

Appendix A

Chronic Homelessness Action Plan – Consultation Accommodation and Non-Accommodation Based Issues

As part of the development of a Chronic Homelessness Action Plan the Housing Executive has completed a consultation exercise with the sector with a view to identifying key issues that should be addressed. The issues highlighted below have been compiled as a result of the discussions with the sector, with a view to considering how accommodation and non-accommodation issues can be addressed as part of the Chronic Homelessness Action Plan.

It should be noted that the views contained within Appendix A are reflective of engagement with representatives from across the homelessness sector and, therefore, reflect the views of individuals who engaged with the Housing Executive in the development of the Chronic Homelessness Action Plan.

Funding

Funding was a key concern across the sector in terms of sustaining current levels of provision and improving provision in relation to both accommodation and non-accommodation based issues. A holistic view needs to be taken to ensure that proposed increased provision in one area doesn't adversely affect service provision in another area.

There was a feeling that resources may be wasted if we are not achieving an improvement in outcomes for individuals who are experiencing chronic homelessness. There is a need for outcome and performance management to inform strategic direction.

Accommodation Based Issues Identified

1. Define the scale of the problem collectable by the Housing Executive

The sector believes there is a need to identify a method to flag individuals who are experiencing chronic homelessness through a range of standardised indicators. The sector has recognised that it will be difficult to develop a definition that meets the requirements of a wide range of organisations. In general terms the sector has described chronic homelessness as "chronic" relating to health issues and "homelessness" relating to housing issues. The Housing Executive is committed to improving data collection and analysis as part of the action plan.

A number of organisations were concerned that it will be difficult to achieve a truly accurate picture of the level of chronic homelessness, for example, in relation to rough sleepers where street counts don't include all of those sleeping in derelict buildings despite the best efforts of those carrying out the street counts to identify

derelict buildings used by rough sleepers. There was a suggestion to broaden the number of organisations participating in street counts.

The sector highlighted the importance of using any data collected to ensure service provision is targeted providing, the right support, in the right location, at the right time. Service delivery models should be reviewed and appropriate changes made to facilitate better provision for vulnerable individuals who are experiencing chronic homelessness.

A number of organisations highlighted the importance of including service users in order to help define the scale of the problem and to improve the journey of the person who is experiencing chronic homelessness.

2. The sector placed great emphasis on prevention/ early intervention work

There is a need to continue to promote prevention work by Housing Executive frontline staff (Housing Advisors and Patch Managers) before a tenancy is terminated. The sector feels it is crucial that staff dealing with those individuals who are experiencing chronic homelessness have the time and the skills to deal with them, for example, support tenancy sustainment through developing an enhanced tenancy sustainment programme for those at risk of experiencing chronic homelessness.

Many within the sector reiterate the importance of placing individuals in appropriate temporary accommodation, for example there is no point placing an alcoholic in accommodation that has strict rules regarding alcohol consumption. There was a perception amongst some stakeholders that this could be 'setting the person up to fail' and may result in such individuals rough sleeping.

Many within the sector stressed that it was important the Housing Executive and support service providers need to work with those that are in permanent accommodation and with the most vulnerable tenants promoting health and well-being, resettlement skills and recognising loneliness can be a key factor for many individuals.

3. Support the provision of suitable, affordable, permanent accommodation through the private rented sector (PRS)

There is a need for affordable housing (including social housing and the private rented sector) to support the permanent rehousing of individuals experiencing chronic homelessness. There were suggestions to promote housing solutions and tenancy sustainment through the private rented sector as there were concerns that there isn't enough social housing available, especially in areas of high demand. There was recognition that this could be difficult especially in relation to the availability of good quality private rented accommodation.

There is also the issue of insecurity of tenure especially with regard to the PRS. In England the possibility of three year tenancies is currently being investigated and it was suggested that this option should be explored here. Landlords should be encouraged/supported to provide secure long term tenancies.

The sector felt there was a need to explore new options for affordable housing. This may include a shared accommodation model for temporary and permanent accommodation. This may require an innovative approach in Northern Ireland, for example, the consideration of a rent/ deposit/ damage guarantee scheme.

4. Addressing the problem through provision of a range of appropriate housing options

There was support for a strategic, housing-led approach to meet the needs of those experiencing chronic homelessness, which takes proper account of demographic trends along with other health and social factors. The sector felt it was important to ensure the availability of appropriate, good quality temporary accommodation and/or permanent accommodation. This may include a Housing First type model. Further details on Housing First can be found in Appendix B of this document.

This view is supported by Lynne McMordie's research published in July 2018, "*Chronic Homelessness and Temporary Accommodation Placement in Belfast*," which looked at the provision and design of temporary accommodation services in Belfast and its use by individuals who have experienced chronic homelessness. Lynne McMordie recommended the move away from hostel and the transitional model of temporary accommodation towards permanent housing using Housing First.

The sector supported the provision of a wide range of housing options which would include a tiered system of temporary accommodation with the provision of wet hostels, hostels with low support needs and single lets, with planned move on to permanent accommodation through social housing, the private rented sector or using the Housing led model referred to as Housing First¹. There was also acknowledgement that smaller scale units of accommodation may be more suitable to an individual's needs. There is a need to focus supported and transitional accommodation on those who require it based on their support needs rather than the allocation of services based solely on availability.

Suggestions put forward include:

- Ensure Housing Solutions provide clear support and exit plans for those who are experiencing chronic homelessness.
- Possible extension of the Housing First model pilot.

¹ 'Housing First' or 'Housing Led'? The current picture of Housing First in England, Homeless Link (2015) <https://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20or%20Housing%20Led.pdf>

- Assist individuals to secure private rent sector accommodation including financial support. Explore use of Discretionary Housing Payment to pay rent, deposit and arrears.
- Shared accommodation model where individuals have addressed their health issues.
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The National Practitioner Support Services (NPSS) has recently carried out a [Diagnostic Practitioner Review \(DPR\)](#) of Belfast Housing Solutions. In order to improve the customer service for those experiencing chronic homelessness and in particular those rough sleeping the NPSS report has made a number of recommendations including the development and implementation of a [single service offer](#) across Northern Ireland and the implementation of a places of change approach.

Points 5, 6, and 7 are both accommodation and non- accommodation based issues

5. Critical time intervention for ex-prisoners, those leaving police custody and emergency discharge hospital leavers

Ex-prisoners, those leaving police custody and emergency discharge hospital leavers were deemed to be particularly vulnerable. Concerns were raised about people who are leaving prison or police custody with no place to go and limited or no support being offered or accepted. These individuals can often end up interacting with the criminal justice system and back in custody. Many in the sector felt that this was an issue that needs addressed through suitable accommodation provision and strengthening inter- agency relationships.

The issue of emergency discharge hospital leavers was also raised and improvements in interagency working should be investigated.

6. Support investment in multi- disciplinary working alongside accommodation provision

Many within the sector voiced their concerns about the need for dual diagnosis treatment working alongside the provision of suitable accommodation. There was strong support for the multi-disciplinary type approach in Belfast particularly in relation to dual diagnosis treatment and support for implementation of a multi - disciplinary team approach outside Belfast with support from all relevant agencies.

7. Promote Rapid Assessment Hub and rehousing for those on the street

Many within the sector support the provision of outreach services in Belfast in order to provide support to those involved in street activity and as part of that process identify those who require emergency accommodation. A number identified the

implementation of the “No Second Night Out” model as something we should be consider in the implementation of the Chronic Homelessness Action Plan.

Suggestions included a need for a Rapid Assessment Hub for those involved in street activity to prevent this leading to rough sleeping. The sector felt that there needs to be rapid assessment (case management) by the Housing Executive (and all relevant agencies) of those who were found to be rough sleeping or involved in street activity. It was felt that the needs of individuals can be best addressed through a case management approach which can be adapted for each person.

There was a strong support for a person centred approach regarding accommodation offered; emergency accommodation for those that need it in appropriate locations (near family support or strong connections).

Several service providers believe that there is a pre-conception that people won't engage using the term 'individuals don't want to buy the product we are selling' to describe the lack of engagement. There was an acknowledgment that we need to offer the right product.

Issues Identified - Non-Accommodation Based

As a result of this consultation it is evident that, in addition to actions required by the Housing Executive, representatives across the sector strongly felt there are a number of non-accommodation based issues that need to be considered in the development of a Chronic Homelessness Action Plan. The sector was very clear that housing alone would not resolve the problem of chronic homelessness and this opinion was reiterated by a wide range of agencies.

Consultation has highlighted the need for government departments to work together to address chronic homelessness. Particular reference was made to the need for the Housing Executive/Department for Communities to work with the Departments for Health and Justice. Due to the cross-cutting nature of chronic homelessness, there is a need for cross over in policies and funding across Government Departments to allow services to work collectively to provide the best support for individuals by promoting a multi- agency approach.

A. Defining the scale of the problem collectable by other Agencies (including voluntary and statutory sector)

The sector believes there is a need to identify a method to flag individuals who are experiencing chronic homelessness across all agencies and potentially trace customer journeys across agencies. The data collected can be used to determine the prevalence or incidence of particular indicators to complete gap analysis in service provision. The Housing Executive is developing criteria to measure the number of individuals who are experiencing chronic homelessness and such individuals engage with a number of organisations. It has been noted as beneficial,

if the action plan could include figures from other agencies, particularly health and justice.

The issue of individuals moving between services and double counting was raised. There was a suggestion that this could be avoided by issuing a unique pin number which would avoid duplication if data was collated, similar to the system that is currently used in London. CHAIN (Combined Homelessness and Information Network) is a multi-agency database to record rough sleepers. Services that record information or data on CHAIN include outreach teams, accommodation projects, day centres and specialist projects such as No Second Night Out. A data protection protocol agreement has been put in place in relation to this database.

B. Ensure robust data sharing protocols are in place/adhered to

The sector reiterated the importance of relevant data sharing in a timely manner. A number of agencies raised concerns regarding situations that had arisen where, for example, a person is placed in a hostel and information is not provided to the relevant agency which has resulted in the appropriate support not being put in place. The sector felt there was an absence of data sharing arrangements which went beyond lack of awareness around individual service provision.

C. Improve statutory provision and advice, across agencies, to support Accessibility for Marginalised Groups e.g. Persons From Abroad (PFA)

Agencies hold data in different formats and the sector suggested that there could be a central government collation point, in order to create an evidence base to improve services. There is a need for agencies to work collectively to ensure that correct advice is given and appropriate referrals are made for this cohort of people. Concerns were raised about persons from abroad being classified as either eligible or ineligible. Categorisation is more complex than that, as people can be deemed eligible under certain circumstances by some agencies or for one type of benefit and not another.

D. Prevention is the key. Maximise prevention work carried out with most vulnerable groups

A suggested idea by the sector was to examine the potential of prevention hubs similar to those that can be found, for example, in Southwark Council Area ([Southwark Homelessness Strategy](#)). One of their main priorities is homelessness prevention where they are committed to delivering a leading prevention service through the early adopter trailblazer project. Page 28 of the linked document provides more details about their strategic priority.

E. Perceived lack of co-ordination in policies and processes across different departments

A number of groups raised the issue of lack of co-ordination or joined up working across different agencies, for example, agencies were not aware of which other services were working with an individual. They stressed the importance of working together to provide the best support to that person. The sector has suggested improvements through review/extension of existing protocols. The sector has suggested that there are a number of categories of individuals who require improved critical time intervention. These groups don't currently fall into any existing protocols but yet are vulnerable individuals who may have multiple needs, and are released with many having no accommodation to return to/circumstances which are detrimental.

F. Need for introduction and public promotion of prevention/ early intervention

The sector has suggested that better promotion of available services to prevention homelessness through government departments can only be beneficial. They suggested this promotion of prevention/ early intervention could be carried out through, for example, Colleges welfare support, GP's etc.

G. Addressing the financial problems of chronic homelessness

The sector felt that individuals can get into financial difficulties through job loss or benefit cuts which can be a catalyst into chronic homelessness. The sector has put forward suggestions such as assisting individuals to secure or retain private rent sector accommodation through financial measures. There were suggestions that this could be achieved by using Discretionary Housing Payment to pay rent deposits and arrears.

H. The sector has highlighted lack of access to services e.g. dual diagnosis treatment

Concerns were raised about the lack of, for example, dual diagnosis treatment. Individuals with mental health problems were unable to get help with addictions problems until their mental health problems were dealt with and vice versa, therefore in reality these individuals were never going to move out of the system.

The sector listed the following suggestions as ways the lack of services provision could be looked at:

- Improvements to dual diagnosis treatment could be addressed through a review of the multi-disciplinary team approach in Belfast and consideration of extending multi -disciplinary team approach outside Belfast.
- Consider review of service provision and access including mental health, harm reduction programmes and the need for Autistic Spectrum Disorder adult facilities – most provision is for children.

- Examine ways to provide smaller scale services outside Belfast, including harm reduction beds.
- Services should not be centralised. Services should be provided locally on a small scale. It can be traumatic for clients to be moved from support networks and can negatively impact on their well-being.

I. Lack of access to health professionals to provide the health care that individual's may need

There was acknowledgement of the provision of the homelessness nurses in Belfast. Outside Belfast service provision included the Edge Project in the Ballymena area and health check services arranged by some providers in a number of locations. This was on an adhoc basis rather than universal across the sector. There was a strong recognition that more was needed to provide a consistent service across NI.

The sector has suggested that this could include an 'access hub for homeless people', outreach services and GP access.

One example of this is St Mungo's homelessness charity, London which advocates the availability of health services including mental health, drug and alcohol services as part of their approach to dealing with homelessness. One example of their initiatives is St Mungo's Homelessness Health Co-Ordination Project which helps individual's access services including check-ups.

J. Those individuals who participate in street activity that could lead to rough sleeping but refuse to engage with services

Concerns were raised about individuals who engage in street activity such as street drinking or begging which could lead to rough sleeping but currently do not engage with support services. There is a need for a rapid response, across agencies, which provide a person centred approach. However it was emphasised that those involved in street activity should continue to be offered appropriate support services particularly where they are reluctant to initially engage.

K. Increasing complexity of clients requiring higher levels of support

The sector raised concerns over the increasing number of individuals with multiple and complex issues particularly in relation to mental health and addiction problems. Currently the majority of services available for individuals based on them meeting certain criteria/ thresholds is usually time bound and may not be available in the area required. If an individual receives one service then he/she may be precluded from receiving other services which may be beneficial.

The sector has requested that consideration is given to the provision of support through a case management approach which is flexible and interchangeable as time bound models of service delivery are not always best for this client group. Service

provision should be adaptable and interchangeable through a variety of support services available in Belfast and outside Belfast.

L. Need for sufficient knowledge and training across agencies to ensure appropriate and timely signposting for individuals so they have access to the help they require

The sector has noted that an inter-agency training package that specifically addresses chronic homelessness would be beneficial. They felt it was important to note the importance of health, justice and housing to applicants experiencing chronic homelessness and ensure that any training package ensures that staff in one department are aware of the roles and actions of the staff in the other two departments.

M. Increase public awareness

The sector felt there was the need to increase public awareness on how they can assist those that are experiencing chronic homelessness. The issue of a fund being opened that the public could donate to, rather than giving to those that are street begging was supported by a number of agencies. This fund could be used to buy food or clothes or could be used to help individual's experiencing chronic homelessness pay rent deposits or arrears.

The sector felt that more guidance is needed on action that can be taken by the public. Examples include assisting different categories of Persons from Abroad and sign posting them to appropriate services or increasing public awareness about the difference between street activity and actual homelessness.

Appendix B Strategic Context - UK

England

There have been a number of policies implemented in England to deal with homelessness and rough sleeping but there has been no specific policy to identify or respond to chronic homelessness.

The Government's policy *Vision to end rough sleeping: No second Night out 2011*² saw a number of government departments coming together as homelessness was recognised as not just a housing problem but also health, work and training.

Research shows the importance of outreach programmes in dealing with street activity. Throughout the UK, outreach projects such as *No Second Night Out* project and *No Nights Sleeping Rough* are regarded as successful. The *No Second Night Out* project was launched by the London Mayor in 2010 with £750,000 funding. This outreach scheme was to ensure no-one was forced to sleep on London's streets for more than one night. An additional £20 million was awarded to Homeless Link to enable the countrywide roll-out of *No Second Night Out*. In June 2013 the homelessness charity Broadway (now St Mungo's) took over running London's *No Second Night Out* scheme at a cost of £5 million for a two-year contract.

An assessment of *No Second Night Out* across England was published in February 2014³. The report recorded some successes. It highlighted that almost 7 in 10 (67%) rough sleepers across England were being helped off the streets the day they were found, and that nearly 8 in 10 (78%) did not return to the streets.

Sadiq Khan, current Mayor of London, launched the first ever *Plan of Action*⁴ to tackle rough sleeping in London in June 2018 in order to provide a long-term, sustainable route off the streets for all rough sleepers.

The Mayor's *No Nights Sleeping Rough* taskforce has focused on providing extended outreach services and more no second night hubs as well as introducing new initiatives including one which has focused on helping young people facing homelessness, through more emphasis on preventative measures such as family mediation and helping young people into work. In December 2016, Sadiq Khan announced that £50 million from London's Affordable Homes Programme funding of

² Vision to end rough sleeping: No Second Night Out nationwide, Department for Communities and Local Government (2011)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6261/1939099.pdf

³ The House of Commons Briefing Paper Rough Sleeping, (England), 23 February 2018, Wendy Wilson, House of Commons Library (2018)
<http://researchbriefings.files.parliament.uk/documents/SN02007/SN02007.pdf>

⁴ Mayor launches new help for rough sleepers 28 June 2018, Mayor of London (2018)
<https://www.london.gov.uk/press-releases/mayoral/number-falls-in-london-for-first-time-in-a-decade>

£3.15 billion would be used to provide housing for people currently residing in hostels and refuges.

The current UK Government has a manifesto commitment⁵ to “halve rough sleeping over the course of the parliament and eliminate it altogether by 2027.”

As a result a *Homelessness and Rough Sleeping Implementation Taskforce* has been established which in addition to producing the *Rough Sleeping Strategy*, is focussed on prevention. This includes piloting Housing First (investing £28 million in three Housing First pilots in Manchester, Liverpool and the West Midlands) and provision of affordable housing through, for example, private rented sector access schemes.

The government has allocated a £30 million fund for 2018/2019 for local authorities with high levels of rough sleeping. This includes looking at the provision of move-on accommodation and £100,000 funding to train frontline outreach workers to ensure they have right skills.

There was additional spending of £8 million on *Help for Single Homeless Fund* to allow local authorities to work with support organisations to help hard to reach groups. This helped over 9,000 people access and sustain privately rented accommodation through a Private Rented Sector programme run by Crisis, and funded the Street Link service which led to nearly 15,500 rough sleepers being connected with local support services.

Homelessness Reduction Act 2017

The *Homelessness Reduction Act 2017 (England)*⁶ places additional duties on local authorities in England to prevent and assist individuals particularly, those who have no priority need. This will be through improved advice and information about homelessness and its prevention and an extension of the period ‘threatened with homelessness’ from 28 days to 56 days.

There is also the introduction of personalised housing plans which could include mediation/conciliation, providing financial support to access private rented accommodation and securing immediate accommodation for people who are sleeping rough or at high risk of sleeping rough and most importantly, it encourages statutory agencies to work together.

The 2017 Act will introduce provisions similar to those introduced in Wales under the *Housing (Wales) Act 2014*.

⁵ New government initiative to reduce rough sleeping, 30 March 2018, Ministry of Housing, Communities & Local Government and The Rt Hon Sajid Javid MP (2018)
<https://www.gov.uk/government/news/new-government-initiative-to-reduce-rough-sleeping>

⁶ Homelessness Reduction Act 2017
www.legislation.gov.uk/ukpga/2017/13/contents/enacted

Rough Sleeping Strategy 2018

Rough sleeping has become a prominent policy issue for successive UK governments, due to the growth in this cohort of individuals and the lower life expectancy of those involved. Rough sleepers are over nine times more likely to commit suicide⁷ than the general population. On average male rough sleepers die at age 47 and women aged 43.

Our knowledge of who sleeps rough and why is imperfect. Accurately measuring the exact numbers of people sleeping rough is challenging. In autumn 2017, 4,751 people slept rough on a typical night. This was an increase of 15% on the previous year.

In England, the Ministry of Housing, Communities & Local Government has published the Rough Sleeping Strategy 2018⁸ which makes commitments across a broad range of areas. They include:

- Deliver a much expanded social investment market, including Social Impact Bonds.
- Launch a wider review of homelessness and rough sleeping legislation, which will include the Vagrancy Act.
- Test ways of including a person's housing status in new NHS data collections to inform future policy and commissioning of services for homeless people.
- Funding research to inform ways of working in the delivery of hospital discharge and primary care services, due for publication in 2018 and 2019 and actively promote the learning from this research into effective hospital discharge models, in partnership with the health service. This will be promoted in the 83 areas.
- Invest £3.2 million per year for two years to launch pilots in a small number of resettlement prisons in England. The pilots will support offenders who have been identified as being at risk of rough sleeping on release.
- Plan to trial a new process to improve access to benefits on leaving prison in late August 2018 in both public (HMP Wayland & Norwich) and contracted prisons (HMP Birmingham); and to implement the new process in the autumn

⁷ The House of Commons Briefing Paper Rough Sleeping, (England), 23 February 2018 , Wendy Wilson, House of Commons Library (2018)

<http://researchbriefings.files.parliament.uk/documents/SN02007/SN02007.pdf>

⁸ Rough Sleepers Strategy August 2018, Ministry of Housing, Communities and local Government (2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_WEB.pdf

- In order to inform thinking for the development of policy options to address affordability in the Private Rented Sector post-2020, they want to gather evidence from stakeholders as to the challenges in local areas and options to address them.
- Provide an additional team to support and resolve the immigration status of non-UK nationals who are sleeping rough and set up a cross-government working group to explore options for more work to support non-UK nationals off the street.
- Ensure homeless people receive the support they need to access and navigate the benefit system and find work

Rough Sleeper Statistics

For statistical purposes, local authorities in London have two separate methodologies for counting the level of rough sleeping in their borough:

Street Counts: Local authorities, in partnership with relevant local agencies, complete the count of people sleeping rough on a typical night. The DCLG collates this information twice annually.

CHAIN reports: CHAIN is a multi-agency database recording information managed by St Mungo's Broadway about rough sleepers and street activity across London. Each agency working with the homeless have access to the database and can register on it.

The CHAIN reports categorise rough sleepers as:

New rough sleepers: these are people who have not had any previous contact with outreach teams.

Intermittent rough sleepers: these are people with some history of rough sleeping and engagement with outreach services, but not regularly enough to be considered to be 'living on the streets'

Living on the streets: these are people who have had a high level of contact with outreach services over three weeks or more.

Despite efforts, the official rough sleeper count numbers have risen in each year since new methodology was introduced in 2010⁹. Statistics published in January 2018 recorded a 169% increase in the number of people sleeping rough in England since 2010. The latest report from CHAIN, shows that a total of 8,108 rough sleepers were contacted by outreach workers in London during 2016/17 a similar number to the previous year (8,096). The data does not include "hidden homeless" groups such as those "sofa surfing."

⁹The Homelessness Monitor England, Crisis (2018)
https://www.crisis.org.uk/media/238701/homelessness_monitor_england_es_2018.pdf

In January 2018 the Ministry of Housing, Communities and Local Government¹⁰ released the autumn 2017 figures for rough sleeping which showed a 15% increase from the 2016 figure and a 73% increase in the last 3 years. This action plan has noted that the Housing Executive has published rough sleeping statistics for the whole of Northern Ireland for the first time in 2018 using a methodology that is consistent with England, Scotland and Wales.

Scotland

Unlike England, the Scottish Government maintains no regular rough sleeper 'headcount'. Instead, the scale of rough sleeping is measured through the local authority homelessness recording system i.e. those who slept rough the night before approaching the local authority. According to the Homelessness Monitor Scotland¹¹ there was 1409 people who applied as homeless in 2014/15, 56 (4%) of which had slept rough. This number has almost halved since 2009/10 (down by 49%).

This can be seen as a result of the phasing out of priority need in Scotland in 2012, implementation of the Housing Options, homelessness prevention and financial investment to deal with the problem. The Affordable Housing Supply programme (AHSP) has made a substantial contribution to overall new housing supply as well as to the supply of social and other forms of affordable housing. The Scottish Government plans to provide 30,000 new affordable dwellings.

In February 2018, the Scottish Local Government and Communities Committee published its Report on Homelessness¹² recommending that the Scottish Government implements a Housing First policy.

The Scottish Government's Homelessness and Rough Sleeping Action Group published its report, Ending Rough Sleeping in Scotland¹³, in March 2018 which sets out new recommendations to ensure the commitment to eradicate rough sleeping is met. It made a series of recommendations, including using Housing First where applicable. Other recommendations cover actions to prevent rough sleeping where it is predictable and people are at risk; empower and support frontline services; improve access and provision to permanent housing; Make temporary accommodation the stop-gap it was meant to be; strengthen legislation and develop a measurement framework.

¹⁰ 2017 Rough Sleeping Statistics, An analysis of 2017 rough sleeping counts and estimates Homeless Link (2017)

<https://www.homeless.org.uk/sites/default/files/site-attachments/Homeless%20Link%20-%20analysis%20of%20rough%20sleeping%20statistics%20for%20England%202017.pdf>

¹¹ The Homelessness Monitor Scotland, Crisis (2015)

https://www.crisis.org.uk/media/236832/the_homelessness_monitor_scotland_2015_es.pdf

¹² Report on Homelessness, 12 February 2018, Local Government and Communities Committee, Scottish Government (2018)

<https://sp-bpr-en-prod-cdnep.azureedge.net/published/LGC/2018/2/12/Report-on-Homelessness/LGS52018R6.pdf>

¹³ Ending Rough Sleeping in Scotland, An interim report on the activity of the Homelessness and Rough Sleeping Action Group, March 2018, Homelessness and Rough Sleeping Action Group (2018) <https://beta.gov.scot/publications/ending-rough-sleeping-in-scotland-interim-report/HARSAG%20-%20Q2%20recommendations%20-%20How%20to%20end%20Rough%20Sleeping%20-%20Report%20FINAL%20-%20PUBLISHED%207%20MARCH%202018.pdf?inline=true>

Wales

The Housing (Wales) Act 2014¹⁴ was passed to improve the supply, quality and standards of housing in Wales. It means local authorities must take all reasonable steps to intervene and prevent someone from becoming homeless within 56 days.

Key elements of the act include introduction of a compulsory registration and licensing scheme for private rented sector landlords, including letting and management agents, and reform of homelessness law, including a duty on local authorities to prevent homelessness and to use suitable accommodation in the private sector. A further Bill has now been introduced to abolish the right to buy. The Welsh government supports a Housing First model and a prevention programme.

According to the Welsh Monitor 2017¹⁵ the new statutory homelessness legislation Housing (Wales) Act 2014 has had a positive impact, promoting a more preventative, person-centred and outcome-focussed approach, and more particularly promoting a better service to the single homeless. There has been an increase in rough sleeping in Wales since 2015 ranging from 16% to 30%. Causal Issues include welfare reform, long term industrial decline and persons from abroad with no recourse to public funds.

Wider Context

Research¹⁶ has shown throughout the rest of the UK, Europe, America, Canada and Australia that a Housing led model is very prominent in the provision of solutions for individuals who are experiencing chronic homelessness. There is a number of approaches that are consistently been implemented including emphasises on a Homelessness prevention framework addressing the complex needs of individuals on a number of fronts, sufficient funding for Housing led projects and provision of affordable housing,

Many western governments including USA (Opening Doors Plan 2010¹⁷, has reduced homelessness among the chronic homeless by 21%); Canada (The State of Homelessness in Canada 2016¹⁸) and Australia (The Road Home¹⁹) fund multi-

¹⁴ Housing (Wales) Act 2014, Welsh Government

<https://gov.wales/topics/housing-and-regeneration/legislation/housing-act/?lang=en>

¹⁵ The Welsh Monitor, Crisis (2017)

<https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/wales/the-homelessness-monitor-wales-2017/>

¹⁶ **International plans to end homelessness**

<https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/international-plans-to-end-homelessness/>

¹⁷ Opening Doors; Federal strategic plan to prevent and end homelessness as amended in 2015, United States Interagency Council on Homelessness (2015)

https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf

¹⁸ **The State of Homelessness in Canada, Canadian Observatory on Homelessness (2016)**

http://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf

¹⁹ The Road Home A National Approach to Reducing Homelessness, Government of Australia (2008)

agency strategies with clear objectives including provision of affordable housing, emphasises on a Homelessness prevention framework, prevention with a particular prominence on the needs of individuals and provision of funding of projects such as Housing First.

Finland has successfully used a national strategy and action plan²⁰ to reduce and prevent long-term homelessness. Pleace et al 2015²¹ carried out a review of the Finland strategy highlighting Finland focused on the reduction of long term homelessness using the Housing First model through the implementation of a comprehensive strategy. This was helped by the significant financial investment and the development of integrated housing and support services based on an individual's needs. 3 important aspects of the strategy were:

- **property market** e.g. converting shelters in to housing units to meet need,
- **prevention** through e.g. housing guidance, financial advice,
- **housing and support**. i.e. permanent accommodation and right to choose support services.

Housing Led Pathways Approach

The Homelessness Strategy 2017-22 promotes potentially extending the housing led pathways model subject to available funding for individuals who are experiencing chronic homelessness, subject to funding availability. 'Housing-led' encompasses the 'Housing First' model as an approach to dealing with chronic homelessness. Research²² evidence shows that Housing First provides tenancy sustainment for between 70 to 90% of chronic homeless recipients. Currently around a third (34%) of homeless accommodation providers in England are using or exploring Housing First as a form of accommodation for their clients. In 2015, an observational evaluation²³ of Housing First in England reported that, across nine Housing First services, **74%** of homeless people had retained their housing for at least 12 months.

Whilst there are some services adopt the core philosophy of Housing First, others appear to be drifting from the model and can be described as alternative Housing led approaches due to their lower intensity of support, and targeting lower needs clients.

<http://www.abc.net.au/cm/lb/4895838/data/the-road-home---a-national-approach-to-reducing-homelessness-data.pdf>

²⁰ Action Plan for Preventing Homelessness in Finland 2016–2019 Ministry for the Environment (2016)

https://asuntoensin.fi/assets/files/2016/11/ACTIONPLAN_FOR_PREVENTING_HOMELESSNESS_IN_FINLAND_2016_-_2019_EN.pdf

²¹ The Finnish Homelessness Strategy, An International Review, Nicholas Pleace, Dennis Culhane, Riitta Granfelt and Marcus Knutagård, Helsinki:Ministry of the Environment, Finland (2015)

https://helda.helsinki.fi/bitstream/handle/10138/153258/YMra_3en_2015.pdf

²² 'Housing First' or 'Housing Led'? The current picture of Housing First in England, Homeless Link Policy and Research Team (June 2015)

<https://www.homeless.org.uk/sites/default/files/siteattachments/Housing%20First%20or%20Housing%20Led.pdf>

²³ Bretherton, J. and Pleace, N; (2015) Housing First in England: An Evaluation of Nine Services

<https://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf>

The Housing First model is currently provided in NI by Depaul in Belfast and Derry/Londonderry. The social return on investment (SROI)²⁴ evaluation 2016 of Housing First found that, from April 2013 to the end of 2015, 79% of successful referrals maintained their tenancy for a significant period of time and developed reasonable or good self-care skills. There were also improvements in their physical health, improved social and family relationships.

Depaul has recently published Housing First, Leading the Way Together²⁵ on the fidelity of the projects which shows they operate to a high level of fidelity. There have been 115 referrals with 87 successful permanent placements between Belfast and Derry/Londonderry in the service between 2015 to 2017. Of those 74% stayed in their accommodation for over 2 years. In USA, Canada and Europe the Housing First model generally ends homelessness for at least 8 out of every 10 people who avail of the Housing First service.

Lynne Mc Mordie's research July 2018, "Chronic Homelessness and Temporary Accommodation Placement in Belfast, concludes "The current continuum of homelessness service provision functions in a way which often excludes those with more complex needs" and recommends a move away from hostel and transitional models of temporary accommodation to a Housing First and housing led model.

Good Practice - Prevention and Early Intervention

Southwark Council

Many council areas in the UK are implementing good practices to tackle homelessness and Rough Sleeping. The number of rough sleepers in London has increased over the last five years, however in one council area Southwark overall numbers have reduced. Research²⁶ has also shown that prevention and

²⁴THE EFFICIENCY AND EFFECTIVENESS OF THE HOUSING FIRST SUPPORT SERVICE PILOTED BY DEPAUL IN BELFAST, FUNDED BY SUPPORTING PEOPLE: AN SROI EVALUATION FINAL REPORT

Fiona Boyle and John Palmer, with Salma Ahmed, North Harbour Consulting Report (June 2016)

https://www.nihe.gov.uk/housing_first_evaluation.pdf

²⁵ Housing First Leading the Way Together, Report on the Fidelity Assessment of Depaul Belfast and Derry/Londonderry Housing First Services, Depaul (June 2018)

<https://ie.depaulcharity.org/sites/default/files/Depaul%20Housing%20First%20Fidelity%20Report%202018.pdf>

²⁶ Review of homelessness in Southwark, Southwark Council (March 2017)

<https://www.southwark.gov.uk/assets/attach/4067/Review%20of%20Homelessness%20in%20Southwark%202017.pdf>

intervention, can cover a range of initiatives including piloting Housing First, provision of affordable housing through, for example, private rented sector access schemes and provision of move-on accommodation, financial support through for example use of Discretionary Housing Payments on homelessness prevention, help with deposits, resolving housing benefit and debt problems, referral to Supported accommodation schemes and negotiation or legal advocacy to ensure individuals can stay in private rented accommodation.

The Southwark Homelessness Forum which aims to maximise homelessness prevention and assist rough sleepers contributes to the delivery of other local and national strategies, across housing, health and wellbeing, and social care. Southwark also supports the development and continuation of protocols that have been established between the council and key partners (including Homelessness prevention and eviction procedure protocol and Hospital discharge protocol) and continued Implementation of No Second Night Out project and Implementation of No First Night Out pilot. Funding is a crucial aspect in any service provision.

The London Borough of Southwark was chosen by DCLG to be an 'early adopter' trailblazer for the new homelessness legislation focused on new duties to prevent and relieve homelessness. Southwark Council provided early learning and dissemination of information to support other local authorities in their preparations for implementing new prevention focused homelessness legislation.

Southwark Homelessness Strategy 2018-22²⁷ continues to promote their prevention work through, for example, implementation of prevention hubs. The strategy sets out 2 of their strategic priorities Homelessness prevention through the early adopter trailblazer project and tackling rough sleeping through a Rough Sleeping Prevention Trailblazer funding.

Southwark is one of three early adopter trailblazer local authorities, along with Newcastle and Manchester, which are trialling and developing new services reflecting the changes in the Homelessness Reduction Act.

St Mungo's

St Mungo's²⁸ is a charity and Housing Association that works with people who are sleeping rough, in hostels and at risk of homelessness. They provide a bed and support to more than 2,700 people a night and outreach services for people who are rough sleeping in England with 17 outreach teams. In 2016/17, St Mungo's outreach

²⁷ Southwark Homelessness Strategy 2018-22, Southwark Council (2018) https://consultations.southwark.gov.uk/housing-community-services-department-community-engagement-team/homelessness/supporting_documents/SOUTHWARK%20HOMELESSNESS%20STRATEGY%202018%20%20DRAFT%20130618.pdf

²⁸ Briefing for MPs taking part in the Westminster Hall Debate on street homelessness, St Mungos, (April 2018) <https://www.mungos.org/wp-content/uploads/2018/04/18.04.24-St-Mungos-briefing-for-Westminster-Hall-debate-on-street-homelessness.pdf>

teams worked with around 5,600 people of whom 1,500 were helped into accommodation.

St Mungo's is also one of the main providers of Housing First in England. They run nine Housing First projects for over 80 individuals. St Mungo's believes a number of measures are needed to end rough sleeping. These include Improve national and local data on homelessness in order to better understand the scale and ensure interventions are effective and well-targeted and the need to expand services such as the No First Night Out approach, No Second Night Out and develop emergency assessment hubs for those at immediate risk of sleeping rough. They also advocate the availability of outreach services, mental health services, drug and alcohol services and promote use of Housing First for individuals with the highest support needs.

Manchester

Greater Manchester has become the first city in the UK to bring together the public, private, faith and community sectors to tackle rough sleeping and have a business network to facilitate businesses in their efforts to get people off the street. The strategy²⁹ outlines four "R"s to eradicate rough sleeping; Reduction (identifying solutions for people at risk of rough sleeping for the first time, existing rough sleepers and those at risk of rough sleeping again); Respite (provide an immediate safe place for people away from the streets); Recovery (manage personal issues and to work towards independent living through support, wellbeing, life skills and steps towards employment, volunteering, training and education) and Reconnection (enable individuals to lead meaningful lives with choice and reconnect with their community).

Other initiatives include over 500 people registered with their GPs, a new cold weather plan which sees emergency support given as soon as temperatures hit freezing in a national first, for example, availability of 1,000 emergency beds. However, this work sits against a background of a significant increase in rough sleeping. Figures issued last month saw a national increase in rough sleeping of 15%. In Greater Manchester this increase was 42%.

Since being elected, the Mayor has secured £9m funding to tackle rough sleeping. The range of measures that have been introduced includes: £7m to extend the Housing First programme to provide housing for 450 people; £1.8m Social Impact Bond granted to help up to 200 rough sleepers and more than £135,000 raised for the Mayor's Homelessness Fund, which has helped fund a wide variety of projects, such as a new shelter in Cheetham Hill.

Other initiatives include creation of a Greater Manchester Good Landlord scheme to regulate private landlords, being tougher on people dealing on the streets and tougher on people who are begging but not homeless and produce consistent data

²⁹ Greater Manchester Homelessness Action; A draft Strategy to end rough sleeping and lay the foundations of a 10 year Homelessness Reduction Strategy in Greater Manchester, Greater Manchester Combined Authority (2018)
https://www.greatermanchesterca.gov.uk/news/article/267/radical_plan_to_end_rough_sleeping_revealed

around homeless numbers and research into individuals and the reasons they were homeless.

There is also a commitment from Greater Manchester Health and Social Care Partnership³⁰ to work together to ensure those who wish to be registered with their local GP practice are registered, ensure no patient is discharged from hospital onto the street, Support the development of outreach teams offering screening, health advice and health support to those living in temporary accommodation including hostels and support provision of targeted specialist support services such as mental health, substance misuse and wider primary care.

Social Impact Bonds

New initiatives also play a role such as the Social Impact Bonds³¹ which are government backed using money provided by the private sector to deliver improvements for people who are homeless in England.

The £1.8million Social Impact Bond³² which Manchester has been granted is one of eight social impact bonds (SIB) approved and the largest outside of London. It will help finding and keeping a home through provision of intensive support. It will help enable people to access specialist support services around mental health and addiction and provide support to find employment, education or training.

³⁰ Action Plan on Homelessness, Greater Manchester Combined Authority (2018)
https://www.greatermanchester-ca.gov.uk/news/article/202/new_action_plan_on_homelessness

³¹ Social Impact Bonds, UK Government (2012 last updated sept 2017)
<https://www.gov.uk/guidance/social-impact-bonds>

³² Social impact bond, Greater Manchester Combined Authority (2018)
https://www.greatermanchester-ca.gov.uk/news/article/202/new_action_plan_on_homelessness

Appendix C

Measures

Draft Programme for Government

The draft Programme for Government 2016-21³³ sets out the actions the Northern Ireland Executive wishes to take in order to achieve each of the 14 high level strategic outcomes through a series of indicators and delivery plans to promote health and wellbeing. The Housing Executive will play a role in helping to achieve the outcome of “We care for others and we help those in need” through the delivery of the Homelessness Strategy.

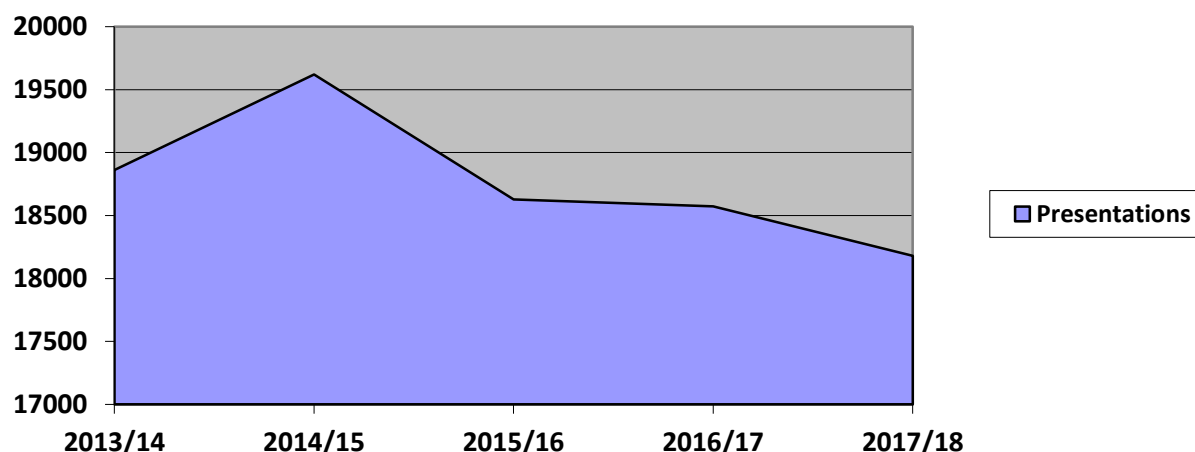
The Homelessness Strategy Annual Progress Report 2017-18³⁴ provided information relating to new outcomes and indicators which the Housing Executive will publish going forward. The outcomes and indicators are listed in the table below.

Outcome	Indicator(s)
We have support that prevents us from becoming homeless	Number of households presenting to the Housing Executive as homeless
We live in suitable homes	Average length of time spent in temporary accommodation
	Number of Full Duty Applicant (FDA) discharged
We have the support we require to access and/or sustain a home	Number of instances of repeat homelessness

³³ Draft Programme for Government 2016-21 NI Executive (2016)
<https://www.northernireland.gov.uk/consultations/draft-programme-government-framework-2016-21-and-questionnaire>

³⁴ NIHE Ending Homelessness Together Homelessness Strategy 2017-22 Annual Progress Report 2017-18 (2018)
https://www.nihe.gov.uk/homelessness_annual_progress_report_2017-18.pdf

Outcome 1 - We have support that prevents us from becoming homeless



The graph above outlines the indicator for 'We have support that prevents us from becoming homeless' and shows that over the past five years there has been a marginal decrease in the number of households presenting as homeless to the Housing Executive. The baseline figure for this indicator will be 18,180 which is the number of presentations in 2017/18 and represents a decrease of 2.1% from the 2016/17 figure of 18,573. In the context of recent years this continues an encouraging trend of decreases in the number of households presenting as homeless from a recent peak of 19,621 in 2014/15.

Outcome 2 – We live in suitable homes

The first indicator for this outcome is the average length of time spent in temporary accommodation for each household in 2016/17 and 2017/18. The baseline figure for this indicator will be the figures found in 2017/18.

Accommodation Type	Year	Average Length of Placement (Days)	% difference from 2016/17 to 2017/18
Single Lets	2016/17	419	-6% (decrease of 25 days)
	2017/18	394	
DIME*	2016/17	113	10.6% (increase of 12 days)
	2017/18	125	
Voluntary Sector Hostels	2016/17	239	2.5% (increase of 6 days)
	2017/18	245	
Housing Executive	2016/17	223	0% (Figure

Hostels	2017/18	223	consistent for both years)
Hotel/B&B	2016/17	66	-27% (decrease of 18 days)
	2017/18	48	
Total	2016/17	303	-6.9% (decrease of 21 days)
	2017/18	282	

*DIME refers to Dispersed Intensively Managed Emergency Accommodation

Housing Executive staff will engage with all households in temporary accommodation with a view to ensuring the duration of the placement is as short as possible. This emphasis on minimising the length of placement is particularly relevant to hotel/B&B placements which are used in emergency cases only and in the absence of any other suitable accommodation. Unfortunately, for those households who are seeking accommodation in areas of exceptionally high demand there is no other option beyond providing a placement in temporary accommodation for a significant period of time.

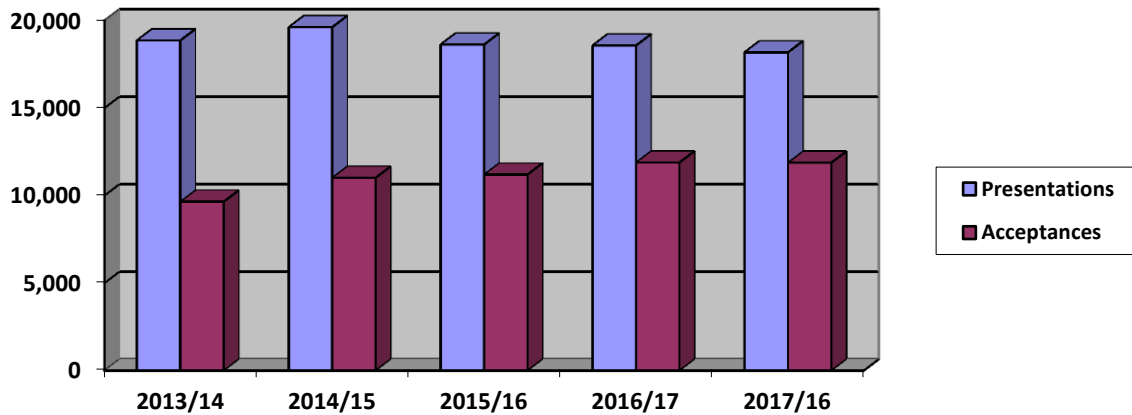
The second indicator for outcome 2 is the number of Full Duty Applicants (FDA) duties discharged. In 2017/18 there were a total of 6,467 FDA duties discharged via an allocation for a social rented property. This represents an increase of 21 from the 2016/17 figure of 6,446. In 2016/17 84% of all social housing allocations were made to Full Duty Applicants and in 2017/18 this rose/decreased to 88% (6,467 of 7,373 allocations). The baseline figure for this indicator will be the 2017/18 figure of 6,467.

Outcome 3 – We have the support we require to access and/or sustain a home

The indicator for the final outcome is the number of repeat homelessness presentations which refers to the number of presentations where the previous application had been closed less than 12 months before the current homeless application. In 2016/17 there were 1,246 repeat presentations (6.7 of total presenters) while 2017/18 saw a decrease of 18.5% to a total of 1,016 repeat presentations (5.6% of total presenters). The baseline figure for this indicator will be the 2017/18 figure of 1,016.

Between 18,000 and 20,000 households have presented as homeless to the Housing Executive, annually, for the last 5 years. Since the publication of the Homelessness strategy this level of presentation has continued as homelessness presentations in the year 2017/18 were 18180, a reduction of nearly 400 households from 2016/17. Acceptance of households as statutorily homeless and the awarding of Full Duty Applicant (FDA) status during the year 2016/17 was just over 65% an increase of 1% from the previous year. While overall presentations have dropped, households accepted as homeless has increased over the past five years from 9,649

in 2013/14 to 11,877 in 2017/18, an increase of 23%. This increase in acceptances is reflective of the increasing complexity and vulnerability associated with homeless households.



Chronic Homelessness Data

The Housing Executive do not currently measure chronic homelessness but as part of the research for this action plan we carried out an exercise to identify the number of applicants experiencing chronic homelessness in each Area from our current records. This results in 473 individuals being identified. The Housing Executive are seeking to improve the data gathered to improve our understanding of the complexities associated with homeless households which will enable us to plan appropriate services going forward to respond to these complexities.

Current Provision for Homeless Individuals in NI

The Housing Executive funds a range of outside agencies to provide services that assist those that are homeless including those who are experiencing chronic homelessness. This comprises of a range of temporary accommodation including single lets, hostels (including wet hostel), Crash Beds and a Night Time Reception Centre and Dispersed Intensively Managed Emergency Accommodation (DIME) Accommodation.

Over the course of the past year the Housing Executive have provided total funding of approximately £37.1m for homeless services across Northern Ireland, with figures listed below:

- £4.968m on temporary accommodation, including DIME (Dispersed Intensively Managed Emergency).
- £1.718m for storage of personal belongings.
- £2.84m on outside agencies in the voluntary sector.

- £27.6m on Supporting People funding of homelessness services.

The Housing Executive funds a range of outside agencies to assist in the delivery of homelessness services. An overview of the services provided is listed below:

- Housing Rights Service
 - housingadviceni.org: HousingadviceNI is a regularly updated website providing detailed advice and information on housing to members of the public. It aims to prevent homelessness and housing problems by providing people with 24/7 access to information and advice, supported by an email advice service and a directory of local advice agencies.
 - Housing Advice in Prisons: This service assists with the prevention of homelessness amongst those entering and leaving prison. It enhances the opportunities for rehabilitation and community integration and contributes to the reduction of homelessness and re-offending.
 - Beyond the Gate: This service assists with the prevention of homelessness by providing specialist support to sustain tenancies/access accommodation for those experiencing chronic homeless (offenders) across NI.
 - Community Housing Advice Partnership: CHAP has been developed by a consortium of agencies comprising AdviceNI, Citizens Advice and Housing Rights. This partnership enhances the capacity of 24 providers to deliver high quality housing advice to those who are homeless and/or in housing need.
- Simon Community NI – HOME TEAM

SCNI provide an innovative programme to meet the changing needs of a growing homeless population, working in close partnership with NIHE Housing Solutions teams in Belfast with what is known as the HOME (Housing options Made Easier) team. SCNI staff co-ordinate floating support services in Belfast to ensure wraparound support for people previously homeless or at risk to sustain their tenancies. They will also facilitate homeless people to access affordable housing options in the private rented sector to boost move on within their hostels.
- Council for the Homeless: Council for the Homeless is an umbrella organisation which assists 76 member organisations to meet the aims and objectives of the Homelessness Strategy. They do this through information, engagement, developing workplace capacity, promoting active involvement and campaigning.

- Extern Multi-disciplinary Homeless Support Team: The MDHST are qualified social-workers providing support services to those who are homeless, threatened with homelessness and have complex needs across: Mental Health, Addiction, Families/Children, Learning Disability, Older People, Offenders, Physical Disability, Floating Support, Refugee Resettlement. Staff specialise in practice areas, supplemented with in-depth mental health and addictions expertise, and work across the sector. They help to reduce homelessness by helping hard-to-reach individuals improve health, social well-being and access support services to secure and sustain independent accommodation.
- East Belfast Mission - Street Soccer: Street Soccer NI is a project working with homeless people and marginalised groups in Northern Ireland by using football to tackle homelessness. The project provides housing support, education, training, employability and volunteer opportunities which empower players to break out of homelessness and to achieve sustainable tenancies.
- Foyle Haven: Operated by Depaul in Derry/Londonderry, Foyle Haven is a 365 days per year service that offers a direct access, low threshold harm reduction drop-in centre for people with substance misuse or addiction issues. The service provides assessments and interventions to vulnerable homeless people.
- The Marc Project: The MARC Project is delivered by the Link Family and Community Centre in Newtownards and provides a low threshold service to individuals who experience difficulties with substance misuse and other complex needs such as housing issues, mental and physical health problems and poverty. The project aims to support clients who are homeless or are at risk of homelessness through prevention and early intervention work.
- Welcome Organisation Drop In Centre: The Drop-In centre in Belfast provides services to extremely vulnerable people who are traditionally hard to reach and have historically faced multiple exclusions and restricted access to mainstream services as a result of behavioural challenges linked to poor mental health, alcohol dependency, substance misuse and dual diagnosis. All services are delivered on a very low threshold, high tolerance model based on the principles of harm reduction.
- Welcome Organisation Street Outreach: The Street Outreach service delivers a city wide, 7 days per week, day and night service that assists extremely vulnerable groups with a range of complex needs and challenging behaviours associated with chaotic lifestyles associated with homelessness, rough sleeping and street drinking in Belfast.

- Reactive Support Initiatives: Over the past 12 months a number of smaller grants were awarded for a range of homelessness focused activities including CHNI Home Starter Packs given to homeless applicants to facilitate the transition from temporary and hostel accommodation into permanent housing.

Health Task and Finish Group

A Health Task and Finish Group, chaired by the Chief Medical Officer, was set up to explore options on how to improve access to primary health care and other health and social care services for individuals who are homeless. The Task and Finish Group, reviewed evidence of health needs and barriers faced by individuals who are homeless in accessing healthcare and looked at examples of good practice locally and across the UK including Bradford, London and Edinburgh.

The group agreed in their options paper³⁵ that the several healthcare models were needed to meet the needs of homelessness people in NI. The preferred option would be a hybrid approach of:

- Option (dedicated inclusion practice) in large urban areas e.g. Belfast and Derry/Londonderry.
- Option (risk sharing approach) in more rural areas, with GP federations co-ordinating this (or where existing structures in place).
- Option (enhanced Community & Voluntary support services including peer led service) to support access to healthcare.

It is proposed that GP federations would take this work forward and that a design group would be established, led by PHA and HSCB.

³⁵ Options Paper – Improving Access to Primary Health Care and Other Health and Social Care Services for Individuals who are Homeless Prepared on behalf of Task and Finish Group, HSCB (2018)

https://www.health-ni.gov.uk/sites/default/files/publications/health/Final-report-of-task-and-finish-group-re-homelessness-and-access-to-HCS_2.pdf