Housing Executive

ANALYSIS OF HOMELESSNESS PRESENTERS AND ACCEPTANCES

Including analysis of regional variation, analysis of Accommodation Not Reasonable (ANR) and comparison to Great Britain

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The content of this report does not necessarily reflect the official opinion of the Housing Executive. Responsibility for the information and views expressed lies with the authors.

Section 1 Introduction and Background

Introduction

1.1 The NI Audit Office (henceforth 'the NIAO') published a report in November 2017 entitled *Homelessness in Northern Ireland*[1]. The report was divided into four parts. Part One considered the scale and nature of homelessness in Northern Ireland. Part Two examined progress in terms of the delivery of the Homelessness Strategy 2012 – 2017, in particular how this was monitored and reported on. Part Three provided an overview of the measures aimed at preventing homelessness and the arrangements in place to deal with households accepted as statutory homeless. In Part Four the NIAO looked at the nature and extent of joined-up working across Departments, other public sector bodies and the third sector in Northern Ireland.

Research rationale and aims

1.2 In Part One of their report the NIAO focused on a number of themes; for example, an examination of the level of homeless presenters and increasing levels of Full Duty Applicant status (FDA) acceptances. They noted legislative differences between UK jurisdictions in actual legislation and interpretation of legislation, and a number of societal factors in Northern Ireland which they suggested may have resulted in an increase in presenters and acceptances, especially in relation to Accommodation Not Reasonable (ANR). These factors included poverty, levels of disability and physical health problems, increased intimidation cases, increased levels of mental health problems, increased levels of domestic violence, increasing levels of loss of private rented sector accommodation etc. More detailed review of the NIAO report findings are contained in the relevant sections below.

1.3 This report outlines the commissioned research to look at Part One of the NIAO report and in particular respond to Recommendation 1. This was as follows:

Northern Ireland Housing Executive (henceforth 'the Housing Executive') needs to be more innovative in its analysis, interpretation and presentation of the homelessness data it collects. We recommend that, to fully understand the causes of homelessness, the Housing Executive:

- carries out research to determine why the level of statutory homeless acceptances in Northern Ireland are significantly higher than in other UK jurisdictions;
- analyses the reasons for variations in acceptances across its regions; and
- analyses the data relating to the accommodation not reasonable category.

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. In addition, specialist knowledge and expertise on homelessness policy and data for the rest of the United Kingdom has been provided by Professor Nicholas Pleace, Centre for Housing Policy, The University of York.

[1] Homelessness in Northern Ireland, Report by the Comptroller and Auditor General, 21 November 2017.
[2] Principal consultant, Fiona Boyle Associates.

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

- Caroline Connor Assistant Director, Homelessness (Client)
- Richard Tanswell Homelessness Strategy Manager
- Maureen Kerr Lead Officer, Chronic Homelessness Action Plan
- Karly Greene Head of Research
- Patrick Finucane Research Unit

Research objectives and methodology

1.6 This sub-section outlines the research objectives, references the methods used to respond to these objectives and highlights section by section where the research findings are covered.

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

1. To analyse levels of statutory homelessness acceptances in Northern Ireland;
2. To analyse reasons for variation in numbers of homelessness acceptances across the UK regions;
3. To analyse the data relating specifically to the 'Accommodation not reasonable' category.

1.8 Secondary data on homeless presenters and acceptances was provided by the Data Analytics Unit (the Housing Executive). This was analysed for the time period 2012/13 – 2018/19[3]. This forms the basis of analysis of trends in terms of presenters and statutory acceptances; and is covered in **Section 2: Trends in homeless presenters and acceptances in Northern Ireland**.

1.9 Comparative analysis with other UK jurisdictions was undertaken by Professor Nicholas Pleace, Centre for Housing Policy, The University of York; this analysis is outlined in **Section 3: Homeless trends – comparison to Great Britain.**

1.10 Primary research was undertaken with Housing Executive personnel (referred to as internal stakeholders) and a number of external stakeholders. A total of 41 Housing Executive staff members took part in a face-to-face individual semi-structured interview with the lead consultant, and eleven interviews took place with external stakeholders from the community and voluntary sector (see Appendix 1 for list of Housing Executive offices and roles covered and Appendix 2 for list of external organisations). The internal stakeholder interviewees were spread across the three Housing Executive Regions[4] and covered a range of staff levels and roles including Area Manager, Team Leader, Patch Manager, Lettings Manager and Housing Advisor[5] as well as some specialist roles. In addition, the external stakeholders were based across the three Regions and included organisations representing a wide range of client groups across the homelessness sector including children/young

[3] This 7-year period was agreed by the PAG as a relevant time period to enable comparison over time and appropriate in terms of incorporating the period both before and after the introduction of Housing Solutions, as the mechanism to administer homelessness. The Housing Executive noted the following in relation to data provided – *To ensure consistency in presentation of the data and classification of offices this data is reflective of a live system and therefore the data will vary with figures previously published. The variation in data is a result of some cases having been back keyed, or where applicants have successfully appealed a decision, and this will cause a slight variation between the historical static snapshot data and the statistics provided at this point.*

[4] Belfast, South and North Regions.

[5] Including front end Housing Advisors.

people, women, chronic homeless, criminal justice, advice/information and drop-in centres. The primary research fieldwork took place between May and September 2019.

1.11 The main focus of the interview process (see Appendix 3 for interview schedule) was to establish the following:

- suggested reasons for increases in statutory homeless acceptances in Northern Ireland;
- suggested rationale for variations in acceptance levels across the three Regions;
- suggested reasons for increases in the level of homeless presenters and acceptances in the homeless category, accommodation not reasonable (ANR);
- discussion on changes in systems and paperwork in the research timeframe which may have impacted on any of the above.

1.12 In addition, internal stakeholders were asked to provide a case-study to illustrate the most common reasons and scenarios which make up the category ANR. These case-studies are included in Section 6.

1.13 Three sections outline the findings from the primary fieldwork. These are as follows:

Section 4: Feedback from primary fieldwork - Analysis of regional variations – Northern Ireland

Section 5: Feedback from primary fieldwork - Analysis of levels of statutory homelessness acceptances in Northern Ireland

Section 6: Feedback from primary fieldwork - Reason for homelessness – Accommodation Not Reasonable

1.14 Two final sections in the report provide concluding thoughts; firstly looking at internal Housing Executive analysis of the first two quarters of 2019 – 2020 in terms of the levels of presenters and acceptances. This is outlined in **Section 7: Early Evaluation of Housing Solutions Model.**

1.15 **Section 8: Concluding comments** brings the various research threads together. Whilst the Housing Executive response to the NIAO Report had noted legislative differences across the UK regions as one key reason for the higher level of statutory homelessness acceptances in Northern Ireland, this research delved deeper into the perceived and actual reasons, providing primary feedback and suggested evidence for these differences. In addition, this research provides explanations for the variation in acceptances across the three Housing Executive regions (Belfast, North and South).

1.16 Finally, this section provides conclusions on the analysis of the data relating to ANR. In the Housing Executive response to the NIAO Report a number of societal factors had been suggested for the increase in acceptances for this reason for homelessness. This section provides further evidence to support why there has been an increase in this particular reason for homelessness; and cross-references factors such as demographic trends, increasing numbers of older people, factors relating to the subsidiary reasons provided under ANR (e.g. financial hardship and physical health/mobility), and factors such as changes in the adaptations and grants programme for adapting properties which may have impacted the increase in the ANR category.

Homelessness – the Housing Executive's statutory duties

1.17 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[6]. 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[7], and introduced the additional requirement on the Housing Executive to assess an applicant's eligibility for housing assistance.

1.18 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:
    - A pregnant woman or a person with whom a pregnant woman resides or might reasonably be expected to reside;
    - A person with whom dependent children reside or might reasonably be expected to reside;
    - 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;
    - A person who is homeless or threatened with homelessness as a result of an emergency such as a flood, fire or other disaster;
    - 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;
    - A young person who satisfies the Housing Executive that he or she is at risk of sexual or financial exploitation.

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

[7] 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.*

1.19 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:

- Homeless/threatened with homelessness
- Eligible for homelessness assistance[8]
- In priority need[9]
- Unintentionally or intentionally homeless

1.20 Where an applicant meets all of the legislative criteria, the Housing Executive awards FDA status, and undertakes a housing need assessment, with the award of relevant points in line with the rules of the Housing Selection Scheme. 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 worth noting that this research did not look at non FDA homelessness or hidden/concealed homelessness.

1.21 Commencing in 2016 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. Housing Solutions was introduced initially as a pilot in three areas (Belfast Housing Solutions & Support Team – henceforth HSST, Causeway HSST and South Down HSST) and then across all Regions and offices; Table 1 overleaf shows the timeline of introduction commencing in September 2016 with all offices and patches fully operational by March 2019. This phased implementation is important when potential reasons for increasing levels of FDA are examined in Sections 4 and 5.

Training in the Housing Solutions was provided to all new staff and current staff transferring to the Housing Solutions teams and this specific role. Training took place on a rolling basis, and Tables 1 and 2 below note the timing of this and the number of staff trained. A key part of the training was around PLAN (Proportionate, Legal, Auditable, Necessary), as guidance for all decisions and to ensure that decisions were fully compliant with policy guidance and ultimately the legislation. All staff received in excess of 20 days training before commencing the role of Housing Advisor or Patch Manager and also received ongoing job mentoring.

1.22 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 that the Housing Solutions approach *is a holistic approach that considers the individual circumstances, needs and aspirations of the person. Dedicated Housing Solutions and Support teams will work with the person to find the most appropriate housing solution. Through the Housing Solutions and Support interview, if the person's situation identifies that they are homeless or threatened with homelessness within 28 days, the Designated Officer must open and investigate a homeless presentation….The Housing Solutions and Support approach should run in tandem with the investigation of homelessness as a means to prevent homelessness and/or find an*

[8] 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.

[9] 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.

appropriate solution, however the investigation of homelessness and any duties owed to the person should be carried out in line with legislation and guidance….and should not be delayed[10] *by the Housing Solutions and Support approach*[11].

1.23 The Handbook notes *our aim is to offer effective, relevant housing advice and information at the earliest possible stage*[12]. The Housing Solutions approach includes the following steps:

- Understand me and what I need;
- Understand my situation;
- Advise me on my realistic housing/support prospects;
- Address my immediate needs;
- Help me find a permanent housing solution or bespoke housing solution.

Any homelessness assessment is now made within a wider customer contact via a Housing Solutions interview. Where there is reason to believe that a customer may be homeless or threatened with homelessness, the Housing Executive staff member is required to open a homelessness case, and the procedure documented in the Homeless Guidance Manual is then followed.

[10] The Housing Solutions Handbook (Feb 2017) notes on page 47 – *it is essential that a homeless decision is not delayed to investigate these options; however they can be explored in parallel with the investigations under the homeless legislation.* Further it is noted – *if you believe the person may be homeless or threatened with homelessness you must conduct* ***initial inquiries and open a homeless case.*** *The starting point is that a homeless application is easily triggered; the threshold is a low one of 'belief' as opposed to having to be 'satisfied'…..****In all circumstances where a customer wishes to make a homeless application they should not be prevented from doing so.*** (Bold as emphasis in Manual)

[11] Op cit, paragraph 1.0. This is also outlined in the *Housing Solutions Handbook* (February 2017), page 10.

[12] *Housing Solutions Handbook* (February 2017), page 9.

Table 1: Housing Solutions – Implementation timetable

Phase	Teams	Roles and Area	Timeframe
1	Housing Solutions	Phase 1 Team Leaders	Commenced Sept 2016
		Belfast HSST	March 2017 – April 2018
		Causeway HSST	March 2017 – Sept 2017
		South Down HSST	March 2017 – Oct 2017
2		Phase 2 Team Leaders	Commenced July 2017
		West HSST	July 2017 – March 2018
		Ards & North Down	July 2017 – Jan 2018
		South West HSST	July 2017 – Oct 2017
		Mid Ulster	Jan 2018 – April 2018
		South Antrim	Jan 2018 – April 2018
		Mid & East Antrim	Jan 2018 – April 2018
1	Patch	Phase 1 Team Leaders	Commenced Sept 2016
		South & East Belfast	March 2017 – Sept 2018
		North Belfast	March 2017 – Jan 2018
		West Belfast	July 2017 – Sept 2018
		Lisburn	March 2017 – Nov 2018
		Causeway	March 2017 – Oct 2017
		South Down	March 2017 – Jan 2018
2		Phase 2 Team Leaders	Commenced Oct 2017
		West	March 2017 – Jan 2019
		Ards & North Down	Feb 2018 – Jan 2019
		South West	Feb 2018 – Jan 2019
		South	Feb 2018 – Jan 2019
		Mid & East Antrim	June 2018 – March 2019
		South Antrim	June 2018 – March 2019
		Mid Ulster	Sept 2018 – March 2019

Source: NIHE Homelessness Policy & Strategy Unit

1.24 In addition, prior to the implementation of Housing Solutions, homeless decisions per se were taken by Senior Housing Officers (Level 5) on the basis of investigations and evidence gathered by Housing Officers (around 300). A total of 62 Senior Housing Officers[13] had this responsibility across Northern Ireland in the period before Housing Solutions was introduced. One key change from the previous system was the introduction of the Housing Advisor role; the Housing Solutions Handbook refers to the Housing Advisor as *the single point of contact for their housing customers handling cases from opening to closure…Housing Advisors will adopt a case management approach with their housing customers to assist each customer to successfully solve their housing issues.*

For the purposes of this research the Housing Executive provided indicative numbers of the staff requiring training in the new approach. These are outlined in Table 2. These indicate that significantly more Housing Executive personnel are making the homeless decision – this is now the responsibility of 148 Housing Advisors and 204 Patch Managers – in the new system. In addition, it is worth noting that the majority of homelessness assessments are carried out by Housing Solutions Advisors with Patch Managers responsible for any homelessness assessments arising from transfer applicants. The Homelessness Strategy & Policy Unit also noted that the actual numbers trained exceeded the planned numbers due to staff turnover during the programme and as a result of a number of staff changing roles during the programme. Again having insight into the number of staff making homeless decisions is helpful for the discussion in Sections 4 – 6.

Table 2: Housing Solutions – Indicative numbers of staff requiring training

Role	Total numbers	Phase 1	Phase 2
Team Leader	42	20	22
Patch Manager	206	106	100
Housing Advisor	150+	90+	60
Lettings Manager	12	-	-

Source: NIHE Homelessness Policy & Strategy Unit

The Housing/Homeless Reports and Dashboards Manual[14] notes that the HSS Assessment Review Report 'highlights a 1 in 10 random selection of cases that are required to be checked on a weekly basis.' This is done by Team Leaders; there are 28 Team Leaders for Patch Managers and a further 19 Team Leaders for Housing Solutions Advisors.

In addition to this report the Housing Solutions Handbook requires Team Leaders to 'conduct one-to-ones with individual staff and hold teams meetings, to share learning and enhance skills and knowledge.' The report and 'one-to-ones' provide a mechanism whereby a formal audit process is adhered to and in-flight checks are also carried out to ensure that all decisions are taken in line with Standing Orders. This ensures that approximately 10% of cases require a Team Leader decision due to Standing Orders which includes in-flight checks and approximately 20% of HSS Assessment review cases are in flight.

A further factors which should be taken into consideration relates to how applications from persons from abroad are assessed. The Housing Solutions Handbook notes *'In line with Standing Orders,*

[13] Regional breakdown – 22 in Belfast Region, 19 in North Region and 21 in South Region.

[14] A guidance manual for staff in the administration and use of various Reports and Dashboards which have been developed across the Housing and Homelessness functions.

reviews of homelessness and ineligibility decisions should be completed by an officer one grade higher than the original decision maker.' In effect this means that Team Leaders also have responsibility for eligibility decisions under homeless legislation for those from abroad, as well as decisions relating to homelessness where there has been unacceptable behaviour, an intimidation decision and/or a negative homeless decision.

Appeals

1.25 Notification of decisions must be given to all homeless applicants when the Housing Executive has completed its enquiries and made its final decision on the case. The applicant receives a decision; outlining amongst other things whether they are deemed to be a FDA[15].

An applicant has the right to request a review of any decision of the Housing Executive[16]. Furthermore an applicant may appeal to the County Court on any point of law arising from the review decision in certain circumstances[17].

Relevant policy context

1.26 The Housing Executive note that the Housing Solutions and Support approach is provided in tandem with the legislative and policy requirements (noted above) and that the approach operates within the wider policy context as follows:

- The Housing Strategy for Northern Ireland 2012 - 2017[18] noted the vision for everyone to have access to good quality housing at a reasonable cost. The strategy noted that *a home is at the heart of people's lives* and *good quality, reasonably-priced housing contributes significantly to creating a safe, healthy and prosperous society*[19];

- 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. In the context of this research it is important to note that the Housing Executive allocates housing according to an applicant's point score on this waiting list, and FDA status is worth 70 points[20];

- 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

[15] The homeless decision letter outlines to the applicant the decision in terms of whether they are eligible for homelessness assistance, whether they are deemed to be homeless or threatened with homelessness, whether they are deemed to be in priority need and whether they are unintentionally or intentionally homeless.
[16] This may be in relation to their eligibility for homelessness assistance, what duty is owed to them and the suitability of the accommodation offered.
[17] If the applicant is dissatisfied with the decision on the review, or is not notified in the prescribed time period.
[18] *Facing the Future: The Housing Strategy for Northern Ireland 2012-2017.* In the absence of a functioning Northern Ireland Assembly and Executive at the time of the research, this strategy had not been superseded.
[19] Department for Social Development (2015) *Facing the Future: Housing Strategy for Northern Ireland.* Belfast: DSD p.4
[20] FDA status is the second highest point-scoring criterion; the highest is intimidation which is worth 200 points.

who are homeless. The *Consultation on Proposals*[21] 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 in Northern Ireland in 2003. Its aim is *to commission housing support services aimed at improving the quality of life and independence of vulnerable people;*

- The evaluation of the previous Homelessness Strategy 2012 – 2017[22] noted that levels of homeless presentations[23] and the number of households owed the Full Duty[24] remained at similar levels between 2011/12 and 2015/16. During the period 2014/15 to 2015/16, increases occurred in the number of households found to be owed the Full Duty, with a drop in presentations being recorded during 2015/16. The reasons for homelessness given by applicants were not subject to marked variation over the period 2011/12 to 2015/16. This evaluation also noted an enhancement to preventative services which had been associated with marked falls in homelessness presentations and acceptances[25] in England, Scotland and Wales. The evaluation noted that the process of developing Housing Solutions and Support Teams was underway but that the pattern noted in Great Britain had not yet been replicated in Northern Ireland. In addition, reprioritisation of the Homelessness Strategy in 2014 enabled targeted focus not only on Housing Solutions but also the development of the Common Assessment Framework (CAF), the development of a Central Access Point (CAP), the development of Housing First and put in place measures to support sustainable tenancies. The evaluation of implementation of the Homelessness 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;*

- The Homelessness Strategy 2017 – 2022, *Ending Homelessness Together* (published April 2017) recognised the important role of other agencies in providing advice, assistance and support to prevent households reaching crisis point. The five strategic objectives are 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.

[21] Department for Communities (2017) A *Fundamental Review of Social Housing Allocations* Belfast: DfC pp 111-114 Available online at: A Fundamental Review of Social Housing Allocations [Accessed 05 February 2019].
[22] Fiona Boyle and Nicholas Pleace, January 2017.
[23] Households seeking assistance from the Northern Ireland Housing Executive
[24] Assessed as homeless and in priority need.
[25] Equivalent to households owed the Full Duty. Priority Need does not apply in Scotland and Wales has specific legal guidance.

Section 2 Trends in Homeless Presenters and Acceptances in N. Ireland

Introduction

2.1 As noted in Section 1 (paragraph 1.2) the NIAO, in their report *Homelessness in Northern Ireland*[26] examined the level of presenters and FDA acceptances over the period since 2006/07 and in particular from 2012/13 to 2016/17. Whilst the level of presenters has remained relatively static over the last number of years (the NIAO noted that since 2006/07 around 20,000 households have presented each year), the NIAO also pointed to the fact that the level of acceptances (which averaged 50% in the period 2006/07 to 2012/13) has in recent years increased significantly. The NIAO recommended that research be undertaken to examine why acceptances had increased, to determine why the level of statutory homeless acceptances in Northern Ireland are significantly higher than in other UK jurisdictions, and to examine the influence in this changing picture of the presenting reason – ANR.

This section now reviews the available secondary data on homeless presenters and acceptances for the time period under examination - 2012/13 to 2018/19. Section 3 of this report looks at reasons for this variation of trends in comparison to Great Britain and independent analysis from internal and external stakeholders on the possible reasons for these trends is provided in Sections 4 – 6.

2.2 It should be noted that the NIAO also pointed to difficulties in measuring the exact nature and scale of homelessness given the *sometimes hidden nature of the problem.* They noted that whilst the Department for Communities collate statistics (NI Housing Statistics) from administrative data, these are records of contacts from the statutory system by people who are homeless rather than being a survey of the homeless population. Any household or individual that is homeless but who does not present themselves to the Housing Executive is not therefore recorded in the official statistics.

2.3 Table 3 overleaf outlines the number of homeless presenters in the research period. This indicates a decline (7% overall) in the number of homeless presenters in Northern Ireland in this seven year period. It should be noted that the decline is most noticeable in the Belfast Region (15% decrease), whereas in comparison the South Region remains relatively steady (around 5,500 presenters per year) and the North Region indicates a slightly lower rate of decline (6%). Potential reasoning for this drop in the level of homeless presenters are outlined in Section 5.

[26] NIAO Report – *Homelessness in Northern Ireland,* November 2017, pages 14 - 16

Table 3: Homelessness report – homeless presenters, 2012/13 – 2018/19

Year	Belfast Region[27]	North Region	South Region	Total
2012/13[28]	7,722	6,278	5,549	**19,549**
2013/14	7,427	5,974	5,461	**18,862**
2014/15	7,703	6,086	5,832	**19,621**
2015/16	7,375	5,815	5,438	**18,628**
2016/17	7,096	5,943	5,534	**18,573**
2017/18	6,924	5,742	5,514	**18,180**
2018/19	6,693	5,932	5,577	**18,202**

Source: NIHE Homelessness Policy & Strategy Unit

2.4 Table 4 overleaf indicates the level of statutory homeless acceptances in total numbers and as a percentage rate against the total number of presenters in each year, and then the changes in the percentage acceptance rate over the research period. This demonstrates an increase in percentage acceptance rate as FDA from 53.55% in 2012/13 to 68.74% in 2018/19. The most significant uplifts were in the period between 2013/14 and 2014/15 and then from 2014/15 to 2016/17. It is interesting to note that the initial large uplift was prior to the introduction of Housing Solutions, with the second during implementation. Regional variation in these increases is examined in more detail in Section 4.

[27] Belfast Region contains figures for the Syrian Vulnerable Person Resettlement Scheme (SVPRS). Such cases are small in number but have a 100% acceptance rate as these households are automatically accepted as statutorily households. While these cases are allocated to Belfast Region temporary accommodation has been provided in a number of areas across Northern Ireland.

[28] The data for 2012/13 differs from previously published data which noted a total of 19,354 households presenting as homeless with 9,878 accepted. To facilitate the level of analysis required for this project a database was extracted after the official publication of figures for 2012/13. This database includes cases which were processed after the publication of the official figures and has therefore resulted in additional presentations and acceptances. All data from 2013/14 is entirely consistent with officially published data on homelessness in Northern Ireland.

Table 4: Homelessness report – homeless presenters and acceptances, 2012/13 – 2018/19

Year	Presenters			Total presenters	Total acceptances[29]	Percentage acceptance rate
	Belfast Region	North Region	South Region			
2012/13	7,722	6,278	5,549	19,549	10,470	53.55%
2013/14	7,427	5,974	5,461	18,862	9,649	51.15%
2014/15	7,703	6,086	5,832	19,621	11,016	56.14%
2015/16	7,375	5,815	5,438	18,628	11,202	60.13%
2016/17	7,096	5,943	5,534	18,573	11,889	64.01%
2017/18	6,924	5,742	5,514	18,180	11,877	65.33%
2018/19	6,693	5,932	5,577	18,202	12,512	68.74%

Source: NIHE Homelessness Policy & Strategy Unit

2.5 The NIAO made comment on a number of emerging trends in terms of the level of FDA acceptances; these are summarised as follows:

- the majority of the presenters that were accepted as FDA were families, single males, single females and pensioner households;

- the highest number of acceptances have traditionally been in the Belfast Region and the lowest in the South. However, in the period 2012/13 to 2016/17 there was a 23% increase in homelessness acceptances in the South Region, 13% increase in the North Region and 11% increase in the Belfast Region;

- the Housing Executive has suggested that the majority of the increases in North and South Regions may be attributable to increases in the ANR and loss of rented accommodation categories. Other potential reasons behind the increase in acceptances include local demographics, the private rented market being less well developed outside Belfast, and the increasing vulnerability amongst homeless applicants, including mental health issues as well as mobility problems.

- The number of repeat homeless presenters[30] has remained static over the past four years.

2.6 In terms of risk factors and triggers for homelessness, the NIAO pointed to the European Observatory on Homelessness model[31] which identified four broad causes – structural, institutional, relationship and personal. In addition, the NIAO reported on a number of NI specific trends and factors relating to these four areas e.g. structural – level of unemployment, level of household savings.

2.7 Further analysis of available secondary data for this research is outlined in Tables 5 and 6 overleaf. These examine trends in relation to the main reasons for homelessness (top three accepted reasons in 2012/13) over the research period and also the household composition of presenters. These tables show significant increases in the main reasons for homelessness; in

[29] Figures for 2012/13 have been updated due to end of year reporting. This has resulted in an update to figures for the entire financial year. It should be noted that the statistics for 2012/13 are extracted from Data Analytics; the data is dynamic and reflects the changing nature of the customer journey as it happens. Figures for 2013/14 onwards are reflective of officially published statistics.
[30] Previous application had closed less than 12 months before the current homeless application.
[31] Homelessness and Homeless Policies in Europe: Lessons from Research, FEANSTA, December 2010.

particular a 46% increase in the number of accepted cases, where the reason for homelessness is ANR, was noted. In terms of real number increases the most significant increases[32] in household groups being accepted as homeless is amongst pensioner households (600), families (569), single males aged 26 – 59 years of age (545) and single females aged 26 – 59 years of age (317).

Table 5: Homelessness report – main accepted reasons for homelessness, 2012/13 to 2018/19

Accepted homelessness reason	Acceptances 2012/13	Acceptances 2018/19	Percentage Change
Accommodation not reasonable	2,706	3,955	46%
Sharing breakdown/family dispute	1,897	2,307	22%
Loss of rented accommodation	1,380	1,681	22%
Total	5,983	7,943	33%

Source: NIHE Homelessness Policy & Strategy Unit

Table 6: Homelessness report – acceptances by household group, 2012/13 to 2018/19

Household type	Acceptances 2012/13	Acceptances 2018/19	Percentage Change
Single female 16 – 17 years[33]	120	53	-55%
Single female 18 - 25 years	815	838	3%
Single female 26 - 59 years	1,034	1,351	31%
Single male 16 – 17 years[34]	98	33	-66%
Single male 18 - 25 years	645	655	2%
Single male 26 - 59 years	1,828	2,373	30%
Couples	425	545	28%
Families	3,966	4,535	14%
Pensioners	1,539	2,139	40%
Total[35]	10,470	12,512	20%

Source: NIHE Homelessness Policy & Strategy Unit

2.8 Section 3 outlines the differences between the Northern Ireland statutory duties and the resultant levels in terms of the number of homeless applicants owed a full duty to secure accommodation and the proportion of initial decisions resulting in full duty owed compared with the other UK jurisdictions (see Table 7 in Section 3). Some commentators[36] had suggested that this higher level of priority need acceptance would reduce in Northern Ireland as and when a Housing Options approach had been developed and implemented in Northern Ireland. As outlined in Section 1 the Housing Solutions and Support approach has been rolled out in a phased manner across

[32] Figures in brackets are the actual increases in numbers rather than the total numbers under each household group.
[33] The Housing Executive notes that the decreases in acceptances for single females and males aged 16 – 17 reflects the close work undertaken with and by Health & Social Care Trusts; the latter who in many cases have responsibility for assisting single households in this age group. This involves working within the UNOCINI guidance. Improved working between the Housing Executive and Trusts may be a factor in the substantial decrease in acceptances for single person households of 16/17 year olds.
[34] As per footnote 32.
[35] The total includes a small number of undefined cases.
[36] House of Commons Briefing Paper, *Comparison of homelessness duties in England, Wales, Scotland and Northern Ireland,* Number 7201, published 5 April 2018.

Northern Ireland, commencing in September 2016 with all offices and areas fully operational by March 2019. Given this timing it is perhaps too early to say if there are indications of a reduction in the level of FDA acceptances, although analysis (Section 7) outlines some initial examination of the first six months of 2019 – 2020.

2.9 A further factor which should be noted when looking at the level of homeless presenters is the level of repeat presenters. The NIAO report said that repeat homelessness was relatively static in Northern Ireland; data for 2016 onwards indicates that repeat homelessness (households presenting as homeless within six months of a previous presentation) is not only static but in fact reducing. An overall downward trend is evidenced from 1,246 repeat presenters in 2016/17 to 1,016 in 2017/18 and with a slight increase to 1,088 in 2018/19 (a 13% decrease over this time period). In addition, the importance of being aware of the level and nature of repeat homelessness has been further emphasised by the Housing Executive. Whilst from a policy point of view any presentation is responded to, the Housing Executive are monitoring and analysing the numbers of repeat presenters (this is included as an indicator of vulnerability in the Homelessness strategy, is reviewed in the annual progress report, with proactive interventions made towards reducing the level of repeat homelessness[37]). No specific link between repeat presentations and the level of acceptances is evident.

SECTION 2 - SUMMARY

TRENDS IN HOMELESS PRESENTERS AND ACCEPTANCES IN NORTHERN IRELAND

This section highlighted the changing picture of recorded homelessness in Northern Ireland as previously noted by the NIAO. Firstly the decline in homeless presenters in the research period was noted (overall 7% decline from 2012/13 to 2018/19), whilst highlighting from a regional perspective that the decline in presenters was most noticeable in the Belfast Region (13%) followed by the North Region (5%) and the level remained stable in the South Region.

Secondly, against this backdrop of declining homeless presenters, a significant increase in FDA acceptance rate was noted from 53.55% in 2012/13 to nearly 70% (68.74%) in 2018/19 across Northern Ireland as a whole. Thirdly, analysis of the main reasons for homelessness indicates that presenting reasons including sharing breakdown/family dispute and loss of rented accommodation – and in particular ANR – have been key contributors to the increase in FDA cases. In addition, analysis of household group shows increases in real numbers of pensioner households, families, single males aged 26 – 59 years and single females aged 26 – 59 years. Finally, the level of repeat presenters does not appear to have impacted the acceptance level.

Section 3 now compares the trends in Northern Ireland against the picture in the other UK jurisdictions, whilst Sections 4 to 6 examine in more detail the possible reasons for increases in FDA acceptances in Northern Ireland. Section 7 examines whether the higher level of FDA acceptances has been impacted through the implementation of the Housing Options approach.

[37] In addition, it should be noted that on occasion a case which should have been dealt with via the Appeals process – for example, if a decision goes against a household – re-emerges as a new case, because the household have presented again.

Section 3 Homelessness Trends – Comparison to Great Britain

Introduction

3.1 As noted in Section 1 the NIAO, in their report *Homelessness in Northern Ireland*[38] referenced differences between UK jurisdictions in actual legislation and interpretation of legislation as reasons why the level of presenters and FDA status acceptances were higher in Northern Ireland than the three other United Kingdom jurisdictions – England, Scotland and Wales.

3.2 The NIAO noted the fact that housing and homelessness policy is a devolved matter across the UK. The House of Commons Briefing Paper (published April 2018) notes that *housing policy is a devolved matter and the devolved administrations have used their powers to take divergent approaches to homelessness. All four nations have legislated to introduce a legal duty to secure accommodation for certain homeless applicants, but the type of applicant covered and assistance offered differs in each of the nations*[39].

3.3 This section firstly reviews the legislative and policy differences that exist, with particular reference to comparison to Northern Ireland. In the second part of this section, Professor Nicholas Pleace[40] outlines secondary data to illustrate the key differences and provide commentary on the impact of policy and legislation in England, Scotland and Wales in terms of homeless presenters and acceptances. Specific differences, for example in terms of the interpretation of priority need and how this is applied in the three jurisdictions in comparison to application in Northern Ireland is highlighted.

Scotland

3.4 In Scotland major changes to the homelessness duty were planned between 2003, when the Homelessness etc. (Scotland) Act 2003 came into force, and the abolition of the priority need criteria came into effect from 31 December 2012[41]. This planned lead-in period enabled planning for an increased supply of social housing and the development of a housing options model. This housing options approach also included increased offers of private sector accommodation. Since 2010, local authorities in Scotland have had the option to discharge their duty using non-permanent accommodation in the private rented sector with tenancies of at least 12 months in certain circumstances[42].

3.5 The House of Commons Briefing Paper summarised the impact of these changes as follows:

An Impact Assessment[43] *argued that the housing options approach had led to fewer applicants presenting as homeless. This allowed local authorities to meet the 2012 deadline, by phasing out priority need over several years…*

However, again as noted in the House of Commons Briefing Paper *critics argued that this happened, in part, due to homeless households spending longer in temporary accommodation*[44].

[38] Homelessness in Northern Ireland, Report by the Comptroller and Auditor General, 21 November 2017
[39] House of Commons Briefing Paper, *Comparison of homelessness duties in England, Wales, Scotland and Northern Ireland,* Number 7201, published 5 April 2018.
[40] Centre for Housing Policy, The University of York.
[41] *Homelessness (Abolition of Priority Need Test) (Scotland) Order 2012, SI 2012/330.*
[42] *Homeless Persons (Provision of Non-permanent Accommodation) (Scotland) Regulations 2010, SSI 2010/2*
[43] Scottish Government, *Final Business and Regulatory Impact Assessment – The Homelessness (Abolition of Priority Need Test) (Scotland) Order 2012,* November 2012.

3.6 In addition, external monitoring and regulation noted that some local authorities had failed in their duty to provide appropriate advice and assistance to applicants[45]. Other changes in Scotland, some of which are yet to come into force, include looking at the intentionality policy and practice. In addition, moves to modify the local connection test, and at one point suggestions to suspend the local connection test completely[46] have been placed in abeyance following concerns from the Convention of Scottish Local Authorities (COSLA).

3.7 Whilst there is no regular rough sleeper count in Scotland, the Scottish Government does record the number of applicants who had slept rough the night before or at least once in the previous three months. Scottish Government statistics record rises in both of these; by 10% and 8% respectively[47].

Wales

3.8 Legislative changes in Wales have flowed from Part 2 of the Housing (Wales) Act 2014[48]; the main provisions coming into force in April 2015[49]. The key changes from the 2014 Act focussed particularly on prevention and relief duties; and these represented significant changes for local authorities. The Act introduced a duty on local authorities to provide housing advice and assistance to all in their local area, irrespective of whether they are homeless or not, or threatened with homelessness. This preventative focus aimed to work in partnership with other agencies, thus ensuring people in these circumstances would receive help as early as possible. Furthermore for those assessed as homeless, Section 73 of the Act introduced a duty on local authorities to secure accommodation within 56 days; albeit that this is defined as 'reasonable steps' and noted that the local authority does not necessarily have to provide or source the accommodation itself (known as the duty to provide relief from homelessness). In terms of the discharge of the housing duty, local authorities can do so through suitable properties in the private rented sector with tenancies of at least six months. As noted in the House of Commons briefing paper[50] *this can be contrasted with England, Scotland and Northern Ireland where the minimum term of a private sector tenancy in these circumstances must be 12 months.* Other amended duties relate to the intentionality test and local connection.

3.9 Although still in its early days the impact of the new duties is documented in Welsh Government statistics[51] and an interim report published in August 2017[52], highlighted increases in both the number of applicants for whom new accommodation is found and the level of applicants supported to remain in their own homes.

3.10 However, one stated consequence of the impact of these amended duties is an increase in rough sleeping as identified by annual counts. The National rough sleeper count[53] in October 2017 produced an estimate of 345 people sleeping rough across Wales over a two week period, up by 10% on the 2016 estimate. The one-night count recorded 188 individuals sleeping rough, 33% more than in 2016.

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[44] Inside Housing, *Homelessness applications fall by 3% in Scotland,* 13 January 2015.
[45] Scottish Housing Regulator, *Housing Options in Scotland: A Thematic Inquiry,* May 2014, para 12.
[46] Scottish Government, *Modifying local connection provision in homelessness legislation,* September 2006, para 22.
[47] Scottish Government (2017), *Homelessness in Scotland: 2016 – 17,* Table 2.
[48] Prior to this homelessness legislation was embodied in the Housing Act 1996 (as amended).
[49] Provisions in relation to intentionality came into force in July 2015.
[50] Page 11
[51] StatsWales, *Households for which assistance has been provided by outcome and household type,* 14 September 2016.
[52] Welsh Government, *Social Research Number 46/2017,* 8 August 2017.
[53] Welsh Government (2018), *National rough sleeper count,* November 2017.

England

3.11 The governing legislation for homelessness in England stems from Part 7 of the Housing Act 1996 (as amended). In this an applicant is eligible for assistance linked to meeting three criteria – homeless or threatened with homelessness, in priority need and not intentionally homeless. The Homelessness Reduction Act 2017 came into effect on 3 April 2018. This Act introduced amended duties (see below) and extended the period in which a local authority must respond to 56 days (previously 28 days). A local authority in England has full rehousing duty only if the three criteria above are met. Local connection is an important factor, whereby a local authority may refer an applicant to another authority if they establish that there is no local connection[54] with their area.

3.12 Changes from the implementation of the Homelessness Reduction Act 2017 are similar to the situation in Wales. The key changes focus on a strengthened duty to provide advice, particularly to the most vulnerable groups, and new duties to prevent homelessness and to relieve homelessness. As noted in the Housing of Commons briefing[55] *this duty stops short of requiring a local authority to provide accommodation for applicants not in priority need.* Prior to implementation of these changes a range of commentators noted the potential impact of the Act, in particular in widening the duty to single homeless people (previously only entitled to advice and assistance) and the cost of implementation of the Act.

3.13 Similar to Wales and Scotland an increase in rough sleeping has been noted since the period of implementation of new legislation. Whilst counts in Greater London remained relatively stable in the period 2015/16 to 2016/17[56], an increase of some 15% was noted throughout England in the period 2016 – 2017[57].

Northern Ireland

3.14 There have been no significant changes in legislation in Northern Ireland to mirror the recent legislative changes in the other three jurisdictions. The governing legislation for homelessness in Northern Ireland is the Housing (Northern Ireland) Order 1988 (as amended). The priority need categories have already been noted in Section 1 of this report. The definition of priority need in Northern Ireland has not been extended to cover additional groups such as vulnerable ex-service personnel and ex-offenders, as it has been in England and Wales. The legislation provides for the provision of advice only if the applicant is assessed as not being in priority need.

3.15 Again as noted in Section 1, where an applicant meets all four of the tests (homeless or threatened with homelessness, intentionality, priority need and eligibility for assistance[58]) they are classed as a FDA, and the Housing Executive has a duty to find them accommodation. Similar to England and Scotland this duty can be met through provision of suitable private rented sector housing with a tenancy of at least 12 months.

[54] Local connection normally covers residence, work or family.
[55] House of Commons Briefing Paper, *Comparison of homelessness duties in England, Wales, Scotland and Northern Ireland,* Number 7201, published 5 April 2018, page 7
[56] Greater London Authority (2017), *CHAIN annual report@ Greater London 2016 – 17.*
[57] MHCLG (2018), *Rough Sleeping statistics, Autumn 2017, England (revised).*
[58] This covers matters relating to the applicant's immigration status and also if they are deemed 'ineligible' as a result of 'unacceptable behaviour' in a previously held Housing Executive tenancy.

Homeless presenters and acceptances – Making comparisons across jurisdictions

3.16 A key interest in the NIAO report was to examine why the level of acceptances is so much higher in Northern Ireland than the other three UK jurisdictions. This sub-section now provides some more detailed examination of this topic, based on the House of Commons Briefing Paper already cited above[59]. This paper noted – *given the different duties owed to homeless households across the UK, direct statistical comparisons are difficult.* Their analysis included looking at:

- the rate of applications per 1,000 households in the country's population (2016/17);
- the proportion of initial decisions resulting in full duty owed;
- the number of households in temporary accommodation at 31 March 2017.

It is worth replicating this table here (see Table 7). As highlighted in this Briefing Paper (page 18) *the rate of decisions taken per thousand households was highest in Northern Ireland, and a relatively high proportion of these were accepted (64%).* In addition, reference was also made to the Crisis *Northern Ireland Homelessness Monitor* (2016)[60] which *suggested that Northern Ireland's relatively high rate of homelessness could be due to the fact that, unlike in the rest of the UK, Northern Ireland has yet to implement a 'housing options' model of homelessness prevention.*

The recent review undertaken by the Office for National Statistics (ONS) *UK homelessness: 2005 to 2018*[61] notes that "Time series data suggest that an increase in prevention-based strategies to tackle homelessness may contribute to a fall in the number of households seeking help with homelessness" (p.4). As is illustrated in Table 7, the rates at which homelessness occurs in different jurisdictions of the UK are highly variable, with Northern Ireland and Scotland, where prevention has not yet been pursued to the same degree as in England and in Wales, reporting higher rates of acceptances. The following Table (8) shows that while rates of acceptances were falling in England and only slightly higher in Wales in 2017/18, levels remained broadly static in Northern Ireland while increasing in Scotland.

[59] Ibid.
[60] Crisis (2016) *The homelessness monitor: Northern Ireland 2016.*
[61] UK homelessness: 2005 to 2018 - Assessment of the comparability and coherence of existing UK government data sources on homelessness.

Table 7: Decisions taken on homelessness applicants: UK, 2016/17

Jurisdiction/ Decisions	Number	Rate per thousand households	Proportion of initial decisions resulting in full duty owed
England			
Decisions taken	115,590	5.0	
Successfully prevented	200,160	-	
Successfully relieved	15,060	-	
Unintentionally homeless and in priority need*	59,110	2.5	
			51%
Wales			
Initial decisions taken	14,409	10.8	
Successfully prevented	5,718	4.3	
Successfully relieved	4,500	3.4	
Unintentionally homeless and in priority need*	2,076	1.5	
			14%
Scotland			
Decisions taken	34,267	13.9	
Unintentionally homeless*	25,123	10.2	
			73%
Northern Ireland			
Decisions taken	18,573	25.6	
Accepted as full duty applicants*	11,889	16.4	
			64%

Source: House of Commons Library, Briefing Paper Number 7201, April 2018[62] *and MHCLG Homelessness Statistics*

* = applicants owed a full duty to secure accommodation.

[62] Various sources listed for this table as follows:
Homelessness MHCLG, *Homelessness live table 770*
Scottish Government, *Homelessness in Scotland 2016 – 17*
Welsh Government, *Homelessness in Wales 2016 -17*
Department for Communities, *Northern Ireland Housing Statistics 2016 – 17, Table 3.10.*

Table 8: Decisions taken on homelessness applicants: UK, 2017/18

Jurisdiction/ Decisions	Number	Changes	Proportion of initial decisions resulting in full duty owed
England			
Decisions taken	109,470	-6,120	
Preventative intervention	199,700	-460	
Relief intervention	15,840	+780	
Unintentionally homeless and in priority need*	52,870	-6,240	
			52%
Wales			
Households threatened with homelessness[63]	9,072		
Rate at which homelessness prevented[64]	66%		
Households assessed as homeless	11,277		
Rate at which homelessness relieved[65]	41%		
Unintentionally homeless and in priority need*	2,229	+162	11%
Scotland			
Decisions taken	34,950	+683	
Unintentionally homeless*	27,241	+2,118	
			78%
Northern Ireland			
Decisions taken	18,180	-393	
Accepted as full duty applicants*	11,877	-12	
			65%

Sources: MHCLG, Welsh Government, Scottish Government, NISRA.

* = applicants owed a full duty to secure accommodation.

3.17 Welsh legislative change has had a very marked, very rapid effect on the levels of households found statutorily homeless. Analysis by Dr Peter Mackie[66], estimates that the legislative change in Wales brought about a 67% downward shift in acceptances (households found eligible, unintentionally homeless and in priority need) and this occurred as a result of the legislative changes. Year-on-year comparison was not likely to give a true picture as within a year of legislative change in Wales, local authorities (with whom the statutory duty sits, as with England and Scotland) knew that the shift to prevention was coming and were already changing their practice. Stepping back further from the legislative changes, to 2013, was therefore likely to yield a more valid

[63] Within 56 days.
[64] Likely to last at least six months.
[65] Likely to last at least six months.
[66] Cardiff University profile of Dr Peter Mackie cites work completed by Nicholas Pleace and Peter Mackie for Crisis in support of an analysis of the potential cost savings from homelessness prevention for England, see: Better than cure?

comparison for looking at the situation before and after the legislative change occurred. In October-December 2013, 1,220 households were found to be eligible, unintentionally homeless and in priority need in Wales, when the new legislation became wholly active in Oct-December 2015, the number accepted dropped to 405. This was in the context of a 17% increase in total decisions between the two quarters (Table 9).

Table 9: Estimated total number of households assisted in Wales under the Housing (Wales) Act 2014 (Oct-Dec 2015)

Homelessness decisions	Oct-Dec 2013	Oct-Dec 2015	*Percentage change*
Eligible, unintentionally homeless and in priority need	1,220	405	*-67%*
Eligible, homeless and in a priority need but intentionally so	160	85	*-47%*
Eligible, homeless but not in priority need	800	405	*-49%*
Eligible, but not homeless or threatened with homelessness	685	1,585	*+132%*
Action to prevent and/or relieve	2,796	4,135	*+48%*
Ineligible	45	60	*+33%*
Total decisions	**5,705**	**6,675**	*+17%*

Source: Welsh Government. Analysis: Dr Peter Mackie, Cardiff University.

3.18 An analysis of the first year of operation of the new Welsh legislation[67] concluded (p. 105):

…placing a legal duty on local authorities to take steps to prevent and relieve homelessness is, in very broad terms, an effective tool for reorienting services towards prevention. As a result of this success we have already witnessed the Westminster Government in England replicating the Welsh legislation.

Levels of acceptances remain at much lower levels in Wales than was hitherto the case. A broadly downward trend had been evident before legislative change (from 6,255 households accepted in 2010/11 to 5,070 in 2014/15). The drop in levels in 2015/16, as the legislation took hold, was very marked indeed with just 1,563 households found eligible, unintentionally homeless and in priority need, the equivalent of a 224% drop in numbers. Levels have begun to increase, from 2,076 households in 2016/17, 2,229 in 2017/18 and up to 2,631 in 2018/19, but are still only equivalent to 51% of the pre-legislative change levels of 5,115 acceptances reported in 2013/14[68].

3.19 While levels of acceptances fell markedly and, despite recent increases, remain relatively low, Welsh use of temporary accommodation has remained at similar levels since the legislative change (Table 10). Welsh temporary accommodation statistics show the number of households in temporary accommodation at any one point, they are not representative of the number of homeless households living in temporary accommodation over the course of one year, which will be higher

[67] Mackie, P., Thomas, I. and Bibbings, J.(2017) Homelessness prevention: Reflecting on a year of pioneering Welsh legislation in practice. *European Journal of Homelessness* 11(1), pp. 81-107.
[68] Source: Welsh Government, as above, a comparison is drawn with 2013/14 levels as this represents a period before authorities were aware of imminent legislative change and were not yet changing practice.

overall. Increases in acceptances have been mirrored by increases in temporary accommodation use since the legislative change.

Table 10: Homeless Households in temporary accommodation in Wales

Date	Temporary accommodation (households)
Mar-16	1,875
Mar-17	2,013
Mar-18	2,052
Mar-19	2,226

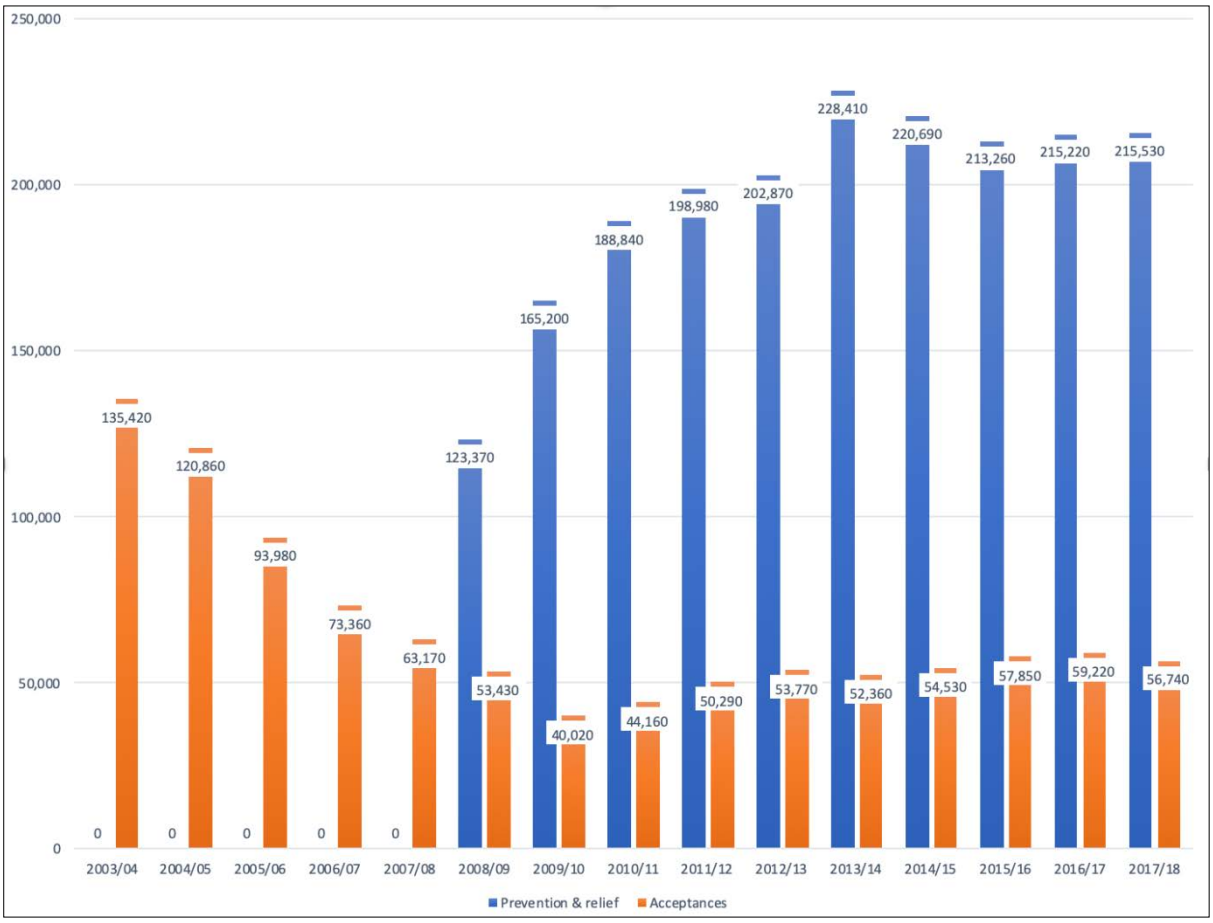
Source: Welsh Government.

3.20 Some of the reasons for this pattern have been linked to the ongoing process of implementation of what were radical changes to the Welsh legislative framework, involving what was intended as a major redistribution of resources away from temporary accommodation and other reactive responses to homelessness towards prevention. Mackie *et al* reporting in 2017, found that Welsh legislative change had led to a cultural shift towards prevention, but that the range of actions undertaken to prevent homelessness was more generalised than the legislation and associated guidance had intended[69]. Authorities were encouraged to create 'housing plans' that were the result of holistic assessment and to co-locate prevention, housing and support services, but in practice were offering a narrower set of standardised support, such as paying deposits to enable moves into private rented sector housing. Other analysis noted that while Wales had directed resources into increasing affordable housing supply, this was not at the level needed to address the existing shortfall, i.e. while there were some issues with how the legislation was being implemented, increases in acceptances and temporary accommodation use were occurring in the context of a significant shortfall in affordable housing supply[70].

3.21 In England, prevention has sometimes been presented as being a recent innovation that has flowed from the experience of Welsh legislative change, but in fact is long-established practice that has been deepened and extended by the 2017 Homelessness Reduction Act. Figure 1 shows the broad downward shift that has occurred in acceptances in England since the mid-2000s. England and Wales both experienced falls in the number of decisions made on homelessness applications around 2004, following the Homelessness Act 2002, which placed extra prevention duties on local authorities, but in England the effect was more marked. Data on prevention and relief were not assembled until 2008/9, so activity was in place before the point shown in Figure 1, with a broad duty to provide information and advice (which might include support with preventing and relieving homelessness) dating back to the original 1977 legislation. The pattern of reduction in acceptances is clearly evident, with significant matches in prevention and relief being accompanied by continuing falls in households found eligible, unintentionally homeless and in priority need (owed the 'main duty' to use English terminology).

[69] Mackie *et al* (2017) op. cit.
[70] Fitzpatrick, S. *et al.* (2017) *The homelessness monitor: Wales 2017* London: Crisis.

Figure 1: Falls in acceptances and rises in prevention and relief in England 2003/4-2017/18



Source: MHCGLG

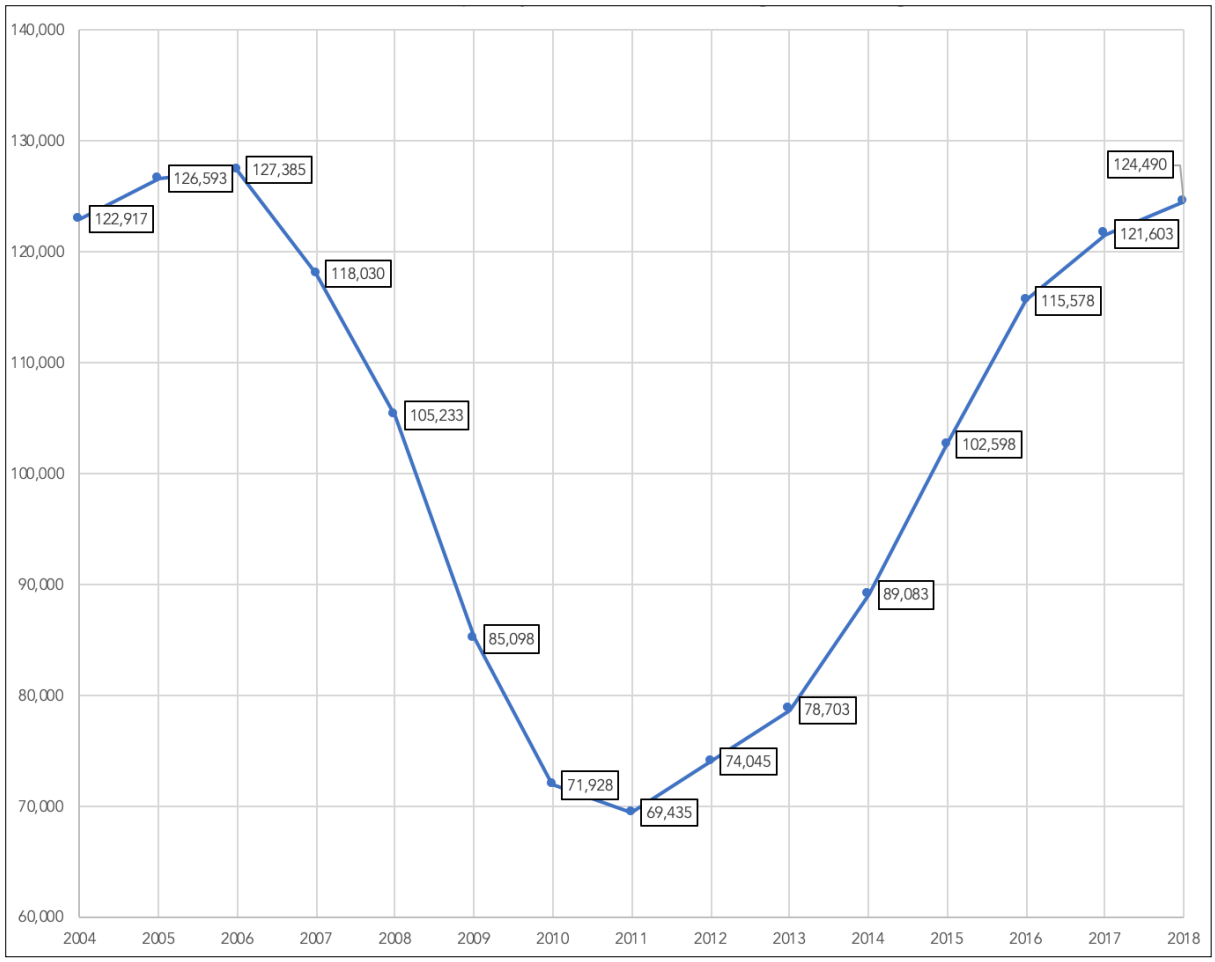
3.22 Rising levels of statutory homelessness have been highlighted in mass media and by the homelessness sector in England since 2009/10, but levels remain at much lower levels than was previously the case. Stepping back further, acceptances had been much higher, reaching over 90,000 by the mid-1980s and 140,350 in 1990[71], some 247% of the level reported in 2017/18. Taking a more recent comparison, although levels had increased, 2003/4 had a level of acceptances that was 238% of the level reported in 2017/18. Three years after the homelessness legislation came into operation, in 1980, acceptances were at 60,400, 3,660 lower than the levels being reported in 2017/18, despite the upward trend seen since 2010/11[72].

In England, upward trends in acceptances are indicative of a wider issue closely linked to a lack of affordable housing supply and a very severe and sustained shortage of affordable housing in London. In essence, while acceptances have not spiked to the degree that was hitherto the case when a recession and/or shifts in housing or welfare policy had an effect on levels of homelessness, there has been a sustained and significant increase in the use of temporary accommodation. In England, the bulk of this has been in London and has chiefly been experienced by families, where significant challenges exist in accessing or providing affordable private rented or social housing suitable for

[71] Source: Department of the Environment, an approximate comparison as the figures for 1985 (91,010) and 1990 are annual, rather than the financial year (2017/18) shown in Figure 1, note also that 2002 legislative changes broadened the range of households who could be defined as in priority need.
[72] Source: Department of the Environment, again an indicative comparison as the figures for 1980 were annual, rather than the financial year (2017/18) shown in Figure 1, note also that 2002 legislative changes broadened the range of households who could be defined as in priority need.

families with a dependent child. The spike in temporary accommodation use in England is summarised in Figure 2, which reports the number of children in statutorily homeless families in temporary accommodation.

Figure 2: Average number of statutorily homeless children in temporary accommodation in England (based on average from the totals recorded in four quarterly returns)



Source: MHCGLG

3.23 Table 11 highlights the impacts of a shortage of housing supply both in London and in some other areas of England, with 45% of households being placed in temporary accommodation at acceptance as statutorily homeless in 2003/4 rising to over 60% from 2013/14 onwards. The issue here is linked to long waits for social housing, with around 1.15 million on council waiting lists in England, a shortfall in affordable private rented sector housing and a shortfall in affordable owner-occupied housing. Government characterised the challenges in England by entitling its 2017 White Paper *Fixing our broken housing market*[73]. There is also strong evidence that the Housing Benefit system and the replacement 'housing element' within Universal Credit is not set at a level that realistically allows access to the 'lower third' of the private rented sector, either for lone under 35s seeking rooms in HMOs or lower income families seeking homes in the private rented sector[74]. Although prevention and relief have reduced acceptances, levels of statutory homelessness have begun to escalate both because there are more acceptances and because temporary

[73] Policy Paper: Fixing our broken housing market
[74] Rugg, J. and Rhodes, D. (2018) York: The Evolving Private Rented Sector: Its Contribution and Potential, University of York and see: Locked Out: Check if there's enough affordable housing in your area

accommodation use is spiking, both being directly linked to the issue of an inadequate affordable housing supply which is recognised throughout the housing sector and across the political spectrum.

Table 11: Statutorily homeless households placed in temporary accommodation on acceptance in England

Year	Acceptances	Placed in temporary accommodation	As Percentage
2003/04	135,420	61,600	45%
2004/05	120,860	55,650	46%
2005/06	93,980	46,610	50%
2006/07	73,360	38,550	53%
2007/08	63,170	34,410	54%
2008/09	53,430	30,970	58%
2009/10	40,020	23,780	59%
2010/11	44,160	25,340	57%
2011/12	50,290	29,400	58%
2012/13	53,770	32,370	60%
2013/14	52,360	32,050	61%
2014/15	54,530	33,620	62%
2015/16	57,850	36,550	63%
2016/17	59,220	37,420	63%
2017/18	56,740	35,710	63%

Source: MHCGLG (based on immediate outcome on acceptance)

3.24 The increase in temporary accommodation is, as noted, a London-centred problem, with London accounting for most of the statutorily homeless households in temporary accommodation in England at any one point in time (68% of households found eligible, unintentionally homeless and in priority need in temporary accommodation in the last quarter of 2018)[75]. Nevertheless, 26,810 statutorily homeless households accepted as homeless by local authorities outside London were living in temporary accommodation in the last quarter of 2018, equivalent to 47% of the acceptances in 2017/18.

Alongside long waits in temporary accommodation, which can be for periods of many months or even years, the biggest concern is the cost of temporary accommodation provision for the public sector. In London, data on what local authorities are spending and the total cost of temporary accommodation is insufficient to generate anything other than an estimated level of expenditure[76]. Through surveying the London boroughs, Rugg was able to report that, across 20 boroughs (eight inner London and 12 outer London) total annual spending on temporary accommodation had risen from £349 million in 2012/13 to £463 million, by 2014/15[77]. In 2017, the National Audit Office reported that there had been a 60% increase in use of temporary accommodation since 2011, that over 120,000 children were in statutorily homeless families in temporary accommodation and that

[75] Source: MHCLG.
[76] Rugg, J. (2016) *Temporary Accommodation in London: Local Authorities under Pressure* York: University of York (for London Councils)
[77] Rugg, J. (2016) op. cit.

of an estimate in excess of £1bn of spending on homelessness, some £845m was being spent on temporary accommodation of which £638m was coming from Housing Benefit[78].

3.25 One further point about the implementation of the homelessness legislation in England is worth noting. There is evidence of a longstanding tendency to interpret the legislation and associated guidance very strictly, particularly in areas where there is pressure on affordable housing supply generally and social housing supply in particular. Criticism, both from academic and charitably commissioned research and from legal review of individual decisions by local authorities has been widespread, with evidence of the spirit and letter of the law being both stretched and broken[79]. In London and across England more generally, a clear pattern has emerged in interpretation of both law and guidance: English local authorities are more likely to accept households containing a dependent child than households containing a lone adult or other person who is 'vulnerable' under the terms of the legislation. Case law, which determines much of the specific operation of the homelessness legislation in England, creates a working definition of 'vulnerable' which can be interpreted in a quite narrow way. In Hotak v Southwark LBC : Kanu v Southwark LBC : Johnson v Solihull MBC [2015] UKSC 30, it was determined that in order to be found vulnerable, the applicant must be *significantly* more vulnerable than an ordinary person in need of accommodation, and likely to suffer *greater* harm in the same situation[80]. Some research, which has been critical of local authority decisions in relation to vulnerability and medical evidence, reports evidence of an officer culture that, rather than being inclined towards 'soft' interpretations of the legislation and guidance, is often characterised by very strict and narrow interpretations of homeless applicants' eligibility[81]. The bulk of acceptances in England are homeless families (Figure 3).

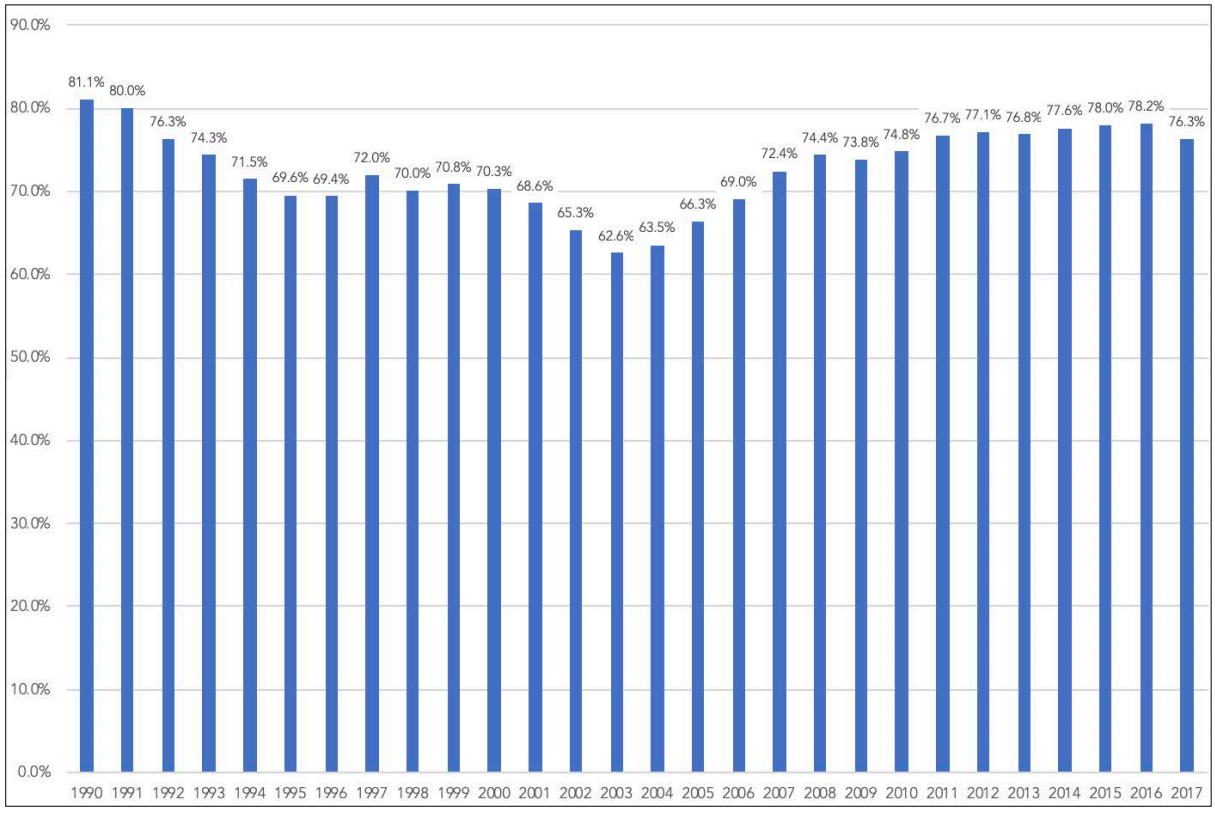
3.26 Thus, the nature of single homelessness in England is linked to the operation of the homelessness legislation itself. Compared to families, the threshold for acceptance is higher, because, again, the interpretation of the legislation is that a 'vulnerable' homeless person seeking acceptance under the law must be significantly more vulnerable than an ordinary person in need of accommodation and, in addition, likely to suffer greater harm in the same situation. For example, a diagnosis of severe mental illness and being in a situation of homelessness does not trigger automatic acceptance, someone seeking help must also meet these criteria and local authorities are not above arguing against medical opinion when assessing eligibility for the main duty[82]. By contrast, while a family must still demonstrate it is not intentionally homeless, has a local connection (where domestic violence is not a causal factor or a risk) and show the presence or imminent presence of a child at risk of destitution. However, a family must not demonstrate that 'greater' harm is likely because of homelessness, homelessness itself is seem as 'harmful' enough when a child is involved. Where these conditions are in place, this triggers a clear statutory duty, albeit that the law will still be strictly interpreted by most English local authorities. This is not to suggest that English local authorities do not also interpret the law very strictly in relation to homeless families. A decision against Birmingham City Council in June 2019 found that the council had defined a family as

[78] National Audit Office (2017) *Homelessness* London: NAO Homelessness report
[79] Hunter, C. (2007) Denying the severity of the severity of the severity of mental health problems to mental health problems to deny rights to the homeless deny rights to the homeless. *People, Place & Policy Online*, 2(1), pp.17-27; Bretherton, J., Hunter, C. and Johnsen, S., (2013) 'You can judge them on how they look…': Homelessness Officers, Medical Evidence and Decision-Making in England. *European Journal of Homelessness* 7(1), pp. 69-92; Dwyer, P., Bowpitt, G., Sundin, E. and Weinstein, M. (2015) Rights, responsibilities and refusals: Homelessness policy and the exclusion of single homeless people with complex needs. *Critical Social Policy,* 35(1), pp.3-23. Rowe, S. and Wagstaff, T. (2017) *Moving on: Improving access to housing for single homeless people in England*. Crisis: London.
[80] Source: Shelter England (2019) Defining vulnerability and categories of vulnerable people
[81] Halliday, S. (2004), Judicial Review and Compliance with Administrative Law (Oxford: Hart); Bretherton, J. *et al.* (2013) op. cit.
[82] Bretherton, J. *et al.* (2013) op. cit.

'intentionally homeless', because they had not paid their rent, in a situation in which the rent was not actually affordable, and ruled that the family was owed the Main Duty[83]. In essence, increases in English acceptances and temporary accommodation use have occurred in a context where legislative interpretation is *strict*.

3.27 The changes brought about by the Homelessness Reduction Act in England are being monitored, but the implementation of the new law has been combined with the replacement of the former P1E statistics, which was effectively a headcount of households centred on recording local authority actions under the law, with the new statutory homelessness case level collection (H-CLIC) system of data collection. Under P1E, data were largely restricted to questions like the number of decisions taken, what proportion had been found statutorily homeless and what the composition of those households was, for example how many households contained one or more dependent children. H-CLIC replaces this with case level information, i.e. there is a record for each household receiving support under the law, allowing a much more detailed picture of what happens to each household seeking assistance under the law.

Figure 3: Households containing dependent children as a percentage of all households found unintentionally homeless and in priority need in England (1990-2017)



Source: MHCGLG (includes households with and about to contain one or more dependent children)

3.28 The implementation of H-CLIC has encountered some logistical and resource issues, with statistical bulletins issued under the new system being subject to some delay and also being issued with some gaps[84]. Initial data from 2018/19 indicate the following:

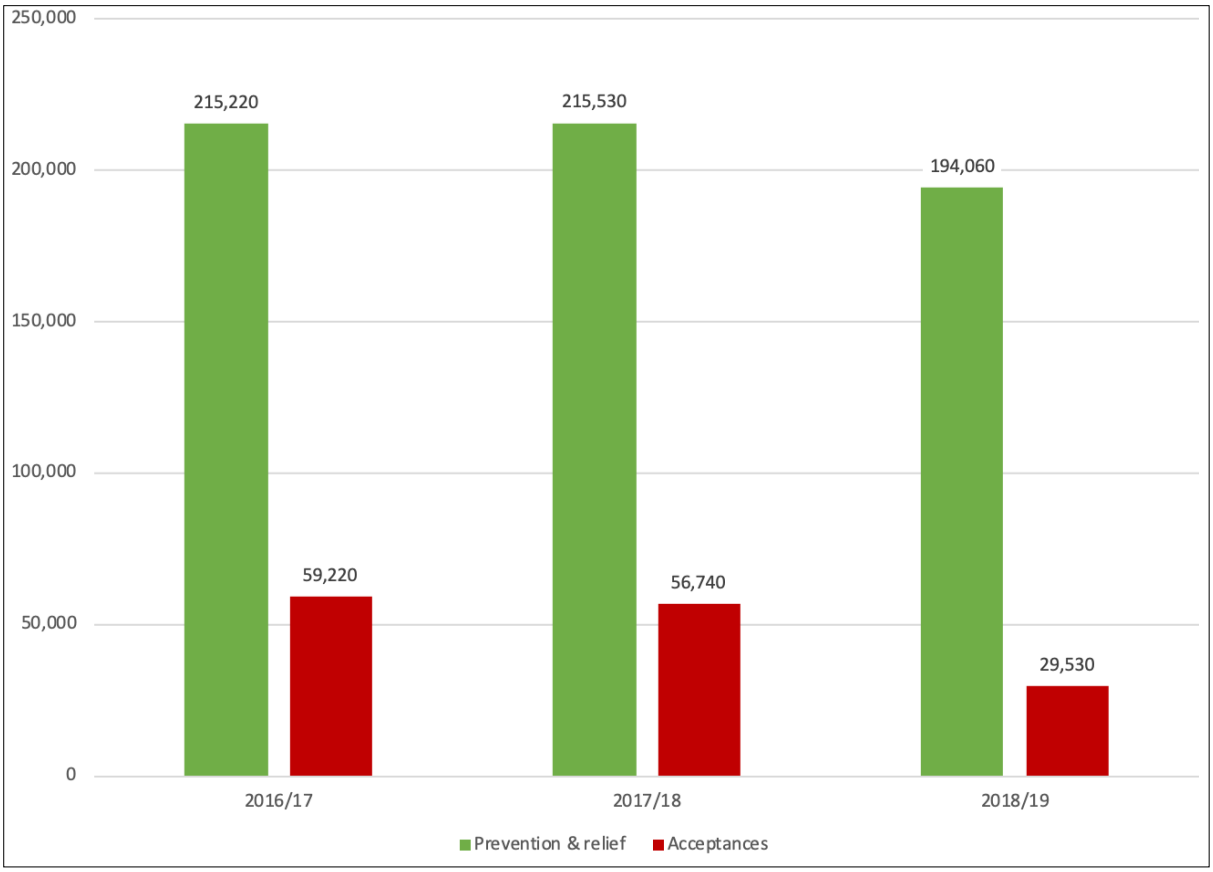
- A marked reduction in the number of households found statutorily homeless;

[83] Samuels (Appellant) v Birmingham City Council (Respondent) [2019] UKSC 28 Supreme Court Press Summary
[84] Statutory Homelessness, April to June

- Increases in preventative and relief activity.

Direct comparison with earlier statistical returns under P1E is problematic, the data record different things because they are operating under different legal frameworks, but for illustrative purposes, Figure 4 summarises the changes that have been recorded so far. The most notable difference is the downward shift in households accepted as statutorily homeless, from 56,740 to 29,530, with reported levels of acceptances in 2017/18 being equivalent to 192% of the levels of acceptances reported in 2018/19. Prevention and relief activity are recorded in considerably more detail in H-CLIC than was the case under P1E, as can be seen levels remain high relative to the number of acceptances. As noted, these data are partially incomplete as H-CLIC implementation was still ongoing and issues with data quality were being reported.

Figure 4: Illustrative comparison of the differences in local authority activity following legislative change in England



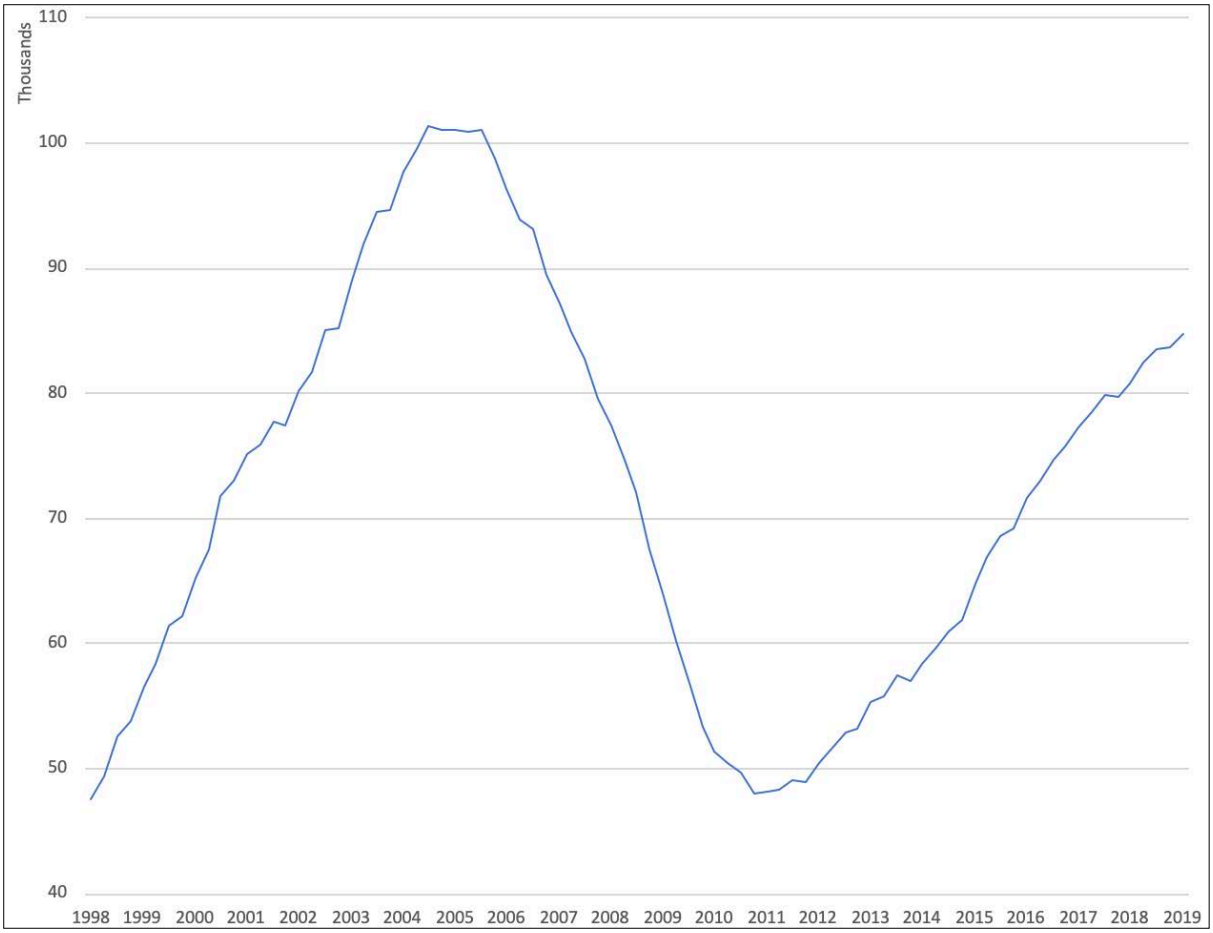
Source: MHCGLG Note: Illustrative only, H-CLIC and P1E data are collected on a different basis for different legislative frameworks.

3.29 Looking at the pattern of temporary accommodation in England over time, the quarterly returns from Q1 1998 to Q1 2019 are shown in Figure 5, a marked increase during the late 1990s to mid -2000s is evident, with levels topping 100,000 statutorily homeless households in 2004 and 2005. Following the implementation of the 2002 legislation, which introduced the first wave of prevention in England, both acceptances (Figure 1) and temporary accommodation use start to fall considerably, dropping to much lower levels by 2010, but then levels begin to rise again. The implementation of the Homelessness Reduction Act is still recent at the time of writing, but there is not yet any indication that levels of temporary accommodation use have started to fall. As noted above, issues with affordable housing supply and welfare reform in relation to housing costs mean

that finding suitable settled homes continues to present significant challenges in England, particularly in London where temporary accommodation use is concentrated.

Prevention itself has focused on securing accommodation for six or more months, with 58,290 reports of successful interventions from English local authorities in 2018/19 (58% of all prevention outcomes recorded out of a total of 100,830). One fifth of households (20%) were found homeless after the duty came to an end, although reported data at present do not differentiate between statutory and intentional homelessness. Some attrition was reported with 10% of cases ending with contact being lost between the household and the local authority. Other outcomes were recorded in 12% of cases[85].

Figure 5: Statutorily homeless households in temporary accommodation in England 1998-Q1 2019



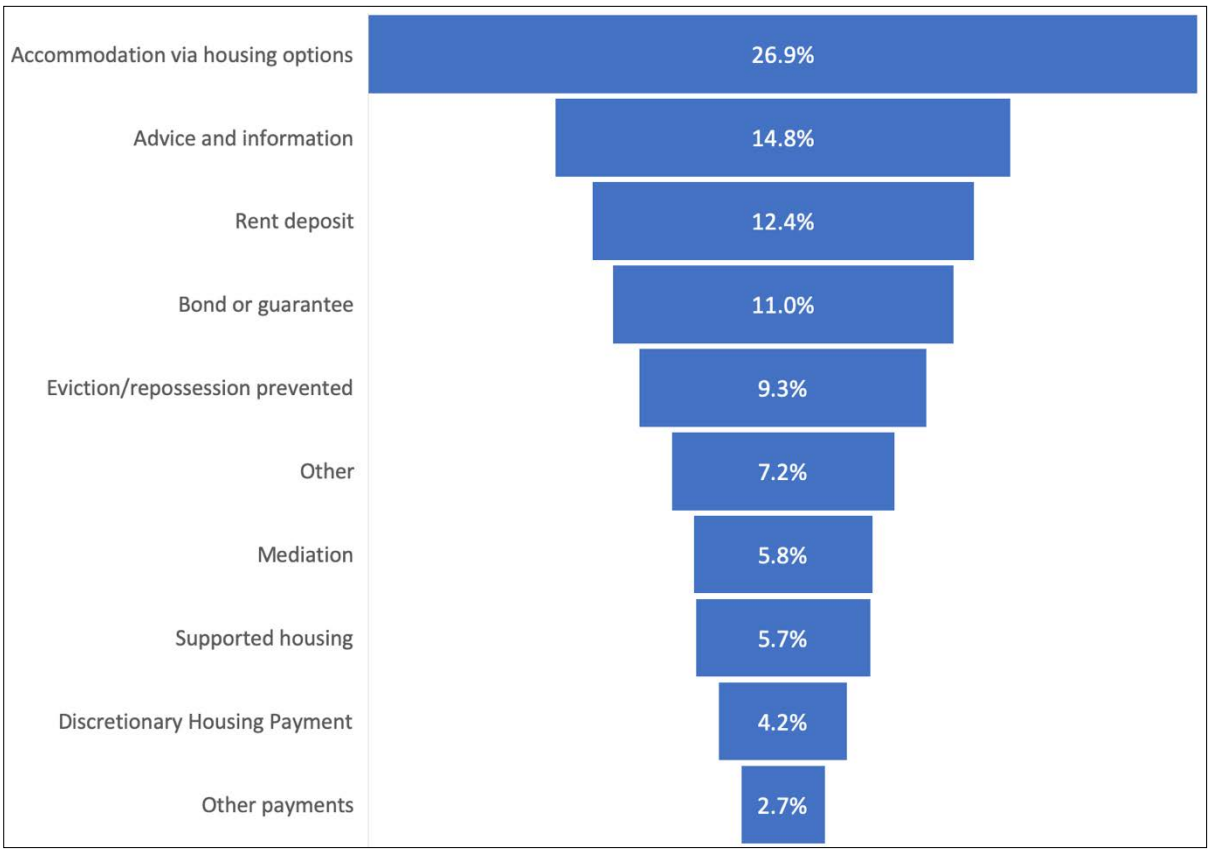
Source: MHCGLG (quarterly returns on temporary accommodation use)

3.30 Where accommodation had been secured for six months or more as a preventative measure, it was mainly split between the private rented sector (41%) and the social rented sector (41%), with a further 12% of households staying with family or friends. In 3% of cases, other means of securing accommodation had been found, and in a small number of cases the source of accommodation was not known. As is shown in Figure six, based on 58,300 households found accommodation through prevention, housing options teams were the most common route by which accommodation was secured (27%, 15,670 households). However, advice and information (15%) and

[85] Source: MHCLG. Note: data were experimental and had some limitations.

rent deposit, bond and guarantee schemes (23% combined) were also important mechanisms for securing alternative accommodation.

Figure 6: Means by which prevention had secured accommodation in England 2018/19



Source: MHCGLG

3.31 Turning to the data on relief of homelessness, the largest single group of households were reported to be those who had, again, been secured accommodation for six or more months, some 43% of the 93,240 households for whom relief had been provided during 2018/19. However, quite a large group (32%) were recorded as having come to the end of the duty around relief, i.e. the 56 days had elapsed, in some cases households might be found statutorily homeless and in priority need, activating the main duty under English law, in others they will have been found not in priority need or intentionally homeless and the duties towards that applicant ceased. Authorities are obliged to continue to accommodate someone when a decision has not been made within 56 days and where there is reason to believe that someone might be in priority need, but not under other circumstances. However, there is flexibility to extend the duty beyond 56 days where there might be a risk of rough sleeping or little prospect of securing accommodation within a reasonable period[86].

In summary, data for the period 2018/19 under the new homelessness legislation in England show:

- A fall in acceptances from 56,740 to 29,530, a 92% drop.
- 98,300 households found accommodation for six months plus, through preventative (58,290, 59%) and relief (40,010, 41%) interventions.
- An upward trend in temporary accommodation use continuing from 80,720 households in the first quarter of 2018 to 84,740 in the first quarter of 2019.

[86] Source: MHCLG. Note: data were experimental and had some limitations.

3.32 Scotland differs from England and Wales in having removed priority need criteria from its homelessness legislation at the end of 2012. In many senses this remains a much more radical change than the preventative shifts in policy that have occurred in England and Wales. The change, introduced in legislation in 2003 and planned for over 10 years, created a duty to find permanent accommodation for all applicants who are unintentionally homeless for Scottish local authorities. The duty is equal in comprehensiveness to the legislative changes creating near-universal preventative and relief services in Wales and England, but incorporates not only prevention and relief, but also the Main Duty under Scottish homelessness law.

In practice, the potential effects of creating something close to a near universal right to housing for homeless people were anticipated by the development of a preventative approach that would help manage demand for services. A housing options approach, reflecting developments in England, which had been advocating the use of 'housing options' interviews since the legislative changes had first created preventative duties for local authorities in 2002[87], was adopted as part of the planning and implementation of the Scottish legislative changes. While Scotland was not explicitly moving to a preventative approach, the 'headline' of the legislative changes was the removal of priority need, in practice the preparation for the new, much wider, homelessness duties was developed on the basis that prevention would help manage need and demand for the main duty.

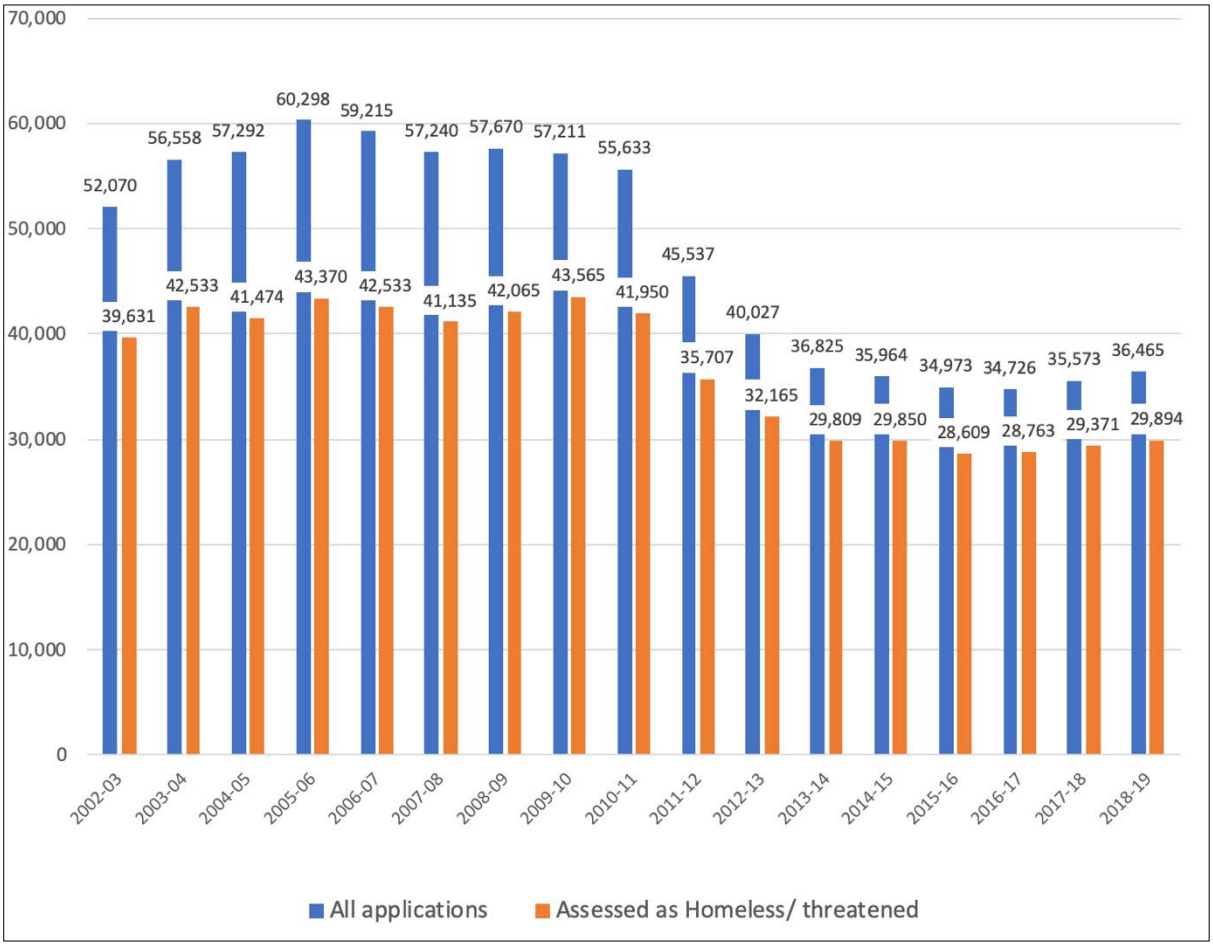
The broad trend, despite small increases in 2017/18 and 2018/19, has been a reduction in Scottish applications and the number of households found homeless or threatened with homelessness (Figure 7). The number of households found homeless in 2018/19 was 40% less than the level in 2010/11 and 33% less than in 2002/3. Levels of households found homeless – in effect accepted as unintentionally homeless under Scottish law - have remained very close to those reported in 2018/19 since 2013/14. The Scottish Government notes that:

…the number of homelessness applications has decreased in more recent years from 2008/09 to 2016/17, which is likely to have been due to the impact of the introduction of Housing Options services in Scottish local authorities, with a focus on prevention.[88]

The Scottish statutory system is characterised by a much lower rate of acceptance of homeless families relative to single homeless people when compared to England. For example, over the period 2000-2017, 77% of households accepted as in homeless and in priority need were homeless families[89], by contrast 27% of the households that Scottish authorities found homeless were families. While the pattern of greater acceptance of lone person households has been present for some time before the abolition of priority need, the legislative changes have opened access to the statutory system to lone adults in a way that is not the case in England. This is not to suggest that Scottish systems are perfect, but one review of the Welsh legislative changes has already recommended following in Scotland's steps and considering the abolition of priority need to enhance the effectiveness of Welsh legislation[90].

[87] Pawson, H. (2007) (2007) Local Authority Homelessness Prevention in England: Empowering Consumers or Denying Rights? *Housing Studies*, 22(6), pp. 867-883.
[88] Scottish Government (2019) *Homelessness in Scotland 2018/19* Scottish Government: Edinburgh.
[89] Including pregnant women
[90] Mackie, P. *et al* (2017) op. cit.

Figure 7: Applications and assessments under the Scottish homelessness legislation



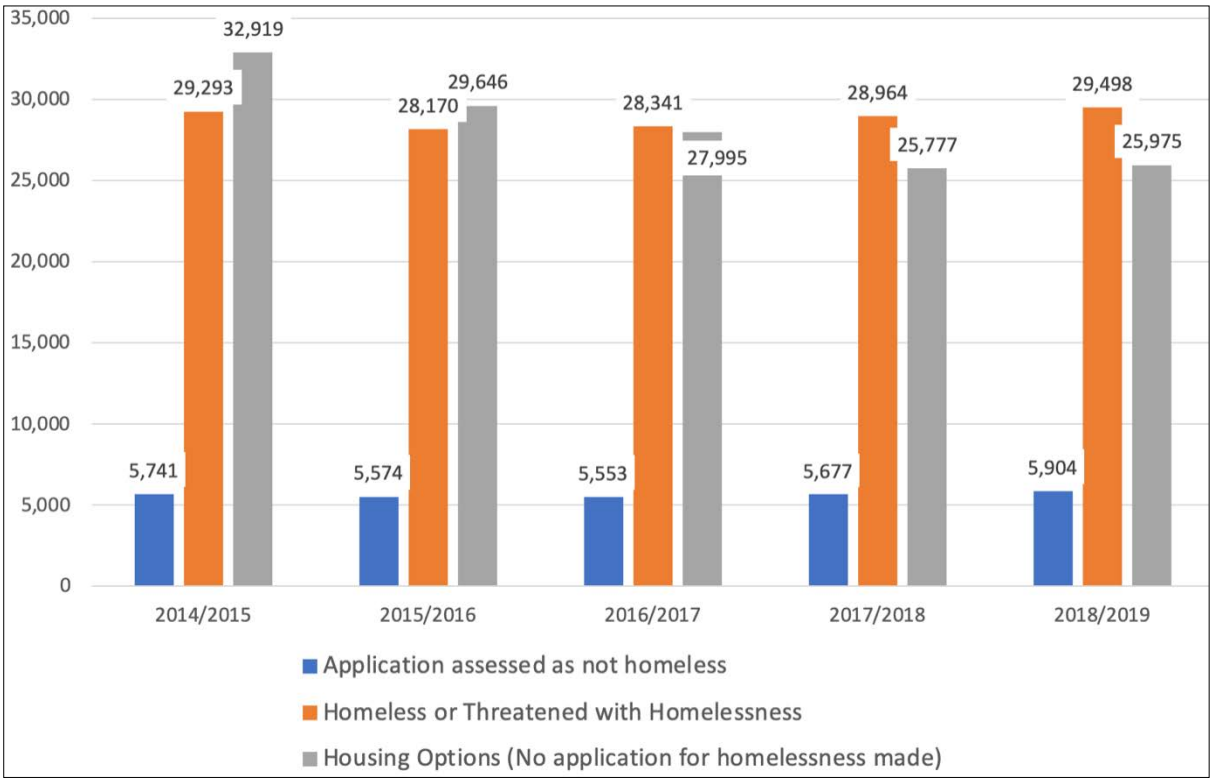
Source: Scottish Government

3.33 Statistical analysis of prevention, centred on housing options teams, is centred on the Scottish Government's PREVENT dataset (Figure 8). During the period 2014/15 to 2015/16, preventative interventions through housing options exceeded the levels at which households were accepted as homeless. Households are found not to be homeless at much lower rates than was the case in England prior to the 2017 legislative reforms, again a reflection of the absence of priority need in Scottish law. From 2016/17 onwards, rates of acceptance of households, found to be homeless or threatened with homelessness, began to move above the levels of prevention delivered via housing options teams.

Preventative activity by the housing options teams are summarised in the PREVENT statistics as 'active information, sign-posting and explanation' (55% of activity in 2017/18 and 54% in 2018/19) and 'casework', an approach with parallels with the development of individual housing plans incorporated in current Welsh legislation (45% of activity in 2017/18 and 46% in 2018/19). The national government reports that Scottish local authorities vary in the extent to which housing options teams inform people of their rights under the homelessness legislation, noting differences in practice on the ground around prevention and differences in how the authorities recorded their activities[91].

[91] Scottish Government (2019) *Housing Options (PREVENT1) Statistics in Scotland: 2018/19* Scottish Government: Edinburgh.

Figure 8: Households found not homeless, homeless and receiving prevention in Scotland



Source: Scottish Government

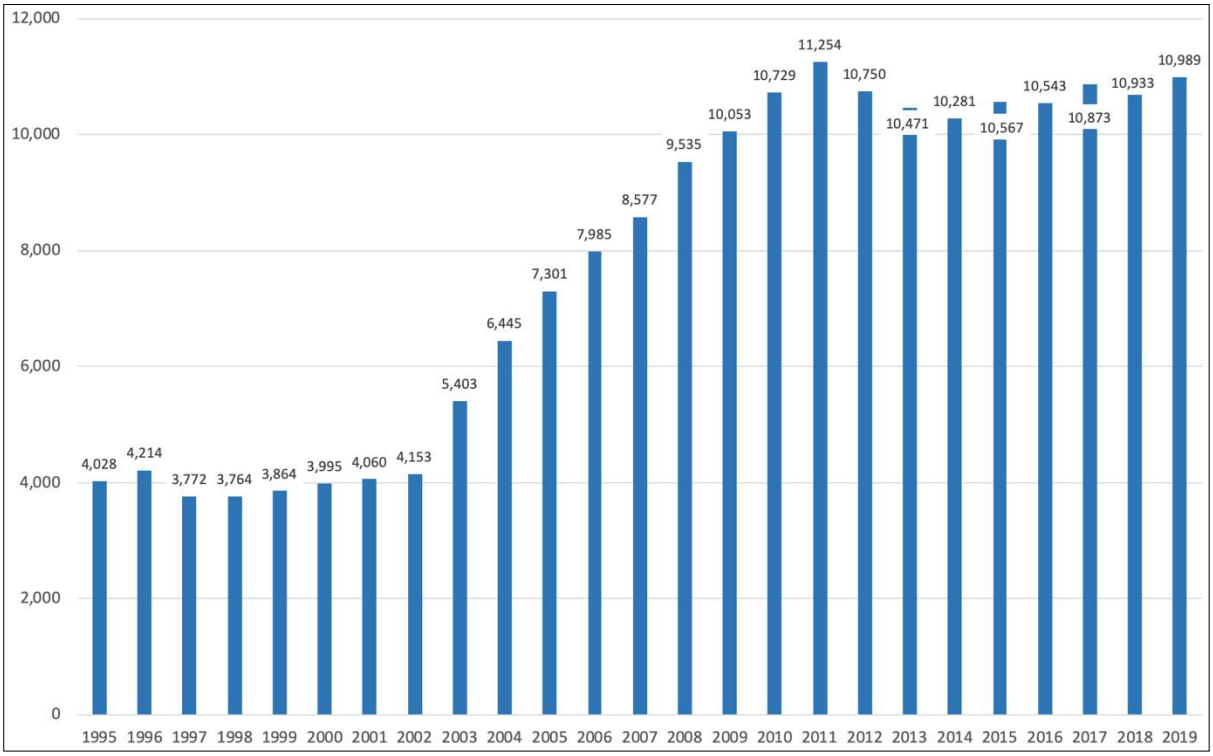
3.34 Temporary accommodation use has also increased in Scotland over time, although not at the rates seen in England in recent years, with the pattern instead bearing some resemblance to Welsh experience where levels have remained broadly static at just under 11,000 households in temporary accommodation at the annual count on 31st March of each year since 2016 (Figure 9). Levels began to increase quite sharply some years before the legislative changes came into effect and were slightly higher in 2011, just before it was implemented. The wider duty on local authorities, combined with use of housing options teams for prevention, has not led to an increase in temporary accommodation use, although levels have yet to be significantly reduced.

Scottish use of housing options teams appears to have played a role in keeping down the number of homelessness acceptances when much wider accessibility to the homelessness system was granted through legislative change in 2012 with the end of priority need. Levels of applications have not increased at the rate seen in England and nor has use of temporary accommodation.

However, the *relative* scale at which households are found homeless in Scotland is much greater than in England (Figure 10). Scotland's population, at around 5.3 million, is equivalent to just under one tenth of the English population of some 54.7 million. However, the number of Scottish households found homeless, albeit on a broader basis than under English law from 2012 onwards, has quite often looked relatively high compared to England. As is summarised in Figure 9, Scottish households found homeless even exceeded those in England in 2009/10 and were close to English levels in 2010/11. When numbers of acceptances in England began to increase, the difference between England and Scotland widened, but Scottish levels of households found homeless were still approaching half the number of households found statutorily homeless in England. With the advent

of the Homelessness Reduction Act and an associated fall in acceptances, Scotland again just exceeded the number of households found homeless.

Figure 9: Homeless households in temporary accommodation in Scotland (as at 31st March each year)



Source: Scottish Government

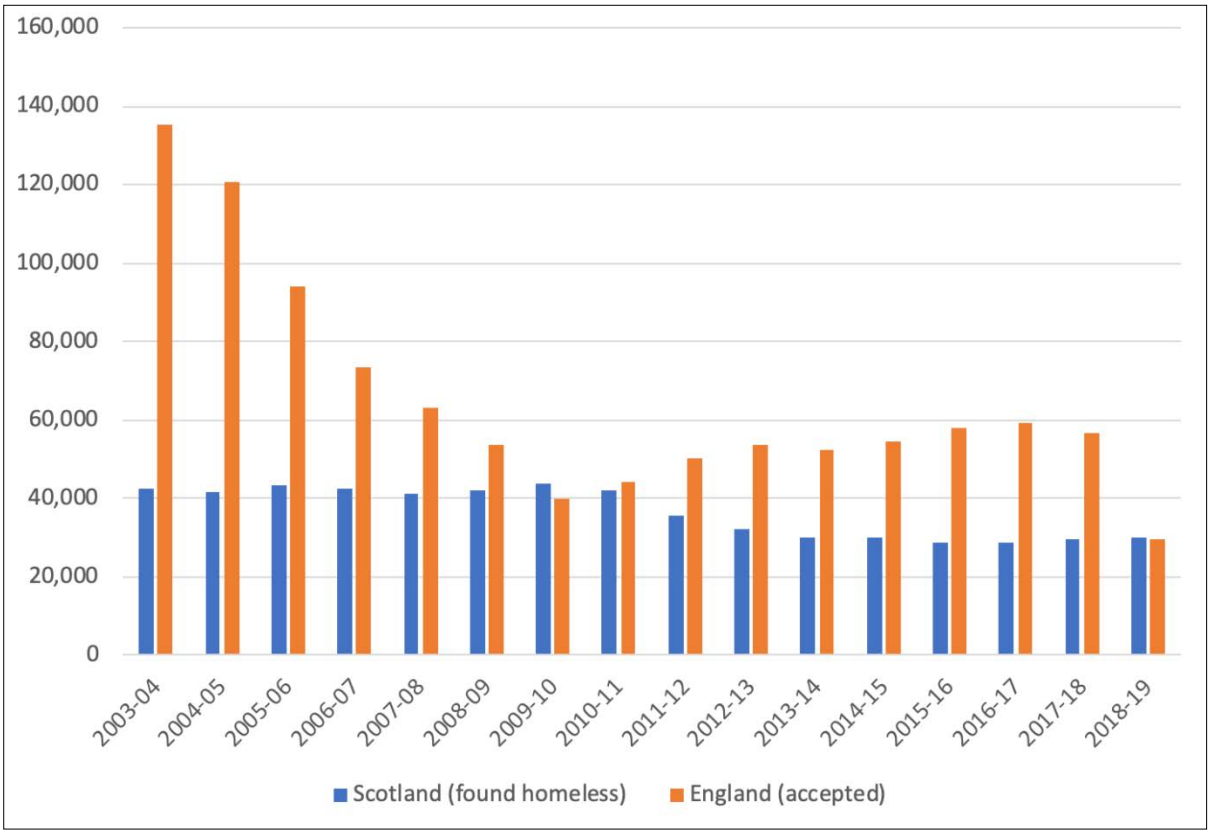
3.35 There are reasons to believe, based on an extensive evidence base, that effective need for assistance under the homelessness legislation was often not being met for lone homeless adults under the English legislative arrangements prior to the changes brought by the 2017 legislation. Access to the main duty, as is the case in Wales, is still a matter of demonstrating that homelessness is unintentional and being assessed as within a priority need group. How far the scale of activity by local authorities might expand were England to adopt the Scottish approach and remove priority need is difficult to say, but planned use of a housing options team approach has meant that Scotland did not experience sudden spikes in acceptances once the priority need requirements were dropped. On the contrary, while levels of acceptance without priority need have remained relatively high compared to England, Scottish rates of acceptance, on a much more open system, fell and then remained lower than had been the case prior to legislative change. As has been shown (Figure 1) England's own use of housing option teams and other preventative and relief systems has kept levels much lower than was the case before 2004 and the recent increases in acceptances are still low compared to the levels that were reached in the 1980s, 1990s and early 2000s.

3.36 In essence, based on experience elsewhere, a radical shift in practice in Northern Ireland, which combined the emphasis on prevention seen in legislative change elsewhere with a removal of priority need, might both widen access to people in need but also be manageable without a very large increase in resources being necessary. It is important to remain realistic, the pressures stemming from a lack of affordable housing permeate the statutory systems in England, Wales and Scotland just as they do in Northern Ireland, the levels of temporary accommodation use,

particularly within London, show the limitations of legislative and operational reform in addressing homelessness.

3.37 Finnish strategy, which has seen that country reduce long-term and repeated homelessness and make experience of homelessness very unlikely is often presented, somewhat inaccurately, as a 'Housing First' approach in the American sense of the term. Finland's policy is better described as an integrated, housing-led approach that puts 'housing first', with intensive housing support services being just one aspect of an extensive array of preventative activity, low intensity support, and supported housing. While Finland is, indeed, an exemplar of the effective use of prevention within a highly integrated national homelessness strategy, homelessness has been reduced with a programme that has included extensive, targeted development of new social housing that increased the *dedicated* housing supply available to end homelessness[92].

Figure 10: Comparing households found homeless under the Scottish and English homelessness laws



Sources: Scottish Government and MHCLG

3.38 Bringing this analysis together, the actual and potential effectiveness of prevention in reducing the need for the statutory system is evident. In Wales, levels of statutory homelessness have been brought down significantly and England's moves towards prevention, in the mid 2000s and following the major 2017 legislative change have had similar effects. Scotland, which opened the statutory system up to the point where it was near-universal, has managed to keep levels of acceptances, in the Scottish sense of 'found homeless' lower than under the earlier legislation. However, while the successes of prevention in each country are evident, so too are the limits of

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

those systems when confronted with sufficient external pressure. England's and particularly London's capacity to handle need for statutory assistance from homeless people has been overwhelmed by the chronic and extreme shortages of affordable housing supply, acceptances have gone up and temporary accommodation use has begun to spike again, prevention has limits, if there is not enough affordable housing it will cease to be as effective. Likewise, in Scotland and Wales, temporary accommodation use has not yet been reduced, in essence because there are not enough affordable, adequate homes to meet housing need. Prevention has and continues to have beneficial effects, based on the data that are available, but again, prevention has limits in the context of insufficient housing supply.

3.39 One further point is worth noting in comparison with other jurisdictions, which is that homelessness prevention has sometimes been a controversial issue. In England, resistance emerged around the idea that prevention was 'gatekeeping' and stopping people who should have been assisted under the homelessness law from getting help to which they were entitled. Demonstrating whether this was indeed the case proved difficult, but on balance, researchers concluded that prevention was reducing overall experience of homelessness[93]. Internationally, prevention has also been criticised as a 'sticking plaster' that fails to address the wider causes of homelessness, such as systemic failures in welfare and health systems or a lack of affordable housing. There are also debates about how and to what extent prevention should be targeted, while some systems, like those in Finland, triage individuals and households, escalating support when more support is needed, the USA approaches prevention by trying to only provide support where it is assessed as likely to be effective, the goal being to maximise the efficiency of spending. The broader evidence base[94] shows that clearly defined preventative services, based on tested methods, focused on households at imminent risk of homelessness and integrated with other services, support an effective homelessness strategy, and that flexible, person-centred preventative services, that give the people using them real choice and control, tend to be the most efficient.

[93] Pawson, H. (2007) op. cit.
[94] Pleace, N. (2018) *Preventing Homelessness: A Review of the International Evidence* Simon Communities of Ireland: Cork.

Accommodation not reasonable (ANR) in relation to homelessness and 'reasonable preference' law

3.40 England, Scotland and Wales do not have the equivalent of an ANR category under homelessness legislation, but it is important to note two elements in the legislative framework that can be related to Northern Ireland. One is that the homelessness legislation is posited on a definition of homelessness that is not confined to a simple absence of accommodation, i.e. someone can be homeless under the law if they have no accommodation they can *reasonably* be expected to occupy. The position is summarised in the current English legislative guidance (para 6.4)[95].

There are a number of different factors that determine whether a person is homeless. Under section 175, a person is homeless if they have no accommodation in the UK or elsewhere which is available for their occupation and which that person has a legal right to occupy. A person is also homeless if they have accommodation but cannot secure entry to it, or the accommodation is a moveable structure, vehicle or vessel designed or adapted for human habitation and there is nowhere it can lawfully be placed in order to provide accommodation. ***A person who has accommodation is to be treated as homeless where it would not be reasonable for them to continue to occupy that accommodation.*** *Housing authorities should ask themselves whether the person is homeless at the date of making the decision on their application.* (Emphasis added).

3.41 This is, arguably, a *narrower* definition than ANR and it is also important to note the contextual differences between England (as in the example here) and Northern Ireland in that local authority policy and practice has been oriented towards narrow interpretation of the legislation and guidance for decades. However, the potential for someone to be found homeless and owed the Main Duty because their housing is in one or more ways unfit for their needs, including being within the legal parameters of accommodation that is unfit for human habitation, does exist under law, subject to the other requirements in relation to intentionality, local connection and priority need. A second point is that other mechanisms exist for rehousing people whose existing housing is unsuitable because of a limiting illness, disability or other support or treatment needs. Medical priority systems can vary, with different social landlords and other systems for social housing allocation, such as choice-based lettings schemes not necessarily being consistent. People in these situations might be rehoused for similar reasons to those categorised as ANR in Northern Ireland, but these systems are outside the statutory homelessness system. Another potential route for rehousing due to medical needs or disability is reasonable preference law.

3.42 Until 2014, Scottish 'reasonable preference' law required that the following groups be given, as the law says, 'reasonable preference' in relation to local authority and housing association allocations policies:

- People occupying houses which do not meet the tolerable standard;
- people occupying overcrowded houses;
- people with large families;
- people living under unsatisfactory housing conditions; and,
- homeless persons or persons threatened with homelessness.

[95] MHCLG (2018-) *Homelessness Code of Guidance for Local Authorities*
https://assets.publishing.service.gov.uk/media/5a969da940f0b67aa5087b93/Homelessness_code_of_guidance.pdf

3.43 The 'tolerable standard' requires housing to be largely free of rising or penetrating damp, to have adequate heating and lighting, a clean water supply, basic bathroom facilities, working drainage, an electrical supply, basic kitchen facilities and have satisfactory access to external doors. This definition is narrower than the 'Decent Homes' framework developed in England[96].

3.44 A potential for comparison with ANR seems evident, but there are a number of ambiguities in respect of the operation of Scottish reasonable preference law. One is the presence of homeless households within the reasonable preference categories, which in some senses reinforces the position of statutorily homeless people as applicants that social landlords should prioritise (the original 1966 law did not include homelessness, which was added in 1987). Research conducted in 2011 found that the reasonable preference categories of 'below tolerable standard' and 'overcrowding' were quite often viewed as too narrow, while the 'large family' category was effectively non-operational, because of provisions in relation to overcrowding. The overall finding was that policy and practice in the social rented sector in Scotland reflected the reasonable preference law, but that the reasonable preference law, in essence, simply repeated the inherent operational logic and ethos that any social landlord would be expected to have, rather than being an actively referred to piece of legislation that actually shaped allocations decisions. In practice, social landlords often used *wider* definitions of housing need when determining priority, i.e. the interpretations of whether an applicant household should be allocated housing were more generous than those specified in reasonable preference law[97].

3.45 In 2014, the law was amended, being both narrowed in scope and changed in orientation, so alongside emphasising the need to prioritise certain households, the law could also be used to make more efficient use of social housing. The new categories were as follows[98]:

- homeless persons and persons threatened with homelessness and who have unmet housing needs;
- people who are living under unsatisfactory housing conditions and who have unmet housing needs; and
- tenants of houses which are held by a social landlord, which the social landlord selecting its tenants considers to be under-occupied.

3.46 The third category provides a framework that encourages social landlords to minimise under-occupation of the existing stock. The findings reported in 2011 still pertain, in that the Scottish homelessness legislation is effectively reinforced by reasonable preference and the law could be seen as simply repeating the pre-established operational ethos of almost any social landlord, rather than actively shaping it.

3.47 In England, 'reasonable preference' law has very similar overlaps with homelessness legislation, covering all statutorily homeless households, and adding the following categories[99]:

- People occupying insanitary or overcrowded housing, or otherwise living in unsatisfactory housing conditions. Guidance recommends that the 'bedroom standard' is adopted as a minimum measure of overcrowding, this allows one bedroom for:
    - Each adult couple;

[96] A decent home definition and guidance
[97] Bretherton, J. and Pleace, N. (2011) *Reasonable Preference in Scottish Social Housing* Edinburgh: The Scottish Government.
[98] ~~Social Housing Allocations Practice Guide~~
[99] Source: Shelter (2019) Local authority's duty on reasonable and additional preference in housing allocation

  - Any other adult aged 21 or over;
  - Two adolescents of the same sex aged 10 to 20;
  - Two children regardless of sex under the age of 10.
- People with a need to move on medical or welfare grounds, including needs relating to a disability. Guidance notes that welfare grounds includes:
  - Accommodation for a care leaver or someone leaving a drug or alcohol recovery programme;
  - Appropriate accommodation for those who could not be expected to find their own accommodation, such as those with learning disabilities who wish to live independently;
  - Accommodation suitable for people needing to give or receive support, such as larger accommodation for foster carers;
  - People who need to move to a particular area to avoid hardship to themselves or to others. This could include someone who needs to move in order to access specialist medical treatment or to provide care for a relative.

3.48 Unlike the Scottish legislation, these requirements apply only to local authorities in England. However, housing associations are usually expected to participate in choice-based lettings (CBL) schemes that encompass all or most of the social housing in an area, each household is given points that enable it to 'bid' for social housing, with the highest levels being given to statutorily homeless households, albeit that other households, whom reasonable preference law says should also be prioritised, can also be awarded points at the highest level. Participation in CBL and similar arrangements using pooled allocations and waiting lists across social housing effectively subjects housing associations to reasonable preference, however, as in Scotland, the law effectively repeats the operational parameters and ethos that almost any social landlord would have anyway. Authorities can also add 'additional preference' to some households, such as people at risk of domestic violence, but again, this largely reinforces the prioritisation specified under homelessness law. While a legal framework again exists that has some resonance with ANR, the overlaps with homelessness legislation and what effectively amounts to a restatement of the operational ethos a social landlord would be expected to have, means that no real equivalent of ANR priority need exists.

SECTION 3 – SUMMARY

HOMELESSNESS TRENDS – COMPARISON TO GREAT BRITAIN

Housing and homelessness is a devolved matter across the UK. This section highlighted how the level of homeless presenters and acceptances compared to the other UK jurisdictions, and points to key differences in terms of legislation, policy and interpretation of both. This section has been prepared by Nicholas Pleace, University of York.

The overall purpose of this section was to explore the differences referenced in the NIAO report, which pointed to differences in actual legislation and interpretation of legislation as key reasons for the higher level of homeless presenters and FDA status acceptances in Northern Ireland compared to the three other UK jurisdictions – England, Scotland and Wales.

Specific differences in terms of the interpretation of priority need and how this is applied were examined. For example in Scotland the abolition of the priority need criteria from December 2012 and the introduction of a housing options model led to fewer applicants presenting as homeless.

Legislative changes in Wales, which came into force in April 2015, have led to a key focus on housing advice and assistance and prevention of homelessness, with increased discharge of duties through the private rented sector. As a result there has been an increase in the number of applicants for whom new accommodation is found and the level of applicants supported to remain in their own homes, thus reducing homeless presentation.

In England, the Homelessness Reduction Act 2017 (in effect from April 2018), introduced amended duties in terms of homelessness, priority need and intentionality. This has resulted in a strengthened duty to provide advice and prevent homelessness.

It is worth noting that there have been no significant changes in legislation in Northern Ireland to mirror these recent legislative changes in the other three jurisdictions; the governing legislation remains the Housing (Northern Ireland) Order 1988 (as amended). Concurrently with the implementation of these legislative changes in Great Britain there has been an increase in the level of rough sleeping in all three jurisdictions.

Secondary data examined for this part of the research showed that the rates at which homelessness occurs across the UK are highly variable, with Northern Ireland and Scotland, where prevention has not yet been pursued to the same degree as in England and Wales, reporting higher rates of acceptances. A cautionary note is included; whereby preventative models can be viewed as 'gate-keeping'.

As noted legislative changes in Wales and England have had impact on the level of households found statutorily homeless; one estimate for Wales indicating a 67% downward shift in acceptance, albeit that a broadly downward trend had been evidenced before legislative change. In England where prevention has been a broad approach since the mid-2000s, there is an overall pattern of reduction in acceptances (2018/19 – 92% drop). The strict interpretation of the homeless legislation in England, connected to the lack of or pressure on affordable housing supply and availability of temporary accommodation was also noted. In the latter situation evidence points to a longstanding

tendency to interpret the legislation and associated guidance very strictly. The bulk of acceptances in England are homeless families.

The different type of legislation introduced in Scotland (at an earlier point) was in some ways more radical, providing a near universal right to housing for homeless people, based on the combination of legislation and a preventative approach. The key difference in Scotland was the total removal of priority need. The broad trend in response to this has been a reduction in homeless applications and the number of households found homeless (from 2010/11 to 2018/19 – a 40% decline). In Scotland there is a significantly higher level of lone person households found to be homeless in comparison to England. The key focus of the approach in Scotland has been the housing options model.

It is worth repeating a key concluding comment from this section:

In essence, based on experience elsewhere, a radical shift in practice in Northern Ireland, which combined the emphasis on prevention seen in legislative change elsewhere with a removal of priority need, might both widen access to people in need but also be manageable without a very large increase in resources being necessary. It is important to remain realistic, the pressures stemming from a lack of affordable housing permeate the statutory systems in England, Wales and Scotland just as they do in Northern Ireland, the levels of temporary accommodation use, particularly within London, show the limitations of legislative and operational reform in addressing homelessness.

Finally this section looked at comparative information in relation to the term Accommodation not reasonable (ANR) in Northern Ireland. Whilst the three GB jurisdictions do not have this category, the homelessness definition contained in legislation is not confined to a simple absence of accommodation; this is included in policy and case law, whereby someone can be deemed to be homeless under the law if they have no accommodation they can reasonably be expected to occupy. Scotland notes that homelessness can include people occupying houses which do not meet the tolerable standard. Overall it is clear that this policy and interpretation in England, Scotland and Wales is much narrower than the NI definition of ANR, and this has been the case for decades rather than just in recent legislative changes.

Section 4 now examines regional variation in the level of homeless presenters and FDA acceptances across the three Regions in Northern Ireland – Belfast, North and South Regions.

Section 4 Analysis of Regional Variations – Northern Ireland

Introduction

4.1 This section looks at the type and nature of regional variations across Northern Ireland. The NIAO report[100] noted the following:

The Housing Executive is operationally split into three geographical regions (Belfast, North and South) with the highest number of acceptances in Belfast and the lowest in the South. Over the past five years[101] there has been a 23 per cent increase in homelessness acceptances in the South Region; 13 per cent increase in the North Region and 11 per cent increase in the Belfast Region.

The NIAO provided some reasoning for these increases as follows:

The Housing Executive has suggested that the majority of the increases in North and South Regions may be attributable to increases in the accommodation not reasonable and loss of rented accommodation categories. Other potential reasons behind the increase in acceptances include local demographics, the private rented market being less well developed outside Belfast, and the increasing vulnerability amongst homeless applicants, including mental health issues as well as mobility problems.

4.2 The tables below highlight variation in the level of acceptances between the three Housing Executive Regions, for the research time period 2012/13 to 2018/19. This provides an up-to-date picture in terms of the level of regional increase in acceptances (building on the five years examined by the NIAO); and this should be set within the Northern Ireland wide increase in acceptance levels referenced in Section 2; the relevant NI wide table is replicated here for ease of reference (table 12). This showed the following:

- a decrease in the total number of presenters in Northern Ireland overall from 19,549 in 2012/13 to 18,202, thus creating a lower base-line against which to measure FDA acceptance levels;

- an overall uplift in the FDA acceptance level from 53.55% in 2012/13 to 68.74% in 2018/19 – an increase of 15%;

- in terms of numbers an increase from 10,470 acceptances NI wide in 2012/13 to 12,512 in 2018/19; a 19.5% increase in acceptances in terms of actual numbers.

[100] NIAO Report – pages 16 and 17
[101] For the period 2012/13 to 2016/17

Table 12: Homelessness report – homeless presenters and acceptances

Year	Presenters			Total presenters	Total acceptances	Percentage acceptance rate
	Belfast Region	North Region	South Region			
2012/13	7,722	6,278	5,549	19,549	10,470	53.55%
2013/14	7,427	5,974	5,461	18,862	9,649	51.15%
2014/15	7,703	6,086	5,832	19,621	11,016	56.14%
2015/16	7,375	5,815	5,438	18,628	11,202	60.13%
2016/17	7,096	5,943	5,534	18,573	11,889	64.01%
2017/18	6,924	5,742	5,514	18,180	11,877	65.33%
2018/19	6,693	5,932	5,577	18,202	12,512	68.74%

Source: NIHE Homelessness Policy & Strategy Unit

4.3 Tables 13 – 15 cover the three Regions – Belfast, North and South. It should be noted that the tables provide details of the actual number of FDA acceptances in each Area office within the Region[102], together with the level of acceptances as a percentage of the number of presenters. These tables indicate the following:

- An increase in percentage FDA levels in each of the three Regions in line with or above the overall Northern Ireland increase (15% increase in FDA acceptance level). The Belfast Region noted an increase of 14.47% in acceptances, the South Region (18.95%) and the North Region (23.96%). An increase in the total number of acceptances per annum in each of the Regions was also noted. In the Belfast Region this was an increase of 425 (4,081 to 4,506 over the time period), in the South Region; an increase of 1,071 (2,791 to 3,862) with the biggest increase in the North Region an increase of 1,279 (2,583 to 3,862). These actual increases in the total number of applicants being accepted as homeless with FDA status show a percentage increase in each of the three Regions (Belfast – 10.4%, North – 49.5% and South – 38.4%). This is a much more significant increase in acceptances by Region than noted in the NIAO report (Belfast – 11%, North – 13% and South 23%) as this covered the shorter time period of 2012/13 to 2016/17;
- Part of this increase can be explained by the progressively lower base line of presenters in each of the Regions over the time period. For Northern Ireland as a whole the level of presenters reduced from 19,549 in 2012/13 to 18,202 in 2018/19; similar decreases in presenters were noted in the Belfast Region (13%), the North Region (5%) and the South Region remained at a similar level;
- There are significant variations in FDA acceptance levels between the Areas within Regions (even within one year). For example, in the North Region in 2015/16 the Causeway Area recorded 79.51% acceptance in contrast to Mid & East Antrim which recorded 57.47%. The South Region in 2014/15 recorded 67.43% in Ards & North Down in contrast to 37.63% in the South Area. These variations clearly impacted the overall acceptance level in each Region.

[102] The Regions in these tables are aligned to the Council areas which the Housing Solutions Teams operate within.

Table 13: Homelessness report – homeless acceptances – Belfast by Council Area and overall Region

Year	Belfast			Lisburn & Castlereagh			Total		
	Pre	Acc	%age	Pre	Acc	%age	Pre	Acc	%age
2012/13	5,371	2,853	53.12%	2,351	1,228	52.23%	7,722	4,081	52.85%
2013/14	5,239	2,506	47.83%	2,188	1,166	53.29%	7,427	3,672	49.44%
2014/15	5,843	3,064	52.44%	1,860	1,053	56.61%	7,703	4,117	53.45%
2015/16	5,664	3,316	58.55%	1,711	942	55.06%	7,375	4,258	57.74%
2016/17	5,395	3,289	60.96%	1,701	1,033	60.73%	7,096	4,322	60.91%
2017/18	5,879	3,940	67.02%	1,045	675	64.59%	6,924	4,615	66.65%
2018/19	5,747	3,790	65.95%	946	716	75.69%	6,693	4,506	67.32%

Source: NIHE Homelessness Policy & Strategy Unit

Table 14: Homelessness report – homeless acceptances – North by Area and overall Region

North Region															
Year	Causeway			Mid & East Antrim			South Antrim			West Area			Total		
	Pre	Acc	%age	Pre	Acc	%age	Pre	Acc	%age	Pre	Acc	%age	Pre	Acc	%age
2012/13	1,143	654	57.22%	1,484	806	54.31%	1,735	1,015	58.50%	1,916	1,123	58.61%	6,278	2,583	41.14%
2013/14	1,084	655	60.42%	1,417	724	51.09%	1,462	781	53.42%	2,011	1,120	55.69%	5,974	2,697	45.15%
2014/15	1,124	736	65.48%	1,489	814	54.67%	1,366	913	66.84%	2,107	1,291	61.27%	6,086	3,145	51.68%
2015/16	1,020	811	79.51%	1,345	773	57.47%	1,530	1,099	71.83%	1,920	1,209	62.97%	5,815	3,052	52.48%
2016/17	1,050	795	75.71%	1,559	995	63.82%	1,398	1,006	71.96%	1,936	1,223	63.17%	5,943	3,147	52.95%
2017/18	1,002	716	71.46%	1,515	997	65.81%	1,229	904	73.56%	1,996	1,203	60.27%	5,742	3,442	59.94%
2018/19	1,001	689	68.83%	1,516	1,088	71.77%	1,336	1,052	78.74%	2,079	1,315	63.25%	5,932	3,862	65.10%

Source: NIHE Homelessness Policy & Strategy Unit

Table 15: Homelessness report – homeless acceptances – South Region by Area and overall

South Region																		
Year	Ards & North Down			Mid Ulster			South Area			South Down			South West Area			Total		
	Pre	Acc	%age	Pre	Acc	%age	Pre	Acc	%age	Pre	Acc	%age	Pre	Acc	%age	Pre	Acc	%age
2012/13	1,462	872	59.64%	851	447	52.53%	1,375	549	39.93%	1,294	701	54.17%	567	222	39.15%	5,549	2,791	50.30%
2013/14	1,430	854	59.72%	849	413	48.65%	1,330	514	38.65%	1,290	685	53.10%	562	231	41.10%	5,461	2,697	49.39%
2014/15	1,566	1,056	67.43%	876	515	58.79%	1,419	534	37.63%	1,322	750	56.73%	649	290	44.68%	5,832	3,145	53.93%
2015/16	1,408	946	67.19%	817	480	58.75%	1,317	435	33.03%	1,283	892	69.52%	613	299	48.78%	5,438	3,052	56.12%
2016/17	1,483	961	64.80%	829	466	56.21%	1,262	492	38.99%	1,206	824	68.33%	754	404	53.58%	5,534	3,147	56.87%
2017/18	1,659	1,160	69.92%	770	468	60.78%	1,259	593	47.10%	1,135	789	69.52%	691	432	62.52%	5,514	3,442	62.42%
2018/19	1,565	1,156	73.87%	843	542	64.29%	1,253	790	63.05%	1,244	907	72.91%	672	467	69.49%	5,577	3,862	69.25%

Source: NIHE Homelessness Policy & Strategy Unit

4.4 Analysis of these tables over the research time period highlights some key questions that were examined in the course of interviews with stakeholders. Firstly, what reasons or factors might contribute to differences in FDA acceptance levels when the three Regions are compared, and even within Regions at Area Office level? Secondly, are the reasons linked to the presenters in those particular Regions, or are there other factors including the housing market and tenure distribution in the Regions and how homelessness is assessed in particular offices?

4.5 Feedback from internal and external stakeholders provided a range of Region specific reasons for the acceptance level of full duty applicants for each Region, and insight as to why the acceptance level varied between Area offices in the Regions. This feedback is outlined below by Region and where appropriate specific areas are referenced It should be noted that this section overlaps with Section 5 which examines stakeholder feedback in terms of the general and Northern Ireland wide increase in acceptance levels. This notes four key factors – the nature and complexity of presenters, changes to the administration of homeless presentations, external advocacy and support and the overarching structure of the housing market and distribution of tenure – as contributing to increases in acceptances levels. Relevant secondary sources are included in Section 5.

Whilst not wishing to curtail the nature and variety of comments received in this part of the research on the impact of EEA Nationals[103] on both the presenting and acceptance figures it is worth providing some context and background, against which the quotes below can be measured. It should be noted that whilst it is mandatory for the Housing Executive to record the nationality of applicants as part of their equality monitoring obligations, in some cases the applicant may ask for this not to be recorded; as such this can distort the figures. As an example of the level of EEA Nationals presenting and/or being accepted as homeless, the Housing Executive provided figures for the period January to March 2018. This showed that for this time period a total of 5,080 households presented as homeless with 3,563 accepted as full duty applicants. Of these a total of 122 (3.4%) were recorded as EEA Nationals, other than Irish or British nationality. In contrast, of the 1,517 households who were not FDA, 9% (137) were found to be EEA Nationals. These actual figures should be referenced in the light of perceptions below; albeit that levels of EEA Nationals varies significantly area by area.

4.6 ***Belfast Region***

Whilst the Belfast Region[104] demonstrated the lowest overall increase in total actual numbers of acceptances (10% over the research period) of the three Regions, Table 13 indicates that there was a similar level of increase in FDA acceptances year on year in the time period being examined (2012/13 to 2018/19) – percentage increase of 14% - in line with the overall Northern Ireland increase. (15%). Internal Housing Executive stakeholders suggested a number of reasons for this level of increase in Belfast Region.

Internal stakeholders noted the lack of availability of accessible and affordable accommodation. Respondents referred to the high cost of rents in the private rented sector; this was referred to as 'city' rents.

[103] Nationals from the European Economic Area.
[104] Area offices - Belfast HSST (including SVPRS), Lisburn & Castlereagh, North Belfast, South & East Belfast and West Belfast.

Speaking from this area, I think because we have city status the rents are huge. See for us to navigate people into the private rented sector, here in Lisburn a 3-bed house is £600 and these people are on benefits. Housing Benefit will nowhere near cover this – the maximum is £400 really. They're catch 22 – they don't have the avenue to purchase. And then when they get into difficulties there's only so many times that a private landlord will let this by when people are still not paying. (Internal stakeholder)

In Dundonald I don't think you could rent anything in the PRS for under £650 or £700. (Internal stakeholder)

The complexity of presenters was also highlighted as factors contributing to an increase in acceptances; together with varying levels of services in the Region[105].

So if you have someone presenting in Belfast with huge mental vulnerability and suicidal – they can call on Extern who are trained in that sort of field. We have nothing in the South Eastern trust – we have MACS but that's age capped at 21. (Internal stakeholder)

Proximity to HMP Maghaberry and various mental health units was also noted as contributing to the type of need presenting.

I have never seen so many huge mental health problems – serious problems. Lots of people are saying they are suicidal, drug overdose and self-harm, children being neglected, children in care, Social workers even accompanying them in here, people being released from the mental health unit in Lagan hospital…nowhere to go. (Internal stakeholder)

Particular client groups were also highlighted as contributing to an increase in FDA levels; this included refugees and those with mental health issues and addictions, with the suggestion that this was higher in the Belfast Region in comparison to the other two Regions[106].

There has also been an increase – from the Syrian refugee scheme – given refugee status and entitled to homelessness status. Increase in number of asylum seekers – would increase level of acceptance. (Internal stakeholder)

We also have people subject to immigration control who have been awarded leave to remain…refugee status – lot of those in Belfast….so they're an automatic FDA. People who have to leave NAAS accommodation – but have been granted their refugee status – with leave to remain….and we have to deal with them. (Internal stakeholder)

There are other more complex cases – young people, drug users, with a history of homeless applications…foreign nationals as well. (Internal stakeholder)

People here have more issues – mental health issues, addictions – drug addiction in Belfast is huge. Down at the counter Security would see people passing drugs…people with needles actually injecting – and obviously there are families there…so Security people deal with those people. It's just rife and you see people in the streets – taking drugs – it's not hidden anymore. (Internal stakeholder)

[105] It should be noted that since this research was carried out the Multi-Disciplinary Homelessness Support Team, operated by Extern, has been extended to cover the South Eastern Health & Social Care Trust. Whilst this quote references a lack of services, the context of additional services introduced since the interview should be noted.

[106] The Housing Executive would note that for applicants who are Syrian refugees there was a total of 112 and 137 households presenting in 2016/17 and 2017/18 respectively. All applicants from the Syrian Vulnerable Persons Resettlement Scheme are accepted as statutorily homeless and placements are provided across Northern Ireland.'

There are people taking overdoses at the counter - we would have to regularly phone ambulances for people….people threatening to commit suicide – just yesterday a young guy who was 17 – one of our advisors was dealing with him. Now he was in with his Mum – his Mum knew that he had suicidal ideations – the housing advisor had to give him details of Lifeline etc. We would regularly have to call an ambulance for people. (Internal stakeholder)

Accommodation not reasonable (ANR) was also noted as a wider issue across the Region, with particular reference to older people.

We're currently working with Belfast City Council around how we deal with property unfitness, trying to sit down with the Belfast HSC Trust – the difficulty there is multiple layers. And if you have an older person who has physical health issues, mental health issues there are four different Social Work teams. I've always had the attitude that we can criticise front-line staff that they are making these calls too easy; but we need to think about how to 'case conference' cases…what are we doing around an alternative offer? How do we try to assess these issues? (Internal stakeholder)

Those assessed as being 'homeless' are nearly all elderly or have a physical disability – the vast majority – that is the reason….we certainly looked for evidence from Social workers and other health professionals. (Internal stakeholder)

A number of internal stakeholders within Belfast Region believed that the move towards Housing Solutions had in itself resulted in an increase in awards of FDA status, when fully implemented in 2017/18. This theme is also covered in in Sections 2 and 5.

Internal stakeholders also highlighted that the number of presenters in the Belfast Region had declined in the period 2012/13 to 2018/19 (from 7,713 to 6,704). They suggested that this was one reason why the acceptance level had increased; the actual mathematics of calculating the rate of increase.

One key factor is down purely – it's pure mathematics. You will always have those who are homeless and priority need. But whenever the number of presenters drop – the number of priority need will not necessarily drop….those who are filtered out after advice & assistance – you're left with what you might call – if you filter off those who aren't really homeless; who are just coming down to look at the menu to see what there is – they are taking out of the equation. (Internal stakeholder)

Pure mathematics – if you have fewer people presenting – but you still have the same core group with priority need – then the proportion will rise (of FDAs) – the percentage of acceptances will increase. (Internal stakeholder)

Conversely some internal stakeholders suggested that compared to other Regions (North and South) there should be an increase in the level of FDA acceptances.

We would expect there to be higher levels of acceptances in Belfast City centre – interface areas, high number of singles with complex needs – high number of those with addictions and mental health issues do tend to migrate to the city – sometimes because services and support are better here. But this isn't the case – because the acceptance levels are actually lower in the Belfast area than the other regions…but maybe it's to do with whether it's singles or families. (Internal stakeholder)

External stakeholders provided similar comments about the increase in FDA acceptance levels in the Belfast Region.

There was also an increase in EAA nationals (European Economic Area). 5 years ago – it was around 5% - now for people using our services in here – it's double – 10%. (External stakeholder)

There has been a massive increase across the board of young people with drugs. I'm astonished by the higher level of deaths from drugs here in Belfast. (External stakeholder)

Community threats – in our Floating Support we had quite a lot of clients who were 'put out' because of community or paramilitary threat…and this isn't supposed to be happening anymore….it's coming through more now under Community threats. They have high support needs – in an area – where it becomes difficult for the existing community to cope with this level and extreme of high needs coming into their area. (External stakeholder)

4.7 ***North Region***

The North Region[107] showed the biggest increase in total numbers of FDA acceptances (49.5% over the research period) compared to the Belfast and South Regions. In addition, the increase in percentage FDA level for the Region was higher than for Northern Ireland as a whole (24%). Internal Housing Executive respondents from the relevant Area offices provided their feedback on why FDA acceptances were significantly higher in this Region. A number of specific themes for the North Region are outlined below.

Housing Executive stakeholders noted a number of contributing factors in the North Region which they suggested directly contributed to an increase in the priority need and complexity of clients presenting in their Area and District offices. Stakeholders noted direct links between applicants and a history of prison release (from HMP Magilligan), resettlement from Muckamore Abbey long-stay hospital (those with learning disability and/or mental health history) and discharge from a number of hospitals including Antrim Area hospital and Holywell hospital.

Another thing in Causeway, we are responsible for the prison releases in Magilligan. (Internal stakeholder)

And we have Holywell, Muckamore and Antrim Area hospitals. We have a lot of complex issues and cases in this town. Somebody in Holywell is coming up to their discharge and they can't return to their last settled address for whatever the reason – they're homeless. (Internal stakeholder)

I would say that a lot of our priority need cases are down to mental health issues. …I don't know if it's because of the hospitals – Muckamore and Holywell – but we are finding a lot of our priority need is going to mental health issues. (Internal stakeholder)

Because we live in an area where there are three hospitals – Holywell, Muckamore Abbey and Antrim Area. We would have quite a few people from Holywell presenting here as homeless because they can't go back to their family home….could be violence, Mum doesn't want them back, it could be a marital breakup, it could be a number of reasons…just asked to leave the family home – mental health and violence not allowed back to the family home because of other youngsters in that home. (Internal stakeholder)

In terms of Derry and the North West stakeholders noted higher levels of intimidation as a reason for homelessness.

[107] Area offices –Causeway, Mid & East Antrim, South Antrim and West Area.

Also intimidation – I would say a good majority of our cases have intimidation in it – it's mainly young males. (Internal stakeholder)

Respondents covering Ballymena noted increased levels of drugs and also higher levels of EU nationals and links to factory work in that area, as Area specific issues that had contributed to an increase in acceptances. Drugs were also specifically highlighted as a major contributory factor in the Limavady area.

Also spike particular to Ballymena – with EU nationals coming in (reference to number of factories) – a lot of illegal tenancies and overcrowding – so there's that element as well. And there's also lack of housing. (Internal stakeholder)

The changes in drug addiction over the last 7 years – Limavady in particular, same as Ballymena. Massive drug issue – you can tell from people coming in. (Internal stakeholder)

Respondents in the Antrim Area noted the lack of provision for young homeless together with increased addictions.

Around this area we have very little provision for 16 and 17 year olds. The only provision is in Coleraine and Magherafelt. An awful lot of drug taking - this has increased in terms of the types of drugs and the encouragement of doing it in groups of young people. Drugs is a big thing in Antrim – and in the Borough – we have Crumlin, we have Toome, we have Parkgate – it's not just Antrim you're talking about – we have a big intake for drugs. (Internal stakeholder)

A number of stakeholders also noted that people with additional complex issues are coming into their Region in order to access appropriate services, again resulting in more complex needs at point of presentation to the Housing Executive.

We have a lot of people who aren't originally from this area – but because they are engaging with the Community addictions team – they gravitate here. They come from Belfast to the two hostels in this town. The waiting list for addictions in the Northern Trust is much lower than it is in Belfast – so therefore they're getting seen much quicker here….and then tending to remain in the local area afterwards. (Internal stakeholder)

In addition, stakeholders in this Region suggested that the increase in the numbers and level of FDA acceptances were related to the structure of the housing market and distribution of housing tenure in the area. Factors such as the sale of private rental properties by a few 'bigger' landlords, lack of options and provision for 16 – 17 year olds as well as added pressure on the private rented sector in the shape of student accommodation and the holiday market were noted. Respondents also mentioned specific events that impacted the availability of accommodation, including the Open Golf Championship 2019.

We had a big landlord in this area – he passed away and his properties have all been passed to his son and he's selling a lot of them at the moment. (Internal stakeholder)

Locally we struggle with the private rented sector – because we're on the North Coast – and student accommodation there as well. With the university – a lot of the single lets are for students. And then there's the holiday lets. We do what we can to help them. We did use Smartmove up until fairly recently for help with deposits. But they are no longer available. (Internal stakeholder)

Similar to the broad reasons provided in Sections 2 and 5 respondents highlighted the lack of affordable and accessible housing options for homeless presenters in their Region.

We don't have a Housing Solutions approach other than to tell them to go private rental…there's nothing else for that person other than to go down the homeless route with us. This will justify the FDA….the whole transformation idea was to provide housing solutions – but we don't have anything here. Landlords want a guarantor for an under 21 as well. ..they want £1,000 up front – we're just not dealing with the type of people who would have that type of money. We did have Smartmove which was in action – but that contract has now ended and there's no replacement – when we're trying to do a Housing Solutions interview and talk about different options with the client – we don't have them (options). (Internal stakeholder)

External stakeholders in the North Region referenced many of the items outlined above, including links to mental health needs, release or discharge from a range of settings and wider factors relating to the housing market and affordability. One external stakeholder shared an external report, *Homelessness Scoping Study*[108] completed for the ECHO Steering Group[109]; this noted that hostel managers and support workers had highlighted an increase in *very vulnerable homeless people coming into the 'system', increased issues around debt, and increased prevalence in drug and alcohol addiction, an increase in mental health issues, and an increase in the number of younger people presenting as homeless. Hostel staff also noted an increase in the lack of social housing (for those moving on from hostel accommodation) and that more people seem to not be entitled to welfare benefits*[110].

Another external stakeholder noted the level of people living independently in unstable situations and with a lack of stability of services in the community to support them; all feeding into a picture of increased FDA awards.

I think there are a lot of people living independently in the community who should be in supported living and a more supported environment – but then they don't meet those criteria. There are a wide range of people living in the community who have complex needs and can't live independently. They are the ones feeding into the homeless acceptances. (External stakeholder)

15 years ago if I was leaving a service user who I felt was extremely at risk of losing their tenancy and not being able to cope I could have linked into four or five different services – and know when I was leaving them….that's ok, they're linked with a permanent service, that will be fine…there was a lot of small community groups and community centres that would have done this….even those things that weren't official services, that's all gone. A lot of befriending services have gone. But you could also have linked them into the statutory services in those days too, but now it's getting more difficult to do that. (External stakeholder)

4.8 ***South Region***

The South Region[111] also indicated a significant increase in the actual number of FDA acceptances (2,791 to 3,862 from 2012/13 to 2018/19 – an increase of 38%). The percentage increase in FDA acceptance level was 19% from 50.30% in 2012/13 to 69.25% in 2018/19. Similar to the Northern Region the most frequently cited reasons for higher acceptance levels in the South Region related to the type, nature and complexity of presenters, and to a lesser degree reference to the distribution of

[108] *Homelessness Scoping Study,* September 2015, Jane Turnbull.
[109] ECHO – Enhancing Health Care for the Homeless, established 2011 with representatives from local voluntary, community and statutory groups in the Northern Health & Social Care Trust area.
[110] Page 7, *Homelessness Scoping Study,* September 2015, Jane Turnbull.
[111] Area offices –Ards & North Down, Mid Ulster, South Area, South Down and South West Area.

tenure and fluctuations in the private rental market. Again similar to the North Region a range of 'region specific' reasons were given for this increase; these are outlined below.

Housing Executive stakeholders indicated a range of reasons for higher levels of presenters with complex needs in the South Region. Reference was made to mental health units (St Luke's, Armagh and Bluestone, Craigavon) and addiction treatment centres (Cuan Mhuire, Newry).

Because St Luke's was in Armagh – and then it became Care in the Community – I think that has an impact on homeless presenters in Armagh. (Internal stakeholder)

I would say it's the type of presenter – we have Care in the Community – we have the links with the Addictions unit, you have Bluestone which is a short-stay mental hospital. We are getting social worker reports flat out – saying – these people are vulnerable. (Internal stakeholder)

A big factor that we would have is the location of the Bluestone unit, the mental health hospital. It does have a very wide area – it's catchment area is Newry and Mourne, and the Southern Region and it would take patients from Belfast. Once they go into that facility the social workers now have a working relationship with ourselves if they need an assessment done. It is our office that does it….and quite a lot of the time they are FDA's just because of the issues they are facing. (Internal stakeholder)

Temporary accommodation in some areas was viewed as an 'attractor' for those with more complex needs and additional vulnerability. Lack of services in the Southern Region to support those with additional needs was also seen as a contributor to applicants having higher levels of need.

There is also a lot of temporary accommodation in Armagh – Linencourt hostel – and that again brings people with a lot of vulnerabilities, drug and alcohol issues, mental health – and that certainly has a big impact. (Internal stakeholder)

The lack of services and intervention at an early stage – has created more people coming through our doors with more need – at a worse point in their life – if we'd got them at the very start….they're coming to us at crisis point – it's too late. The landlord and their relationship has broken down. (Internal stakeholder)

In addition, internal stakeholders in Armagh, Dungannon and Portadown suggested higher levels of Foreign Nationals in this Region were contributing to the higher acceptance level. The following quote demonstrates appropriate signposting for this group.

The other thing that has an impact on homeless figures is Foreign nationals – particularly in Armagh and Portadown – there's a high level of presenters, we are getting a lot of Bulgarians. There's some sort of clinic being held every Friday morning in a local community centre and social workers involved – they seem to be signposting them to us. So there seems to be an influx of Bulgarians in Armagh at the moment. We would also have a lot of Polish, Lithuanian, Latvian in Armagh as well. (Internal stakeholder)

I would say it's because in the south there's a lot of factories – I think it's because there's a lot more foreign nationals. Dungannon has the highest level, then Cookstown and then Magherafelt. (Internal stakeholder)

The Foreign Nationals – you could look at our counter figures; and 90% of them in here in a day will be Foreign Nationals who are either applying for Housing Benefit or applying for housing with ourselves. (Internal stakeholder)

This trend was confirmed by external stakeholders; one noted that at least one third of residents in their hostel were foreign nationals, with others pointing to the links with employment and proximity to the border.

Higher levels of Travellers presenting were also noted as a contributory factor; both in terms of volumes/numbers and also in relation to obtaining relevant and appropriate information at assessment stage. This was particularly noted for the South West Area but also referenced in terms of Newry and Coalisland.

In respect of the borders – we are the nearest town on this side of the border, nearest to the border – and we would have regular presentations from Travelling families. In recent years – where we've accommodated families from across the border and they are sustaining their tenancy relatively well…they'll also encourage other family members to come up and stay with them – and then present from there. The main reasons for homelessness amongst Travelling families is family feuds and relationship breakdown, domestic violence, put off a site, been moved, lost accommodation in England etc. It's difficult to get information – because of their nomadic lifestyle they won't have the utility bills…they won't have the contacts. (Internal stakeholder)

There are more Travellers. It may be issues in relation to along the border – presenters from across the border. And it's a lot harder to get information from agencies in the RoI. The impact of data protection in terms of getting data from south. (Internal stakeholder)

We deal with a lot of Travellers in the Newry area – lot of issues and vulnerabilities – they are classed automatically as FDA. (Internal stakeholder)

Internal stakeholders suggested that in some areas within the Region the base line of acceptances had been very low; this then meant that any increase was more noticeable.

South Region is bound to be affected by the offices which had incredibly low acceptance rates – which are now coming up to the norm. (Internal stakeholder)

Another factor noted for the South West and Ards & North Down areas was a higher ageing population with links to older properties and accommodation not reasonable.

The increase in people presenting as homeless…biggest increase is in people coming in and saying – ANR. It is much higher here than it would be in Belfast. I think it's because of the vast area – and a lot of people are living longer – and it's a lot of elderly people in this area. (Internal stakeholder)

Specific reasons for increases in the Ards and North Down Area included higher levels of intimidation cases and increased levels of domestic violence.

The other thing we have is intimidation; it's much higher than other places. Again outside Belfast and Derry it's the highest. A lot of the stuff that happens in Belfast seems to get played out here….particular problems – level of intimidation has spiked in the last couple of years. (Internal stakeholder)

Domestic violence has gone up – we think because of a very proactive campaign by the PSNI and Councils in this part of the world – on social media and across the board. The conclusion is that it was always there – just more people coming forward. Police records confirm that as well – Ards and North Down have a particular problem in this. (Internal stakeholder)

In the South Region a significant contributory factor was noted in terms of the private rental sector; particular reference was made to Newry, Dungannon and Armagh. Factors included increased rents together with a perceived reduction in the availability of this tenure.

And also I would say why there's an increase in presenters in Armagh is because there's a real decrease in private rentals here…the fall is unbelievable – and any private rental that there is – is £650/£700 a month. The people that's presenting to us – cannot afford that. With Universal credit now….I tell them to look at the rent and the rates – before they sign up to anything. It's the affordability thing. (Internal stakeholder)

There's a lot of families coming in who are privately renting – the private rent in Dungannon in particular is extremely high and people just can't afford it. (Internal stakeholder)

External stakeholders in the South Region confirmed the range of reasons put forward by internal stakeholders. References were made as follows to a number of repeated themes including affordability and poverty, lack of private rented sector and accessibility to this sector.

In Enniskillen and Fermanagh we do the Floating Support – there's an awful lot of poverty down there. The foodbank is used a lot. And there's not a lot of services down there. (External stakeholder)

Smartmove was in Newry – but they were working with their hands tied behind their backs. Offering private sector accommodation but you had to relinquish your FDA – but nobody in Northern Ireland is going to do that – as people ultimately want to keep their points for social housing – they aspire to social housing because it gives them security of tenure. (External stakeholder)

Drugs are freely available in the Newry area – this past 4 or 5 years – our cases have become very complex. It's debt, it's addiction, it's finance. It's breakup of the family. We work with a lot of referral agencies – referral protocols with a number of key agencies in the area – where we can refer people for additional support. (External stakeholder)

And we would have a lot of frontier workers here – who move back and forth across the border.

Frontier worker – who live in Northern Ireland and cross the border every day – to work in the South of Ireland. (External stakeholder)

The private landlord is putting up the rent – but the Housing Benefit is not matching the rent…there is a gap in finances and then the debt cycle starts. And if they increase that gap the debt worsens. And it's going to become worse – if the bedroom tax and the welfare reform – delay in payments to landlords through Universal credit – that's causing difficulties as well. People are getting letters saying they are going to be evicted. The number of people who have come in – upset, vulnerable, can't deal with it. (External stakeholder)

External stakeholders also suggested that new build schemes in this Region had skewed the figures with an increase in presenters in certain Areas and a related increase in FDA acceptance.

There has been a lot of new build that has taken place in Ards and North Down. People are being advised – that they will get one of these nice new properties if they go and present themselves as homeless….the uptake is because of the new build – if we didn't have the level of houses available – would we have the same level of acceptances? (External stakeholder)

SECTION 4 SUMMARY

ANALYSIS OF REGIONAL VARIATIONS – NORTHERN IRELAND

This section has examined the regional variation in levels of FDA acceptances across the three Regions. Whilst analysis of secondary data shows an incremental increase in FDA acceptance levels across Northern Ireland as a whole (15% for NI and 14.47%, 23.96% and 18.95% for Belfast, North and South Regions) over the research time frame, similar analysis to what is reported by the NIAO shows significant increases in the total number of applicants accepted as homeless in the three Regions (Increases - Belfast – 10.4%, North – 49.5% and South – 38.4%). Acceptance levels within Regions (between Area offices) show some significant differences.

Feedback from internal and external stakeholders provided some suggestions for Region specific issues for this including proximity to prisons and mental health assessment units, as well as more general and NI wide increases in addictions and mental health issues. Some factors noted were quite specific to particular areas e.g. student pressure and holiday lets on north coast (North Region) and Travellers in certain parts of the South Region. However, given the commonality and similarity of responses it is difficult to surmise that this would give rise to such significant inter-Regional variation. This leaves a question mark in terms of how the scheme has been administered in each Region, and perhaps more importantly how it was delivered in different areas historically. Monitoring of how homelessness duties are administered at a local level, and consistency across Regions is an important ongoing factor.

On a more positive note it is worth noting that overall Regional variation in FDA acceptance levels appears to be reducing. In 2012/13 there was a considerable range of FDA acceptance levels from 41.14% in the North Region to 50.30% in the South Region compared to 52.85% in Belfast Region – a spectrum of over 10% in acceptance levels. In contrast the FDA acceptance levels for the Regions in 2018/19 were 65.10% (North), 67.32% (Belfast) and 69.25% (South) – a variation of only 4% between regions.

Section 5 now examines a range of reasons – both from secondary data and from primary data from interviews – why statutory acceptances have been increasing generally since 2012/13.

Section 5 Levels of Statutory Homelessness Acceptances in N. Ireland

Introduction

5.1 This section examines the increase in levels of statutory homelessness acceptances in Northern Ireland, providing qualitative feedback from internal Housing Executive and external stakeholders on the perceived and actual reasons for these increases. Section 2 outlined the number of homeless presenters and acceptances since 2012/13. In particular this section noted that the level of FDA has increased from around 50% Northern Ireland wide, and now sits at 70%[112].

5.2. These trends are well documented elsewhere. As already noted the NIAO and the Crisis *Northern Ireland Homelessness Monitor* (2016)[113] documented the trend in upward levels of statutory homeless acceptances in Northern Ireland[114]. The current Homelessness Strategy (2017) *Ending Homelessness Together*[115], noted that prior to the commencement of the last Strategy, homeless presentations in year 2011/12 were 19,737. At the end of year 2015/16, 18,628 households presented as homeless to the Housing Executive. This represents an overall drop of circa 5.6% in homeless presentations through the lifetime of the previous Strategy. Furthermore this strategy outlined that acceptances of households as statutorily homeless and awarded FDA status over the years have averaged between 48% and 53%, rising in 2015/16 to a high of 60% of all presenters. The strategy notes:

While overall presentations have dropped, acceptances have increased. An ageing population coupled with increasing numbers of clients with complex needs such as mental health problems, addictions etc. means that more households are meeting the "priority need" test than previously.

5.3 This section reviews feedback from internal and external stakeholders, providing analysis of their professional assessment in terms of any changes in the nature and type of homeless presenters in Northern Ireland over the last seven years, and their viewpoints on the rationale and background factors which can be deemed to be both causal and associated factors linked to an increase in the levels of acceptances Northern Ireland wide. Regional variation has already been examined in Section 4.

[112] It should be noted a reduction in this level has recently been recorded – Q1, 2019 - 2020.
[113] Crisis (2016) *The homelessness monitor: Northern Ireland 2016.*
[114] Ibid.
[115] Ibid.

5.4 Stakeholders provided a range of responses in terms of the possible rationale for the increases in statutory homeless acceptances. Analysis of these indicated four broad themes as follows:

- **Nature and complexity of presenters;** with specific reference to a range of different factors and background criteria. These are outlined in detail below;

- **Changes to the administration of homelessness presentations,** in particular the homelessness assessment since the introduction of Housing Solutions. Differing viewpoints on this are outlined below;

- **External advocacy and support,** together with changing expectations amongst the homeless presenting population;

- **The overarching structure of the housing market and distribution of tenure,** in particular the supply of social housing and the increasing use of and reliance on the private rented sector.

5.5 Nature and complexity of presenters

There was strong suggestion both internally within the Housing Executive and from external stakeholders that the needs and presenting issues of those coming forward as homeless presenters has changed significantly in the last 8 – 10 years; and that the year on year increases in FDA acceptances were to some degree as a direct result of this. Qualitative quotes are outlined below, and Table 16 provides an overview of the range and types of needs and complexity of issues.

One external stakeholder put it like this:

The feedback I would get from hostel managers is that the complexity of the issues that people are presenting with has greatly increased….this may be due to increasing levels of mental health issues or addictions or both. (External stakeholder)

Another external stakeholder reflected as follows:

I would have said that it's the complexity of the needs coming through the door now – I mean, what we would have seen 13 years ago would have been young people who were struggling to pay their rent, but by and large, with some structured support – we were able to go in and help them to stay at home or maintain where they were. The complexity of their needs – around mental health, addiction, family breakdown, undiagnosed learning disability and undiagnosed autism, all these underlying issues that are coming through – coupled with no services to help or very diminished services that are there – I think are exacerbating the situation. (External stakeholder)

Housing Executive personnel made similar comments emphasising the change in the type and nature of presenters over the last seven years, and in particular a noticeable shift towards cases which were 'housing plus' or more than just housing and homelessness related.

Definitely – for myself from the time I was a housing officer back seven years ago to now – the type of clientele that we do get in now is completely different. It's 100% a lot more to do with their drug addiction and mental health issues – mental health has gone through the roof. The type of clientele we have now – you'd almost need to be social workers as well as housing advisors. Just the complexity of cases that we have. (Internal stakeholder)

We are increasingly dealing with complex cases – with mental health, alcohol and drug addictions. We're attempting to fill a void sometimes – as social worker, mental health worker, psychologist etc. The complexity is certainly increasing. (Internal stakeholder)

There is a level of systemic issue of austerity and vulnerability – what we have seen is increasing young people with drug and alcohol addiction, with mental health and engagement with the relevant stakeholders around this – that's what you are looking at – the vulnerability of these people. They are less able to make their own arrangements. (Internal stakeholder)

Various reasons were provided for the increase in complex needs, including societal changes, external factors and availability of drugs at an unprecedented level, together with a reduction in support from statutory and voluntary sector services.

Over the last 8 years we have definitely seen an increase in people with far more complex needs than ever before and my view on it is that a lot of the statutory services are under so much pressure – so I think there's a vast amount of people 'wandering' about with no input from anybody – mental health, learning disability or Social Services. (External stakeholder)

I think there could be a number of factors here… has the nature of homelessness changed? I would say there are a lot more people contacting us who have complex mental health issues connected very often to addictions and drug misuse. And who are very vulnerable – definitely – I think that's society. I would say that is a factor. (External stakeholder)

There was also a repeated theme that the complexity of presenters was due to multiple and overlapping reasons; that homeless presenters rarely presented with just one issue or directly related in a simplistic way to loss of accommodation. This correlates with the definition of chronic homelessness set out in the Homelessness strategy 2017 – 22, based on a Crisis report published in 2010. Chronically homeless is defined as 'a group of individuals with very pronounced and complex support needs who find it difficult to exit from homelessness. Appendix 4 outlines further explanation of how chronic homelessness is defined and recognised.

With most of the service users we have homelessness is not the only issue – on occasions that is solely the issue. But a lot of the time there's a lot more to it – there will be addictions, mental health, active intravenous drug users. It's just a real mix. (External stakeholder)

One internal stakeholder summed up what was described by a number of respondents as a sea-change in the nature of society, and its impact on the complexity of presenters and therefore on homeless acceptances. This quote again highlights the complexity of presenting need, together with the overlapping and multiplicity of needs.

The nature of homelessness has changed – we're in a totally different environment. Society has changed. There are so many different issues now in terms of mental health, addictions, chronic addictions, a combination of both (mental health and addictions), multi-complex needs, - amongst homeless presenters. Age profile of homeless presenters has changed – in the past there would have been a high level of single males – late 20s to early 40s. Now we're finding a significant number of younger males and females presenting – age 18 – 25 years, and the younger people's services (16/17 year olds). (Internal stakeholder)

Interviewees also provided their professional judgement on a range of different factors within the overall umbrella term of 'increased complexity'. These are provided in tabular format below, with an overall comment, qualitative quotes and where possible relevant external data. It should be noted that some of these are specific recognised reasons for homelessness under the legislation e.g. intimidation, whilst others relate directly to a picture of vulnerability and the assessment of priority need[116].

[116] 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.

Table 16: Analysis of feedback from internal and external stakeholders – reasons for occurrence and increase of ANR as a presenting/acceptance reason for homelessness

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Mental health	Poor **mental health** was noted as a major contributing factor by both internal and external stakeholders; the former noted this from their involvement in the homeless assessments and the latter in terms of the client group they were working with. All stakeholders felt levels of poor and complex mental health, including self-harm, anxiety and depression, suicidal ideation had increased significantly in the client group over the last 8 – 10 years. *Young people in terms of mental health – it's more about self-harming, about suicide and attempted suicide. I feel not having the skills to cope with life.* (External stakeholder) *Mental health services – you must go to them – there is nothing coming out into the community to you…people are expected to go into a centre. If they miss two appointments they are off – it's back to the beginning. People are self-medicating. People dealing with childhood trauma – adverse childhood experiences – which we believe are self-medicating – easier to take those drugs than to get up and go for the bus and navigate your way into a service.* (External stakeholder) *Mental health – there is no doubt – and particularly if you look at the younger categories…mental health, addiction – wouldn't have been there before. In the last 2 or 3 years – the 18 – 25 year old age group – are now coming in, and are on recognised treatment courses for mental health or addiction – this gives them qualification for priority need.* (Internal stakeholder)	The incidence and nature of mental health problems in Northern Ireland, and a higher prevalence than other parts of the UK is well documented. A joint statement by a number of mental health groups[117] noted that *Northern Ireland has catastrophic levels of mental ill health.* Key facts[118] about mental health levels and incidence in Northern Ireland include: • NI has 25% higher overall prevalence of mental health problems than England; • In the UK, NI has the highest rates of incidences/annual presentation for self-harm; • NI has the highest suicide rate in the UK – 18.5 per 100,000 population[119] (2017) compared to 9.2 in England, 12 in Wales and 13.9 in Scotland[120]; • There was a 20% increase in prescription rates for mood and anxiety disorders between 2009 and 2013. Prescription costs per head of population for depression are £1.71 compared to £0.41 in Scotland and £0.26 in Wales.

[117] Action Mental Health: Mental Health in Northern Ireland
[118] Mental Health Foundation's Fundamental Facts for Northern Ireland, October 2016
[119] NISRA, Age-Standardised Suicide Rate per 100,000 Population in Northern Ireland, 2011-2017
[120] Office for National Statistics - Suicides in England and Wales 2001-2017

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Increased complexity - themes	**Notes and quotes from stakeholders**	**External secondary data and further information**
Addictions	**Drug use and alcohol addiction** were cited by the majority of respondents (internal and external) as a significant factor, and one that had changed in terms of its breadth/depth and nature over the last 8 years. Gambling addictions were also noted. The majority of respondents referred to the wide range of drugs in use and also the high levels of poly-drug use (use of more than one drug). *A lot of our clients now are using poly substances like lots of very risky behaviour – prescription drugs are a big issue.* (External stakeholder) *Taking pills to solve your issues – this is still prevalent. We have the highest prescription level in the UK.* (External stakeholder) *We're seeing everything from alcohol to illegal drugs; from powders to the use of cannabis. We've had a lot more talk about cocaine, blues and use of prescription medication – so things like diazepam. There's a lot more of that – anything they can get their hands on basically…it's fairly easy to get* (External stakeholder)	A recent article by Chris Rintoul (Extern, Drugs and Alcohol Consultancy Service) for NI Healthcare[121] confirmed feedback from stakeholders about changes in the range, type and availability of drugs; in particular to those vulnerable to homelessness. The increase in heroin use, in particular a change in the mechanism by which it is sold over the last 5 – 7 years and the increased level of dependency is cited. As is the increase in use of prescription and other synthetic drugs, poly-drug use and associated overdoses. The interconnections between drug use, prior and post mental health issues as well as other physical problems is also noted.

[121] NI Healthcare Review, July 2019 – Issue 113, nihealthcare.com/illicit-drug-use-in-northern-ireland-challenges-in-2019

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Dual diagnosis	A number of references were made to **dual diagnosis** – and also lack of services in this area – throughout the interviews. *Is it the addictions that are causing the mental health? Or is it the mental health that is causing the addictions?* (External stakeholder) *The main reason for increase in acceptances is undoubtedly complexity – the increase in people presenting with mental health and addictions needs. I have never seen so many applications from people experiencing anxiety and depression - and on medication for it – as a result of their alcohol or drug addiction, and in some cases a gambling addiction.* (Internal stakeholder)	Stakeholders suggested there was a lack of accessible services in Northern Ireland to respond to dual diagnosis[122] in terms of diagnosis, assessment and response services. Services are provided by a number of voluntary sector organisations e.g. Simon Community[123] has specialist Dual Diagnosis practitioners to address what they refer to as "the significant gap in treating individuals with co-existing mental health and substance use issues". Their Dual Diagnosis team works with clients presenting with these challenges offering intensive therapeutic sessions for 6 – 12 weeks (depending on need) and exploring treatment pathways. Whilst statutory services are available, stakeholder feedback suggested that waiting lists and waiting times for these are lengthy. Private services are available for diagnosis with a clinical psychologist but at £40 - £60 per session these are unlikely to be an affordable route for individuals presenting as homeless.

[122] Dual diagnosis is 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.
[123] Simon Community: Additional Support Services

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Physical health	**Physical health** was particularly referenced in terms of older people and in relation to ANR (see Section 6). In many cases respondents noted that poor or declining physical health was one contributing reason for people's vulnerability and priority need. *Very often they are a home owner, they have been living in the property for 40 or 50 years – very independent – and then all of a sudden it's just their health. One of the applicants – he had a stroke.* (Internal stakeholder)	Poor or declining physical health was noted by the majority of respondents in relation to the needs of homeless presenters; with particular reference to those where the reason for homelessness was ANR. Secondary data (the Health Survey NI 2017 – 18) indicates that only one-third (33%) of older people aged 75+ reported that they were in good health in the last twelve months[124]. In addition, in the same survey, almost one-third (32%) of all respondents reported that they had a *limiting* long-standing illness; however, the proportion increased with age, rising to 46% of respondents aged 65-74 and 56% of respondents in the 75+ cohort[125]. Whilst this data relates to older people (aged 65+) other DOH data[126] from a survey of 3,355 completed interviews indicates that 70% of those aged 16 and over rated their general health as very good or good; conversely 30% indicated a concern about their overall health. 43% of respondents noted a physical or mental health condition or illness expected to last 18 months or more[127], whilst 64% of adults were either overweight (37%) or obese (27%).

[124] Department of Health (2019) *Tables from Health Survey Northern Ireland: Health Survey NI Trend Tables: Health last 12 months.* Belfast: DoH. Available online at: Tables from health survey Northern Ireland [Accessed 18 December 2019]
[125] Ibid. *Health Survey NI Trend Tables: Limiting longstanding illness*
[126] Department of Health (2017/18) *Health Survey (NI) First Results 2017/18.* Available online at: Health Survey (NI) First Results 2017/18 [Accessed 18 December 2019]
[127] This has increased from 41% in 2010/11, and slightly declined from 44% in 2014/15 (DoH – NI Health Survey).

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Learning disability	*People working at the coalface are saying that they are seeing more people with learning disabilities* (noted that these needs may not be diagnosed or recorded – *fall into category of learning disabled and disabled – but may not be known to services. Staff are saying that this is much higher – the tip of the iceberg.* (External stakeholder) A number of stakeholders referenced the resettlement of **learning disabled** people from long-stay hospitals following the Bamford Review. *I think there are a lot of people living independently in the community who should be in supported living and a more supported environment – but then they don't meet those criteria. There are a wide range of people living in the community who have complex needs and can't live independently.* (External stakeholder) *And then there's those with learning difficulties – and they fall between the gaps. It's a cross-over – there are case conferences and no-one is really taking ownership and then it comes down to us. You would see more and more complex cases in there.* (Internal stakeholder)	The Bamford Review led to a major resettlement of learning disabled people into the community. There were around 220 people still living in Muckamore Abbey and Longstone long-stay hospitals in March 2012[128]; the majority of these people had been resettled in the community by March 2016. References to people with learning disability in the interviews for this research noted two factors; the presentation of learning disabled people as homeless where their placement in the community had broken down and secondly, and more widely, presentation as homeless from people with a learning disability, who would have previously been referred to and accommodated in long-stay hospitals and other institutions.

[128] *The Hospital Resettlement programme in Northern Ireland after the Bamford Review, Part 2: The Experience of Learning Disabled people resettled from long stay hospitals.* A Report for the NI Housing Executive, Fiona Boyle and John Palmer, June 2017. Note – this figure was based on discussions with the Health and Social Care Board in 2015.

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Legacy of the Troubles	A number of stakeholders referenced the **'legacy of the Troubles'** and suggested that many of the presenting issues were traceable back to individual trauma, or in more cases family trauma in the current or previous two generations. This was often cross-referenced with another reason outlined under these complexity themes, for example, addictions or mental health. The legacy of the Troubles is now in the 2nd and 3rd generation. One stakeholder noted the underlying approach is to medicate – *a pill will fix it with a lack of talking therapies….throw back from the trauma – learned behaviour from parents. The assumption is that these are over the counter and prescribed and that these are safe….but there are addictions to prescribed medication. Learned behaviour from the parent – that if you can't cope with something then you use medication.* (External stakeholder) *Maybe that's a hangover from the Troubles too – because the parenting skills – the parents were caught up in other things.* (External stakeholder) *The drug increase has been phenomenal – not even the class A stuff – the level of prescription drugs. I know at the end of the troubles a lot of folk did have PTSD – but it seems to have just continued.* (Internal stakeholder) *The Troubles has a huge bearing on people of a certain age group.* *The ongoing paramilitary influence.* (Internal stakeholder)	The legacy of the troubles is well-documented in Northern Ireland[129]. The NI Office public consultation on *Addressing the Legacy of Northern Ireland's Past*[130] noted: *3,500 people were killed as a result of the Troubles. The hurt and suffering caused is still felt by people across Northern Ireland and beyond.* *The Troubles affected lots of different people, including victims and survivors. People have been affected in different ways.* This was referenced by a considerable number of internal and external stakeholders, who suggested that this continued to have a direct impact on the communities they worked in; reference was made to learned behaviours (medication dependency), poverty cycles linked to no wage earner as a result of the troubles, stress levels and anxiety which are still ongoing.

[129] *The Cost of the Troubles Study:Report on the NI Survey: the experience and impact of violence,* 1999, INCORE.
[130] NI Office public consultation – *Addressing the Legacy of Northern Ireland's past,* 2018.

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Increased younger presenters	Respondents said they had seen an increase in the number of **younger presenters** (and acceptances) over the last 8 years. They were clear that age is not the single factor in homeless presentation (and acceptances) for this age group; they provided evidence of difficult and dangerous behaviours together with reasons for this including lack of security and stability at home, use of drugs and alcohol, poor mental health etc. *More presenters at a younger age – their needs are more complex than they would have been. From a risk point of view – their behaviours and the way that they're living around those – not as risky or challenging back then, as they are now.* (External stakeholder) *A lot of our drug users 10 years ago were very educated around their drug misuse – and were a lot more aware of using safely – or a lot more honest about what they were doing. Now, it's a lot younger; 18 – 25 years old* (rather than 30 plus) (External stakeholder)	This 'perception' of an increase in the number of younger presenters has been analysed against the NIHE data on age of acceptances, provided for this research project (see Table 6 in Section 2) This indicates that the number of young singles (aged 16 – 17 years) accepted as homeless significantly decreased in the period 2012/13 – 2018/19. In terms of females there was a 55% reduction and males 66%. As footnote 32 indicated these decreases reflect the close work undertaken with and by Health & Social care Trusts; the latter have responsibility for assisting single homeless households in this age group. In contrast the figures for young singles aged 18 – 25 years accepted as homeless show slight increases over the same time period (3% for females and 2% for males).

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Increased older presenters	Many stakeholders linked the level of acceptances to an increasing number of older presenters; in particular linked to their accommodation not being reasonable (ANR). This is examined in more detail in Section 6. Some stakeholders noted that older people often do not view themselves as being homeless per se. *We have an ageing population – we cannot take away from the fact that we have some of the highest levels of disability benefit – some of the highest DLA and PIP levels in the UK.* (External stakeholder) *This happens when the property is not suitable for them anymore. We don't tend to get people who are literally out on the streets. But they've already admitted that they can't stay in their own home and they need to move…and then the process of getting offered places is difficult – multiple offers and difficult to get house sold. These older people do not define themselves as homeless – they see themselves as struggling.* (External stakeholder) *Areas where the age demographic has changed – where people were housed in houses over a period – they come of an age that they can't cope in that house anymore. And you do see that – in the older established estates – all now in their 60s and 70s – you do get a wee run of it. Or maybe their friend moved – and they don't want to be there anymore.* (Internal stakeholder)*The ageing population and age profile – people are living longer and are finding themselves in accommodation which isn't suitable. higher number of presenters – over a certain age. Many of whom now have special health needs – physical health and mobility. …also by virtue*	This 'perception' of an increase in the number of older presenters has been confirmed against the NIHE data on age of presenters and acceptances, provided for this research project (for the time period 2012/13 to 2018/19) – see Section 2, Table 6. This indicates that the number of pensioner households accepted as homeless increased from 1,539 to 2,139 (a 40% increase). Section 6 of this report references the NIHE report *Housing and Older People: Housing Issues, Aspirations and Needs*[131]. This report looked at current and projected levels of older people in the population. It noted that 16% of the NI population (mid-2016 figure) are aged 65+ (estimated at 303,000 people) and that by 2041 this will rise to one in five (25%). In addition, those aged 85+ currently constitute 2% of the total population (37,200 people) but this will also rise to 4.1% of the population (NISRA data[132]) In overall terms the number of those aged 65 plus will increase by 65% and those aged 85 plus will increase by 127%. These increases were deemed to be largely due

[131] *Housing and Older People: Housing Issues, Aspirations and Needs – A Report for the NI Housing Executive,* Fiona Boyle Associates, October 2019.
[132] *NISRA Statistical Bulletin: 2017 Mid-Year Population Estimates for Northern Ireland*. Belfast: NISRA. Available online at: 2017 Mid-year Population Estimates for Northern Ireland [Accessed 04 December 2018]

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
	that they're over the age threshold now anyway – they're automatically priority once they reach 60. Also prisoner releases – of an older age. (Internal stakeholder) *Another reason* (increase in homelessness) *is the aging population and the unwillingness of housing associations and private landlords to do adaptations.* (Internal stakeholder) In addition, reference is made in Section 6 in terms of structural changes; older people were previously assessed under the housing selection scheme but in latter years the direction has been for assessment under the homelessness legislation, resulting in an increase in the number of older people who are technically 'homeless' under the system as a result of Accommodation Not Reasonable, but who are not technically roofless. *It's just people wanting into sheltered or supported housing….they've been in their tenancies for years – there's no other option but to award them FDA.* (Internal stakeholder)	to ageing and more people achieving older ages (longevity) as opposed to early deaths, rather than migration which accounted for less than 3% of the increase.

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Financial hardship – affordability of and lack of suitable accommodation	**Financial hardship and affordability** was a much repeated theme by internal and external stakeholders; that the level of rents, particularly in the private rental sector, were not affordable resulting in Notice to Quit (NTQ), eviction and loss of private rented accommodation as a main reason for homelessness. *Young people cannot afford the PRS – because the housing element does not match our local housing allowance….*(External stakeholder) *Lack of social housing…in that there is nowhere suitable for that person to live, which meets their needs...then they end up in arrears because the private rented sector is too expensive.* (External stakeholder) *One issue is the number of landlords who have decided to sell – then giving out NTQ… in the old system we only ever gave homeless for financial hardship if you were an owner occupier…and if you'd had a change in your circumstances which meant that you couldn't pay. It does seem that you can apply financial hardship to people who are private tenants – but there are no guidelines as to whether this Is reasonable. The other thing that's coming up – is the removal of discretionary housing payments - a client where discretionary Housing Benefit has been withdrawn – and she's claiming that she can't afford it out of her ESA….I do think there will be an increase of people in financial hardship.* (Internal stakeholder)	The private rental sector is becoming an increasingly dominant source of accommodation for those coming into and out of homelessness, and for those unable to afford owner occupation. Data for 2016[133] on the distribution of stock by tenure indicates that 18% of stock is in the private rental sector (having surpassed the social rented sector at 16%). This indicates a significant divergence from the House Condition Survey of 2006 when it was 12%. Research by Housing Rights[134] found that *although on average, private rents in Northern Ireland have increased roughly in line with inflation, these are experienced as increasingly difficult for private rented sector tenants in receipt of housing benefit, given the context of the introduction of local housing allowance and the subsequent decline in the level of this allowance relative to market rents, particularly since 2011.* In particular this research referenced a 75% reduction in the amount of properties at or below the Local Housing Allowance (LHA) rate between 2009 and 2018.

[133] *Northern Ireland House Condition Survey (2016)*
[134] *Falling Behind Executive Summary Exploring the gap between Local Housing Allowance and the availability of affordable private rented accommodation in Northern Ireland,* Dr Martina McAuley, September 2019.

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Financial hardship - poverty, austerity in general	A further theme relating to **financial hardship** was verbalised in different ways by different stakeholders. The commonality of the thread was that **poverty** was a driver in terms of producing or resulting in different or more complex needs for the individual or family, and poverty was increasing as a result of increasing levels of unemployment, increasing benefit dependency and changes in the benefits system. *Then there is this group of people affected by Universal Credit – it has absolutely made people – who were financially struggling already, much worse off. And it definitely hasn't made anybody's life feel more secure or sustainable. People can't make ends meet on it…Universal Credit is literally sending people down this route.* (External stakeholder) *I also think that household stresses are increasing – I think that is austerity, impacting people's education, health, jobs – and that lack of services is causing extra tensions in family homes and whether that appears as domestic violence in the home, or manifests itself as alcohol in the home or parents using more substances themselves – illegal or legal – to get through the tough things they are facing. That is all on the increase – so acceptances of course are increasing.* (External stakeholder) *Welfare reform is a big driver in terms the level of presenters….this will continue if we have a persistent reliance on the PRS. Because if people have less income and that income was intended to maintain their independence – is that driving homelessness in*	Since the introduction of Welfare Reform in 2010 there has been considerable commentary on the impact of these reforms on various households e.g. pensioner households, families etc. The NICVA commissioned report[135] on the impact of welfare reform in NI noted that whilst the Housing Benefit reforms had resulted in relatively modest overall losses, for the households affected the sums were nevertheless large. In addition, some households and individuals, notably incapacity and disability claimants (note link to homelessness above) are hit by several different elements of the reform. Further, they suggested that the exceptionally large impact of the reforms on NI owed much to having the UK's highest claimant rates of Incapacity Benefits and Disability Living Allowance. A NIAO report[136] noted that welfare reforms (roll out of Universal Credit and mitigations which were due to end in March 2020 but have been further extended[137]) will have a significant impact on the housing sector in Northern

[135] *The Impact of Welfare Reform on Northern Ireland,* Centre for Regional Economic and Social Research, Sheffield Hallam University, October 2013.
[136] *Welfare Reforms in Northern Ireland*, NI Audit Office, January 2019.
[137] NIHE currently receive in the region of £16.5 million in mitigation payments each year.

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
	any way? (External stakeholder) *I would say – welfare reform, the benefits caps, flicking over to universal credit. Private rental is going through the roof – where people cannot afford it. And there's no tolerance to rent arrears; and landlords don't want to chase rent accounts…if they've missed one payment then that's it – I think it's a lot to do with letting agents. They're ruthless – and don't take into account things like a payment from work being late. The landlords won't take this into account – even though we are offering to intervene.* (Internal stakeholder) Stakeholders suggested that this driver is likely to increase, with particular reference to current mitigations being removed. *I think we're at the tip of the iceberg because a lot of people are on mitigation packages at the moment – which will run out next March. I don't think we've really seen what's coming yet – next year will be really challenging.. this time next year we're going to see a lot more presenters.* (External stakeholder)	Ireland. Factors noted were the period of time between first application for Universal Credit and receiving first payment, leading to inability to pay and rent arrears.

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Increased levels of Foreign Nationals	External stakeholders from direct provision and hostels noted the increase in the level of **foreign nationals** using their services, and suggested that this was another reason why acceptances have increased, although there was also discussion on issues relating to proof of eligibility. Housing Executive personnel also noted this grouping. *There was also an increase in EAA nationals (European Economic Area). 5 years ago – it was around 5% - now for people using our services in here – it's double – 10%.* (External stakeholder) *There has also been an increase – from the Syrian refugee scheme – given refugee status and entitled to homelessness status. Increase in number of asylum seekers – would increase level of acceptance.* (Internal stakeholder)	As noted in Section 2 whilst it is mandatory for the Housing Executive to record the nationality of applicants as part of their equality monitoring obligations, in some cases the applicant may ask for this not to be recorded; as such this can distort the figures. As an example of the level of EEA Nationals presenting and/or being accepted as homeless, the Housing Executive provided figures for the period January to March 2018. This showed that for this time period a total of 5,080 households presented as homeless with 3,563 accepted as full duty applicants. Of these a total of 122 (3.4%) were recorded as EEA Nationals, other than Irish or British nationality. In contrast, of the 1,517 households who were not FDA, 9% (137) were found to be EEA Nationals. Reference has also been made earlier to the Syrian Vulnerable Person Resettlement Scheme (SVPRS); it was noted that numbers were small and there was a 100% acceptance rate as statutorily homeless.

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Complex issues for women	A number of external stakeholders noted the additional issues and difficulties experienced for **women** in housing stress and presenting as homeless. *Lot of females with quite severe issues who are suffering deplorably….and maybe don't get the service that they need. A lot of the women we tend to see – have very high support needs and complex multiple needs. Often don't approach services – because they have kids – and they feel that the kids will be taken off them. Also more likely to stay in abusive relationships – because they have kids. Women and their needs – they are in constant turmoil about failing as a mother and failing as a home maker. They are in constant 'bereavement' – and as a consequence of that their mental health goes down and their substance misuse is quite chaotic.* (External stakeholder)	As referenced in Section 2, Table 6 the number of females accepted as homeless with full duty status has increased in the time period under review (2012/13 to 2018/19). In this time period the number of single females aged 18 – 25 years accepted increased by 3% and the number aged 26 – 59 increased significantly by 31%. In addition, stakeholders referenced females within the definition of chronic homeless (see Appendix 4) and specifically noted issues relating to mental health and domestic violence.
Loneliness and isolation	The theme of **loneliness and isolation** was less prevalent, but appeared as an underlying thread, particularly from stakeholders working or delivering services in rural areas. They suggested that tenancy sustainment was often difficult in more rural settings if the individual had difficulty in availing of services, and this was often interconnected to poor infrastructure and/or low levels of income/finance. *I think with a rural area – the exacerbation of really poor infrastructure – there are poor links and they can't afford taxis. The benefits – the impact of Universal Credit is starting to show on people's purses. Money is much tighter. They can't afford transport. Even to travel from Enniskillen to Omagh – to get services – this can be difficult, it doesn't match up.* (External stakeholder)	Again as noted in Section 2, Table 6 the number of single person households has increased in the time period 2012/13 to 2018/19. Whilst living alone does not automatically result in isolation or loneliness, levels of loneliness are recorded in recent health surveys[138]. The NI Health survey found that one fifth of the population show signs of loneliness (21% for females and 18% for males). Loneliness is also recorded more frequently amongst younger people (21%) compared to older people (14%).

[138] Department of Health (2017/18) *Health Survey (NI) First Results 2017/18.* Available online at: Health Survey (NI) First Results 2017/18 [Accessed 18 December 2019]

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Increased complexity - themes	**Notes and quotes from stakeholders**	**External secondary data and further information**
Looked after children	A small number of stakeholders noted that the levels of **'looked after children'** (LAC) may have impacted the acceptance levels. *You've also got an increase in the number of looked after children – so you've got those LAC that are coming through – and when they turn 18 they will be FDA as well.* (External stakeholder)	Comments under this theme were from organisations working specifically with younger people and in particular those leaving the care system. However, as noted in Section 2, Table 6 the number of young people in the 16 – 17 age group has actually declined in the period 2012/13 to 2018/19 (66% decrease for males and 55% decrease for females). This decrease in acceptances for single females and males aged 16 – 17 reflects the close work undertaken with and by Health & Social Care Trusts; the latter who in many cases have responsibility for assisting single households in this age group. This involves working within the UNOCINI system and guidance. Improved working between the Housing Executive and Trusts may be a factor in the substantial decrease in acceptances for single person households of 16/17 year olds.

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
Community cohesion, intimidation and other violence including domestic violence	Internal and external stakeholders pointed to a wide number of issues relating to **community cohesion** and breakdown, **intimidation** and **violence** including domestic violence within the home as factors resulting in or contributing to homelessness. *Issues around community cohesion – tensions within communities and between communities – the more instability you have, the more likely you will have people wanting to move….maybe because of hate crimes.* (External stakeholder) *There is more intimidation. People are getting put out of their areas. There's a lot of ASB in the community, especially in the new estates….* (External stakeholder) *In this District the two other categories that stand out for us are – domestic violence and intimidation. Domestic violence has gone up – we think because of a very proactive campaign by the PSNI and Councils in this part of the world – on social media and across the broad. The other thing we have is intimidation – it's much higher than other places. A lot of the stuff that happens in Belfast seems to get played out here….particular problems – level of intimidation has spiked in the last couple of years.* (Internal stakeholder) *Violence – a lot of domestic abuse – this has seemed to get higher through the years – there's more help out there and people are coming forward because of this. Also intimidation – I would say a good majority of our cases have intimidation in it – it's*	External data on this theme included the level of homeless presentations with intimidation, neighbourhood harassment or domestic violence as a reason for homelessness. In terms of intimidation the total number of homeless acceptances decreased from 447 cases in 2012/13 to 375 in 2018/19. In contrast, the level of accepted homeless cases where domestic violence was cited as the main reason for homelessness increased significantly from 740 in 2012/13 to 1,125 in 2018/19. This correlates to data published by the Police Service for NI (PSNI)[139] following high profile campaigns on the nature of domestic violence and how to report it. PSNI data[140] indicates a 51% increase in the level of domestic abuse incidents recorded between 2004/05 and 2018/19 (total 31,682 in latter year) and a 68% increase in the level of domestic abuse crimes in the same time period (total 16,182 in latter

[139] PSNI, Domestic Abuse Annual Trends 2004/05 to 2018/19
[140] The PSNI definition of domestic abuse is: 'threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member'. It should be noted that an incident may be anywhere and not confined to the home. In addition, not all domestic abuse incidents are recorded as a crime.

Increased complexity - themes	Notes and quotes from stakeholders	External secondary data and further information
	mainly young males. (Internal stakeholder) *You also have the domestic violence cases – I think society in general are a lot more outspoken….our numbers in domestic violence have rose* (over last 13 years) – *when I started as a housing officer it would have been the odd one – and now the numbers have gone up including men coming through the doors. I do think social media and TV – are encouraging people to come forward (and rightly so) when situations are not liveable. The thing with domestic violence is that we don't question it – we don't ask for evidence – we do guide them to Women's Aid, or the police or Victim's Support – but for policy purposes on file we don't have to have written confirmation….now I'm not saying that they are winging it or latching onto this to get FDA – but the majority of the time it would be Women's Aid supporting them.* (Internal stakeholder) Respondents noted that community issues were often linked to other factors such as drug use and drug dealing. *When I was a Housing Officer the drugs that people would have mentioned was cannabis – but now it's young people as young as 18 – that are on heroin. Obviously that's quite a strain on the family and there's maybe younger siblings there – and they can't stay…so the rising drug use amongst the young in Belfast – and then their behaviour is challenging in the community – and the community has maybe asked them to leave as well. I think there are an increase in threats – people having to leave the area.* (Internal stakeholder)	year). A further strand under this theme, neighbourhood harassment, indicates an increase in this reason for homelessness for accepted cases; from 733 cases in 2012/13 to 948 in 2018/19.

It is important to note that the many issues outlined above are not specific or special to Northern Ireland. However, it is worth noting that a number of the areas highlighted suggest higher levels of incidence or occurrence in Northern Ireland when compared to other GB jurisdictions.

5.6 Housing Solutions – changes to the assessment process

This sub-section examines whether the introduction of Housing Solutions and the administration of this approach has had any tangible and causal link with the increase in FDA status. Section 1.21 and Table 1 provided details of the implementation process and timetable for Housing Solutions. It is worth reiterating that the timeline for the introduction of Housing Solutions was from September 2016 with all offices and patches fully operational by March 2019. This phased implementation is important when assessing feedback in this section as Housing Solutions was still in its infancy when the research fieldwork interviews were undertaken. Housing Solutions in itself may therefore not be the sole reason for historical variations, even though in some cases this was the reason outlined by respondents as an actual or perceived reason.

Discussion of the Housing Solutions process (including forms, systems, guidance and policy) provided the most extreme types of comments with some internal stakeholders suggesting this was the main driver/push in terms of increased acceptances, with other respondents strongly arguing that the legislation and policy had not changed; therefore any increase in acceptances was not being driven by the system. Those who did not mention this at interview were asked if they thought it was a reason.

Irrespective of whether the actual presenting and assessment process now contributed an 'extra' push in terms of the level of acceptances or indeed whether it was now simply recording the level of FDA that should always have been recorded, there was acknowledgement that there had been an incremental change over the last 8 years in terms of what would be deemed or accepted as homeless.

This sub-section examines three key factors relating to the administration of the system which stakeholders felt directly impacted on and led to an increase in the level of FDA status being awarded. These were:

- **The Housing Solutions process**; in particular looking at the decision-making point/level, the breadth of decision makers;
- **The Housing Solutions personnel**; with specific reference to recruitment of new staff, housing knowledge and experience, initial and follow-up training;
- **The Appeals process**; examining whether this has a bearing on decision-making at District office level.

5.7 *Housing Solutions process*

The Housing Executive personnel interviewed had mixed viewpoints in terms of whether the Housing Solutions information gathering and decision-making process had resulted in higher levels of statutory homeless acceptances. Team Leaders and Housing Advisors were generally positive about the change; citing how under the 'old' system there had been a disconnect between the person gathering the relevant information and the person making the decision. Whilst it was agreed that this had worked in most cases, Housing Executive staff also felt this had made the previous system cumbersome, disconnected and lacking person-centred direction. Housing Executive personnel made the following positive comments about the process:

First of all, I do see huge benefit and gain for the customer in transformation – the service is definitely improved greatly – one person contact for the customer…it's the way forward – having contact with one person and having the reassurance of one person – in a time of need is very important. (Internal stakeholder)

The new system is definitely working for the better because the person that's doing the interview is actually making the decision. And they are gathering the evidence. Whereas before the SHO had lots of cases piled up on their desks to go through. (Internal stakeholder)

Housing Executive staff did however voice some concerns about the Housing Solutions approach, and suggested that this had resulted in – what they referred to as 'soft' or 'easy' FDAs – in some cases. The main factors contributing to this were two-fold; firstly the system itself – 'Think Yes' (which is also covered in more detail below in terms of Housing Solutions personnel) and secondly the change in terms of collection of evidence and proof with a perceived shift away from the client to the Housing Advisor. Difficulties in obtaining relevant and up-to-date information, particularly as a result of GDPR were specifically referenced. Pressure from clients themselves and external organisations were also noted within the reasoning why Housing Executive staff may have awarded FDA. This is examined in more detail at section 5.10.

I feel that this may be where – at the outset of Housing Solutions – we gave FDA too easy. I've reflected on this. In the first batch of training it felt like – if you can give FDA – you give it….because the customer sets the nominal value. Don't get me wrong the training was fantastic and the trainers were brilliant – but I just maybe think you were – Housing Solutions so think yes. (Internal stakeholder)

The team have gained a greater knowledge and understanding. Have there been cases that passed 'Go' that shouldn't have? Probably yes because the investigations weren't as thorough or as rigorous as what they would have been in the past. The pressures the new staff were under and their desire to get a solution…it's nearly as if it's easier to say 'yes' rather than 'no'. (Internal stakeholder)

You may find the new people while they're being trained – may award a few more acceptances. It's all new to them – and I suppose when there are pressures from the outside… (Internal stakeholder)

The suggestion of 'soft' or 'easy' FDAs was however countered by a significant number of Housing Executive staff. They emphasised that there had been no slippage in standards or deviation from the correct application of legislation and policy. They reflected that allocation of FDA status linked directly to an applicant's passing of the four homelessness tests, and the building up of information and evidence to support such as decision, was actually now more fully in place than under the previous system.

This is a complex thing – we have been very aware of the increase in FDA acceptances – we are satisfied as far as we can be – that people are not dishing out FDA on cases that blatantly don't merit it or meet the criteria – we're satisfied that isn't happening. (Internal stakeholder)

We've got a lot tighter in consistency. In the past there would have been different interpretation of policy. And if that's why FDA has increased – because it's being administered correctly now – then so be it. So perhaps we weren't assessing homelessness correctly before. Whilst the trend has increased (for FDA) I would have more confidence than ever that we're getting it right. It's the best I've seen it. (Internal stakeholder)

Some Housing Executive personnel felt the increase in FDA was a result of fewer checks and controls, and a push to have a decision made for the client in one day. As a counter-balance to these statements, it is important to recognise the level of in-flight checks and audits (as outlined in Section 1), together with the PLAN training, where it was reiterated that a decision should only be made once the appropriate facts and evidence was collected.

I'm one of the older ones in this office…and controls are not as tight now. I would like prescriptive audits rather than more casual ones. We do have a 5% check and we would also do case reviews in Housing Solutions. But the system is very much that you don't need proof – I like proof….you need evidence that they are vulnerable. There are cases where you won't get it – well, that's your judgement call…your judgement call shouldn't before you ask (for evidence) *– it should be after – is it reasonable for me to ask for this? But if it is reasonable – then you should ask for it.* (Internal stakeholder)

Managers in a number of Districts countered this perception of having to make a decision in one day, emphasising the need to get the relevant information, taking the necessary time and making the right decision based on evidence.

Where I think there is an issue is the evidence base and how you make a decision…I've told them to take as long as you can – to get the information right….there isn't a rush to do it – but there is a desire to ensure you get the information right. (Internal stakeholder)

A further factor potentially resulting in a higher level of 'soft' FDAs was suggested; this related to the increase in the total number of Housing Executive personnel making decisions. Section 1.24 noted that under the previous system a total of 62 Senior Housing Officers had responsibility for homeless decisions, whereas under Housing Solutions this responsibility now rests with around 150 Housing Advisors. Some respondents noted this had resulted in more diversity of decisions, less consistency of decision-making across the organisation and had introduced a significant number of staff with no previous decision-making experience in this field. However, as noted in Section 1the decisions made under the previous system were on the basis of investigations and evidence gathered by around 300 Housing Officers.

And there's a lot more people making decisions…there's a lot more manoeuvre between how they interpret the policy and what would be given. Policy isn't set in stone – it's people's interpretation of the policy. We do talk a lot between us to say – what would you think of this. But still a lot of people making decisions – and we all interpret things differently. (Internal stakeholder)

Belfast Region has 72 Housing Advisors – that's a lot of people making a lot of decisions and not everyone has the same opinion. So there are going to be variances in terms of what people think is reasonable. (Internal stakeholder)

In addition, Housing Executive staff felt there were occasions when Housing Advisors were reluctant to ask for help or to contact the Policy Unit for advice and support; they noted occasions when they or their staff had asked for assistance and had felt deflected to make their own decision.

But there is a reluctance on the part of staff – Housing Advisors – in ringing Policy because they are quite stern – saying – 'have you read your policy'? 'have you spoken to your team leader?' It's your decision – full stop. It's diverted back – it's a local decision. There is no nudge – 'tell me the whole story?' 'have you thought about this?' I'm not blaming Housing Policy for anything – I just think they could be a wee bit more supportive….because the last thing we want to do is – to not raise any

queries and make wrong decisions. But I do think that might creep in – with the fear of ringing Housing Policy. (Internal stakeholder)

Policy staff noted that the assessment role was squarely with the Housing Solutions staff, and that despite the provision of guidance documents, the decision making process was not without its difficulties.

We can't just point the finger at the Housing Executive and Assessing officers – Assessing officers are doing the best they can on the Guidance they've got. And then – when you read the policy – it's very much – "On the opinion of the Designated officer" – and I do think, it's my own opinion – that the recent LSAN that came out in June 2018 – the additional codes that were given to our staff – I don't think this is helpful – too much of a range and not the clarity and substance behind it. (Internal stakeholder)

Policy staff also recognised the dichotomy between wishing to provide clear guidance and the fact that the legislation and administration of it required flexibility.

I know the Guidance can't be Carte Blanche – we can't be prescriptive – to say in 'black and white' that you have to do this if you have this scenario….but it's understanding, we need to enforce that through our functional training programme. (Internal stakeholder)

Internal stakeholders also reflected on the proportionality of homeless presenters to homeless acceptances, and how during the period being examined (2012/13 to 2018/19), the reduction in recorded presenters had effectively lowered the baseline; this together with the increase in actual numbers of FDA acceptances has resulted in the upward direction of 50% to 70% of presenters deemed to be statutorily homeless. Internal stakeholders suggested that this interconnected directly to the preventative approach of Housing Solutions, inferring that there are fewer presenters because their housing situation is resolved at an earlier stage by the Housing Advisor, and as a result they are not homeless. This discussion was touched on briefly in Section 4.6 in terms of how personnel in the Belfast Region in particular felt the increased percentage rate of FDA was due to the mathematics of fewer presenters and more people within the assessed group being in priority need.

Probably because there's a lot more discussion taking place at the presentation stage – and it may well be that some of those who are presenting may perceive themselves to be homeless – but whenever they are actually interviewed and provided with advice & assistance – they may see that they're not actually homeless as such. The customer always has the final say on whether they want to proceed with a homeless application…the front-line advisor shouldn't really discourage them with proceeding with an application. But what they can do is make them aware of what meets the criteria – some people who have a perception that they are homeless may in their current circumstances say – I'm not really homeless as such. (Internal stakeholder)

I think that presenters have fallen because of our new way of working – because our Housing Advisor – when the tenant or applicant comes in now – they are seen by the one person. And I think it's a better way and a better service for the client – enables them to open up a relationship with the one person. So that is reducing the customers as we can now help them to sustain their tenancy before homelessness occurs…we can link them in with other agencies – there are more conversations taking place. (Internal stakeholder)

External stakeholders were generally positive about the introduction and functional operation of Housing Solutions. They pointed to a range of factors including the client having one point of

contact, the Housing Executive member of staff building up a clearer picture of the client through a more stream-lined process, in particular taking time to understand their housing needs, and the reduction in timescales in obtaining a FDA decision. External stakeholders linked this new person-centred process and approach directly to an increase in higher levels of statutory homeless acceptances. This was summed up by external stakeholders as follows:

The Housing Executive system is more focussed in its approach – and this then impacts the numbers. (External stakeholder)

They are open to building a relationship with the client. It's the same person, there is a level of consistency, they're not just going to look at what the housing issue is – they're going to look at what triggered the issue in the first place – what the consequences are – they're looking at the whole picture…they say – we make every contact count. (External stakeholder)

The model now – which really looks at and takes time to do the assessment – in itself is pointing out the people's assessed needs. This then shows as higher levels. (External stakeholder)

One stakeholder referred to Housing Solutions as a 'holistic' assessment resulting in more people being defined as 'homeless'. Another stakeholder suggested it was more of a conversation with a human touch.

If you have a system, and that system is transparent and clear. And there's criteria that says – here's the points, here's the grounds on which you can get it and here's the evidence that needs to be provided in order to make sure this system is equitable. If that is there – and if that is being administered properly and it's not down to individual choice, per se or preference. I think people always had the entitlement before – they just weren't able to access it. People are being more holistically assessed – so their housing need is being identified. (External stakeholder)

It's more of a person centred approach. There is more interaction back and forward for a period – as part of the assessment process – it's more of a conversation with a human touch…in comparison to the more administrative approach it may have been in the past. I'm thinking back a number of years – when someone had presented – and they maybe didn't hear another thing until they got their decision letter. (External stakeholder)

Some external stakeholders suggested that the previous system had included a level of gate keeping by Senior Housing Officers; whereby an in-depth discussion was not opened up with certain groups of homeless presenters. They noted that this approach has now changed.

They did a level of gate keeping – if I'm honest – especially with single people. They never explored their issues – they just sent them packing with a list of private sector rentals. They got an interview at the counter and then a list – especially the single people – I'm not saying that happened with families. (External stakeholder)

Before they had to go to the Housing Executive and it was more of a tick box exercise. Now the Housing Advisor comes out to the project – and meets that person and builds up a rapport and relationship – and they will then think – I don't need something to tell me that this person is an alcoholic because they can see it and can tell by notes and the work that's happened in the project. (External stakeholder)

External stakeholders in some areas were particularly positive about the delivery of Housing Solutions in their area; irrespective of the length of time Housing Solutions had been in place.

I think our Housing officers here were ahead of the time – I think they were already providing a HS service. So for me – when they brought in HS – we didn't really notice any change. Our local housing staff had already engaged really well when looking at individuals and when talking to us and colleagues. I don't know if that's because it's a rural area and there's a dearth of services – so it's a team approach anyway. (External stakeholder)

This has only been introduced in the Mid Ulster area in the last year…so personally I think Housing Solutions is a great way forward. Now they have a worker attached to their case – a 'go to person' – we have housing clinics in house – they'll come to the project (hostel). Service users can go and meet them and get updates and any queries they might have. (External stakeholder)

Finally external stakeholders suggested that whilst the legislation and homelessness tests had not changed, the changes in the system and process were one factor driving an increase in FDA status. In particular it was noted that the change in the overall system had resulted in two additional factors as follows; this concurs with feedback outlined above from internal stakeholders. Firstly, external stakeholders noted a change in the actual operational approach.

Of course you can impact the homelessness figures by (a) changing the administrative system and (b) changing how it is applied in practice. Because it's a subjective interpretation of the legislation which is made by individuals. (External stakeholder)

Secondly, external stakeholders referenced the impact of Housing Solutions on the actual level of presenters and on the baseline for comparison.

I have also heard saying that the impact of Housing Solutions has been – that without Housing Solutions you wouldn't have had 5,500 presenters in a region - you would have had 6,500. And therefore you have reduced the number of presenters coming and the level of acceptances – maybe the percentage is no different, it's just the base of people coming through is lower. (External stakeholder)

I think it could be due to the change in system…my understanding is that they start from a different place – they want you to stop from getting here (to FDA column) – but if you do get here (presenter) – you're more likely to get here (FDA). That's how we read it – but they do stop you trying to get here. (External stakeholder)

5.8 *Housing Solutions personnel*

This sub-section looks more closely at whether changes in the staffing for Housing Solutions has had any impact on the level of FDA awards; in particular reference is made to the recruitment of new staff, housing knowledge and experience, and the initial and follow-up training delivered for Housing Solutions. Feedback from Housing Executive staff highlighted, similar to above, the positive nature of having one member of staff providing the Housing Solutions service from start to finish; overall providing the client with a better standard of service, and ensuring that if presenters met what was described as a relatively low threshold for FDA, they were now being awarded this. In the main this was emphasised as a positive outcome from Housing Solutions – that those who are homeless and priority need are assessed and recognised as such. This was seen hand-in-hand with a transition period during which there was intense staff recruitment, staff training and operationalisation of the new system.

The difference was you were writing up your cases and making a recommendation – you actually weren't a decision maker. You were getting evidence and the case together but then passing it on. With Housing Solutions, basically you are engaging with that person, you know the decision – you are able to be quite straightforward with people – whether it's a nay or a yay on the evidence you have – be it on that day or after you've completed your investigations. I think this is a positive thing that Housing Solutions and transformations have brought about….it's cutting out all the in-between element of having to speak to different people and pass the case on. (Internal stakeholder)

I think previously the training might not have been as intense or thorough – so if it was the perception of no priority need – then it was going straight to that. It is put into you in the training – not to gate keep. So if someone is presenting and they are passing the tests – then it's FDA. (Internal stakeholder)

We've obviously had a massive recruitment and training exercise – and there's a lot of new staff. I would say some staff are still learning – obviously it's their decisions and you might not agree with their decision on priority need. Possibly some new staff are still learning – and are more generous – but I definitely wouldn't say that's a big part of the acceptance level – it's a small proportion….the system change itself hasn't really – it's all about the customer now – but it should have been all about the customer in the first place….and we still have the same policies – so it shouldn't make any difference, the actual system. (Internal stakeholder)

There was however a number of concerns noted in relation to how staff had been recruited, trained and managed. It was suggested that inexperience and lack of track record had led in some cases to positive homeless decisions that would not have occurred under the 'old' system and perhaps should not have occurred under Housing Solutions. A number of internal stakeholders suggested that they themselves had given FDA too readily at the outset of Housing Solutions bedding in, and that they had since adapted or modified their approach. Others suggested that they had felt pressurised, in particular from clients who 'needed' the 70 homeless points.

Maybe – as we were the first batch of training – you felt maybe pressured to give the FDA because that was what was expected…. I wouldn't say by management – I would say after the training by you - yourself because they were your applicants – and you wanted to do your best for them. (Internal stakeholder)

I think the new system has fewer checks and balances. We made a recommendation and this went to the Senior Housing Officer – who probably in most cases agreed with it. But, he or she would have looked at it – my concern is that individuals can be put under pressure – because it's your decision, and your decision alone. It's particularly pressure in terms of the points. It's also partly because you're told – you need to think yes. . You're encouraged to try and think of a way in which you can do it. (Internal stakeholder)

Given the fact it was Build Yes and think Yes – this was the new ethos – I did find myself locking heads from day one in the training. I sorta said – you're told to go in with an open mind…but all we're doing is pushing the points level up and up – we're shifting the bar. The Common Selection Scheme is totally outdated – so then people are saying – we're homeless in order to get the 70 points. (Internal stakeholder)

Specific references were made to the overall messages taken from the Housing Solutions training; with some members of staff suggesting that there was a divergence between their perception of FDA (often based on the 'old' system) and what was being conveyed via the training.

There has been an increase and I think that would have a lot to do with the training we received to be very honest. Things that I wouldn't necessarily have given FDA for before – I am now doing it because I was told at training – this is what you do. I feel that when training was rolled out – there should have been a member from Policy present. (Internal stakeholder)

The way the training was delivered you had a definite sense that it was more about saying 'yes' rather than saying 'no'….I do find it quite difficult at times – because I've worked in both systems. There are still some things I'm reluctant about – but there's definitely a break between what policy would tell us and the way the training was delivered….and the information they are relaying to the new staff. (Internal stakeholder)

Housing Executive personnel referenced how different approaches and disparity between training and policy divisions, the overall ethos of saying 'yes' rather than 'no and the fact there are multiple grey areas in the interpretation of vulnerability, has led to a differential in the acceptance rates across different Housing Advisors.

If we do seek a bit of guidance from policy – they will on occasion tell you – you cannot award that decision unless you have A, B and C. But when training is being delivered – they say – yes, you can make that decision….there are grey areas, especially in terms of the vulnerability of certain applicants. …we are not medically qualified to make a decision. There's no clear guideline on what is classed as vulnerable. It's really up to a person's interpretation…that's why if you broke it down further – some housing advisers would have a bigger percentage of acceptances than others. ..and it's all about that interpretation. (Internal stakeholder)

Interpretation of vulnerability appeared to be one of the biggest points of differential between Housing Executive respondents; whilst appreciating that this is a grey area which cannot be fully prescriptive, there was also a concern that inconsistency of application in this area was in part resulting in an increase in FDAs.

I think there needs to be clearer guidance on a lot of things – there's a lot that's left up to interpretation and people's opinion on how things are interpreted – vulnerability, medication…the vast number of people that present to us are being treated for depression and anxiety – and by the medical term this is an illness – but at what stage do they become vulnerable – at what stage are they then awarded their priority. (Internal stakeholder)

From a policy perspective a number of respondents referenced the breadth of the legislation, and the fact that it was not difficult to award vulnerability to those presenting, particularly given the increased level of needs in the presenting population.

*It's very much on the opinion of the designated officer….I think legislatively – we don't have the same legislation as England, Wales and Scotland – their legislation is different and I think more specific. That follows on – from our homeless colleagues – they can only write guidance in terms of what they have (*the legislation) *– so it's maybe something for the Department to look at, at a higher level.* (Internal stakeholder)

Internal stakeholders in a number of Districts said they were short staffed and that problems arose as a result of *bringing in a whole new bunch of people with no experience* (Internal stakeholder)

This was countered by a number of internal stakeholders emphasising that no member of staff was 'operational' until they had 'the button', and that the type and level of reviews ensured that monitoring of the process and outcomes were kept at a suitable level.

There are arrangements in place – to guard against a new staff member being fully in place until they are ready. I would expect the Team Leader to be sitting with them going through cases – before they go live. Also regular team meetings. (Internal stakeholder)

Some Housing Executive staff however did not feel that all Housing Advisors were up to standard before they were given the 'button'. *Process of having to sign people off – I wasn't happy that they had the knowledge to do this – there was people signed off that I was concerned about.* (Internal stakeholder)

A further perceived or actual pressure, highlighted by Housing Executive front-line staff was, in their own words, 'the fear of saying no'. This related directly to the high level of clients presenting with mental health and suicidal ideation, and staff members concern that if they did not award FDA, the client would react badly. A number of staff emphasised that they had experienced clients saying they would self-harm or commit suicide if they were not given FDA.

For me it's having the guts to say no to people…it's the fear of the unknown because mental health is so grey. With suicide being so prevalent – people are afraid of saying or giving someone a negative decision – and tipping someone over the edge…and it's very hard for you – sitting across the table after a half hour interview – trying to make a decision. Our hands are sort of tied – we can't contact GPs – we're making this decision based on what someone is telling us – and who are we to say – you're lying to me. (Internal stakeholder)

The perception of a three-fold multiplication of the number of staff making decisions as noted earlier was also viewed as introducing an increased level of diversity in terms of decision making. Some Housing Executive personnel noted that this had opened up the new system to the impact of different approaches and personalities. Again this viewpoint can be counter-balanced with the information provided in Section 1 on the number of Housing Officers involved in the evidence gathering in the previous system.

I think it boils down to personality. We have HA's who are very strict and analytical but maybe don't go the extra mile for the person – but if you looked at them on paper you might like their acceptance rate. Then we have the HA's who will go to the nth degree for somebody but their level of helping might be – you deserve this….but they don't have the actual evidence and facts. I do think personality comes into it a lot – it shouldn't – it should be done by policy and procedure. (Internal stakeholder)

Internal stakeholders suggested that as well as the required checks and reviews within their office, other things that would be helpful to ensure that FDA is being applied accurately and consistently would be to firstly ensure that trainers have a very clear knowledge in front-line work, secondly that a buddy system (involving more experienced Housing Advisors assisting newer Housing Advisors) should be introduced and thirdly that more inter-office discussion should be encouraged together with the use of case-studies at staff meetings and training. In addition, Housing Executive staff pointed to the previous system whereby the Housing Officer passed the case to the Senior Housing

Officer, therefore affording an 'in-flight' check, and suggested that this ensured all cases were checked. In comparison they noted that a small percentage of cases (10%) require a Team Leader decision. Again it is important to note the level of audit and checks for the Housing Solutions approach, as outlined in Section 1.

External stakeholders said that Housing Solutions staff were more empathetic with homeless presenters and took time with them, and that as a result this has had an effect on the level of FDA acceptances. External stakeholders suggested that this was identifying the real level or true reflection of need which previously had been overlooked.

They're more empathetic…when they look at a customer they look at them as a person. Previously I would have seen Housing Officers at the counter with a person – they wouldn't even have got an interview…they were maybe taken into a private room – given a list of private sector accommodation and sent on their merry way. If they were a single person this was the norm…there was no probing into – what are your actual circumstances? And these were vulnerable people who couldn't properly advocate for themselves. (External stakeholder)

In contrast and similar to some comments from Housing Executive personnel, there were some more generic comments from external stakeholders about the level of knowledge within the Housing Solutions teams, and a concern that a perception of high levels of turnover, recruitment and training processes may have led in some cases to 'soft' FDA decisions.

I actually find that the teams that are working in Floating Support know more than the housing person they are dealing with; in terms of law, legislation and the way it's supposed to be done. (External stakeholder)

It may be to do with the Housing Solution teams and how they are making their assessments. In this area we've had really high staff turnaround….that results in a lower level of competence and capability to do assessments. And it might be easier to put someone on an acceptance list – rather than really look into to see if they fit the criteria. In terms of here - I think there's quite an easy acceptance threshold. (External stakeholder)

5.9 *The Appeals process*

External stakeholders made limited reference to the Appeals process; on probing they did not think this was a major factor in the increases in statutory homeless. Internal stakeholder had mixed views on whether the existence of the appeals process had any bearing on their decision-making at District office level. On the one hand some Housing Advisors suggested they did not take this into consideration (see first quote below) whereas others said it was something that they did factor into their decision-making, particularly if it was a case which was on the borderline (see second quote below).

I personally don't ever consider it. Maybe partly because I've only had a couple of cases appealed – and actually they were both upheld. I don't think that's an issue for anybody – we're too busy making our decisions and making them in line with policy and the guidelines. (Internal stakeholder)

You do hear people saying – when it goes upstairs it's going to be overturned anyway – so what difference does it make. So we got the Reviewing officer to do an information and training session with all the staff – and he had some statistics around how many had been overturned and how many

upheld. And the vast majority now are being upheld. I think now that advisers see it won't always be overturned….so they get the confidence. (Internal stakeholder)

I know it does happen that they can get overturned – but everyone here wants to stick to their decision – they would still do the negative decision if they think that is the case….they'll reject it and then let it take its course. (Internal stakeholder)

Other internal respondents did think the opportunity for a client to appeal a decision had been a driver in terms of the increase in FDA acceptances under Housing Solutions, and in some cases cited that this was how they felt.

The Housing Advisors are a lot to do with why the acceptances are up – they're feeling the pressure – "I have to make this decision" – and the easiest way to make it – is to make a positive because then it won't go to appeal. (Internal stakeholder)

There was a general trend at local level that on appeal people at headquarters were more lenient. There was no real evidence of this…. there are subjective decisions even within the legislation…there were decisions that we felt were fine but when they went to appeal – we felt the balance of favour was very much weighted in the applicant's favour, and that any time there was a 50:50 call it was therefore better to err in the favour of the client. (Internal stakeholder)

I'll just award FDA because it'll be over-turned anyway…I probably shouldn't say that – that's how I feel. But it is a big factor. (Internal stakeholder)

One Team leader summed it up as follows:

We had a bit of discontent here in the office with appeals. Cases were overturned on the basis of someone else's perception and with no new evidence. The down side of that is Housing Advisors are saying – what is the point of saying no? If there's any doubt I'll make a positive rather than negative decision because no-one ever complains about a positive decision. I tell my Advisers not to make a decision based on how they think it will be looked at by Appeals. I would prefer they make a negative decision they can stand over – rather than a positive one – they might have doubt over. (Internal stakeholder)

Whilst actual and perceived behaviours by Housing Executive staff in relation to the Appeals process should be considered, what is more interesting is the change in the level of appeals and the number upheld in recent years. Table 17 shows that the number of appeals has remained relatively steady in both the Belfast and North Regions (increase in South Region), there has been a steady increase in the number and proportion of appeals being upheld (in favour of the original decision made by the Housing Advisor) and a corollary decline in the number of appeals being overturned. This analysis provides contrary information to some of the responses by Housing Executive staff; who suggested that the 'fear' of an appeal, because their decision would be overturned, was less than the likelihood of it being overturned, and that 'automatic overturning' was less likely. The North Region showed an increase in the number overturned in 2018/19.

Table 17: First Stage Appeals 2016/17 – 2018/19[141]

Region	Decision	2016/17	2017/18	2018/19
Belfast Region	Upheld	38	53	75
	Overturned	71	50	38
	Withdrawn	16	19	12
	Returned/reconsidered	8	3	9
North Region	Upheld	30	33	32
	Overturned	10	9	24
	Withdrawn	5	3	3
	Returned/reconsidered	12	9	7
South Region	Upheld	20	12	32
	Overturned	23	9	14
	Withdrawn	15	4	7
	Returned to District for review/reconsidered	26	21	6
Total		**274**	**225**	**259**

Source: NIHE Appeals Officers

A number of internal stakeholders suggested that the reduction in decisions being overturned at appeal is because the correct decision is being made. *Maybe it's because we are making more accurate decisions.* (Internal stakeholder)

But with the appeals – the number of decisions that have been upheld is quite high so that suggests – we've got it right – in terms of negative decisions. I think it's down to the Housing Solutions staff becoming more knowledgeable in their decision making processes and their determinations. (Internal stakeholder)

5.10 External influence and pressure

Another factor which both internal and external stakeholders suggested had contributed to an increase in FDA acceptance levels was categorised as 'external influence or pressure'. This covered a wide range of external influences or perceived or actual pressure including from elected representatives (councillors and MLAs), external advice agencies such as Housing Rights and Advice NI, as well as other external agencies e.g. hostels, Social Services, Floating Support services etc. In a number of Districts Housing Executive personnel noted that some of the political parties ran housing clinics in conjunction with the Housing Executive; and a number of external stakeholders referenced Housing Advisors coming out and running clinics in their hostel provision.

The MLAs on both sides of the community would be on our door step. (Internal stakeholder)

Social workers, the Trust, health professionals – they know our systems – and what to write in letters. (Internal stakeholder)

[141] Pending cases are not included.

Public representatives have an agenda – they want to be seen to getting somebody sorted out – in order to get their vote. (Internal stakeholder)

External influence was noted in terms of a number of threads. Firstly, as providing independent support to an individual homeless presenter who otherwise would have not known to present in the first instance or would have lacked the knowledge or skills to make an initial approach to the Housing Executive. Internal stakeholders listed a variety of sources of external advocacy and support, and noted that in many cases this was a positive addition to support and enable the client in their housing and homelessness application.

You have the likes of Housing Rights – I welcome HR – they have a very positive impact too, their Manuals are excellent. (Internal stakeholder)

It should be a joint approach – because, given the type of presenter we have now – vulnerabilities is a big thing. (Internal stakeholder)

However, a number of internal Housing Executive stakeholders noted that they had felt some level of pressure from external agencies in their assessment of some cases.

Especially in Belfast they say to you - the MLA sent me down…there's more pressure from them. They would say – they need these points. And I would say – well, I've assessed them – and 'no they don't meet the criteria. There was one case – I didn't think it was FDA – but it came back from Base 2 that it was a community threat….so I had to then give them the homeless. (Internal stakeholder)

There has been an increase in external involvement and input. It could be social workers or support workers, CPNs will come in, voluntary agencies – a wide range – but definitely representation has increased. And people feeling that you have to be more vocal – and to fight your corner more. And this idea – that if I persist – you will give in. (Internal stakeholder)

A small number of external stakeholders felt that external advocacy and advice had not contributed to increased FDA acceptances. They suggested that funding for advice organisations had remained static or in some cases reduced with no additional resource or capacity to assist homeless presenters in the time period being examined.

MLAs are there to give advice and guidance – if their actual homelessness is due to medical circumstances – then obviously that's going to be investigated – so the decision on that is based on medical information. MLAs can't actually influence it. (External stakeholder)

A second factor in this theme was external influence in terms of more significant input from the outside agency including helping the applicant to understand their housing and homelessness situation through to helping or enabling them to put together the specific type of information required in order to support their homelessness application.

Local councillors and community reps – they are very well versed in what they need…to have – very rarely now are we having to chase the information – they are coming in with quite a package. (Internal stakeholder)

Thirdly, reference was made by stakeholders to the involvement of service providers working with the homeless population; both hostels and floating support services. It was suggested that the type and nature of support offered by organisations had increased in the last 10 years, and that this level of focussed input was ensuring that applicants were receiving the correct services which in turn

provided evidence that contributed towards their FDA status in line with their actual needs and circumstances.

We would work very closely with a Floating Support provider. That's something we've done over the last couple of years – we had one referral in 2014/15 to Floating Support – this year that's a couple of hundred every year and we'd have regular meetings with our Floating Support provider. And you would get letters of support from them. (Internal stakeholder)

Also the fact that there are really good interventions and pieces of work being done by providers like ourselves who are working with these people, getting them engaged with a GP, getting them to attend appointments, helping them to recognise that there is a problem. (External stakeholder)

A number of stakeholders suggested that the level and professionalism of external input into the housing assessment process had significantly increased during the time period being examined in the research.

I think the customers themselves are being advised – by Housing Rights, Citizens Advice, Advice NI, MLA's – the actual health professionals writing documentation to support various vulnerabilities or whatever.

Putting the case forward on behalf of the customer… (Internal stakeholder)

One external stakeholder noted:

The sector itself has become more professional and robust itself in terms of identifying and recording the need; so that when they come forward to the Housing Executive the need is clearer. Hostels are collecting more data now – they are more focused in their approach and this has led to this spike (in acceptances). And the Housing Executive system is more focused in its approach – and this then impacts the numbers. (External stakeholder)

External stakeholders pointed to the Homelessness Local Area Groups that now operate in a number of Housing Districts[142], bringing together those statutory and voluntary sector providers with an interest in homelessness. In addition, reference was made to some Districts where voluntary sector providers work closely with the Housing Solutions teams. It was suggested that this has led to better sharing of information and ultimately better assessment outcomes. In some cases this included staff from external agencies supporting the homeless applicant, in their interview with the Housing Executive.

I think it's to do with us being in with them – we wouldn't ever have a service user presenting on their own to the Housing Executive – there's always a member of staff (Floating Support service) with them. (External stakeholder)

A fourth area of external influence was the input of other people; whilst many Housing Executive personnel noted that this had always been an influence via word of mouth, with successful applicants telling others what they had said and what documentation they had provided, there was acknowledgement that this influence had increased dramatically. Stakeholders referenced the use of social media as a mechanism for 'sharing information' about the homelessness application process.

[142] There are nine groups covering every area across Northern Ireland; some are for individual areas whilst others cover two areas e.g. South Antrim and Mid & East Antrim share a group due to the overlap of services between the areas. These are implementation groups aligned to the Homelessness Strategy 2017 – 2022.

It's social media – people are taking pictures of this brand new house – and saying to people – look what I've got. It spirals – someone will comment – how did you get this? (Internal stakeholder)

A small number of internal stakeholders said they thought people used this 'shared information' as a mechanism to work the system.

People know to go in and say – mental health – it's never out of the news, or domestic violence – because they know we can't challenge it. (Internal stakeholder)

They obviously know how the system works – they have people that tell them – oh, you just go in and tell them that – everyone knows how the points system works. They're getting fed that information – tell them that you're staying with such and such. They know how to play the system. (Internal stakeholder)

Internal stakeholders suggested that whilst it was useful to have dialogue with wider agencies involved with an applicant, in some cases this had declined as a result of GDPR; whereby access to discussing a client or any aspects of their background or case history was now more restricted.

I just think there's a pressure on doctors, social care, housing – and a knock on effect on lots of organisations. I do know that before GDPR kicked in – we used to have open and frank conversations with social workers. (Internal stakeholder)

In a number of cases it was suggested that this is now reducing access to relevant information to inform or support a housing application; and that in some cases homeless decisions were now being made without the back-up of documented evidence.

The emphasis is on ourselves to get the information. One of the problems we face is GDPR – not getting information about prescriptions; before we would have got a list or print out of this information. We've now been told we can make a decision on what people say – acceptance levels will go through the roof. (Internal stakeholder)

Internal stakeholders referenced a shift in health professionals letters from stating what the situation is to indicating that the client tells them this is the situation.

Sometimes we get letters in from the health service – but they may not be worth the paper they are written on – because it says – this tenant tells me…(Internal stakeholder)

Whilst stakeholders suggested that supporting information and documentation was useful and valid in the majority of cases there was a recurring theme of people using the external support to get what they wanted although it was acknowledged that this was more in relation to 'points chasing' than an initial homeless decision. Terminology of 'pressure' was used by some stakeholders, with inferences that this may be pressure that was disproportionate to the person's needs.

I think it's a mix – councillors, MLAs, Housing Rights – certainly there would be pressure from public representatives. I haven't been put under any pressure in terms of a homeless decision – but certainly in terms of how you might maximize their points. I think the system is so much more open to manipulation now. It used to be that if you didn't fit the criteria – that was it. Now, you're under pressure to make somebody's circumstances fit – so that you can give them the points…(Internal stakeholder)

Well they do kinda of put on pressure – and people that are new maybe would fall under the pressure – I'll give it to them – it's a stressful job. If you're sitting on the edge – and then there's outside pressure – you might say – ok, I will. (Internal stakeholder)

In addition, Housing Executive personnel noted that there were frequent cases where a little bit of information was not the full story, and that the nature of more informal advice was not helpful.

MLAs seem to know the system. Or think they know the system. We have cases where the MLA told the client this, this and this. And we have to explain - I can understand why he thought that – but policy actually is….I'm accountable at the end of the day – I have to keep myself in line with the policy. (Internal stakeholder)

In summary, this sub-section outlines the impact of what has been termed external influence or pressure; stakeholder feedback suggested that this has been helpful in many cases where the individual was in priority need, enabling them to speak up for themselves and to have the required documentation and evidence. Combined with an increased level of complexity this has fed into an increase in FDA. In other circumstances external pressure has potentially pushed an applicant to gain FDA status; either because of the compelling argument and evidence submitted or because the Housing Advisor has felt under pressure; this combined with a changing workforce, staff who are new to their job role and newly trained, may also have resulted in an increase in FDA. Both situations have been identified as having added to an increase in the level of those who have full duty applicant status.

5.11 Housing Market and tenure

Feedback from interviews also indicated that one of the four reasons why there have been increases in statutory homeless acceptances relates directly to the overarching structure of the housing market and distribution of tenure in Northern Ireland, in particular the declining supply of social housing and the resultant increasing use of and reliance on the private rented sector.

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[143]. 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.

Respondents in the interviews firstly noted that a higher proportion of the housing market attributed to the private rented sector, together with the push of rising rent levels, interlinked to declining Housing Benefit to cover the full rent, alongside difficulties in terms of lack of security of tenure and/or poor housing standards and conditions, were key factors in increasing levels of homeless presenters. This theme has already been covered in Section 2, Table 5 which indicated a 22% increase in one of the main accepted reasons for homelessness over the period 2012/13 to 2018/19. Section 3 outlined the nature and increasing level of homelessness in the rest of the United Kingdom, resulting from a shortfall in affordable private rented sector housing. In addition at Section 5, Table 16, the theme of financial hardship and the affordability of and lack of suitable accommodation was also noted. Later in Section 6 the linkage between the increasing number of

[143] NI House Condition Surveys 2006 and 2016.

people living in the private rented sector and the level of homeless presentations, where Accommodation Not reasonable (ANR) is the contributory factor is explored. Stakeholders also noted that the lack of available private rented accommodation or access to it in particular areas has had different effects on the level of homeless presentations and acceptances.

One external stakeholder noted

The huge challenge in this – and I think it could be partly feeding the high levels of acceptance – in looking at South as a Region, which is hugely reliant on the private rented sector. That is what drove them into homelessness in the first place. The fact that rent costs in many areas are just unaffordable; I think this is driving the level of acceptance. (External stakeholder)

Concerns were raised that the increasing reliance on the private rented sector was not the best way to prevent people becoming homeless or to enable them to exit homelessness.

It's rearranging the pieces on the chess board – and the fundamental problem is that we don't have enough social housing to meet the needs of the people – and therefore more people need to be in the PRS – but should that be the people who are in the greatest housing need? I think that is the least suitable tenure for people who are in the greatest housing need and in the greatest need of support – there's no way the PRS can give them the same support as SH – even in terms of professional housing officers, and a financial inclusion officer or a tenancy support officer. (External stakeholder)

The Housing Benefit cap doesn't necessarily cover the rent…in the private rented sector. The PRS is not the answer. If you're PRS is becoming more expensive and less secure – then the landlords can pick and choose. If they get someone they feel is difficult then they can say – here's an eviction order. The complexity of people coming through – pushed into the PRS – then a shortfall in the rent and don't have the skills to sustain it. (External stakeholder)

A second theme under this heading was the suggestion, based on experience within the District and Area offices, that the production of new-build social housing programmes impacted the level and nature of homeless presenters in those particular areas at specific times. This was noted for example in North Down and Ards; where reference was made to a period of 3 – 4 years where there were 700 new social houses in the new build programme. NIHE personnel in a number of areas felt this had let to presentations from outside the area and points chasing.

We are firmly convinced that a number of people were attracted to put down Ards and Bangor as choices – if you're sitting in another part of the province, going nowhere because of demand, and you hear there's all these new houses….people gravitate to that area. Together with this there is points chasing – we get a lot of people who are presenting with the package (of what they need) *there and then….people know what they need to present with in order to get the relevant points – to get the homeless points.* (Internal stakeholder)

5.12 What are the biggest drivers?

The interviews also provided an opportunity to discuss what may have been the biggest driver in terms of the increasing level of FDA acceptances. A number of stakeholders suggested that the picture was not simplistic and that increases in statutory homeless acceptances were driven by a combination of one or more of the factors outlined above. Analysis of the responses indicates that internal HE and external stakeholders thought that the increasing complexities of presenting need was and had been the biggest driver in terms of the increasing levels of FDA acceptances. This was followed by the change to the Housing Solutions approach, and then to a lesser degree external pressures for outside organisations and representatives and also the changing housing market and distribution of tenure; the latter resulting in a different type of homelessness need emanating largely from the private rented sector. This analysis of proportionality is substantiated by the following quotes from interviews.

I think it would be complexity of needs. Irrespective of whether the system had changed or not – the level of acceptances would have gone up. (External stakeholder)

To me the biggest drivers in all of this relate to the complexity of presenters; but there's also factors to do with the housing options for people. I'd say the biggest drivers are the mental health of presenters, but it's also the rent and the affordability of accommodation. (Internal stakeholder)

Acceptances have increased – there are lots of drivers and the pressure of the system. But definitely it is the additional needs of the applicants – from 10 years ago to now. Yes, 10 years ago you would have had mental health – but not to the same extent as you have now. Because what you now have is a lot of 30/35 year olds with mental health issues due to drug induced and alcohol induced issues when they were younger. (Internal stakeholder)

I do think there's a perception out there that the Housing Solutions approach has made it more likely that if you do present you will receive a positive decision. And clearly the figures show that is the case. (External stakeholder)

Respondents also noted the level of repeat presenters[144] and the cyclical nature of homelessness, referencing the revolving door, and the part this had played in an increase in FDA levels. This was summed up by one Housing Executive stakeholder as follows:

That's why it is repeat homelessness as well – and with repeat homelessness it's like putting a sticking plaster over the problem. Sometimes the housing isn't the problem – it's their issues with mental health – I've one girl who is a serial offender, a drug user. But because she has children and there is a threat against her – those are the triggers and she gets FDA – and then we have a duty to her. And then you're putting her into a single let – and her windows get put in. How do you break that cycle? (Internal stakeholder)

[144] Note – this has been examined at Section 2.9.

SECTION 5 - SUMMARY

LEVELS OF STATUTORY HOMELESSNESS ACCEPTANCES IN NORTHERN IRELAND

This section sought to examine the reasons for high levels of statutory homeless acceptances in Northern Ireland. From examination of the available secondary data and feedback from internal NIHE and external stakeholders four key factors were suggested as drivers. These were:

- **Nature and complexity of presenters;**
- **Changes to the administration of homelessness presentations**
- **External advocacy and support**
- **The overarching structure of the housing market and distribution of tenure**

The nature and complexity of presenters as a driver for increased statutory homeless covered a broad range of reasons. Stakeholders noted the complexity and multiplicity of reasons for homelessness. Reasons included mental health, addictions, dual diagnosis, physical health, learning disability and the legacy of the Troubles. Further reasons noted were increased young people with vulnerabilities and increased older people with additional needs. Financial hardship was noted as an increasing factor in the 'vulnerability' of clients – this was in terms of the affordability and lack of suitable accommodation, and in general terms relating to poverty and austerity. Increased numbers and complexity in relation to specific groups was noted – including an increase in foreign nationals presenting, complex issues for women and looked after children. Other factors noted were the impact of loneliness and isolation on people's situation and vulnerability and factors such as community cohesion, intimidation and other violence including domestic violence – all linked to homeless presentations.

Factors relating to the introduction of Housing Solutions and changes to how homeless presentations are administered included the actual Housing Solutions process and the point and level at which decisions were made, the Housing Solutions personnel and the major upheaval linked to a significant recruitment and training process over a 3-year period, levels of housing knowledge and experience and the initial and follow-up training, as well as whether the appeals process had any bearing on decision-making at local level.

External advocacy and support was also covered as a driver in the increase in statutory homelessness. This included input from elected representatives (councillors and MLAs), external advice agencies such as Housing Rights and Advice NI, as well as other external agencies e.g. hostels, Social Services, Floating Support services etc. The positive aspect of independent support for homeless presenters was noted both in terms of knowledge and skills/advocacy. Some Housing Executive stakeholders felt they had been put under pressure when assessing cases and that in some cases applicants were being helped to put together specific information for their application. The input of other people via word of mouth and a significant increase in the use of social media as a mechanism for 'sharing information' about the homelessness application process was noted. Concern was expressed in terms of people 'working the system' via various information channels, whilst at the same time internal NIHE stakeholders highlighted the reduction in avenues for them obtaining useful information about clients, as a result of GDPR.

Finally this section looked at how the housing market and distribution of tenure, together with factors such as the new build programme are perceived to have interconnected to the increase in FDAs, particularly in some localities.

Whilst not a simple picture, given the interplay between all of these factors, stakeholders did indicate a rank order in terms of what they thought was the biggest driver in increased FDA acceptances; starting with increasing complexities of presenting need, the change in the Housing Solutions approach, external advocacy and support and the distribution of housing tenure and availability of suitable/affordable accommodation.

Section 6 Reason for Homelessness – Accommodation Not Reasonable

Introduction

6.1 "Accommodation not reasonable" (ANR) is one of 13 potential reasons for homelessness[145]. As noted earlier at paragraph 1.23 any homelessness assessment is made within a wider customer context via a Housing Solutions interview. Where there is reason to believe that a customer may be homeless or threatened with homelessness, the Housing Executive staff member is required to open a homelessness case, and the procedure documented in the Homeless Guidance Manual[146] is then followed.

6.2 Again as noted at paragraph 1.18 when defining homelessness, *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.* As a result of this definition, in these cases the individual would be deemed to be homeless. The guidance in Section 3.6 of the Homelessness Guidance Model around reasonableness of accommodation is set out in the box below. It should be noted that the Guidance also states – *there is no simple test of reasonableness.*

Reasonableness of accommodation

It is for the Housing Executive to make a judgement on the facts of each case taking into account the circumstances of the applicant, which may include (but is not limited to):

i. The accommodation itself or the physical nature of the accommodation (is the condition of the property so bad in comparison with other accommodation in the area that it would not be reasonable to expect someone to continue to live there? Do the physical characteristics of the accommodation make it unsuitable for the applicant for example, due to a physical disability?;

ii. Overcrowding – Overcrowding may not be of itself sufficient to determine reasonableness, but it can be a contributory factor if there are other factors which suggest unreasonableness;

iii. Location;

iv. Applicants housing needs and/or personal circumstances;

v. Violence or threats of violence including domestic violence, harassment or intimidation;

vi. Affordability.

6.3 The NIAO noted[147] that ANR *has consistently been the category with the highest number of statutory homeless acceptances, and from 2011 – 12, numbers have been steadily increasing. In the ten years since 2006 – 07 around 29,000 households in total have been accepted as statutory homeless in this category.*

[145] These include sharing breakdown/family dispute, marital/relationship breakdown, accommodation not reasonable, loss of rented accommodation, 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.
[146] Housing Executive *Homelessness Guidance Manual,* December 2017
[147] NIAO Report – *Homelessness in Northern Ireland,* November 2017, pages 16 and 17

6.4 In terms of ANR the NIAO made further comment on a number of emerging trends; these are summarised as follows:

- whilst some documentation suggests that the increase in ANR relates directly to the aging population (The Homelessness Strategy 2012 – 17), analysis by the Housing Executive suggested that 60% of presenters accepted under the ANR reason are under 60 years of age;

- acceptances under ANR are from across the tenures; in 2015 – 16 this was 40% social housing tenants, 39% private rented tenants and 15% owner occupiers;

- adaptations may be a possible solution to ANR, in particular if this is related to an individual's physical incapacity. Housing Executive Adaptations have enabled this, for example in the five years ending 2016 – 17, 31,866 welfare adaptations were made. However, an applicant is entitled to pursue a homelessness application in the meantime, whether this is a potential avenue for them and/or will resolve the accommodation issue, and there is no formal link between grants and homeless applications or acceptances.

6.5 The NIAO report recommended that further analysis of the data relating to the ANR category should be carried out. This section provides an overview of this further analysis; firstly in terms of an analysis of secondary data provided by the Housing Executive (Data Analytics) and secondly in terms of qualitative data gathered as part of the interviews with internal (Housing Executive) and external stakeholders[148].

ANR – Analysis of Secondary data

6.6 Table 18[149] shows the number of presenters, where ANR is the presenting reason, by region over the last six years. This indicates that ANR as a presenting reason has doubled across Northern Ireland from 2,313 in 2012/13 to 4,529 in 2018/19; **an increase of 98% over a six year period.** Increases varied across the regions; with 63% increase in the Belfast region, 106% increase in the North Region and 146% increase in the South Region. The largest overall (NI wide) increase was between 2012/13 and 2013/14 when the total number of presenters recorded as ANR increased by 734. It is worth noting that this large increase was before the introduction of the Housing Solutions approach. This massive increase in ANR as a presenting reason correlates with the findings noted in the NIAO report.

[148] It should be noted that where possible this research project has aligned with officially published data. In some cases, due to the wide range of analysis required by this project, additional reports were created beyond those used to create published data. Therefore, in some cases data in this project will vary slightly with previously published data – these small variances occur when the creation of additional reports occurred after the figures for end of year data were published e.g. annual data is usually extracted in mid-April and some cases are keyed subsequent to this data which is reflected in the additional reports created specifically for this project.

[149] The previous footnote applies to this data. In addition, it should be noted that the Housing Executive moved from PRAWL to HMS during 2012/13; there is a significant difference in data for this year.

Table 18: Homelessness report – homeless presenters where presenting reason is ANR

Year	Belfast Region	North Region	South Region	Total
2012/13	1178	1179	759	3116
2013/14	1284	1132	861	3277
2014/15	1359	1320	984	3663
2015/16	1432	1398	1150	3980
2016/17	1387	1516	1216	4119
2017/18	1412	1549	1240	4201
2018/19	1550	1619	1419	4588

Source: NIHE Homelessness Policy & Strategy Unit

6.7 Table 19 indicates the proportionate increase in ANR as the presenting reason for homelessness, in comparison to all other reasons for homelessness. This table is provided for Northern Ireland as a whole and indicates a significant shift in the proportion of presenters where the reason for homelessness is deemed to be ANR; an increase from one in ten applicants (12%) to one in four (25%) of all presenters.

One key contributory factor in this may be the significant reduction in the number of presenters categorised as 'no data on reason for presentation', which effectively were not recorded under specific reasons/headings. The numbers are footnoted below[150] and show a situation where in 2012/13 there were 5,806 cases where there was no reason recorded for homeless presentation (nearly 30% of the presenters in that year) to only 59 such cases in 2018/2019[151]. The shift towards better recording and collation of presenting reason for homelessness may be partially related to the increase in presentations recorded as ANR; however this factor negates when examining homeless acceptances where there is no such category (see table 20).[152]

It should be noted that other presenting reasons have increased in the same time period e.g. domestic violence as a reason for homeless presentation from 636 to 1,174 cases. Other reasons showing significant increases include loss of rented accommodation, neighbourhood harassment and sharing breakdown/family dispute. The increase in ANR presentations cannot therefore be viewed in isolation, as other reasons have increased and decreased over the time span.

[150] In date order 2012/13 – 5,806, 2013/14 – 0, 2014/15 – 1,773, 2015/16 – 1,522, 2016/17 – 133, 2017/18 – 169 and 2018/19 – 59.
[151] In addition, over the recorded timescale the number of homeless presentations registered as 'other' decreased from 588 to 174 cases.
[152] The previous footnote applies to this data. In addition, it should be noted that the Housing Executive moved from PRAWL to HMS during 2012/13; there is a significant difference in data for this year. There has been a shift towards better recording and collation of presenting reason, aligned to the introduction of compulsory keying of presenting reasons.

Table 19: Homelessness report – homeless presenters

Year	Total presenters ANR	Total presenters – all other reasons	Total presenters	Percentage of presenters – where ANR is the presenting reason
2012/13	3,116	16,433	19,549	16%
2013/14	3,277	15,585	18,862	17%
2014/15	3,663	15,958	19,621	19%
2015/16	3,922	14,706	18,628	21%
2016/17	4,119	14,454	18,573	22%
2017/18	4,201	13,979	18,180	23%
2018/19	4,588	13,614	18,202	25%

Source: NIHE Homelessness Policy & Strategy Unit

6.8 Table 20 shows ANR by accepted or established reason for homelessness. This shows a similar picture to Table 19 (presenting reason) in terms of a steady increase in the total number of homeless acceptances under this reason: ANR; an increase from 2,551 per year in 2012/13 to 3,964 in 2018/19, a 55% increase. It should be noted that in every year the number of presenters (ANR) was greater than the number of acceptances, except for the first year 2012/13 where there were 2,313 presenters ANR and 2,551 acceptances ANR. As indicated earlier this may be related to the high level of unattributed/uncategorised presenters in terms of reason for homelessness in that year. Similar to presentations the largest increase in acceptances as homeless ANR was in the South Region.

Table 20: Homelessness report – homeless acceptances - ANR

Year	Belfast Region	North Region	South Region	Total
2012/13	1039	1031	636	2706
2013/14	1027	956	695	2678
2014/15	1152	1141	824	3117
2015/16	1198	1212	1003	3413
2016/17	1261	1325	1055	3641
2017/18	1241	1379	1054	3674
2018/19	1336	1394	1225	3955

Source: NIHE Homelessness Policy & Strategy Unit

6.9 Since June 2018, drop-downs have been available for ANR[153] for recording purposes[154]; these are as follows:

- Physical health/disability
- Financial hardship
- Mental health
- Overcrowding
- Property unfitness
- Violence
- Other

Table 21 provides analysis of this for the year 2018 – 19 and for the first quarter of 2019[155]. This indicates that the largest reason for ANR (as a presenting reason) is physical health and disability. Over the five quarters outlined below this varied from 32% in Q1 2018 to 66% in Q3 2018 of the total number of homeless presentations under ANR[156].

Table 21: Homelessness report – homeless presenters where presenting reason is ANR – 2018 – Q1 2019, analysis of ANR by reasons

Quarter /Year	Accommodation Not Reasonable – ANR Presenting reason								
	ANR – not broken into reasons[157]	Physical health/ disability	Financial Hardship	Mental health	Overcrowding	Property unfitness	Violence	Other	Total
Q1 2018	651	409	31	83	30	23	16	30	1,273
Q2 2018	9	735	70	140	46	48	35	76	1,159
Q3 2018	11	605	37	105	37	43	29	54	921
Q4 2018	48	799	55	132	49	48	37	67	1,235
Q1 2019	22	664	53	157	46	34	34	79	1,089

Source: NIHE Homelessness Policy & Strategy Unit

[153] LSAN HSG 06/18, June 2018
[154] These were not 'new' headings as such but were introduced for data recording and collection purposes, and to enable analysis of this reason.
[155] Prior to this the specific reasons or categories for ANR were not recorded and could not therefore be analysed.
[156] It should be noted that particularly in Q1 2018 a large number of ANR presentations were not broken down into the provided categories. The Housing Executive stated: *The system was set up to re-categorise ANR and staff were briefed to use the new categories. For whatever reason, they continued using the defunct category for some time until the LSAN highlighting the revision was circulated and a note on the system warning people away from the old category was set up.*
[157] See above footnote.

6.10 Table 22 provides an analysis of ANR by drop-down headings for homeless acceptances in the period Q1 2018 to Q1 2019. This firstly indicates the administrative shift towards clear categorisation under the drop-down headings. In addition, as with presentations the highest level of ANR acceptances is for the physical health and disability category; with the lowest level at 52% of all ANR acceptances (Q1 2018) up 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. 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.

Table 22: Homelessness report – homeless presenters where acceptance reason is ANR – 2018 – Q1 2019, analysis of ANR by reasons

Quarter /Year	Accommodation Not Reasonable – ANR Acceptance reason								
	ANR – not broken into reasons	Physical health/ disability	Financial Hardship	Mental health	Overcrowding	Property unfitness	Violence	Other	Total
Q1 2018	269	578	24	112	30	34	19	52	1,118
Q2 2018	0	674	33	136	36	35	27	50	991
Q3 2018	0	561	20	93	29	27	21	45	796
Q4 2018	0	727	27	127	45	34	34	56	1,050
Q1 2019	0	617	25	152	42	25	24	62	948

Source: NIHE Homelessness Policy & Strategy Unit

6.11 Tables 23 and 24 examine ANR by household type and by tenure; in both cases this is for homeless acceptances for a three year period 2016 – 2019.

Table 23: Homelessness report – homeless acceptances – ANR by household type

Year/ Household type [158]	2016/17	2017/18	2018/19
Elderly	1437	1434	1540
Large Adult	81	88	102
Large Family	212	250	283
Single	1076	991	1143
Small Adult	208	242	231
Small Family	630	669	654
Other	8		2
Total	3652	3674	3955

Source: NIHE Homelessness Policy & Strategy Unit

Table 23 indicates that the highest proportion of homeless acceptances with ANR as the reason for homelessness is from the elderly. This household type amounted to 39% of the acceptances. Single people also contributed to a high level of acceptances (between 27 – 29% over this period) as did a small family (16 – 18%). This demonstrates that although around 40% of ANR acceptances are for single or couples aged 60 years plus, there is a high level of acceptance amongst singles and small families.

Table 24: Homelessness report – homeless acceptances – ANR by tenure

Year/ Tenure	2016/17	2017/18	2018/19
Private rented sector	1,165	1,196	1,202
Housing Executive (introductory and secure)	1,108	1,128	1,286
Owner occupation	571	565	705
Housing Association	362	368	370
Sharing	235	216	223
Other	211	201	169
Total	3,652	3,674	3,955

Source: NIHE Homelessness Policy & Strategy Unit

Table 24 shows that the majority of those accepted as Homeless ANR are renting (70%). The private rented sector (between 30 and 33% over this 3-year period) and Housing Executive tenancies (31% to 32%) account for around one third of acceptances each. When those in housing association tenancies are added this is a further 10% of acceptances.

[158] Definition of household types/groups are taken from the Housing Solutions Form.

Around one sixth of acceptances (ANR) are owner occupiers with smaller numbers living in Housing Association tenancies, sharing and other. The other category covers a wide range of other tenure types and housing situations including B&B/hotel, caravan, HM Forces, hospital, institution, in care, local authority, lodger, no fixed abode, possession (use and occupation), squatter (use and occupation), prisoner, tied accommodation, traveller, voluntary sector hostel and other.

6.12 Overall the secondary data indicates significant increases in ANR (presentations and acceptances) over the last six years. In particular the 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. In addition, as noted earlier it is important to take into account that other presenting reasons have declined such as intimidation (decreased from 558 homeless presentations in 2012/13 to 481 in 2018/19 and mortgage default from 420 to 123 cases respectively). Some stakeholders noted that this has effectively resulted in a recording system whereby the correct information is now recorded under the correct headings, rather than incorrect columns or the use of other or no data for reason.

That's good to see those type of things going down – because we're selecting the correct homeless reasons – ANR – through physical health or disability, financial affordability, there are further drop downs. (Internal stakeholder)

Analysis of tenure suggests that whilst there is a spread across tenure types, 70% of those accepted as full duty applicants under ANR were renting their property (either private sector or social housing sector). In addition, 40% of accepted applicants are elderly but the remainder largely fall into single or small family household types.

6.13 A number of factors were suggested by internal Housing Executive and external stakeholders during interview in relation to a range of reasons for the increase and occurrence of ANR as a category. These are examined in table 25 together with relevant quotes.

Table 25: Analysis of feedback from internal (and external stakeholders) – reasons for occurrence and increase of ANR as a presenting/acceptance reason for homelessness

Reason for occurrence and increase in ANR	Notes and quotes
Evidenced increase in occurrence in relation to relevant drop-down area	The analysis below (from point 6.16 onwards) includes multiple quotes to substantiate the rationale for and validity of the various reasons provided for ANR being recorded as the reason for homelessness. A number of external stakeholders noted that they felt it was more commonplace and acceptable as a reason for presenting in comparison to even 5 or 6 years ago. *I think a lot of it is that it's become more publicised…years ago you really had to argue that one tooth and nail – whereas now it's more accepted as a reason. And I think that it's more common knowledge that people have that that is grounds for homelessness. whereas before I don't think people thought they could say – that's not acceptable.* (External stakeholder)
Specific demographic changes and connection to housing tenure and configuration of current stock	*I believe it's because there are more older people, they are living longer – their accommodation is no longer suitable – and we don't have appropriate accommodation – a lot of our GF is flats – and they don't want that.* (Internal stakeholder) *I think a lot of it's to do with the population getting older…people are living in houses now that historically they can't manage any more. And their functionality reduces as well.* (Internal stakeholder) The increasing number of people living in the private rented sector, with links to homeless presentations were also noted as a contributory factor to increases in ANR. *So ANR is if their accommodation is in really poor condition – the landlord isn't doing any repairs. Property unfitness is a big thing…older people have been in there for years, they don't want to make a big fuss and they don't want to lose their accommodation. But it's not reasonable to live there – they're scared to say anything to the landlord.* (Internal stakeholder)

Reason for occurrence and increase in ANR	Notes and quotes
Breadth of the ANR Category and associated drop-down criteria	A number of stakeholders suggested that the threshold for proof of homelessness is relatively low, and that with the availability of the category ANR applicants can make a case for both their homelessness and vulnerability. *I think that anyone could make a fairly compelling argument that their accommodation is no longer reasonable….if you applied your mind to it – between health, property conditions, overcrowding, location – all of those. If you start to make the case – that amalgamates two or more of your characteristics or circumstances – then it's quite an easy thing to do. And if you get advocacy workers to come in behind you – and local politicians – which they invariably do.* (Internal stakeholder) One case was noted as follows: *She presented saying – my Accommodation is not reasonable – and here's why and the housing advisor got this. The pack was all prepared for her by an external agency and she met various ANR categories.* This individual listed mobility issues, overcrowding etc. (Internal stakeholder)
Potential impact of change to Housing Solutions as an administrative system	A number of internal Housing Executive stakeholders, in particular Managers and Team Leaders suggested that the move to Housing Solutions may have directly added to an already increasing level of ANRs. This linked to their assessment of both the Housing Solutions system and the Housing Advisors making the decisions. *I need to make sure that it hasn't doubled because people are putting ANR down without really thinking about it...so that we can stand over these decisions. There is a feeling – we have maybe promoted too many people to Level 5. I've seen people – and in my mind they should not be a Level 5 – Housing Adviser. When you have 20 people making the decisions – and that then becomes 220 – it stands to sense that you'll get a lot more variance in decisions.* (Internal stakeholder) *My fear is that it's directly linked to what housing advisor you get - who's competent enough to apply the knowledge from their functional training and their decision-making – in terms of awarding FDA based on what they see. For ANR – good practice – I told my team – don't be making desk-topped assessments for Accommodation Not Reasonable. That was my call as a Team Leader – but there is nothing in Policy to require that. I know the Guidance can't be Carte Blanche – we can't be prescriptive – to say in 'black and white' that you have to do this if you have this scenario….but it's understanding, we need to enforce that through our functional training programme.* (Internal stakeholder)

Reason for occurrence and increase in ANR	Notes and quotes
Knock-on effect of referral from other housing providers	A number of internal Housing Executive respondents noted that one reason for an increase in ANR was referral from social housing tenants in Housing Association properties; they noted that in many cases the Housing Association could do more to resolve the issue before referral. *The ANR issue is also something we're trying to assess – going to get all the HA's together. The Housing Associations are sending very flimsy files down to us – because of ANR. Why is the accommodation not reasonable? Oh this woman has fallen out with their neighbour – that's not ANR – sort out the issue between them.* (Internal stakeholder) *Housing Associations – up until now – have not been dealing with the problems of ANR in their accommodation.* (Internal stakeholder)
Pressure on housing stock	A small number of stakeholders noted that they thought some applicants were applying on the grounds of ANR, as a mechanism to be considered for social housing and/or to 'points chase'. *When new build is released – suddenly you are getting people applying saying their accommodation is damp and unfit. It's points chasing – to try and get further up the ladder for certain accommodation.*

Source: Analysis of interviews (internal and external stakeholders)

As noted earlier whilst some internal Housing Executive stakeholders connected the increase in ANR in part at least to the introduction and delivery of Housing Solutions, other staff members felt the two things were unconnected. The following quote illustrates:

It would be definitely more frequently than a number of years ago – but I wouldn't say they are abusing the reason (ANR) – because if they don't put it into that they're going to put it into the other category. So you might as well put it into the right category at the start – and if it's rising – then it's rising – it's a fact. We do have an older generation – people waiting on surgeries – things like that. (Internal stakeholder)

Furthermore, the main rationale given for increases in ANR related directly to the increasing incidence of the factors listed under ANR which might deem accommodation to be unreasonable to remain in; namely physical health and mobility, mental health, financial hardship etc. These are reviewed in detail below.

One respondent noted:

I feel that the NIAO has failed to understand that this is quite legitimate – and that actually they didn't look to see why – but when you have an ageing population – an increase in addictions recorded daily, an increase in mental health – and we're not building houses – then why wouldn't it? Who's looking after them? Who's targeting their housing needs? In terms of building accommodation which is reasonable? (Internal stakeholder)

In addition, case law points to a number of cases where the courts have noted that accommodation may be reasonable in the short term but is clearly not suitable in the longer term. A number of relevant court judgements are outlined in Appendix 5. One respondent noted:

The case law is very clear – the courts will say that accommodation which might not be reasonable in the long term can be reasonable in the short term – but there are cases where they have put their feet down and said – this is unreasonable, that person cannot be expected to live there – you have to act. I don't think this was taken on board by the NIAO. (Internal stakeholder)

6.14 In the text below further commentary is provided on each of the drop-down reasons given for ANR. Stakeholders noted the change in administering and recording this category as outlined in LSAN June 2018[159].

*It used to be a blanket ANR up until last June (*2018) *– now we have to select the ANR in terms of what it falls into.* (Internal stakeholder)

Some stakeholders felt there was already sufficient guidance around ANR in the Homelessness Guidance Manual, but that in many cases this reason could not be fully established at the initial Housing Solutions interview and needed to be confirmed via a home visit, and linked to an OT assessment or report (in particular in relation to physical health and disability).

In contrast more than half of the group of internal Housing Executive stakeholder respondents suggested that even with guidance and advice on how to apply the ANR criteria, this reason for homeless presentations was the most difficult to assess and establish consistency of approach and application across their office and indeed within and between Regions.

ANR causes the most controversy in the office because everyone sees things differently – it gives you the option of fitting something in where it doesn't fit in anywhere else…and I worry that it's an easy way of getting FDA for applicants – and it makes you aware of what to mention. (Internal stakeholder)

6.15 This section includes comments by internal and external stakeholders in terms of their perception and knowledge of the frequency of occurrence and nature of the specific ANR reasons, stakeholder viewpoints in relation to the level of incidence and recent increases in this reason overall, together with case-studies provided by Housing Executive personnel in the District Offices for each of the ANR reasons.

6.16 ANR: Physical health/Disability

This reason for ANR – physical health or disability – was noted by all interviewees and was referenced by them as the most frequently occurring reason why an individual or family may be in the situation where their accommodation was not reasonable.

Our reasons for ANR are sub-categorised. Physical health and disability is the top ANR in this District – so is it to do with an ageing population? Are people living longer? Are people not managing in the property the way they used to? (Internal stakeholder)

Detailed qualitative commentary was provided by stakeholders on the reasons why householder's physical health may have changed and why their accommodation was no longer reasonable to occupy. These included the ageing population, in particular linked to the type, size and age of

[159] Op cit.

accommodation older people are living in, a reduction or change in mobility, difficulties or 'at risk' using the stairs and the absence of a downstairs toilet and/or bathroom in the majority of older properties.

When you have an ageing population – that's definitely a reason. People are in their 3-bed houses – but they have some sort of disability. (Internal stakeholder)

A recent case was a lady in an upstairs flat, she has issues with her legs, she is really struggling. That accommodation is not reasonable for her – she is an elderly lady. (Internal stakeholder)

The growth in the elderly is a major reason. We have a lot more people in older age groups who are in accommodation which is not suitable. That's a hard call as well – do you say – you have a property where you can put your bed into the living room – and then you're fine. But then the advice and support letters are coming in – saying this is unreasonable for this person…it's defining reasonable.

Expectations have increased…expectations are extremely high. It wouldn't be acceptable if we turned round and just said to them – live in your living room. They're really homeless at home. The system drives you, and people know the system. They know what to say, the evidence to get – and what points there are. To be fair – the Housing Advisors – their hands can be quite tied. (Internal stakeholder)

Assessment of this criterion of ANR was viewed as best being done via a home visit.

If you do a home visit – it's probably instantly obvious whether somebody is going to qualify. If someone really can't manage the stairs and are deemed to be at risk on the stairs, to me that's – ANR. It needs to be something long-term….whose situation is not going to improve and are at risk in their current accommodation – perhaps already had falls….I don't think there is a huge requirement for further medical information in these situations and Social Workers are quite amenable to sending reports…and that's good back-up evidence for the file. (Internal stakeholder)

Wider discussion by internal Housing Executive stakeholders touched on the fact that ANR: Physical health and disability interconnected to the wider health sector policy of aiming to sustain people at home (rather than moving to residential or nursing homes) for as long as possible both from a budgetary point of view, and to promote and maintain social inclusion in people's communities, rather than a move later in life.

Some Housing Executive personnel suggested that registering older people as 'homeless at home', because their accommodation is no longer suitable, may not be the most effective way of responding to or dealing with their individual situation - *not sure that this is solving the problem – or dealing with it in the right way?* In particular, reference was made to the need to link the level of ANR relating to older people and their current or future housing needs to both active stock management and transfers, and the need to ensure there is adequate accessible and affordable accommodation for current and future cohorts of older people[160]. The mismatch between current accommodation (frequently 2-storey and 3 bedroom plus) against accommodation requirements or needs (ground floor or level access, with a desire for a bungalow) was noted as key factors in the discussion on ANR for physical health or mobility reasons.

[160] *Housing and Older People: Housing Issues, Aspirations and Needs – A Report for the NI Housing Executive,* Fiona Boyle Associates, October 2019.

In terms of current accommodation, reference was made to the correlation between older people living in older properties with no downstairs bedroom or bathroom. Frustration was expressed by Housing Executive personnel that grants and adaptations could not be more available and accessible, to enable either the accommodation to be adapted for a person's needs prior to it becoming unreasonable for their needs or to be a more available route once a person was assessed as ANR: Physical health/mobility. Respondents referenced various factors relating to the grants and adaptations process which they suggested acted as barriers to enabling accommodation to be made reasonable including communication and availability/accessibility of information, the requirement for capital input (means tested), and the timescales and the need for the householder to manage the process.

The problem with that is in the past we used things like Disability Facilities grants – they didn't used to be means tested – but they are now – so people don't qualify for them. We have been trying to explore things – but it comes down to practical things – in the past voluntary and community organisations were able to help out with grass cutting and hedge cutting for pensioners….comes down to practicalities – they can't maintain their house. But this doesn't seem to be an option now because of insurance and other legalities. (Internal stakeholder)

I think the timescales is the biggest issue here. Because someone who can't physically get down their stairs – shouldn't be waiting for a year for something to be done. The majority will not move – they are homeless at home. It comes back to this – how homeless is homeless? And how reasonable is it to continue to occupy? It's not really reasonable if you can't get to your bedroom or bathroom. (Internal stakeholder)

It comes down to – what is reasonable and what is unreasonable – and what should we be doing to help people to make it reasonable to live there….to stay there. And our mechanism to do that at the moment is poor. (Internal stakeholder)

Well obviously we've an ageing population and the property is no longer fit for purpose. A lot of it is to do with the grants process – it's very time consuming, it's difficult – it has financial implications.

Rather than helping people in a timely way – we try to rehouse them or build something for them.

Even the toing and froing with the OT – and tying them down in terms of the plans – people just don't understand. There doesn't seem to be any focus on it – we're not pushing it – because we know ourselves that it is a difficult process. If it was more straightforward and a specialist team….it's beyond people's general remit. (Internal stakeholder)

More than half of internal Housing Executive respondents suggested that rather than simply noting the increasing numbers of households accepted as ANR, fundamental steps should be taken to make their accommodation reasonable.

If people are in accommodation – and they can't access the main rooms of the house including the bathroom and bedroom – then they are technically homeless. We should look at other options – in terms of stair-lifts and adaptations – maintaining those people in their home. People don't want to leave those properties…how can we sustain people in these properties – the fixes that we have are taking too long? There's too much red tape – and because so many people are involved – Social Services, OT, technical team – so the solution isn't a quick fix. The solution can take years. And that's part of the problem. (Internal stakeholder)

The phrase 'homeless at home' occurred frequently in the interviews; together with an acknowledgement that the process of registering as homeless was not in itself going to provide a solution, albeit that it provided the individual with 70 additional housing points. *They don't end up with a lot because they're still in their property….there's been no change. I don't know if FD homeless is necessarily the best solution to that.* (Internal stakeholder)

In these scenarios – older people defined as homeless at home – stakeholders suggested that it was more to do with the suitability and configuration of their accommodation, rather than the individual being homeless, although there was acknowledgement that this was viewed as homeless under the legislative definition. *A lot of these older people are being made offers – which they turn down. I have huge reservations about the number of our applicants who are homeless to the point that they require emergency and immediate accommodation. There seems to be two levels of homeless – and maybe that should be reflected. And from regular reviews – these could be identified. Not everyone wants to move – but it's about thinking about the other options.* (Internal stakeholder)

Overall there was acknowledgement that this category of ANR: Physical health and disability will continue to grow, potentially in line with the growth of older age cohorts, with frustration expressed by Team Leaders and more senior staff, in relation to a viewpoint that this was not the best mechanism or response to deal with 'homelessness' amongst older people.

Well for this category you could easily say someone who can't get upstairs anymore – it's an ageing population; people are living longer. They're in accommodation which no longer meets their needs. But homeless at home – I don't get it – in the past there were other categories and ways of dealing with this – I think we need to be smarter. I remember seeing a case – that someone couldn't manage the garden any longer – that was being taken as homeless, ANR. Someone who can't climb the stairs – they're not homeless. There's different types of homeless – and those people wouldn't be considered as homeless in other jurisdictions – so that homeless at home – if we were smart we could strip that out….the issue here is not that they are homeless – the issue is that there is a universal lack of accommodation that meets their needs…(Internal stakeholder)

In addition themes relating to people's expectations and aspirations during and following assessment as ANR: Physical health and mobility were noted. Housing Executive personnel noted that following an assessment older people often say *I don't know if I would want to go into supported or sheltered accommodation…*highlighting the mismatch between what is available and what people would like.

In years gone by – people sold up and bought something smaller – it doesn't seem to happen now. The difficulty is that there are not the same range of down-sizing options that there was in the past. (Internal stakeholder)

A number of Districts referenced the fact that Category 1 schemes had been developed in their areas in response to need identified on the housing waiting list, but that following completion the demand did not always emerge.

Older people putting that down as a kind of safety net….we ended up advertising what was built and some of the sheltered schemes in our area was then allocated on zero points. (Internal stakeholder)

There is a fear – the safest decision is to err on their side and say 'yes' they are homeless for ANR: Physical health and mobility. If you've got an 80 year old – and you've got a medical person telling

you that there's any type of risk at all – and you go against that – you're leaving yourself exposed – how did you make that decision? You ignored medical advice? You're not going to go against that.

The reality is that a lot of the people who get it – when it comes to rehousing – what they want is a little 2-bed bungalow with a front and back garden and preferably a sea-view….and all of the Housing Associations are building apartments – and when you offer apartments that's not what they want. (Internal stakeholder)

This theme of the mismatch between need and the availability of stock was further referenced in terms of people's areas of choice.

A lot of the people who are living in these houses are in nice areas – when they come on to us and we start talking about areas of choice – they say – anywhere but not an estate – but the vast majority of our houses are in estates – at least 85%. (Internal stakeholder)

The lack of social services and OT involvement in many cases was also noted. *I think it would be good if the system engaged more with the OTs and social workers – if the social workers contacted us and said – I think they will come in and present as homeless…*(Internal stakeholder)

This reason was frequently associated with older age, although it was noted by some respondents that this was not exclusively an older person's reason. Respondents referenced physical disability throughout the age cohorts and younger people who have been disabled from birth, disabled by way of accident or illness and disabled as a result of conflict or intimidation. One stakeholder noted the link for this category directly with disability, which they suggested was demonstrated by the level of need for new build wheelchair and supported accommodation.[161]

ANR – it tends to be physical disability – that would account for it. This would be about one quarter of all reasons for homeless presenters – not just ANR. (Internal stakeholder)

Not just elderly – much younger people with health care and mobility issues. Part of the population who are now more likely to have chronic health problems. (Internal stakeholder)

Accommodation not reasonable could be somebody who had an accident that could be a younger household. It could actually be a disabled child. This is what I see as being ANR. If there is something wrong with the child and there's complex needs. (Internal stakeholder)

External stakeholders substantiated the occurrence of physical health and disability being a clear reason for homelessness when linked to a person's accommodation. The main comments from external agencies were about older people in properties with stairs, no downstairs bedroom or bathroom and declining overall physical health and mobility.

In my opinion ANR is more to do with elderly people needing different accommodation – with a walk-in shower, can't get into the bath anymore, difficulty on the stairs – rather than being actually homeless. (External stakeholder)

In 2011/12 we didn't have anybody in the older person's sector saying to us – our accommodation is not reasonable. It's only in the last couple of years that people are starting to – that their accommodation isn't suitable – and they do have alternatives. We have noticed – in our sector – that people are now thinking about the fact that it's no longer suitable. And they need to move to

[161] Data has been provided on wheelchair new builds. However, this does not provide insight into the 'need' for new build wheelchair and supported accommodation.

somewhere more appropriate that meets their physical needs and mobility levels. (External stakeholder)

Case study: Physical health/Disability

The applicant is a 48 year old single woman living in a three bed Housing Executive property with stairs. This individual has long term renal failure and was finding the stairs extremely difficult to manage due to breathlessness following dialysis; a recent fall on the stairs was noted. An OT Housing Needs assessment report was obtained; this stated that the applicant is at risk on steps/stairs due to the permanent and lasting disability. The Patch Manager looked at a number of options including installation of a stair lift but this was not possible in this case. A further consideration was that the property was too large for the applicant's needs.

The Housing Advisor awarded ANR: Physical health/disability on the grounds that it is not reasonable to expect this applicant to continue to live in her current accommodation as there is a risk if she remains. This risk was confirmed by OT and any adaptations were deemed not feasible.

Case study: Physical health/Disability

The applicant family lives in a 3 bedroom house in the social rented sector. The tenant's son has a range of complex medical issues including epilepsy and obesity, resulting in a heart attack and stroke. As a result this individual is a wheel-chair user with severely reduced mobility within the house. He is unable to access the bedroom or bathroom which are upstairs and a hospital bed has been placed in the living room.

An OT report recommended a ground floor bedroom and wet room, level access, increased door widths and a disabled parking space, however these adaptations were not feasible for the family's current property. A number of options were reviewed including moving to a different suitable property; this was actioned and now in the longer term the tenant's son has moved into an appropriate supported housing scheme.

The Housing Advisor awarded ANR: Physical health/disability on the basis that the current accommodation was not suitable for the family's needs as one individual could not access all facilities including the bedroom and bathroom.

Case study: Physical health/Disability

The applicant is a 44 year old single man living in the private rented sector for a number of years. A couple of years ago this individual received a diagnosis of Rapid Degenerative Rheumatoid Arthritis; as a result he had to gradually reduce his working hours until he was unable to work at all. An OT report stated that this applicant would need wheelchair accessible accommodation due to the deterioration in his mobility. The private landlord was unwilling to make these adaptations, and this individual and his needs were placed on the list for a new build property suitable for his needs. He has been on the list for 16 months.

The Housing Advisor awarded ANR: Physical health/disability on the basis of significantly reduced mobility due to serious and ongoing physical health problems, linked to unsuitably of current accommodation.

Case study: Physical health/Disability

In this case the married couple had lived in their 3-bed owner occupied house for 49 years. They applied to the Housing Executive because they wished to move to sheltered accommodation due to their health and age (female 88 and male 93 years). The couple have a range of health problems including the man – heart attack two years ago, Alzheimer's and skin cancer and woman – osteoporosis and limited power in her right hand. Both have limited mobility and whilst the woman can get up the stairs with her daughter's help, the man cannot go upstairs at all. An OT assessment and a home visit by the Housing Advisor noted various aspects that deemed the property no longer suitable; the couple depend on carers and family support, the house has external steps, the stairs are a risk and the current location on a steep hill outside of town.

The Housing Advisor awarded ANR: Physical health/disability on the grounds that the property and its facilities are no longer accessible to the couple.

6.17 ANR: Financial Hardship

ANR: Financial hardship was also referenced more generally by Housing Executive personnel as affordability.

Affordability too – sometimes if they are working, and they go on to benefits. The prices are high and the landlords are not reducing them – because they know there's a massive need for private rented accommodation. The short fall between wages and rent or between Housing Benefit and rent – people who have been working and lost their job. Difficulty for them in paying the rent. (Internal stakeholder)

Some Housing Executive stakeholders noted that this was a relatively straightforward assessment area in terms of whether the applicant's income could cover their rent and other outgoings[162]; whilst others suggested that there is no legislative or policy criteria, or any Departmental guidance[163] for determining financial hardship. Feedback from some team leaders suggested Housing Executive guidelines that anything over 30% of income being for housing costs can be deemed as financial hardship.

ANR due to accommodation costs – we don't struggle so much with this – because we are evidencing a change in circumstances that have led to this vulnerability. (Internal stakeholder)

Because of the lack of social housing, the lack of movement in social rented and the house sales – people feel they are being forced into the private rented sector – it's their only option. Then it's a vicious circle – the issue is affordability. It's difficult to manage. We lost a service here – Smartmove – and although it wasn't particularly successful in some areas – it worked out well down here….and it's left a massive hole for the services we can provide….Deposits was a big factor, but also the references and the checks that have been done prior to landlords signing up to it. It was a massive help to us – the pre-checks gave landlords that wee bit more security – they were willing to work with us a bit more. (Internal stakeholder)

[162] Housing Solutions Form – page 4.
[163] As per guidance in the Housing Solutions Manual – NIHE guidance suggests that over 30% is deemed as financial hardship.

This theme was frequently interconnected to the introduction of Universal credit and the situation where many applicants were without income for up to 8 weeks. Interviewees also indicated that they felt this reason will continue to increase, in particular if mitigations in terms of the bedroom tax are lifted, and if there are further increases in use of the private rental sector together with increases in rent levels and the shortfall between rent and housing benefit available (based on local housing allowance levels).

I think financial will be the one to increase in the near future because of bedroom tax – in this we would need to look at intentionality. (Internal stakeholder)

Case study: Financial Hardship

The applicant was a single parent with two dependent children; they had been renting in the private rented sector for nine years. The landlord increased the rent and the applicant subsequently presented as homeless, citing that her accommodation was not suitable on the grounds of financial hardship; she could not afford the shortfall between available Social Security benefits (Employment and Support Allowance, Child Benefit, Tax credits and Housing Benefit) and the increased rent. The Housing Advisor completed the financial hardship calculation and established that 33% of her income was on housing costs – Housing Executive guidance suggests over 30% is deemed as financial hardship[164].

The applicant had applied for social housing because of difficulty in maintaining payment on this 3-bedroom house. The applicant had already assessed that they could not afford the deposit to move to another private rental property, and that other monthly rents were of a similar level so this would not address her position.

The Housing Advisor awarded ANR: Financial Hardship due to the reasonableness of the applicant being able to continue to meet the shortfall in rent in her current dwelling, and as a preventative measure to avoid eviction.

External stakeholders referenced financial hardship in wider terms than paying the rent. On the one hand they talked about the impact of benefit changes and welfare reform including the move from DLA to PIP, the move to Universal Credit and associated difficulties and time delays, and the other multiple costs that have to be covered by the householder. External stakeholders also suggested that the occurrence of this reason (ANR: Financial hardship) is likely to increase over time, in particular as various mitigations come to an end.

Number one – they can't heat it (large house) – *we have many people coming in to us saying that they are living in one room – sleeping on the sofa – because they can't afford to heat the house and to keep warm in the winter months.* (External stakeholder)

The private landlord is putting up the rent – but the Housing Benefit is not matching the rent…there is a gap in finances and then the debt cycle starts. And if they increase that gap the debt worsens. And it's going to become worse – if the bedroom tax and the welfare reform – delay in payments to landlords through Universal credit – that's causing difficulties as well. People are getting letters saying they are going to be evicted. The number of people who have come in – upset, vulnerable, can't deal with it. We're also encouraging people to make sure the money goes direct to the

[164] As per guidance in the Housing Solutions Manual – NIHE guidance suggests that over 30% of income for housing costs is deemed as financial hardship.

landlord – rather than come into the home. Then something happens and they need that money and the rent doesn't get paid. So that's the sort of issues we're coming across – then they are presenting in debt and threatened with homelessness. (External stakeholder)

Affordability as the reason for ANR. They get a discretionary top up – but as the name implies it's discretionary – you might never get it again. It's only sustaining you for a wee while – then you're going to be homeless again. (External stakeholder)

External stakeholders referenced older people, families and younger people who could not cope financially; in many cases they were approaching the external agency for advice, guidance or to be appropriately signposted.

Financial hardship is emerging more and more. A lot of our clients – because they're care leavers – they are mitigating up to the age of 21 or the age of 25 –if they're in full-time education – in that they get additional payment through housing benefit – so it makes it more affordable and the HSC Trust will top that up. Now again that becomes a problem – because after 21 that amount drops – and that will become more of an issue… (External stakeholder)

We have people phoning us direct – in their early 20s – saying I can't cope financially.

That has only really started to happen in the last 6 months…and we are getting people phoning us, crying, saying I can't afford to pay my rent – I've paid all my money on the electricity – and I've nothing left to eat. (External stakeholder)

6.18 ANR: Mental Health

ANR: Mental health was noted as a frequently occurring reason for an individual's accommodation to be unreasonable for them to stay in. The theme of mental health and increasing complexity in terms of homeless presenters needs has already been fully covered in Section 5 of this report.

Under this heading mental health was specifically linked to the location of the property and the individual's ability to reasonably live there, distance from family and support networks and factors such as social isolation and loneliness. Stakeholders confirmed that the key criteria was that the accommodation and these factors should be evidenced as having an adverse impact on the individual's mental health.

One Housing Executive respondent outlined a case study of a lady with severe mental health problems living in a rural location. Her family support was in a local town, but there were limited bus services from her location to see them or to attend mental health services. They noted *her mental health was deteriorating – it was not reasonable to expect her to maintain that accommodation…she was a private tenant.* Through Housing Solutions this individual was given help to look for somewhere to live in the local town where her family lived, and a move was enabled.

Another internal stakeholder outlined the need for Housing Advisors to be very clear in assessing under this reason; identifying the need to separate out different other presenting reasons. In addition, some stakeholders felt this reason is used as a catch-all when there is no other homeless presenting reason.

The mental health issues – from GPs or professionals – you'll get the statement that the accommodation they are in is affecting their mental health. So it's making sure that the Housing Advisors do enough analysis around that to make a proper decision and make an accurate reflection – and you may find that people are falling into this bracket when actually this isn't the real reason for

their homelessness. You may find that Housing Advisors are choosing that as a presenting reason – but there may be something more accurate. There's a lot of cases – where the argument is that moving property will improve their mental health. But in many cases this may not be the case….how badly affected is the person – if you have mental health issues you could potentially take those with you to the next place. (Internal stakeholder)

It's one we have tremendous debates over – it seems to me if there's no other homeless reason and the person has mental health reasons – this is the reason they are put through homelessness….they feel at risk, they feel vulnerable in their accommodation – this is one that captures all of these things. (Internal stakeholder)

Overall stakeholders felt that this presenting reason – ANR: Mental health – was one of the most difficult for them to collect and collate evidence and facts in order to make an informed assessment.

But what I do think is an issue – is ANR on the grounds of mental health – my understanding is that your mental health has to be adversely affected by your living conditions – but establishing whether you have poor mental health and whether it is impacted by your housing – is going to be very difficult if you can't get information from health professionals – who actually know about somebody's case… First of all to establish that someone has poor mental health in the first place; it needs to be something ongoing – of a fairly long-term nature – and something for which you have sought help. But if the onus is now on Housing Advisor's… first of all there is an element of GDPR, but then to physically get to speak to somebody – they are busy professionals – you can't find a window in their diary. (Internal stakeholder)

The thresholds – what evidence do we need on mental health – to say this is the threshold – when a mental health issue becomes the threshold….there is work to be done on this. Yes the person may have a mental health issue – but is that sufficient – does that make a difference if they move? Is it – access to mental health services – is this the problem rather than their accommodation? (Internal stakeholder)

My perception of ANR is normally physical health problems – but I also think the fact that people have so many more mental health problems. We would get correspondence from medical professionals saying – this accommodation is adversely impacting on their mental health and their health is deteriorating as a result of it. I think Advisers find it hard to go against that. If I got a letter saying 'we believe' or 'the customer tells us' – I would not be accepting that. I would want to know – that it's in their medical opinion – that it's a requirement. Because you could go and tell your doctor anything…we do get a lot of letters like that – but I wouldn't be awarding FDA on that – or my Advisers. (Internal stakeholder)

Case study: Mental Health

The applicant was a single 23 year old female, who had been discharged from a Mental Health Unit. The Housing Advisor established a number of key pieces of information. The individual had a severe and enduring mental health issue, as confirmed by their social worker. Prior to admission to hospital the applicant had been renting in the private rented sector for around three years, but had now moved to this area away from her family support. The Housing Advisor liaised with the social worker who confirmed that the applicant's current housing was causing relapses in her mental health condition and she could not return to that accommodation. This immediate need was addressed by storing the applicant's property, and by placing the individual in a hostel near her mother for support.

The Housing Advisor awarded ANR: Mental Health on the basis that it was not reasonable for her to return to the private rented accommodation as it exacerbates her mental health condition. The social work report confirmed schizophrenic affective disorder and a history of psychosis.

Case study: Mental Health

The applicant was a single 47 year old male. He had separated from his partner in 2013 and was subsequently in and out of hostels and living with his mother since September 2016. By June 2017 his mother could not cope with him in her household, and asked him to leave. He applied for social housing in June 2017, citing his priority need as vulnerability and mental illness due to PTSD and depression. As a result of his application the individual was placed in temporary hostel accommodation and then in October 2017 he was offered and moved into high rise accommodation.

However, in August 2018 this man approached his Patch Manager and stated that he was subject to harassment and noisy neighbours. He provided letters from his consultant psychotherapist which confirmed that the disturbance from neighbours including damage to his car and the ongoing harassment was having a significant effect on this tenant. Floating support was put in place in the meantime, delivered by Threshold.

The Housing Advisor awarded ANR: Mental Health on the basis that high rise accommodation was not a suitable option for this tenant due to the complexity of his mental illness.

External stakeholders highlighted a range of factors which they felt impacted on mental health, and therefore impacted a person or household in terms of their ability and the reasonableness to continue living in their current location. A number of external stakeholders felt that this was due in part to less community spirit and neighbourliness.

There's not the same community spirit – people don't know their neighbours. Particularly with the transient population we have here – we don't have the same long term stays. (External stakeholder)

In addition, external stakeholders referred to the increase in mental health issues and diagnosis generally.

Mental health – it's huge. I have noticed in the last 10 years a huge increase in young people with quite serious mental health problems and also young people with dual diagnosis….they can't access any services – dual diagnosis services have been talked about for 20 years, so we still have that problem of people that we can't get any services for. (External stakeholder)

ANR Mental Health – *you tend to get a lot of mental health issues – and that's either the parent's mental health or the child's mental health. The young people – their behaviours are such that the parents can't manage or we've got parents whose mental health is so poor that they are neglecting their child in the home – and neither one of those situations is tenable. And sometimes you get that overlapping with the overcrowding…struggling with teenagers in the home – and younger children in the home – and it's overwhelming. We've also got teenagers in the home bringing drugs into the home – Social Services are saying – you can't have this 19 year old living here – if you want to keep your children…* (External stakeholder)

6.19 ANR: Overcrowding

Whilst ANR: overcrowding was not viewed as a frequent reason for accommodation to be unreasonable, it was mentioned by a small number of Districts. Reference was made to the need to assess or obtain proof that no other accommodation was available, and to undertake a home visit without prior warning in order to make a reasonable assessment. Reference was also made by internal stakeholders to the case law surrounding overcrowding[165].

Overcrowding now – for families – because they don't have anywhere to move to. Young mothers before could maybe have got a private rental – but because there's so little of them now. So they are now staying on in the family home. I did a visit myself recently – and there were four generations in that home. It's not reasonable to expect four generations to share – they were all packed in like sardines. There was cots and beds. (Internal stakeholder)

A number of stakeholders highlighted the fact that this criterion is noted as not being sufficient to determine reasonableness but can be taken as a contributory factor if there are other factors which suggest unreasonableness. It was clear that Housing Executive personnel who had worked under the previous system felt that overcrowding should not be part of the assessment process for homelessness in any shape or form. In addition, they noted a lack of guidance in terms of types and levels of overcrowding.

Overcrowding – the legislation does not consider that overcrowding is a reason for homelessness – and I don't think that should be there. Maybe the powers to be think that's relevant – but it's not a category I would be looking at to award homelessness. Noted that there is no guidance on this sub-section – *it does need to be specific in terms of what level of overcrowding – various people did ask questions last year, but there was never any reply.* (Internal stakeholder)

Coming as an ex-Senior Housing Officer – when I think of ANR – my first thought is elderly people…they can't manage in their house anymore, having to sleep downstairs and there's no option of adapting the property and things like that. I think now because there are other categories – and because there are perceptions, and they have introduced categories such as overcrowding – maybe some of the newer advisers think this is a way to give FDA for overcrowding alone. Now I'm not saying that is happening all of the time – but because it's actually a sub-category. That maybe it gives people the justification to do it – certainly I wouldn't encourage my advisers to do it…if someone is just a bedroom short – there's no way I would award FDA. (Internal stakeholder)

[165] HOMELESSNESS: REASONABLE TO REMAIN Article from Housing Rights - notes the impact of a second child on a homelessness decision and is therefore relevant to case law on overcrowding.

I don't think the new options are helping. I would liaise with the Housing Associations quite a bit – and we've had to say to them that they're sending far too many overcrowding – and it's maybe only overcrowding with one bedroom short….but this needs to be with something else.

I don't know if the LSANs really explained it – people just saw the drop downs and said – oh there's a different option for us. I think it's confused some people. You would get a lot of external on this – this property isn't suitable because of someone's mental health – you wouldn't have got that before. You get letters from teachers saying this child isn't able to concentrate in school because they are overcrowded at home; you get it from Social Workers if there are autistic children in the family – saying they can't share a bedroom. (Internal stakeholder)

6.20 ANR: Property Unfitness

ANR: Property unfitness was not deemed to be a major contributor to the overall ANR figures. A small number of internal stakeholders mentioned it in relation to the private rented sector and suggested that it arose in some cases because private landlords were unwilling to make adaptations, issued a Notice to Quit (NTQ) in order to get what they deemed as an easier tenant that better fitted their accommodation configuration and type.

ANR – because there are pressures because of the private rented sector – there is a vibrant PRS – and landlords can charge what they want…and sometimes if supply outstrips demand – then property standards can drop. (Internal stakeholder)

The reality of social workers is that they see their individual cases – whereas we see the broader picture… my view is – should we deal with the property unfitness or move them? (Internal stakeholder)

However, external stakeholders did emphasise this particular reason as a key factor in ANR.

Some people are living in appalling conditions – landlords are taking the rent and not doing any repairs or anything like that….(External stakeholder)

6.*21 ANR: Violence*

There was limited reference to this drop-down category of ANR; on probing internal Housing Executive respondents noted that this was a very small category which they used infrequently and in many cases not at all.

Another reason might be if there was a crime in the house. Maybe violence or a murder…what is the best way forward for that person…they can no longer live in it – because of their emotional well-being. (Internal stakeholder)

A number of external stakeholders referenced this theme.

We are seeing violence – and what's unreasonable for a person to live in a home and experience. We are seeing violence in the home – parent to child or child to parent. The house is unreasonable because – it's unreasonable for this person to remain at the property – because it's unsafe. Perhaps a child with severe mental health problems, a child who has suffered abuse or a young person taking drugs resulting in violence. (External stakeholder)

6.22 ANR: Other

The category of ANR: Other provided a number of comments with stakeholders noting that following the segmentation of ANR into different categories an 'other' category was retained. *Now, there is ANR other – which could be anything – but we must notate what that is.* (Internal stakeholder)

Whilst tables 21 and 22 indicate that 'ANR: other' has been used by Housing Advisors a significant number of stakeholders felt the inclusion of another 'other' category (there is already an overarching 'other' category for homeless presentations) was not helpful.[166]

Why do you have another category – you know what happens with other? What does it mean? Other also suggests for people – make another argument why people might want to use ANR. (Internal stakeholder)

There is a category which is ANR Other – but you'd always be trying to pin it to something rather than just other – we're more specific now because of communication we had. (Internal stakeholder)

6.23 A number of internal Housing Executive managers noted that they were conscious within their own office of ANR increasing as a presenting and acceptance reason. A number had put in place mechanisms to ensure that any potential ANR cases were examined and signed off by the team leaders, and they predicted that as a result the numbers for this category will go down. This topic has already been noted in paragraphs 2.9 – 2.17 in relation to the recent reduction in homeless presenters and acceptances, and stakeholder commentary on the potential range of issues for this.

We're conscious in here that ANR was a thing that was increasing – but we've brought it back. (Internal stakeholder)

Some staff suggested that ANR had broadened in its coverage, and as a result it comprised mainly of people still living at home – homeless at home as covered earlier – rather than literally roofless. Respondents suggested that in many cases Housing Advisors were *'jumping too quickly'* to the category of ANR.

I don't think it's being interpreted right – someone who is ANR – it should be that it's not reasonable for them even to stay there tonight – they can't get access to the bedroom or the bathroom – or the main facilities in the house. Or that something has happened that they can't stay there. I think this is something that needs to be looked at – the policy is too open – it needs to be more specific in terms of what should be considered. There should be some sort of better guidelines in terms of ANR. Of course you do have some people – who suddenly lose a leg or have an illness – and the property isn't suitable to go up and down the stairs. (Internal stakeholder)

Some internal Housing Executive stakeholders felt that the development of further categories under ANR had only served to provide more reasons against which an application could be slotted, and that the number of 'grey areas' had in essence increased.

Having previously worked in the old system perhaps I'm looking at things differently – I think there needs to be a clearer set of guidelines about what should be determined as a vulnerable person…we're being told by the trainers – if someone is being managed by medication or a service – that would class them as being more vulnerable if they were on the streets – and that's what our last

[166] The NI Housing Executive noted - These additional categories were provided to improve our understating of why ANR was being awarded and the categories provided were subject to consultation with Area Managers prior to implementation. At presentation a reason for homelessness is entered and this ca n be reclassified upon completion of the investigation. The 'other' category for ANR is for use where a case does not align with any of the other categories provided.

check should be. Prior to this you would have thought – someone that self-medicates – well they are managing. It's a massive grey area. It needs to be thrashed out between our policy unit and our trainers – what the term vulnerability means – what we should be looking for in terms of specifics. Without that it's wide open to interpretation. I'm not saying that one person is doing it right and one person is doing it wrong – but it's a matter of opinion. (Internal stakeholder)

6.24 A number of external stakeholders felt that the significant growth in ANR (as both a presenting and acceptance reason for homelessness) needed to be examined in detail by the Housing Executive; with a strategic response in terms of what this data is now telling the Housing Executive both as a housing provider and in terms of planning for current and future need.

With the more detailed data (because of the drop-downs) – *do you not think that that detailed data would tell you – for example if 70% of people in ANR are physically disabled – then you need another category for homelessness – which is physically disabled? And in terms of actual homelessness – you need a mechanism to ensure that people with physical disabilities attract sufficient priority to have their housing needs met in a reasonable time? ANR should be a residual category with a residual amount of people – it absolutely should not be another opening for other categories. Because then it's masking – what are the issues in the housing market?* (External stakeholder)

External stakeholders felt the current system of recording and collating the reason for homelessness, whilst fit for purpose at one level, is not being inter-linked to the Common Selection Scheme.

This high level of FDA results as the stock going to homeless people – whereas in fact a high level of them could be awarded a different priority, a different label – which would give them the priority they need but would stop this process to label people as homeless. (External stakeholder)

I remember when this scheme was coming in we said – that when the current selection scheme came in – one of the points we made most forcibly was – this scheme does not cater adequately or appropriately for people with physical or in particular mental health needs….and I think this explosion of ANR and FDAs – is an administrative response to an issue which was largely created by an administrative change… I don't think that was ever what it was intended for or designed for.

SECTION 6 SUMMARY

REASON FOR HOMELESSNESS – ACCOMMODATION NOT REASONABLE

This section has looked at one reason for homelessness – Accommodation not Reasonable (ANR). The following summarises the findings from Section 6:

- ANR has increased as both a presenting and acceptance reason for homelessness;

- There has also been a proportionate increase in ANR as a reason for homelessness in comparison to many of the other recorded reasons;

- The increase in ANR can in part be set beside the significant reduction in 'no recorded data' for reason for homelessness or the 'other' category;

- The highest level of ANR – as a reason for homelessness links to physical health and disability. This presenting reason may be justifiable and correct, given changes in community and individual health over the last two decades. At its highest (Q3 2018) this stood at 70% of all ANR acceptances. Section 5 provided an overview of external data on physical health and disability within the community;

- The analysis of primary data from the interviews suggests that the change in administration of the system to Housing Solutions may in part have resulted in incremental increases in the level of ANR being recorded as an accepted reason. The insight of Managers, Team Leaders and Housing Advisors indicates that there is credibility in the type and nature of the various reasons provided under ANR, as recorded reasons for homelessness. The case studies also illustrate the assessment of homelessness need in line with the ANR reason overall within the specific drop-down headings;

- In terms of Housing Solutions there was some inference that the newness of the system and the shorter length of service meant that some Housing Advisers may be recording ANR without sufficient thought or evidence; in short, that it was an easy option;

- Feedback from Housing Executive personnel indicates that specific demographic changes, in particular higher levels of older people and higher levels of single person households with complex needs, together with housing configuration and tenure which is not always best placed to continue to meet that individual's housing need in a reasonable way, is a key driver in the increases in ANR;

- Furthermore Housing Executive Housing Solutions staff, together with wider policy, appeals and legal personnel, suggested that as the threshold of proof of homelessness is relatively low combined with the option of the ANR category, the majority of applicants could make a reasonable if not strong case for both their homelessness and vulnerability;

- This suggested reason also encompasses factors relating to the changes in wider community and society, whereby those in most housing need and stress may use ANR as a presenting reason, to both register as homeless and by default to gain further housing points. In addition, external pressure from Housing Associations using this reason to refer their tenants to the NIHE was noted.

Section 7 Early Evaluation of Housing Solutions Model

Introduction

7.1 Section 2 noted that some commentators[167] had suggested that the level of priority need acceptance would reduce in Northern Ireland as and when a Housing Options approach was developed and implemented.

Whilst still in its infancy, Housing Solutions is now in place across Northern Ireland, and has been operational in some areas since 2016. Three years on from the initial roll-out (pilot phases – September 2016) the published figures reviewed in this report (this section and sections 4 – 6) do not suggest any tangible reduction in acceptance levels; if anything these appear to have increased during the period.

As a mechanism to monitor and review the impact of Housing Solutions, the Housing Executive has undertaken internal exercises[168] on the first two quarters of 2019 – 2020. As outlined below the first quarter of 2019 – 2020 (April – June) showed considerable reductions in the levels of presenters and the levels of acceptances; however, analysis of the second quarter (July – Sept 2019) indicates a reversal of this picture. Overall it is probably too early to say if Housing Solutions as a model will result in a decline in the level of FDA acceptances in Northern Ireland, and quarter by quarter spikes in trends are not always a useful indicator of an overall pattern or trend.

Homeless presenters and acceptances – Q1 2019 - 20

7.2 Analysis of Quarter 1 figures for 2019 – 2020 showed a continuing decline in homeless presenters, together with a significant decline in the level of homeless acceptances. At this point the Housing Executive noted they were *reluctant to accept this as a definitive trend at this stage.* During Q1 of 2019/20 there was a 15% drop in homelessness presentations and a 24% drop in acceptances when compared with Q1 from 2018/19[169] with regional variation in both trends. Further details are provided in tables 26 and 27 below. The Housing Executive asked Area Managers to provide rationale for these decreases. The main response noted was that by Q1 2019/20 Housing Solutions had been fully implemented, and that as part of this approach is an increased focus on tenancy sustainment, there are therefore an increasing number of cases where input and assistance resolves the housing issue at an earlier stage, thus meaning that a homelessness assessment is not required[170]. However, the Housing Executive stated *whilst staff endeavoured to provide potential reasoning the difficulty in providing substantive reasons was noted.* Overall the contribution of Housing Solutions was highlighted, in particular through the provision of tenancy support and sustainment and varying by the length of time Housing Solutions has been in place in an area or office.

[167] House of Commons Briefing Paper, *Comparison of homelessness duties in England, Wales, Scotland and Northern Ireland,* Number 7201, published 5 April 2018.
[168] The Housing Executive noted that a pronounced decrease in acceptances, highlighted in their KPI reporting, resulted in an internal investigation to examine the potential reasons for this decrease.
[169] In both tables the total figure includes cases aligned to the Syrian Vulnerable Persons Relocation Scheme which is not allocated to a particular region.
[170] Area Managers emphasised that the organisation is fully compliant with its statutory duties and no entitlement to a homelessness assessment is overlooked.

Table 26: Homelessness report – homeless presenters Q1 2018/19 to 2019/20

Region	Presenters 2018/19	Presenters 2019/20	% Change
Belfast	1,828	1,549	-15%
North	1,540	1,396	-9%
South	1,506	1,207	-20%
Total	4,918	4,169	-15%

Source: NIHE Homelessness Policy & Strategy Unit

Table 27: Homelessness report – homeless acceptances Q1 2018/19 to 2019/20

Region	Acceptances 2018/19	Acceptances 2019/20	Percentage Change
Belfast	1,281	926	-28%
North	1,103	880	-20%
South	1,047	800	-24%
Total	3,471	2,621	-24%

Source: NIHE Homelessness Policy & Strategy Unit

Q1 data 2019 – 2020 – Regional analysis

7.3 Further analysis of this data by Region is outlined below, together with commentary from Housing Executive personnel in each of the three Regions.

Belfast Region - Homeless presenters and acceptances – Q1 2018/19 - 2019/20

7.4 The tables below outline a comparison between presentations and acceptances across Belfast Region during Q1 of 2018/19 and 2019/20. Presentations decreased by 15% while acceptances decreased by 28%. Offices noted with a * in the tables below provide details of transfer applications only in the respective areas. All other cases are dealt with by Belfast HSST.

Table 28: Homelessness report – Belfast Region - homeless presenters Q1 2018/19 to 2019/20

Area	Presenters 2018/19	Presenters 2019/20	Percentage Change
Belfast HSST	1,569	1,300	-17%
Lisburn & Castlereagh*	56	49	-13%
North Belfast*	45	55	22%
South & East Belfast*	83	89	7%
West Belfast*	75	56	20%
Total	1,828	1,549	-15%

Source: NIHE Homelessness Policy & Strategy Unit

Table 29: Homelessness report – Belfast Region - homeless acceptances Q1 2018/19 to 2019/20

Area	Acceptances 2018/19	Acceptances 2019/20	Percentage Change
Belfast HSST	1,061	711	-33%
Lisburn & Castlereagh*	52	43	-17%
North Belfast*	35	36	31%
South & East Belfast*	72	78	8%
West Belfast*	61	48	-21%
Total	1,281	926	-28%

Source: NIHE Homelessness Policy & Strategy Unit

7.5 It should be noted that Belfast Region contains offices where Housing Solutions and support has been operational the longest and this may have had been a contributory factor in the overall decrease in presentations across the Region, as well as decreases demonstrated by specific offices. Deeper analysis of the reasons for homeless presentations show that reasons including ANR, loss of rented accommodation, sharing breakdown, domestic violence, and neighbourhood harassment accounted for a significant proportion of the decrease in presentations and acceptances. One reason that resulted in an increase in acceptances was No accommodation in Northern Ireland. Considerable variation between Area offices is noted.

North Region - Homeless presenters and acceptances – Q1 2018/19 - 2019/20

7.6 The tables below outline a comparison between presentations and acceptances in the North Region over the last year. These indicate that presentations decreased by 9% and acceptances by 20%. Again, considerable variation between Area offices is noted. In addition, numbers in some offices are relatively small and so any percentage change should be treated with caution.

Table 30: Homelessness report – North Region - homeless presenters Q1 2018/19 to 2019/20

Area	Presenters 2018/19	Presenters 2019/20	Percentage Change
Causeway	267	223	-16%
Mid & East Antrim	400	358	-11%
South Antrim	353	313	-11%
West	520	502	-3%
Total	1,540	1,396	-9%

Source: NIHE Homelessness Policy & Strategy Unit

Table 31: Homelessness report – North Region - homeless acceptances Q1 2018/19 to 2019/20

Area	Acceptances 2018/19	Acceptances 2019/20	Percentage Change
Causeway	180	152	-16%
Mid & East Antrim	358	235	-20%
South Antrim	284	234	-18%
West	346	259	-25%
Total	1,103	880	-20%

Source: NIHE Homelessness Policy & Strategy Unit

7.7 Whilst noting the small numbers in some offices, albeit resulting in decreases of presenters and acceptances, Area Managers generally pointed to the introduction of Housing Solutions across the Region as a contributory factor. Area Managers specifically noted that as the Housing Solutions Model 'matures' in situ, Housing Executive personnel are able to have more qualitative or in-depth conversations with clients leading to a successful intervention with no requirement to go down the homelessness assessment route. Housing Executive personnel noted that this may include negotiations with landlords and finding an alternative housing solution. In a number of areas in this Region Area Managers have become more involved in looking at ANR cases and there is wider discussion of difficult or more complicated cases in staff meetings. In one office (West Area) are also monitoring percentage FDA awarded per Housing Advisor to inform their understanding of homelessness presentations and acceptances.

South Region - Homeless presenters and acceptances – Q1 2018/19 - 2019/20

7.8 The tables below outline a comparison between presentations and acceptances across South Region during Q1 of 2018/19 and 2019/20. Presentations decreased by 20% while acceptances decreased by 24%.

Table 32: Homelessness report – South Region - homeless presenters Q1 2018/19 to 2019/20

Area	Presenters 2018/19	Presenters 2019/20	Percentage Change
Ards & North Down	464	317	-32%
Mid-Ulster	238	191	-10%
South	312	288	-8%
South Down	332	274	-17%
South West	160	137	-14%
Total	1,506	1,207	-20%

Source: NIHE Homelessness Policy & Strategy Unit

Table 33: Homelessness report – South Region - homeless acceptances Q1 2018/19 to 2019/20

Area	Acceptances 2018/19	Acceptances 2019/20	Percentage Change
Ards & North Down	354	230	-35%
Mid-Ulster	155	109	-13%
South	182	186	2%
South Down	244	183	-25%
South West	112	92	-18%
Total	1,047	800	-24%

Source: NIHE Homelessness Policy & Strategy Unit

7.9 Similar to the North Region some of the decreases in the South Region equate to small numbers of cases (10/15 per month) and within this context it is difficult to be conclusive about specific reasons for the decreases. However, similar to both Belfast and North Regions, Area Managers in South Region noted the introduction of Housing Solutions as a causal factor. Other reasons highlighted included significant new build programmes and allocation of same (creating a 'demand' in certain areas such as Ards & North Down and Mid-Ulster), the rollout of Universal credit, the level of migrant community in some areas (again Mid-Ulster), a clearer focus on tenancy sustainment and reduction in ANR cases (South Down and South West) and a noticeable drop in presentations from the Traveller community (South West). The decreases in most areas was not evidence in South Area; various factors were noted in this regard. These included an increase in presenters citing domestic violence and high levels of loss of private rented sector accommodation (interconnected to availability and introduction of Universal Credit).

Homeless presenters and acceptances – Q2 2019 - 20

7.10 In contrast to the picture above for Quarter 1 2019/20 which indicated a decline in homeless presenters together with a significant decline in homeless acceptances, the data for Q2 of 2019/20 shows a slightly different picture. Tables 34 and 35 indicate a 9.3% drop in homelessness presentations in the same quarter of both years (Q2) and a 13.7% drop in acceptances when compared with Q2 of 2018/19. These are noticeably lower declines to those for Quarter 1 (15% drop in homeless presentations and 24% drop in acceptances), and suggest that the change to Housing Solutions and any fluctuation in acceptance levels as a result of this may have tailed off.

Regional trends are again apparent for the Q2 data, and are outlined in tables 34 to 35.

Table 34: Homelessness report – homeless presenters Q2 2018/19 to 2019/20

Region	Presenters 2018/19	Presenters 2019/20	Percentage Change
Belfast	3,702	3,330	-10.1%
North	3,104	2,878	-7.3%
South	2,869	2,565	-10.6%
Total	9,675	8,773	-9.3%

Source: NIHE Homelessness Policy & Strategy Unit

Table 35: Homelessness report – homeless acceptances Q2 2018/19 to 2019/20

Region	Acceptances 2018/19	Acceptances 2019/20	Percentage Change
Belfast	2,583	2,116	-18.1%
North	2,212	1,975	-10.7%
South	1,985	1,759	-11.4%
Total	6,780	5,850	-13.7%

Source: NIHE Homelessness Policy & Strategy Unit

Belfast Region - Homeless presenters and acceptances – Q2 2018/19 - 2019/20

7.11 The tables below outline a comparison between presentations and acceptances across Belfast Region during Q2 of 2018/19 and 2019/20. Presentations decreased by 10.1% while acceptances decreased by 18.1%. Whilst the decline in presentations is largely in line with the NI total, the decrease in acceptances is higher for the Belfast Region.

Table 36: Homelessness report – Belfast Region - homeless presenters Q2 2018/19 to 2019/20

Area	Presenters 2018/19	Presenters 2019/20	Percentage Change
Belfast HSST	3,169	2,865	-9.6%
Lisburn & Castlereagh*	533	465	-12.8%
Total	3,702	3,330	-10.1%

Source: NIHE Homelessness Policy & Strategy Unit

Table 37: Homelessness report – Belfast Region - homeless acceptances Q2 2018/19 to 2019/20

Area	Acceptances 2018/19	Acceptances 2019/20	Percentage Change
Belfast HSST	2,161	1,807	16.4%
Lisburn & Castlereagh*	422	359	14.9%
Total	2,583	2,116	-18.1%

Source: NIHE Homelessness Policy & Strategy Unit

North Region - Homeless presenters and acceptances – Q2 2018/19 - 2019/20

7.12 The tables below outline a comparison between presentations and acceptances in Quarter 2 in the North Region over the last year. These indicate that presentations decreased by 7.3% and acceptances by 10.7%; both figures indicating a slightly lower rate of drop-off in presentations and acceptances compared to the NI overall figures. Considerable variation between Area offices is noted for both the number of presenters (with one office indicating an increase in presentations - West) and for homeless acceptances (with one office indicating a slight increase in homeless acceptances - Causeway).

Table 38: Homelessness report – North Region - homeless presenters Q2 2018/19 to 2019/20

Area	Presenters 2018/19	Presenters 2019/20	Percentage Change
Causeway	513	490	-4.5%
Mid & East Antrim	819	733	-10.5%
South Antrim	707	603	-14.7%
West	1,065	1,052	1.2%
Total	3,104	2,878	-7.3%

Source: NIHE Homelessness Policy & Strategy Unit

Table 39: Homelessness report – North Region - homeless acceptances Q2 2018/19 to 2019/20

Area	Acceptances 2018/19	Acceptances 2019/20	Percentage Change
Causeway	351	354	0.9%
Mid & East Antrim	603	515	-14.6%
South Antrim	556	475	-14.6%
West	702	631	-10.1%
Total	2,212	1,975	-10.7%

Source: NIHE Homelessness Policy & Strategy Unit

South Region - Homeless presenters and acceptances – Q2 2018/19 - 2019/20

7.13 The tables below outline a comparison between presentations and acceptances across South Region during Quarter 2 of 2018/19 and 2019/20. Presentations decreased by 10.6% while homeless acceptances decreased by 11.4%; the latter is a slightly lower rate of drop-off of acceptances compared to the NI rate between the two years for this quarter (13.7%). Similar to the North Region there is considerable variation between Area offices; for example the South West Area showing an increase in the level of homeless presenters (4.7%) and an increase in the level of homelessness acceptances (1.8%).

Table 40: Homelessness report – South Region - homeless presenters Q2 2018/19 to 2019/20

Area	Presenters 2018/19	Presenters 2019/20	Percentage Change
Ards & North Down	841	691	-17.8%
Mid-Ulster	436	374	-14.2%
South	653	570	-12.7%
South Down	623	599	-3.9%
South West	316	331	4.7%
Total	2,869	2,565	-10.6%

Source: NIHE Homelessness Policy & Strategy Unit

Table 41: Homelessness report – South Region - homeless acceptances Q2 2018/19 to 2019/20

Area	Acceptances 2018/19	Acceptances 2019/20	Percentage Change
Ards & North Down	620	526	-15.2%
Mid-Ulster	290	225	-22.4%
South	400	381	-4.8%
South Down	456	404	-11.4%
South West	219	223	1.8%
Total	1,985	1,759	-11.4%

Source: NIHE Homelessness Policy & Strategy Unit

SECTION 7 SUMMARY

EARLY EVALUATION OF HOUSING SOLUTIONS MODEL – ANY INDICATORS?

Some commentators have suggested that the level of priority need acceptance would reduce in Northern Ireland as and when a Housing Options approach was developed and implemented. Whilst acknowledging that this has been rolled out since September 2016, with all offices fully operational by March 2019, some analysis of Quarters 1 and 2 statistics for 2019/2020 are discussed.

A caveat is held on this analysis; firstly as it may be too early to see or comment on specific or definitive trends and secondly because it is a snapshot of only two quarters. Initial indications from Q1 (2019/20) suggest that compared to the same quarter last year (2018/19) there has been a 15% drop in homelessness presentations and a 24% drop in acceptances (with regional variation in both). Rationale for this includes the contribution of Housing Solutions, in particular through the provision of tenancy support and sustainment and the length of time Housing Solutions has been in place in an area or office.

However, figures for Q2 (2019/20) show a slowing down of this situation, with a 9.3% drop in homelessness presentations in the same quarter last year (2018/19) and a 13.7% drop in acceptances. This compares to the much bigger declines in presentations and acceptances between the two quarter 1 periods of both years; 15% drop in homeless presentations and 24% drop in acceptances. This suggests that any positive effect or impact provided by the administration of Housing Solutions has tailed off, although the downward trend for Northern Ireland as a whole and the three regions should be noted; albeit an increase in presenters and acceptances was evidenced in a small number of areas.

Section 8 Concluding Comments

8.1 The overarching aim of this piece of research and the purpose of the report was to analyse the level and nature of homeless presenters and acceptances in Northern Ireland, over a period of time (2012/13 – 2018/19) and in the light of the findings of the NIAO report (published November 2017). In addition, the report has examined regional variation in homeless numbers (presenters and acceptances) across the UK jurisdictions, and looked at regional variation within Northern Ireland, together with an examination of one specific category of homelessness – Accommodation Not Reasonable (ANR).

Section 1 provided an overview of the legislative background in Northern Ireland, the policy context as well as background information on the development and rolling out of Housing Solutions, including the number of staff and training.

The research was set in the context of a strong statement emanating from the Housing Strategy for NI 2012 – 2017 *that a home is at the heart of people's lives and good quality, reasonably-priced housing contributes significantly to creating a safe, healthy and prosperous society.*

8.2 Section 2 of this report provided an overview of trends in homeless presenters and acceptances in Northern Ireland. Similar to the findings of the NIAO report, this section confirmed the decline in homeless presenters over the research period; an overall decline of 7% from 2012/13 to 2018/19, whilst also noting some regional variation in this where the decline in presenters was most noticeable in the Belfast Region (13%) compared to the North Region (5%) and the South Region, where the level of presenters remained stable.

Most importantly the research confirmed the picture identified in the NIAO report of an increasing FDA acceptance level; furthermore this had increased even further over the research period of this report from 53.55% in 2012/13 to nearly 70% in 2018/19 (68.74%). Analysis of the main reasons for homelessness (both presenting and acceptance) were also analysed; these were sharing breakdown/family dispute, loss of rented accommodation and ANR and these appear to have been the key contributors to the increase in FDA cases. In addition, particular household groups had increased in the acceptance levels, namely pensioner households, families, single males and single females aged 26 – 59 years old. In contrast, the level of repeat presenters did not appear to have contributed to the increase in FDA levels.

Whilst this analysis does not provide anything significantly different to the NIAO report (2017), it does re-emphasise this picture of decreasing homeless presentations alongside significant increases in FDA acceptances over quite a short period of time, and identifies the contributing factors in terms of reasons for homelessness and household types. As noted later in the report (Section 7) there is some divergence from this picture in the first two quarters of 2019/20.

8.3 Section 3, provided by Professor Nicholas Pleace, Centre for Housing Policy, The University of York, examined legislative differences between UK jurisdictions and in particular recent changes in actual legislation and interpretation of legislation in England, Scotland and Wales. The overall aim of this part of the analysis was to explore the differences referenced in the NIAO report in terms of the level of homeless presenters and acceptances in Northern Ireland compared to the other UK jurisdictions, and explore the background to this in terms of homelessness legislation and policy and how these are interpreted in different jurisdictions.

This analysis served to highlight key changes in England, Scotland and Wales; in particular shifts in policy towards housing advice and assistance and the prevention of homelessness, in some settings the abolition of the priority need criteria and in other settings increased discharge of duties through the private rented sector. Overall, the key shift in the other three jurisdictions had been towards a Housing Options or Housing Solutions model, at a much earlier point in time than the recent move towards this in Northern Ireland.

Evidence in the other three jurisdictions pointed towards the impact of the introduction of a housing options model, including a reduction in the number of applicants presenting as homeless in the first instance (largely because of preventative and early intervention actions including support to remain in current home, although this was less marked in Scotland), and a lower level of homeless acceptances. Whilst this has resulted in many positive outcomes in terms of a lowering of actual homelessness, a cautionary note highlighted the fact that preventative models can be viewed as 'gate-keeping', and that problems can then emanate in different ways for example, tenancy breakdown, repeat homelessness and as was noted in all three jurisdictions an increase in the level of rough sleeping. The limitations in changes in policy and practice were noted, with reference to the pressures stemming from the lack of affordable housing in the system and the concern that going in a particular direction could result in high levels of temporary accommodation use (in particular for long periods of time) as is the case in London. Accommodation not reasonable has emerged as a key contributor to homeless presentations and acceptances in Northern Ireland. From a comparative point of view this section noted that the three GB jurisdictions do not have this category per se, albeit that policy and case law provide interpretation in relation to a person who can be deemed to be homeless under the law if they have no accommodation they can reasonably be expected to occupy. However, a much narrower interpretation in England, Scotland and Wales has meant that this has not emerged as a significant reason for homelessness (presentation or acceptance). One caveat here is that there are other systems in operation that through routes *other* than the statutory homelessness systems also provide routes into social housing for people whose medical needs, support needs or disability mean their current housing is unsuitable.

8.4 Section 4 looked at why there were regional variations across Northern Ireland (three Regions – Belfast, North and South) in terms of the level of homeless presenters and acceptances. The variation in patterns had been highlighted in the NIAO report, with a question mark over why this would be the case.

The analysis in this report provided a similar picture to the NIAO report; albeit that looking at a longer time period resulted in a slightly lower level of variation. The FDA acceptance level had increased by 15% during the period 2012/13 to 2018/19 and this varied by regions (Belfast – 14.47%, North – 23.96% and South – 18.95%). The level of increase in the total number of applicants accepted as homeless noted in the NIAO report was Belfast – 10.4%, North 49.5% and South 38.4%. In addition, this section noted that acceptance levels within Regions (between Area offices) show some significant differences.

Qualitative feedback provided some of the reasoning for this variation in acceptance levels; points noted included regional specific factors such as location of prisons and mental health assessment units, together with issues specific to particular areas such as student and holiday lets on the north coast resulting in a lack of affordable/accessible accommodation for the general population and the pressure on the system from the Travelling community located in certain parts of the South Region.

Increasing levels of addictions and mental health issues amongst the presenting population were also noted as a contributing factor although it was recognised that this was a NI wide issue. However, it was noted that given the commonality and similarity of this reasoning across the three Regions, questions remain in terms of why there should be such significant inter-Regional variation of the levels of FDA acceptance. The main factors suggested were variations in how the homelessness policy and guidance is administered in each Region, and also how it was delivered in different areas historically; the latter resulting in a different starting point in the terms of the FDA acceptance level.

However, given the commonality and similarity of responses it is difficult to surmise that this would give rise to such significant inter-Regional variation. This leaves a question mark in terms of how the scheme has been administered in each Region, and perhaps more importantly how it was delivered in different areas historically. Monitoring of how homelessness duties are administered at a local level, and consistency across Regions is an important ongoing factor.

On a more positive note it is worth noting that overall Regional variation in FDA acceptance levels appears to be reducing. In 2012/13 there was a considerable range of FDA acceptance levels from 41.14% in the North Region to 50.30% in the South Region compared to 52.85% in Belfast Region – a spectrum of over 10% in acceptance levels. In contrast the FDA acceptance levels for the Regions in 2018/19 were 65.10% (North), 67.32% (Belfast) and 69.25% (South) – a variation of only 4% between Regions.8.5 Section 5 followed on from the NIAO's analysis of societal factors in Northern Ireland which may contribute to the level and nature of homeless presenters and acceptances, in particular those relating to ANR.

The current research concluded from examination of available secondary data and feedback from internal NIHE and external stakeholders that there were four key reasons for recent increases in homeless acceptances. These were:-

- Nature and complexity of presenters
- Changes to the administration of homelessness presentations
- External advocacy and support
- The overarching structure of the housing market and distribution of tenure

In terms of the nature presenters and their presenting reasons and additional issues (see Table 16) qualitative feedback suggested that the complexity and multiplicity of reasons had increased, and this was a key driver for the increased statutory homelessness recorded. Factors included mental health, addictions, dual diagnosis, physical health, learning disability and the legacy of the Troubles. Other background issues noted were the increased level of young people with vulnerabilities and older people with additional needs. Financial hardship, affordability, poverty and austerity were all noted, together with increases in the number of foreign nationals presenting, complex issues for women and looked after children. Loneliness and isolation were also seen as a factor contributing to the needs of individuals and households presenting as homeless, together with factors relating to community cohesion, intimidation and domestic violence.

A second rationale for the increase in homeless acceptances, particularly over the last 2 – 3 years, was noted by internal and external stakeholders as the introduction of the Housing Solutions model. Factors included whether this change, and in particular the introduction of a range of new staff and the level at which the homeless decision was made, had a bearing on decision-making at local level.

A third factor suggested in the feedback was the influence of external agencies and elected representatives; feedback suggested that the positive aspect of independent support, advice and advocacy had a bearing on the information homeless presenters were able to bring forward to the process, as well as some sense from NIHE stakeholders that they had been put under pressure during the assessment process. A fourth factor, noted by stakeholders, was the pressure of lack of affordable and accessible accommodation in many areas (e.g. loss of private rental accommodation resulting in homelessness) and heightened applications in some areas related to the new build programme.

This section highlighted that whilst there was no simple answer to the increase in FDA awards, the interplay of these four factors provided some of the rationale for this. Stakeholders suggested that around 50% of the increase in acceptances was a direct result of increasing complexities in the presenting need; in other words that the individuals or households were homeless and in priority need and therefore eligible to FDA status. Stakeholders also suggested that a further 20 – 30% of the increase in the last couple of years could be attributed to the process of change, moving to the new Housing Solutions approach, with 10% apiece being attributed to external advocacy and pressure and factors associated with the housing market and distribution of different housing tenures.

8.6 A key factor raised by the NIAO report was in relation to the level and nature of one reason for homelessness – Accommodation not Reasonable (ANR). As noted earlier, the comparison with GB noted that this reason is not specifically used from an administrative point of view for recording or assessing homeless presenters in the other three UK jurisdictions. Whilst lack of access to reasonable accommodation is noted from a legislative and policy point of view, the administration of this is very narrow in comparison to the situation in Northern Ireland.

This more in-depth research outlined in Section 6 found that there was a proportionate increase in ANR in the time period 2012/13 to 2018/19, both as a presenting and acceptance reason for homelessness; and that during this period there was also a reduction in 'no recorded data' as the reason for homelessness (with an inference that the two factors may be interlinked). From the secondary data available and feedback from stakeholders the main reason for ANR (and some 70% of all ANR acceptances at points) was physical health and disability, with lesser sub-categories including financial hardship, mental health, overcrowding, property unfitness, violence and other, as well as changes in the adaptations and grants programme for adapting properties which may have impacted the increase in the ANR category.

In addition, feedback from the interviews suggested there had been incremental increases in the use of ANR both before and during the change to Housing Solutions, with confirmation that there was largely sufficient evidence and validity for usage of this reason, and the sub-categories within it. Factors such as higher levels of older presenters, higher levels of single person households with complex needs were noted. There was some suggestion that the newness of the Housing Solutions system and shorter length of service of some personnel, may result in some Housing Advisors recording ANR without sufficient evidence, with inference that this category is an easy option for recording purposes. Combined with this was the suggestion that the threshold of proof is relatively low.

8.7 A key question for this piece of research was to examine any indications of whether the Housing Solutions model has resulted in a reduction in the level of FDA acceptances. There is

however a cautionary note, as although Housing Solutions has been rolled out since September 2016, it was only fully operational in all offices from March 2019, so it may be too early to see or comment on specific or definitive trends based on a snapshot of two quarters in 2019/20. Further analysis of the direction of travel should be undertaken at the end of 2019/20, and at appropriate points thereafter.

The research period for analysis was agreed as 2012/13 to 2018/19. However, some interesting data and trends have emerged for the first two quarters of 2019/20, which are worth noting given the further period of bedding in of the Housing Solutions model, which suggest there may be a gradual change in the direction of travel.

Early indications from the first quarter of 2019/20, when compared to the same quarter in the previous year, suggest a 15% drop in homeless presentations and a 24% drop in acceptances. Whilst there are regional variations in this trend (and variations within regions) feedback from NIHE personnel suggested that these reductions were in part due to the Housing Solutions approach and also particularly related to the provision of tenancy support and sustainment (which is part of Housing Solutions), thus impacting positively on the level of homeless presentations. Caution should be taken in terms of any wider application or interpretation of this trend; in particular given that by quarter 2 there was a slowing down of this trend when compared to the same period in the last year. In Q2 2019/20 there was a 9.3% drop on homeless presentations and a 13.7% drop in acceptances. Albeit with these cautionary notes it does suggest a downward trend for Northern Ireland as a whole in terms of homeless presentations and acceptances.

8.8 In conclusion whilst it is clear that the level of homeless presenters and acceptances in Northern Ireland is higher in comparison to other UK jurisdictions there would appear to be some clear causal rationale for these differences.

Firstly, the legislation and policy (and its interpretation) in Northern Ireland provides a wider and fuller interpretation of priority need, and as a result higher levels of households are deemed to have FDA status.

Second, evidence from qualitative interviews with both internal (NIHE) and external stakeholders suggests that the level, type and nature of additional needs, that individuals or households are presenting with is extremely high. Whilst it is difficult to make direct comparisons with GB on specific factors, e.g. mental health levels, there do appear to be some factors at least which are quite Northern Ireland specific e.g. homeless as a result of intimidation and other factors which appear to have high incidence levels e.g. mental health, alcohol and drug dependency, dual-diagnosis, domestic abuse etc. Stakeholders cross-referenced these factors to the legacy of the Troubles, together with high dependency on welfare benefits and increasing reliance on the private rented sector.

And finally, early indications suggest a reduction in the level of homeless presentations and acceptances across Northern Ireland, with qualitative feedback linking this to the implementation of the Housing Solutions model.

Appendices

Appendix 1 Distribution of internal Housing Executive Stakeholder interviews

Region	Office	Number of interviews
Belfast	Belfast HSST	6
	Castlereagh HSST	2
	Lisburn/Dairyfarm/West Belfast	4
North	Mid & East Antrim (Ballymena)	2
	Causeway (Coleraine)	3
	West (Derry/Londonderry)	3
	South Antrim (Antrim)	3
South	South Down (Newry)	2
	Mid-Ulster (Cookstown)	2
	South West (Enniskillen)	2
	South (Armagh/Banbridge/Craigavon)	3
	Ards & North Down (Newtownards)	2
Other	Appeals Officers	3
	Legal and policy teams	4
Total		**41**

Appendix 2 External stakeholder interviews – organisations represented

Region	Organisation/Agency
North	Northern HSC Trust
	Triangle Housing Association
South	Depaul hostel
	Action for Children
	Omagh Women's Aid
	Community Advice, Newry & Mourne
	Age NI – Agenda
Belfast	The Welcome Organisation
NI Wide	Housing Rights
	Extern
	First Housing

Appendix 3 Semi-structured interview schedules

SEMI-STRUCTURED INTERVIEW SCHEDULE (Housing Executive personnel)

Name of Interviewee			
Position			
Region			
Location of interview			
Date of Interview		Time of Interview	

1.0 I would like to ask you about your **role** in relation to responding to homelessness?
Probes within this: - how long they have been with NIHE, and in particular in their current role? - when Housing Solutions was rolled out in their region? - if they were involved in the delivery of homelessness response under the previous system, and any reflection they have on this, at this point in the interview. their role in relation to Housing Solutions?

2.0 I would like us to reflect on increases in statutory homeless acceptances in Northern Ireland. REFER to the statistics over the last 7 years.
Probes within this: - do they feel homelessness overall has increased? In what groups has this been most prevalent? and what do they feel are the reasons for this increase? Reflect on the complexity of client issues (growth in these?). - MAIN probe for this question – in their opinion why do they think there has been an increase in the number of people, couples and families being accepted as Full Duty Applicants (FDA) under the legislation and guidance? Probe in particular the reasons for this – is it because there are higher levels of people meeting the homelessness criteria (and if so – which particular ones) or is it in part in relation to the new system of identification and assessment of need – and assignment of FDA to applicants? What is the balance between these two types of factors? - What are the potential reasons for an increase – socio-economic factors, mental and physical health reasons, links to substance and alcohol abuse, domestic violence etc. - Are there other factors we have not identified? Are there wider issues – such as how Housing Solutions is administered? how the voluntary sector is engaging with people and providing them with support letters as part of their homelessness application?

3.0 The acceptance levels vary across the regions. From 2012-13 to 2016-17 there was an 11% increase in Belfast, 13% increase in North and 23% increase in South Regions. I'd like to discuss your thoughts on why this might have occurred.
Probes within this: - obtain their opinion – based on the specific Region they are working in. Are there specific parts of your region which have contributed to this increase in particular? For example, in South Region – in Newry was/is it due to higher levels of private rented sector etc. - do you think over time this acceptance level will level off? - what are the specific drivers in areas/pockets of your Region (look at rural/urban differences, also sectoral and housing tenure splits) which account for this increase?

3.0 The acceptance levels vary across the regions. From 2012-13 to 2016-17 there was an 11% increase in Belfast, 13% increase in North and 23% increase in South Regions. I'd like to discuss your thoughts on why this might have occurred.
4.0 Accommodation not reasonable (ANR). The Audit Office report noted that ANR has consistently been the category with the highest number of statutory homeless acceptances, and from 2011/12 numbers have been steadily increasing. I'd like to discuss this reason for homelessness with you now.
Probes within this: - what is <u>your understanding</u> of what ANR (a) means? and (b) covers or includes? - in your own role have you noticed and experienced an increase in the number of presenters (and acceptances) coming forward with this as their <u>main reason</u> for homelessness? - why do you think there has been a <u>specific increase</u> in this as a reason – what is driving this? what are the external housing and other factors? - do you think there are any other reasons for this 'reason' increasing? - do you think the breadth of coverage of this reason – is problematic in any way? - can you comment on the information provided on an individual's needs – for example – homeless because of health grounds, homeless because of overcrowding, location of property being unsuitable? Can we discuss the type and format of information that is provided to evidence or substantiate these reasons from external organisations. Can you comment on the statement that some commentators feel there has been an increase in 'points chasing' – both by applicants and by organisations advising applicants.

5.0 **Case-study** We intend to develop 4 or 5 case-studies to illustrate the most common reasons and scenarios which make up the category – Accommodation not reasonable.
Could you outline a recent case you have dealt with/are aware of – in your Region – which would illustrate a homeless household where their reason for presenting (and being accepted) as homeless was ANR?

6.0 **Systems and paperwork**
Probes within this: - have you been involved with any cases which were turned down (not awarded FDA status) which the applicant then appealed? Thinking in particular in relation to cases where the presenting reason was ANR? What happened in these cases? - (If involved under previous system) – can you reflect on the differences between the current Housing Solutions system and the previous administrative system. And can we discuss what the pros and cons of both systems are (were) in relation to the response to those presenting as homeless. - Thinking about the interplay of external organisations/agencies – have you at any point felt any pressure to award FDA based on the type of external evidence submitted? - What more could (should) be done to think about how Housing Solutions is delivered at the front-line, with particular reference to homelessness assessments and acceptances?

Thank you for participating in this semi-structured interview (or providing an email response).

Fiona Boyle Associates May 2019

SEMI-STRUCTURED INTERVIEW SCHEDULE (Sectoral engagement)

Name of Interviewee			
Name of organisation and position			
Region			
Location of interview			
Date of Interview		Time of Interview	

1.0 I would like to ask you about your **role and knowledge** in relation to homelessness?
Probes within this: - how long they have been with their organisation, and in particular in their current role? - in what capacity do they interconnect with homelessness; individual case basis of people/families presenting as homeless? in a policy context? in a structural way – including provision of evidence or support to NIHE? - Discuss/probe their understanding of Housing Solutions – and the previous system for assessment of housing and homelessness need.

2.0 I would like us to reflect on increases in statutory homeless acceptances in Northern Ireland. REFER to the statistics over the last 7 years.
Probes within this: - what awareness do they have of these increases across Northern Ireland? And within their area of geographical coverage or field of work? - do they feel homelessness overall has increased? In what groups has this been most prevalent? and what do they feel are the reasons for this increase? Reflect on the complexity of client issues (growth in these?). - MAIN probe for this question – in their opinion why do they think there has been an increase in the number of people, couples and families being accepted as Full Duty Applicants (FDA) under the legislation and guidance? Probe in particular the reasons for this – is it because there are genuinely higher levels of people meeting the homelessness criteria (and if so – which particular ones) or is it in part in relation to the new system of identification and assessment of need – and assignment of FDA to applicants? What is the balance between these two types of factors? - What are the potential reasons for an increase – socio-economic factors, mental and physical health reasons, links to substance and alcohol abuse, domestic violence etc. - Are there other factors we have not identified? Are there wider issues – such as how Housing Solutions is administered? how the voluntary sector is engaging with people and providing them with support letters as part of their homelessness application?

3.0 The acceptance levels vary across the regions. From 2012-13 to 2016-17 there was an 11% increase in Belfast, 13% increase in North and 23% increase in South Regions. I'd like to discuss your thoughts on why this might have occurred.
Probes within this: - obtain their opinion – based on the specific Region(s) they are working in. Are there specific parts of your region which have contributed to this increase in particular? For example, in South Region – in Newry was/is it due to higher levels of private rented sector etc. - do you think over time this acceptance level will level off? - what are the specific drivers in areas/pockets of your Region (look at rural/urban differences, also sectoral and housing tenure splits) which account for this increase?

4.0 Accommodation not reasonable (ANR). The Audit Office report noted that ANR has consistently been the category with the highest number of statutory homeless acceptances, and from 2011/12 numbers have been steadily increasing. I'd like to discuss this reason for homelessness with you now.
Probes within this: - what is your understanding of what ANR (a) means? and (b) covers or includes? - in your own role have you noticed and experienced an increase in the number of presenters (and acceptances) coming forward with this as their main reason for homelessness? In what way/capacity has your organisation had contact with them? - why do you think there has been a specific increase in this as a reason – what is driving this? what are the external housing and other factors? - do you think there are any other reasons for this 'reason' increasing? - do you think the breadth of coverage of this reason – is problematic in any way? can you comment on the information provided on an individual's needs – for example – homeless because of health grounds, homeless because of overcrowding, location of property being unsuitable? Can we discuss the type and format of information that is provided by your organisation to evidence or substantiate these reasons. Can you comment on the statement that some commentators feel there has been an increase in 'points chasing' – both by applicants and by organisations advising applicants.

5.0 **Systems and paperwork**
Probes within this: - Within your role and knowledge base - can you reflect on the differences between the current Housing Solutions system and the previous administrative system. And can we discuss what the pros and cons of both systems are (were) in relation to the response to those presenting as homeless.

Thank you for participating in this semi-structured interview (or providing an email response).

Fiona Boyle Associates August 2019

Appendix 4 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;
- An individual with addictions e.g. drug or alcohol addictions;
- An individual that has engaged in street activity, including rough sleeping, street drinking, begging within the last 3 months;
- An individual who has experienced or is at risk of violence/abuse (including domestic abuse) - risk to self, to others or from others;
- An individual who has left prison or young offenders within the last 12 months;
- An individual who was defined as a 'looked after' child (residential and non -residential care).

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

Appendix 5 Relevant case law – Accommodation Not Reasonable (ANR)

Case of Samuels v Birmingham City Council

This case covered affordability and whether there was sufficient 'flexibility' for the applicant to enable her to cope with the shortfall between her rent and her housing benefit. In addition, the duty to promote and safeguard the welfare of children was also relevant in this case.

Cases of Birmingham v Ali and Moran v Manchester

These cases related to the difference between reasonable and suitable accommodation.

Case of McDonagh v London Borough of Enfield

This case covered unsuitable private accommodation

Case of Haque v London Borough of Hackney

This case involved the matter of disability and homelessness, and whether the accommodation is reasonable for a disabled person to occupy. This case noted that the decision in determining if a person is homeless depends on the fact, extent and likely effect of disabilities for as long as the applicant continues to occupy the property, the accommodation needs arising from the disabilities etc. Having left his mother's house and having applied for accommodation, this individual was provided with accommodation in a single room on the third floor of a hostel. The applicant suffered from chronic musculoskeletal problems which in turn had given rise to significant psychological problems. The individual countered that the room was not suitable for a number of reasons, but the council determined that it was suitable. This decision was quashed at appeal.

This report can be found on the Housing Executive website:
https://www.nihe.gov.uk

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