be a **Vision**; whether this is a vision to end homelessness overall, or within this a vision to ensure that as much is possible is done to prevent homelessness, and that when homelessness occurs a vision to ensure that no-one who is homeless is overlooked or excluded.

o   The study highlighted just how early the triggers that eventually lead to homelessness start in a family and an individual's life. The Homelessness Strategy should reflect this by calling other relevant **Departments and community-based service delivery** to understand and respond to the work that can be done at an early stage in individual and family life e.g. health visitors, GPs, educationalists including Early Years provision. Certain areas should be embedded into the **curriculum and education delivery** including information about making housing and financial choices, as well as learning how to budget, plan ahead, set up a home, learn to cook etc.

o   **Preventative strategies** need to be embedded in this wider service delivery rather than being solely discrete and separate preventative programmes. Services already involved with 'families at risk' should be aware of the potential risk factors and triggers within childhood and adolescence leading to

homelessness. In addition, sufficient **psychology and counselling services** need to be available in the community for those experiencing significant trauma from the loss of a child, abuse or witnessing a traumatic event. The homeless stories pointed to trauma as a key trigger to homelessness.

o Prevention of homelessness should also underpin the Housing Executive's own operations; ensuring that applicants are not placed in unsuitable accommodation e.g. placed in sheltered housing scheme when this is not appropriate for their needs thus leading to homelessness, and through the work of their Patch Managers, identifying any tenants at risk of homelessness at an early stage and seeking to help them sustain their tenancy. The **Patch Manager** model should also be considered as an option for a pilot in the private rented sector.

o Outreach **services in terms of housing advice and support** need to be further bolstered to ensure that there is sufficient information and help available to people at risk of homelessness, before the point of starting on a homeless journey.

o Stakeholder and service user feedback both identified the need to do more at the **first point of contact**. Whilst service users were positive about Housing Solutions, they also said that more could have been discussed and recorded at that point, which might have enabled them to get more support or the most appropriate type of support. Housing Advisors said they often felt pressurised with the volume and complexity of their caseload. We recommend that the Housing Executive look at this critical point in the journey – that is, when someone first presents. Initiatives could include Social Work trained staff within Housing Solutions who could provide a family mediation service and respite provision for young people, allowing a period of 'time out', whilst a solution is found in their current living situation. In addition, **more training should be provided to Housing Solutions staff** in relation to recording of information and on how to deal with difficult and complex cases.   The potential of further **peer support** models should be considered.

o As part of thinking about the first point of contact the Housing Executive should review the applicability of other models of delivery including **homeless hubs and a case manager model** as used in English local authorities, where all of the service user's needs are identified and responded to in a holistic way.

o This study has provided evidence and insight through examination of homeless journeys that there are multiple paths into, through and out of homelessness. Much of this is linked to the individual's **additional needs**. The research suggests that Housing Solutions has made good inroads in terms of providing a person-centred response to the housing needs of homeless presenters.   However, mental health problems were the biggest identified underlying issue for the service users, followed by addictions. And yet neither of these terms are recognised within the official reasons for homelessness recorded by the Housing Executive. Stakeholders suggested that because they are of a non-housing related nature, they are therefore overlooked as part of the 'housing' element of the homelessness journey. The Homelessness strategy should include mechanisms to plan service delivery in the areas of mental health and addictions for those who are homeless. This may include a fuller discussion and assessment of these issues at the outset of the homeless journey, either by Housing Solutions personnel or more specialist staff, the **delivery of in-reach services** under these two headings into where homeless people are living or based e.g. hostels and day centres, the **provision of direct and fast access to health and social services when needed**, mechanisms to link homeless people into health services when the

system requires them to move outside of their normal area etc. Stakeholders suggested that unless this disconnect, between mental health and addictions and their causal influence in the homeless journey, is addressed, and that if these factors are not resolved for the individual they remain as a recurring difficulty for them in exiting homelessness.

o **Critical intervention points have been identified through this study.** Recommendations above relate to a critical intervention point being at the point of presentation. Another critical intervention point was deemed to be point of exit from homelessness. Stakeholders and service users alike noted the need for **ongoing and appropriate support** if the goal was tenancy sustainment. We recommend that this is an integral part of the Homelessness strategy, ensuring both a reduction in repeat presenters and also a reduction of the negative impact of long-term homelessness. In addition, more focus should be placed on how best to ensure and assist a service user to be tenancy ready.

o Standard temporary and emergency hostel accommodation played a significant part in the majority of the homeless journeys examined. However, for some service users their stay in a hostel(s) added to their problems and issues, and in some cases, they verbalised that the hostel did not meet their needs. As part of the next 5-year Homelessness strategy more focussed work should be undertaken to provide **specialist hostels for specific groups**; for example, in this research – young homeless people, chronic homeless people and those with IV drug/poly drug use – with specialist staff who understand the needs of these specific client groups and can develop and target appropriate services. In addition, the Housing Executive should review rules, curfews and tolerance levels with a view to ensuring that service users are placed in settings which will support them and their needs, and will not result in unnecessary levels of placement breakdown due to inability to keep the rules.

o **Move-on and access to affordable and accessible main-stream accommodation** continues to be a key difficulty for service users wanting to move out of their homeless journey. Access to social rented and private rented accommodation, for those reliant on welfare benefits with no or limited finances to pay for deposits or rent in advance, or with no guarantor, remains a significant barrier. Changes to structural factors will require both vision and desire for change on the part of Government. Set against the length of time service users were in hostel or non-standard accommodation and the lack of options for move-on, this area needs to be tackled. We recommend that this needs to be undertaken at the highest level possible, and similar to the vision in Scotland where a High-Level Action Plan was developed, entitled *Ending Homelessness Together*[110] that this should be done through the establishment of a Homelessness and Rough Sleeping Action Group. Access to housing is one factor, but housing conditions go hand in hand with enabling a service user to settle and sustain a tenancy. House conditions should also be examined as part of this Action Group.

o Other factors relating to **moving out of homelessness** should be considered. Suggestions were made by stakeholders and service users in terms of overlap times between Housing Benefit in a hostel placement and a new tenancy so that a service user would have a short period of time to make the transition without any loss of benefit. In addition, ensuring that there is consistency across all Housing Advisors in terms of applying for starter packs for applicants.

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[110] *Ending Homelessness Together: High Level Action Plan,* Scottish Government and COSLA, 2018.

o Another grouping highlighted by the service user stories was the **level of repeat homelessness**; that is when they had moved through a cycle of homelessness, secured a tenancy and this then broke down. This was a repeated theme. The Housing Executive should look at its Housing Solutions approach for repeat presenters, potentially having a different response mechanism via the red flag of someone coming back repeatedly, which would indicate that there is an underlying factor that needs to be resolved before tenancy sustainment will be possible.

o Fundamentally, through the insight provided by speaking to those with lived homeless experience, we recommend that the **discussion started with homeless service users should continue** as a mechanism to ensure that opportunities are not missed and to improve services. Whilst the various homeless service user forums are useful and provide valuable input, engagement also needs to be regular and taking place where service users are located.

Appendices

Appendix 1   Research tools

Questions and Themes – Key Stakeholders (External and Internal)

These questions and themes relate to seven groups as follows:

Specific groups - Chronic homeless and youth homeless
Specific background issues – poly drug use/intravenous drug use
Specific reasons for homelessness - Accommodation not reasonable, family breakdown, loss of rented accommodation and financial reasons

In communication with the NI Housing Executive they have indicated that you have specific knowledge and expertise in one of these areas. The group we will be discussing in the phone interview was notified to you in the introductory email.

The Homeless journey approach – what does it mean?
1.   I'd like to discuss what your understanding is – of the homeless journey approach. What does it mean? Is it a helpful way to consider every individual/household that presents as homeless?

Understanding needs of service users – in the homeless journey
In these questions we will look at the specific group, background issue or reason for homelessness which NIHE indicated is one of your areas of knowledge/expertise.

2.   I would like to think about the specific and complex needs of a variety of individuals and types of household that fall under that heading – when they become homeless and when they present to the NI Housing Executive?
-        which of these are common across all presenters
-        which of these might be experienced by a number of presenters
-        which of these are specific to the grouping (not relevant for other groupings)
-        is there any regional variation?

3.   Thinking now about the specific heading can you tell me which aspects relate to housing/accommodation and which relate to other types of needs. Also probe – how these are identified, assessed and recorded. And how/who any of that information is passed to – e.g. different units in NIHE or to external organisations and agencies. In particular, explore feedback on why some people/households in this group do not present to the Housing Executive/come through official channels.

Service Users – Homeless journeys

4. With regard to this specific groupings can you comment on the following aspects of a typical homeless journey?

- Risk factors, trigger points, life-chances
- Journeys into homelessness – choices and decisions made, including focus on prevention of homelessness – could choices/decisions have been different and how could this be supported?
- Difficulties getting out of homelessness – choices and decisions made, including difficulties getting placement sustainability and movement to permanent accommodation. Again how could any of this be different?
- What are the critical intervention points (or turning points[111])?

Service users –their experiences of Housing Executive services

5. Now I would like us to think more broadly about this specific grouping

(a) how they encounter/engage with the NI Housing Executive

 and (b) are responded to by the NI Housing Executive and its associated homelessness services.

Here we are thinking about – information and advice on homelessness, assessment of homelessness (via Housing Solutions interview/form), responses to homelessness including temporary accommodation/hostels, specific services. Probe – is this universal – and if so, does this leave out certain needs, how specialist can the response be? what are the connections and joint protocols to other providers?

Service users –their experiences of other services

6. In this question I'd like to ask you about your knowledge and experience of how this group of homeless individuals/households experience wider services – in terms of the availability and accessibility of services, the type and range of services, the geographical spread of services etc.

Service users – Gaps in and difficulties with services

7. In this question we will think about how situations and actions (in this specific group) might be problematic in terms of wider processes in service provision, referral routes, exclusion policies, eligibility for benefits and services.

Homeless journeys – what more could be done?

8. In this question again we will look at the specific grouping – and think about any role or response the Housing Executive, or any other statutory or voluntary organisation could have played in either preventing homelessness at an earlier stage AND/OR responding to homelessness in situ.   Responses may cover areas of policy, strategy and/or operational development. For example – is there sufficient guidance in the HS Manual, form and interview – for the specific group being looked at e.g. chronic homelessness and poly drug use.

Appendix 2   Stakeholder interviews – External stakeholders and Housing Executive respondents

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[111] These are identifiable turning points in a person's homeless journey – when something could be done to intervene – which would change the direction of the person's journey and/or the options open to them. For example, a different decision or course of action could have protected them from rough sleeping, and the subsequent consequences of that experience.   These critical points represent opportunities for intervention.

External Stakeholders

External stakeholder organisations	Respondent	Specific group/theme
The Welcome Organisation	Colleen Hamilton	Chronic Homelessness
Belfast Health Hub	Susan Semple	
Depaul	Deirdre Canavan	
Simon Community NI	Karen McAlister	Youth Homelessness
First Housing	Eileen Best	
MAC's	Ciara Scollay	
Extern	Chris Rintoul	Poly drug use/intravenous drug use
Drug Outreach Team	Alana McCullough	
Age NI	Brenda Kearns	Reason for homelessness – ANR
The Salvation Army	Erene Williamson	Reason for homelessness – family breakdown
Housing Rights	Janet Hunter	Reason for homelessness – loss of rented accommodation and financial reasons

Internal Stakeholders – Housing Executive personnel – Operational staff locations

Housing Executive Area	Specific group/theme
West	Chronic Homelessness
South Down	
Causeway	
Belfast	Youth Homelessness
South West	
Belfast	Poly drug use/intravenous drug use
Mid & East Antrim	
Belfast	
Mid Ulster	Reason for homelessness – ANR
South Antrim	Reason for homelessness – family breakdown
South Down	
Belfast	
Ards & North Down	Reason for homelessness – loss of rented accommodation
Belfast	
West	Reason for homelessness – financial reasons
South	

Internal Stakeholders – Housing Executive personnel – Policy staff

Homelessness Policy Manager

Homelessness – Assistant Principal Officer

Housing Information & Tenancies Manager

Appendix 3   Definition of Chronic Homelessness

The Homelessness strategy 2017-22 sets out a definition for chronic homelessness based on a Crisis report (2010). Chronically homeless is defined as "a group of individuals with very pronounced and complex support needs who found it difficult to exit from homelessness."

To enable data on chronic homelessness to be counted a criteria has been developed which notes that an individual can be said to be experiencing chronic homelessness if they meet **one** of the indicators listed:

1. An individual with more than one episode of homelessness in the last 12 months (This includes those individuals who would met the second test of the statutory homelessness assessment)
   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 (This refers to anyone who has met the vulnerability test as a result of their mental health within Homelessness Policy Guidance - 'Consider whether, when homeless the applicant would be less able to fend for himself or herself than an ordinary homeless person, and so would suffer injury or detriment in circumstances where the ordinary homeless person would not')

- An individual with addictions e.g. drug or alcohol addictions. (Vulnerability may be indicated by a history of drug addiction or alcoholism and/or the risk of relapsing if that relevant individual is already vulnerable as a result of it.)

- 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 young offenders within the last 12 months

- An individual who was defined as a 'looked after' child (residential and non -residential care)

These indicators were issued for use by Housing Advisors and Patch Managers with further explanatory guidance notes.

Appendix 4   Chronic Homelessness Action Plan (CHAP), 2020 – List of Objectives

CHAP Action Plan[112] objectives are as follows:

1.   To design specific criteria for measuring chronic homelessness to identify existing and emerging needs to inform the development of appropriate responses to address and prevent chronic homelessness.

2.   To develop mechanisms across agencies for early identification of those who are at risk of homelessness or chronic homelessness and implement preventative measures as appropriate.

3.   To implement a range of support services to help people sustain their accommodation.

4.   To implement arrangements to ensure services engage with people who are experiencing, or at risk of experiencing chronic homelessness, as quickly as possible subject to the needs of the client.

5.   To make the stay in temporary accommodation as short as possible, subject to the needs of the client.

6.   To consider a range of housing options for clients experiencing chronic homelessness including Housing First model and ensure they are supported into permanent accommodation as soon as possible, subject to the needs of the client.

7.   To promote interagency cooperation to address chronic homelessness and ensure mechanisms are in place to implement and oversee the Chronic Homelessness Action Plan.

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[112] CHAP, 2020, page 7.

Appendix 5   List of provider organisations and access arrangements – service user interviews

Groups/Themes	Organisation/Agency	Number of service users
Chronic homelessness	Depaul and First Housing	5
Youth homelessness	MACS	4
Reason for homelessness - Accommodation not reasonable	Various approaches made	0
Reason for homelessness - Family breakdown	Depaul, First Housing, Salvation Army and Simon Community NI	9
Reason for homelessness – Loss of rented accommodation	Depaul, First Housing and Salvation Army	5
Reason for homelessness – Financial reasons	Housing Rights and First Housing	2
Reason for homelessness - Poly drug and IV drug use	Extern	3
Asylum seeker/Refugee status	Salvation Army and Depaul	2

Appendix 6   HOMELESSNESS SERVICE USER JOURNEYS – PROFILE AND Q'NAIRE – SERVICE USERS

Name	Service User 1 (Names kept separately for admin purposes)
Interview Date	
Interview Location	
Other Interview details	

Section 1 - To be completed by the Key or Support Worker

Background information		Tick one	Length of time of current placement
Current Living situation	Emergency/temporary accommodation hostel		
	Hostel/move-on accommodation		
	B&B or other non-standard accommodation		
	Single let		
	Own tenancy (record social housing or private rented sector)		
	Owner occupied home		
	Streets		
	Family/friends/sofa surfing		
	Other – please specify		
Notes:		**Note what applies at present**	**Previous household composition**
Household composition	Single (probe – ever married/partner, separated, divorced, widowed)		
	Part of a couple		
	Part of a family		
Notes: Note if they were previously part of a couple/family and if had children (note if have access to children)			
Age		**DOB – to confirm**	

Background information	Tick one	Length of time of current placement
Homeless History – Aim to record for last 3 years		
Date when current homeless period began		
Three most recent moves/situations – please record description of move or situation e.g. breakdown of tenancy – move to hostel, move from hostel A to hostel B	**(1)**	
	(2)	
	(3)	
List of previous placements (hostel/accommodation) in last three years (if known)		
Number of previous homeless periods/episodes (if possible date/year of these and length of time) – over last three years		
Living situation between homeless periods e.g. supported accommodation, prison, tenancy etc.	**(1)**	
	(2)	
	(3)	
Earliest age/point when first became homeless or living in one of situations above		
Homeless as a child?	Yes/No	

Other background information – please provide an overview/evidence	
Physical health	
Mental health, note any self-harming	
Addictions, note alcohol or drugs	
Disability/Learning disability/cognitive impairment	
Family support (if any?)	
Income/benefits	
Experience of abuse, note form and when	
Experience of the care system	
Experience of the prison/youth offending systems	

Reason(s) for homelessness	
What would you say has been the main reason(s) for their homelessness? **Probe –** initial reasons when first became homeless, one main reason or number of related reasons, new emerging reasons over time. **Probe** – age of transition into homelessness and gradual/rapid?	

Section 2 - To be completed by the Research consultant with the service user by chosen research method

The Homeless Journey	Record discussion
Discussion about whether the service user considers themselves to be homeless. Being without a 'home' – probe what access to accommodation they currently have, what accommodation they had prior to being homeless, establish when, how and why this accommodation came to an end. How did it all begin? Probe what age they were when first became homeless and how many times they've been in this situation. Initial discussion about – what the triggers were, what the background factors were, what choices did they have and what decisions did they make?	

Life experience before the age of 16	Record discussion
Discussion around their life experience before the age of 16 – including number of parents, stability of home life, number of moves in childhood, any experience of family homelessness, parent(s) or sibling with addiction, domestic violence or other abuse in household, any experience of care system (residential/foster care – when, length) Number of schools, educational attainment, any suspension/ exclusion from school, involvement in underage criminal behaviour including drinking, drugs, petty crime, age of leaving home.	

Journeys into and reason(s) for homelessness	Record discussion
What would you say has been the main reason(s) for your homelessness? **Probe –** initial reasons when first became homeless, one main reason or number of related reasons, new emerging reasons over time. Why did you lose your accommodation and why was it not possible to stay or live there? **Probe** – gradual or rapid?	
Other than the reasons we've just discussed, are there or were there any other reasons relating to why you became homeless in the first instance, and why you have been homeless on and off over a period of time? Probe background triggers (Record verbatim) **Probe** – what else was going on in your life at that time – probe, family life (difficulties, fall-outs, not getting on), work or studying, sudden loss of income, physical health, mental health, financial problems and difficulties – debt, alcohol or substance misuse, care background, prison, abuse or violence, life event, trauma or sudden death/loss, other factors etc. **Probe** – one big change or combination of number of factors, changes ongoing over time or at one point in time suddenly	

Experience of homeless journey – experience of the Housing Executive	Record discussion
Now I'd like to talk to you about your experience of the Housing Executive during your homeless journey. Probe the following: - their knowledge and understanding of Housing Solutions system, process and forms - Who did they speak to? Was it one person – continuity? - What is the registered reason for their homelessness (if they know)? Also cross-reference this to the 7 groups you are looking at. - What was the discussion with your Housing Advisor like – talk about the interview process and whether they were able to put their points across, did they feel listened to? - How do you feel you were dealt with – probe sensitivity, confidentiality etc. - Do you think your needs were identified? - Where did the interview take place? - What options were suggested or given to you in terms of accommodation? Support? Did these match your needs? - What was good about the interaction? - What was negative about the interaction with the Housing	

Executive?	
Other background information – The needs of the service user on the homeless journey	**Record discussion**
Mental health, note any self-harming	
Addictions	
Physical health	
Disability	
Learning disability/cognitive impairment	
Family support (if any?)	
Income/benefits/financial	
Experience of abuse, note form and when	
For all of the above probe: - What is the situation? - How did it start or begin? - How does it affect you (and your situation?) - What support are you getting? - What support do you need?	

Journey out of homelessness - Services used	**Record discussion**
And now I'd like to ask you about what services and help you've had in relation to the specific needs we've just talked about	
Access to temporary accommodation, hostels etc.	
Access to housing advice organisations	
Access to other services – day centres, drop-ins, soup kitchens, foodbank etc.	
Access to Mental HHealth services	
Access to addiction services (including dual diagnosis)	
Services for dealing with past trauma	
Access to family and friendship networks and support	
For all of the above probe: - Have you had any support of this type? - How easy was it to get help? - Was the support one-off and time limited or ongoing? - Do you feel it helped?	

- What difficulties – if any – did you encounter?	

Critical points in the homeless journey	Record discussion

Thinking about the period before and since you've been homeless – are there any points at which you think – this could have been (a) prevented and (b) the homeless situation ended?
 	
Probe: - how much of this was for you to do (personal responsibility) and how much for others.
 	
Let's think firstly about prevention:
 	
Probe if any of the following would have helped:
 	
Prevention
 	
   - Mediation and negotiation
   - Early intervention e.g. in youth homelessness or in family breakdown
   - Education – at school or through community groups
Intervention
   - Services helping you with all of your needs (holistic response)
   - Support to sort out finances
   - Temporary accommodation – the right type of accommodation at the right time
Moving on
 	
   - Provision of the best housing option
   - Help to become tenancy ready
   - Provision of the right type and frequency of support – and is in place.
 	
Thinking about your own situation? What would be the most important thing to start with?
 	
Discussion – probe:
 	
   - **is temporary accommodation <u>with</u> support the answer?**
   - **is permanent accommodation <u>with</u> support the answer?**
   - **is sorting out some of the other issues the first step – alcohol dependency?**	

The impact of the homeless journey	Record discussion

What happens when placements/tenancies break down?
What is the impact on you?
 	
Probe:
   - Mental health
   - Physical health
   - Contact with criminal justice system
   - Self-harm
   - Negative experiences – abuse, theft of your belongings, victimisation
   - Negative feelings – hopelessness	

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