



Fundamental Review of Allocations – Modelling and Analysis of Waiting List Data

Final Report

Submitted to

**Northern Ireland Housing
Executive**

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**Report prepared by
Economic Research and
Evaluation**

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Table of Contents

Preface	i
Glossary of Terms	iii
Executive Summary	vii
Introduction	vii
Approach	viii
Current Position	viii
Remove Intimidation Points (Proposal 7)	x
Remove Interim Accommodation Points (Proposal 9)	xi
Remove 'No Detriment' (Proposal 8)	xii
Cumulative Scenario I: Proposals 7, 8 and 9	xv
Banding (Proposal 10)	xvi
Cumulative Scenario II: Proposals 7, 8, 9 and 10	xvii
Time in Need Points	xix
1 Background	1
1.1 Introduction	1
1.2 Research objectives	3
1.3 Methodology and Approach	4
1.4 Structure of the Report	8
2 The Housing Selection Scheme	9
2.1 Introduction	9
2.2 The Common Waiting List	10
2.3 Areas of Choice	16
2.4 The Allocation Stage	19
2.5 Key Points Summary	21
3 Remove Intimidation Points (Proposal 7)	23
3.1 Introduction	23
3.2 Current Position	24
3.3 Points and Ranking Effects	24
3.4 CLA effects	27
3.5 Profile	28
3.6 Allocation Effects	29
3.7 Key Points Summary	31
4 Remove Interim Accommodation Points (Proposal 9)	33
4.1 Introduction	33
4.2 Current Position	34
4.3 Approach	35
4.4 Points and Ranking Effects	35
4.5 CLA Effects	38
4.6 Area Effects	40
4.7 Profile	42

4.8	Allocations Effect	42
4.9	Key Points Summary	43
5	Remove 'No Detriment' (Proposal 8)	45
5.1	Introduction	45
5.2	Approach	46
5.3	Points and Ranking Effects	50
5.4	CLA Effects	56
5.5	Area Effects	61
5.6	Profile	65
5.7	Allocation Effects	66
5.8	Key Points Summary	67
6	Cumulative Scenario I: Proposals 7, 8 and 9	71
6.1	Introduction	71
6.2	Approach	71
6.3	Points and Ranking Effects	72
6.4	CLA Effects	77
6.5	Area Effects	80
6.6	Profile	81
6.7	Allocation Effects	81
6.8	Key Points Summary	82
7	Banding (Proposal 10)	85
7.1	Introduction	85
7.2	Approach	86
7.2.1	The Points Curve	86
7.2.2	Banding Models	89
7.3	Banding Scenario	97
7.4	Ranking Effects	98
7.5	Time on the List Effects	104
7.6	CLA Effects	112
7.7	Area Effects	116
7.8	Profile	118
7.9	Key Points Summary	118
8	Cumulative Scenario II: Proposals 7, 8, 9 and 10	121
8.1	Introduction	121
8.2	Approach	121
8.3	Implementation Scenarios	126
8.4	Ranking Effects	130
8.5	Time on the List Effects	137
8.6	CLA Effects	145
8.7	Area Effects	148
8.8	Profile	150
8.9	Key Points Summary	151

9	Time in Need Points	155
9.1	Introduction	155
9.2	Current Position	155
9.3	Approach	156
9.4	Points for Time Waiting	161
9.5	Key Points Summary	170
	References	171

Preface

This report presents the results of modelling and analysis with respect to four of the proposals set out by the Department for Communities in the October 2017 Consultation on Proposals for the Fundamental Review of Social Housing Allocations.

The proposals discussed in this report are as follows:

- Proposal 7 - The removal of intimidation points from the Selection Scheme.
- Proposal 8 - Removal of the 'No Detriment' policy for Full Duty Applicants (FDAs).
- Proposal 9 - Removal of interim accommodation points from the Selection Scheme.
- Proposal 10 - The Selection Scheme should place applicants into bands based on similar levels of need.

The research was commissioned by the Housing Executive to inform the direction and approach to any implementation of those proposals.

Since the research was commissioned, the Department for Communities published a [Consultation Outcome Report](#) in December 2020. The Outcome Report set out likely timescales for implementation, in three Phases.

As set out in the Outcome Report, the proposals to remove intimidation points (Proposal 7) and interim accommodation points (Proposal 9) will not proceed as per the 2017 consultation. Instead, options will be explored for alternative proposals. For intimidation points this will include tighter verification and consideration of how to include other households facing trauma or violence. For interim accommodation points, this will involve the need to consider the additional stress associated with being housed in temporary accommodation, in whatever form that takes. These two new proposals will require significant research. Consequently, implementation is likely to be in Phase 3.

Proposals 8 and 10 will be implemented as per the 2017 Consultation, with Proposal 8 proceeding in Phase 2 and Proposal 10 in Phase 3.

Disclaimer

This report has been prepared by Economic Research and Evaluation based on modelling and analysis of Common Waiting List data supplied by the Housing Executive.

Responsibility for the modelling and analysis of the data lies with the author of this report.

The conclusions drawn from the modelling and analysis do not necessarily reflect the official opinion of the Housing Executive.

Glossary of Terms

Term	Abbreviation	Description
Applicant	-	A person registered for social housing. For the purposes of this report the term 'applicant' is often used to distinguish between an 'applicant' and a 'transfer applicant'
Common Landlord Area (CLA)	CLA	Geographic areas containing social housing stock, owned by participating landlords, which applicants can choose when selecting the areas of choice in which they would wish to be housed.
Common Waiting List (CWL)	CWL	A waiting list of applicants who have applied for social housing in Northern Ireland, which is commonly maintained by participating landlords, i.e. the Housing Executive and registered Housing Associations in Northern Ireland.
Department for Communities (DfC)	DfC	A devolved government department of the Northern Ireland Executive, responsible for Housing. The DfC is the Housing Executive's sponsor Department.
Full Duty Applicant (FDA)	FDA	A person to whom the Housing Executive owes a duty under Article 10 (2) of the Housing (NI) Order, 1988 to secure that accommodation becomes available for his/her occupation.
Fundamental Review of Allocations	FRA	Department for Communities (DfC) led review of social housing allocation in Northern Ireland, which sets out 20 proposals for change.
General Housing Area	GHA	A wider area than a CLA, usually consisting of a number of CLAs grouped together, which forms part of a natural area where an applicant could reasonably consider living.

Term	Abbreviation	Description
Housing Management System	HMS	Primary IT system used by the Housing Executive to support key Housing Management functions such as Housing/Homelessness, Rent Accounts, and the management of estates.
Housing Selection Scheme	HSS	The Housing Executive is required by Article 22 of the Housing (NI) Order, 1981 to allocate dwellings in accordance with a scheme approved by the Department of Communities. The Housing Selection Scheme is a set of rules, which was jointly developed by the Housing Executive and the Housing Association movement, in conjunction with various professionals within the Department of Health, and was approved by the Department to ensure consistency across all social landlords in NI. The Scheme represents a single gateway into social housing in Northern Ireland, let on a permanent basis, whether owned and managed by the Housing Executive or any of the Housing Associations operating in N. Ireland. It provides a 'one stop shop' for applicants and further promotes equitable treatment by using common criteria to assess the housing needs of all applicants and allocate social housing stock.
Participating Landlord		The Housing Executive and any registered housing association in Northern Ireland participating in the Housing Selection Scheme.
Points System	-	A system of assessing housing need whereby applicants' circumstances are assessed against a set of objective criteria and the relevant points awarded accordingly. The number of points awarded will determine the rank order in which applicants are placed on the Waiting List for social housing.

Term	Abbreviation	Description
Management Transfer	-	A category of transfer application given priority status, which is applied using a specified set of criteria, e.g. where a social tenant is assessed under the homeless legislation and subsequently awarded FDA status.
NIHE Area	-	A geographical administrative area in which Housing Executive local offices are organised within. There are 13 NIHE Areas in total, which are mainly coterminous with Local Government Districts.
Single Let	-	A unit of private rented sector accommodation; the Housing Executive may refer persons who require temporary accommodation, as part of its statutory homelessness duties.
Temporary Accommodation	-	Accommodation that is provided by the Housing Executive on a temporary basis as part of its statutory Homelessness duties.
Transfer applicant	-	A social housing tenant who has registered to move house within the social housing sector.

Executive Summary

Introduction

Currently, social housing in Northern Ireland is allocated under the Housing Selection Scheme ('the Scheme'). The Scheme comprises a Common Waiting List and a Common Selection Scheme for the assessment of all applicants for social housing. The Waiting List and the Selection Scheme encompass applications to, and allocations made, by the Northern Ireland Housing Executive ('the Executive') and registered Housing Associations.

Under the Scheme, all social housing applicants are assessed according to a common set of criteria and awarded points against those criteria to reflect their housing need. The total points awarded to an applicant determines their rank order on the Common Waiting List ('the List'). In general terms, social housing lettings are allocated according to applicants' rank order on the Common Waiting List.

In October 2017, as part of its Fundamental Review of Allocations, the Department for Communities (DfC) issued a consultation paper setting out proposals for change. In total, the consultation paper made 20 proposals. This report presents the results of modelling and analysis of Waiting List data with respect to four of the proposals made in the Fundamental Review of Allocations, as follows:

- Proposal 7 - The removal of intimidation points from the Selection Scheme. In the current Scheme, an applicant deemed to be homeless on the ground of intimidation is awarded an additional 200 points.
- Proposal 8 - Removal of the 'No Detriment' policy for Full Duty Applicants (FDAs), so that points awarded reflect current circumstances.
- Proposal 9 - Removal of interim accommodation points from the Selection Scheme. Currently, FDAs who spend six months or longer in temporary accommodation where they have been placed by the Housing Executive are awarded an additional 20 points.
- Proposal 10 - The Selection Scheme should place applicants into bands based on similar levels of need. The banding proposal aims to give increased recognition to time on the List; within each band, applicants would be ranked according to the length of time they have been on the Waiting List.
- An alternative approach to achieve this outcome is by increasing the 'Time in Housing Needs Points' within the current Housing Selection Scheme. Under the current Rules, after two years on the List, an applicant with points is awarded two points per annum, to a maximum of 10 points.

Approach

The methodology for the research comprised two main strands, as follows:

- Statistical modelling of the Waiting List for a quantitative assessment of the potential impacts of the four proposals.
- A series of case studies of CLAs, including both individual CLAs and groups of CLAs.

The statistical modelling methodology was based around the construction of a micro simulation model designed to compare the status quo at the time of the research ('what happens now') with what was proposed; to assess the difference that would be made by the proposed changes to rules or practices, in quantitative terms; and, to provide a picture of what groups of individuals would be most affected. The primary object of interest was the difference that the proposals would make, both separately and in combination, to the ranking of applicants on the Waiting List.

It should be emphasised that, while the modelling was at a micro level, the analysis and reporting focuses strictly on the groups of applicants and areas that would be most affected through the introduction of the proposals for change.

For that purpose, a range of scenarios were constructed to examine the potential impacts of the four proposals. The scenarios were constructed on a 'what-if' basis to generate a picture of how the Waiting List might change when compared with the current or baseline position.

In each scenario the baseline 'status quo' position is the August 2019 Common Waiting List of applicants ranked within their first choice CLA according to their points awarded under the current Rules. The August 2019 Common Waiting List contained information on 45,587 applications, including 21,634 FDAs, of whom 188 had been awarded intimidation points and 2,042 with interim accommodation points.

The potential effects of the four proposals were further examined at CLA level by focusing on a sample of nine 'mini' case studies, comprised of individual CLAs and groups of CLAs. The cases were selected on the criteria of relevance, geographical balance, urban/rural mix and pressure of demand.

Current Position

In broad terms, there are two main categories of applicants to the Common Selection Scheme, as follows:

- Housing Executive or Housing Association tenants who wish to move within the social sector to either a Housing Executive or Housing Association property. Such applicants are termed 'transfers' and that is the term used throughout this report.

- Applicants with no existing social sector tenancy. Those with no existing social sector tenancy are referred to as ‘applicants’ in this report.

Within each of those main categories, a further distinction can be made between Full Duty Applicants (FDAs) and non-FDAs. A Full Duty Applicant is a transfer or applicant who has passed the four homelessness tests and to whom the Executive has a legal responsibility. Proposals 7, 8 and 9 relate specifically to FDAs. Hence, the discussion of those Proposals focuses primarily on FDAs.

In the Selection Scheme, housing needs are assessed under four main headings: intimidation, insecurity of tenure, housing conditions and health and social wellbeing. On average, the total points awarded to FDA transfers and applicants is approximately equal, with applicants receiving on average 120 points and transfers 124 points.

However, FDA applicants and transfers differ in the composition of their points awarded. Points awarded for housing conditions account for a higher share of the total awarded to FDA applicants compared to transfers. By contrast, health and social wellbeing points account for a larger share of total points awarded to FDA transfers. As they differ in the composition of their total points scores, it can be expected that the Fundamental Review proposals will vary in their effects on FDA applicants and transfers.

There is a ‘floor’ of 70 points for FDAs, as that is the minimum number of points for an award of FDA status. Within the FDA population, the number of points awarded varies widely, with over one in three (36 per cent) having 130 or more points.

Waiting List applicants must indicate at least one, and up to two areas of choice, called Common Landlord Areas (CLAs). As at August 2019, the first choices made by applicants encompassed 749 CLAs. As measured by the number of applicants, CLAs vary widely in size. Almost one in three first choice CLAs (30 per cent) had fewer than 10 applicants, but they accounted for just two per cent of the total number of applicants. Conversely, the seven CLAs with 500 or more applicants contained 13 per cent of all applicants.

The share of applicants awarded FDA status is higher in the CLAs with larger waiting lists, ranging from 57 per cent in the CLAs with 500+ applicants to 37 per cent in the smaller CLAs with fewer than 10 applicants.

In general terms, social housing allocations are made to the highest pointed applicant within the area of choice where the property to be let is located. In the larger CLAs there will inevitably be a longer list of ‘candidates’ for each available letting. The ‘competitiveness’ of those larger CLAs is further intensified by their greater share of FDAs.

Reflecting that degree of ‘competitiveness’, to receive a social housing allocation, applicants in the CLAs with larger numbers of applicants require,

on average, a higher points award compared with applicants in the smaller CLA size bands.

Consequently, in those more competitive CLAs with larger waiting lists, any loss of points is likely to have bigger effects on the ranking of applicants by comparison with the CLAs with smaller waiting lists.

Remove Intimidation Points (Proposal 7)

If Proposal 7 were to be introduced, 200 points would no longer be awarded to applicants meeting the criteria for an award of intimidation points. To examine the potential effects of Proposal 7, a 'what-if' scenario was prepared through a reduction of 200 points across each of the 188 applicants with intimidation points on the August 2019 List. The aim was to generate a notional points distribution for comparison with the baseline position.

On the August 2019 Common Waiting List, persons with intimidation points accounted for less than one per cent of all FDAs.

On average, those with intimidation points had a total of 314 points. Consequently, if the 200 intimidation points were no longer available, the average points award for that group would drop from 314 to 114, five points below the average for all other FDAs (119 points).

In the baseline, all applicants with intimidation points are among the highest pointed applicants, with 150+ points. In the scenario where 200 intimidation points are removed, 11 would remain in the 150+ points group. Over half (55 per cent) would drop into the range 100-129 points.

Almost all of the applicants losing intimidation points (97 per cent) would fall in the rank order within their first choice CLAs. Close to six in 10 (58 per cent) would drop by 25 places or more, including one in five (19 per cent) falling by 100 or more places.

In the first choice CLAs of applicants with intimidation points, other applicants not losing points would see their ranking position improve. That reflects the fact that, where an applicant losing points falls by multiple places, each applicant in between the affected applicant's starting and terminal positions would move up at least one place.

Overall, 29 per cent of FDAs would see their position improve by one or more places. However, the ranking effects would be very tightly compressed. Among those FDA applicants who would see their rank order rise, almost all (98 per cent) would rise by fewer than 10 places, including 62 per cent rising by one place only.

As the removal of 200 intimidation points brings the average points award for those with intimidation points (114 points) close to the average for all other FDAs (119 points), it can be expected that their respective allocation probabilities would become more closely aligned. The simulated allocation

effects support that expectation. In the baseline, the probability of an allocation for those with intimidation points exceeds the probability for other FDAs by 62 percentage points. The differential falls to +4 percentage points in the scenario where intimidation points are removed.

Remove Interim Accommodation Points (Proposal 9)

If Proposal 9 were to be introduced, 20 points would no longer be awarded to applicants who have spent six months in temporary accommodation arranged by the NIHE. The approach to modelling the potential effects of Proposal 9, in isolation from the banding Proposal 10, was therefore to remove the 20 points from the 2,042 FDAs with interim accommodation points and make comparisons between their position before (the baseline) and after the removal of the points (the 'what-if' scenario).

On the August 2019 Waiting List, there were 2,042 applicants with interim accommodation points. Their average points total was 139. A 20 points reduction would see their average fall to 119, identical to the average for all other FDAs (excluding transfers).

Before the removal of points, 35 per cent of those with interim accommodation points have over 150 or more points. That proportion falls to 19 per cent following the 20 points reduction. The proportion in the 70-99 points bracket would rise from three per cent to 28 per cent.

Almost all (97 per cent) of the 2,042 applicants affected by the removal of interim accommodation points would, as a consequence, see their rank order fall within their first choice CLA. Almost one in four (23 per cent) would experience a fall of 50 or more places while a similar proportion (24 per cent) would fall by 25-49 places.

When an applicant loses points and falls by multiple places in the rank order, each applicant in between the affected applicant's starting and terminal positions moves up at least one place. Reflecting that process, almost six in 10 of the 19,592 FDAs whose points remain unchanged would see their rank order rise. Most of those gaining in the rank order (79 per cent) would rise by 1-9 places.

Applicants with interim accommodation points are disproportionately concentrated in the larger CLA size bands. Almost one in two (49 per cent) are in CLAs with 250 or more applicants, well in excess of those CLAs' 35 per cent share of all FDAs. Consequently, at CLA level, the ranking effects of removing interim accommodation points are most pronounced in the CLAs with larger waiting lists. Within CLAs with a waiting list of 500+, almost all FDA applicants (95 per cent) change position by one or more places.

The ranking effects by NIHE Area mirror those at CLA level. That is, the ranking effect would vary with the incidence of applicants in receipt of interim accommodation points. The incidence varies widely, from four per cent

(South Antrim, Mid and East Antrim and Causeway) to 17 per cent in West Belfast.

The removal of interim accommodation points would vary across different groups in line with the incidence of receipt of such points. In proportional terms, the largest effect would be on large families, with three or more dependent children. On the August 2019 CWL, large families accounted for 15 per cent of those with interim accommodation points, compared to their six per cent share of all other FDAs. Close to one in four large families (24 per cent) had interim accommodation points, over twice the 11 per cent average for all FDAs (excluding transfers)

When interim accommodation points are removed, the resulting points reduction means that those who are affected fall in the rank order within their first choice CLAs. That has adverse implications for their prospects of being allocated social housing accommodation.

In particular, whilst the removal of interim accommodation points equalises the average points award between FDA applicants with and without interim accommodation points, the simulated probability of an allocation for those losing points falls below the average for all other FDA applicants (excluding transfers). That is because recipients of interim accommodation points are concentrated in the more competitive CLAs with larger waiting lists where an above-average points award is required to gain an allocation.

Remove ‘No Detriment’ (Proposal 8)

Current Arrangements

Where their housing circumstances change, applicants are required to inform the Housing Executive and a re-assessment is carried out. When such a situation arises, the ‘no detriment’ policy is applied to all applicants and transfers with FDA points.

Under ‘no detriment’, the points awarded to FDAs cannot be reduced, even if there is a positive change in their housing circumstances. However, if there is a deterioration in their housing circumstances, FDAs will be awarded any additional points to which they may be entitled under the Rules.

Proposal 8 of the Fundamental Review is to discontinue the ‘no detriment’ policy by introducing a new rule providing for a reduction or withdrawal of points where appropriate, regardless of whether the applicant has FDA status.

Approach

When a change occurs, a re-assessment is carried out. Under the ‘no detriment’ policy, where a reduction would be warranted under the Rules, the re-assessment is not reflected in the points award as recorded on the HMS. The nature of the change may be recorded as a text note within the

applicant's record on the HMS, but the points implications cannot systematically be tracked over time.

The approach adopted was therefore to impute changes in points entitlements from observed changes in applicants' circumstances based on information contained within NIHE datasets, including change over time in household size and type and moves into self-contained accommodation, either directly observed (applicants living in single lets) or inferred from address changes.

Based on the observed changes, in the main 'no detriment' scenario, an estimated 3,664 FDAs on the August 2019 Waiting List would see their points change if the 'no detriment' policy had not been in place, representing 17 per cent of all FDAs.

At 19 per cent, the estimated incidence among FDA applicants is considerably higher than for FDA transfers (four per cent). That is entirely to be expected and leads to the conclusion that the removal of the 'no detriment' policy will mainly bear upon applicants with no existing social tenancy.

Direct effects

The 'no detriment' policy relates to interim accommodation points and points awarded under the house condition and health and social wellbeing headings. Under those headings, the average reduction among those affected is estimated at -32 points.

For those with an imputed change in entitlement, their average points award falls from 134 in the baseline to 102 in the scenario with 'no detriment' removed. As the average points award for those whose entitlement remains unchanged is 118 points, the differential between those with a change in entitlement and all other FDAs falls from +16 to -16.

The imputed points reductions are largest in magnitude at the upper end of the points range. Affected applicants with 150+ points in the baseline, before removal of 'no detriment', are estimated to lose 53 points on average. By contrast, those at the lower end of the range, with 70 to 99 points, lose an average of 13 points.

The re-distribution of points among FDAs has large effects on the ranking of applicants. In a scenario where 17 per cent of all FDAs are affected by removal of 'no detriment', almost four in five (79 per cent) would see a change in their rank order within their first choice CLA.

Fifteen per cent of FDAs would fall in the rank order within their first choice CLA, ranging from four per cent of those with 70-99 points in the baseline to 28 per cent of FDAs with 150+ points in the baseline.

A larger proportion of FDAs (64 per cent) would see their rank order improve as applicants with unchanged entitlement and not losing points move up the rank order, typically by 1-9 places, to occupy the positions previously held by applicants losing points and falling by multiple places.

The ranking effects would be larger among the FDAs with an imputed change in circumstances. Almost nine in ten (89 per cent) would fall in the rank order within their first choice CLAs, including over one in four (26 per cent) dropping by 50 or more places.

In the event that the proportion of FDAs with changed entitlement due to removal of 'no detriment' was higher, the proportions moving up and down the rank order would be larger. That is, when measured by the proportion of applicants whose rank order changes following the removal of 'no detriment', the 'disruptiveness' of the proposed reform depends on the incidence of changes in circumstances among applicants as well as the points effect.

CLA effects

The estimated rank order effects would vary sharply by CLA size band. In general, the larger the CLA waiting list, the greater the proportion of FDAs that would see a change in their rank order.

In the CLAs with 500 or more applicants, almost all FDAs (97 per cent) would see a change in their rank order. Over one in eight (13 per cent) would see their rank fall by 50 or more places while over half (51 per cent) would see their position improve by 25 or more places. By contrast, in CLAs with fewer than 100 applicants, the rank order effects are more 'compressed'; fewer FDAs see a change in their rank order and, where rankings change, they are typically less than 10 places.

Area effects

The modelled points and ranking effects by NIHE Area have also been examined. Of particular note is the spread in the modelled points effects, ranging from an average of -44 points in the West Area to -19 in Mid and East Antrim and South Antrim.

That points spread mainly reflects variations in the imputed incidence of moves into self-contained accommodation. Those estimates range from five per cent of FDAs, in North Belfast, South Antrim and Mid and East Antrim, to 26 per cent in the South West, followed by 23 per cent in Causeway and 20 per cent in the West. The possibility of under-reporting of address changes within some Areas cannot be discounted.

Profile

The groups most affected by the proposal would be large adult and large family households along with households containing 3+ dependent children.

Allocation effects

The points differential between FDAs with an imputed change of circumstances and consequent loss of entitlement falls from 16 points above the average for all other FDAs in the baseline to -16 points lower in the main remove 'no detriment' scenario. In that circumstance, it is entirely to be expected that, on average, the probability of an allocation will fall for those affected by ending the 'no detriment' policy.

Cumulative Scenario I: Proposals 7, 8 and 9

The cumulative scenario is based on the joint implementation of Proposals 7, 8 and 9. Proposals 7 and 9 are modelled by notionally removing points for intimidation and interim accommodation. Proposal 8 has been modelled using the main remove 'no detriment' scenario.

When the three Proposals are jointly implemented, an estimated 19 per cent of FDAs would see their entitlement change, including 21 per cent of FDA applicants and six per cent of FDA transfers.

FDAs with a change in entitlement would see their median points award fall from 130 in the baseline to an estimated 92 in the cumulative scenario, a drop of 38 points. As a result, the gap between their average award (measured by the median) and the average for FDAs with no change in their entitlement would fall from +18 points to -20 points.

Among FDAs whose points entitlement changes in the scenario, 89 per cent would fall by one or more places in the rank order within their first choice CLA, including 15 per cent falling by 100 or more places and 13 per cent by 50-99 places. Among FDAs with no change to their points entitlement, 83 per cent would move up one or more places in the rank order within their first choice CLA, including nine per cent moving up 50 or more places.

Overall, 17 per cent of FDAs would fall in rank order within their first choice CLAs while 68 per cent would rise. Non-FDAs would be largely unaffected, with none falling in the rank order and four per cent rising. Rank order rises among non-FDAs would be confined to those with 70+ points.

Similar to the estimated effects from scenarios around single proposals, in the cumulative scenario the rank order effects would be most pronounced within the CLAs with the larger waiting lists.

When the points and ranking effects are estimated at NIHE Area level, the most striking feature is the range in the estimated effects across the 13 Areas. In particular, the estimated median absolute change in places up or down ranges from one in the South Area to 46 in the West Belfast Area.

The main contrasts in changes in entitlement and ranking effects among FDAs are by age, household type and the number of dependent children. However, the contrasts are modest.

Reflecting the points and ranking effects, FDAs losing entitlement in the cumulative scenario would have a reduced probability of being allocated social housing. In the baseline, under current arrangements, their probability of an allocation is higher, on average, than other FDAs. The loss of points and fall in rank order would bring the allocation probability for FDAs with changed entitlement in the scenario below that of other non-affected FDAs.

The cumulative scenario would have a negligible effect on allocation probabilities of non-FDAs.

Banding (Proposal 10)

Proposal 10 of the Fundamental Review proposed grouping applicants with “similar levels of need (still measured objectively by points)”. Within each grouping, it is proposed that applicants should be ranked according to the length of time they have spent on the Waiting List. The intended outcome is that “those in greatest need receive priority, with recognition of their time in need”.

This section considers how that approach might be implemented, focusing on five alternative banding models, ranging from four through to eight bands.

No other proposals are considered. The purpose is to illustrate the effects of banding in isolation from the other Fundamental Review proposals.

In each of the banding models considered in this section, three bands below 70 points (the threshold for an award of FDA homelessness points) are treated as pre-defined, i.e., zero points, 1-29 points and 30-69 points.

In the specification of thresholds for bands in the 70+ points range, the key requirement is that bands should encompass broadly ‘similar’ levels of housing need. The approach taken to meeting that requirement has been to select thresholds such that, within a given band, the variation in points awarded (the indicator of ‘need’) is as low as possible.

Based on that approach, the following thresholds are identified for banding applicants with 70+ points:

- Four bands – 70+ points.
- Five bands – 70-114, 115+ points.
- Six bands – 70-99, 100-139, 140+ points.
- Seven bands – 70-89, 90-114, 115-144, 145+ points.
- Eight bands – 70-89, 90-109, 110-124, 125-144, 145+ points.

The more bands that are specified, the greater the weight that is given to the points award and hence the more closely the system approximates the

current approach of ranking on points alone. Consequently, when measured by the proportion of applicants whose rank order would change in a banding system compared with the current points system, 'disruption' effects would reduce with a higher number of bands.

Conversely, the fewer the number of bands, the greater the recognition that is given to time in need. In particular, the fewer the number of bands, the more strongly time waiting on the list is linked to the probability of an allocation.

Cumulative Scenario II: Proposals 7, 8, 9 and 10

This section reports on the potential impacts of a cumulative scenario in which Proposals 7 through 9 are implemented along with banding (Proposal 10).

Five banding models are considered in the cumulative scenario, i.e., four through eight bands, using the points thresholds derived from the banding only scenario.

Implementation scenarios

A number of implementation scenarios are presented to estimate the moves between bands of affected applicants, comparing pre-implementation band assignments based on points awards on the August 2019 Waiting List with band assignments in a post-implementation environment.

In each of the implementation scenarios, the proportion of affected applicants changing bands increases with the number of bands. Furthermore, in each scenario, the vast majority of moves made by affected applicants are to a lower band.

For example, in the post-implementation scenario in which Proposal 9 (remove interim accommodation points) is implemented after band thresholds have been set, 2,042 applicants would each lose 20 points. The proportions changing bands in this scenario range from 25 per cent of the 2,024 applicants losing their interim accommodation points in a five band model to 82 per cent in an eight band model. In that implementation scenario, all of those changing bands would move to a lower points band.

Ranking effects

In the cumulative scenario where all proposals are implemented, some applicants lose points due to the removal of intimidation and interim accommodation points and the ending of the 'no detriment' practice. Applicants losing points tend to fall multiple numbers of places, triggering the 'domino' effect whereby other applicants move up the rank order but in smaller increments. While still present, that asymmetric effect of proposals entailing a reduction in points is much less evident in the cumulative scenario

with banding. That is because all applicants are affected by banding so ranking effects are widely spread across the List.

When banding is combined with a cumulative scenario, the additional factor of points reductions results in an increase in the number of places that applicants may rise or fall compared to the banding only scenario. For example, in the cumulative scenario with six bands, among FDAs, the median absolute number of places that applicants rise or fall increases to 10, up from 8 in the banding only scenario.

Among the subset of FDAs whose points total would be affected by Proposals 7, 8 and/or 9, the ranking effects would be largely dominated by falls in the rank order.

Time on the List effects

Ranking by time on the List has a positive effect on the proportion of applicants whose rank order in their first choice CLA would rise compared to the baseline position when applicants are ranked primarily on points.

The strength of the ranking effect by time on the List diminishes as the number of bands is increased. That is because, as bands are added, the total points award is given increased weight, as applicants are first assigned to a housing need band based on their points score.

In the cumulative scenario with banding, the relationship between the proportion rising in the rank order within their first choice CLA and time on the List is slightly weaker than in a banding only model. That is because, in the cumulative scenario, some applicants would lose points due to Proposals 7, 8 and or 9, which would also affect their rank order.

The modelling results indicate that allocation effects would mirror the ranking effects of banding. That is, the fewer the number of bands, and hence the greater the weight given to time on the List, the larger the modelled effect of time waiting on the List on the probability of an allocation.

CLA effects

The proportion of applicants seeing a change in their rank order within their first choice CLA would vary with the size of the CLA waiting list. Measured by the number of applicants, the larger the CLA waiting list, the greater the proportion who would see a change in their rank order within their first choice CLA.

For example, in a cumulative scenario with six bands, all FDAs in CLAs with 500+ applicants would see a change in their rank order. By contrast, in the CLAs with fewer than 10 applicants, 65 per cent would retain their current ranking within their first choice CLAs.

Area effects

Considering the Waiting List as a whole, within each NIHE Area, the proportions seeing a change in their rank order, whether up or down, would broadly mirror the average for all Areas, but with some variations reflecting differences between Areas in the size distribution of CLAs.

Profile

In the system of six bands in a cumulative scenario, the banding effects would outweigh the points effects in determining the proportion of FDAs who would see a fall in their rank order. Overall, there are few differential effects within the profile groups, other than an age effect from ranking on date order and a points effect on large families.

Time in Need Points

This section presents an assessment of how much weight would be required to 'Time in Housing Need' points as an alternative to banding to meet the intended Outcome 4 of the Fundamental Review, i.e., those in greatest housing need receive priority, with recognition of their time in need.

Under the current Rules, after two years on the List, an applicant with one or more points is awarded two points per annum, to a maximum of 10 points.

The approach to assessing the weight required as an alternative to banding is framed around incremental increases to time waiting on the List points, from an additional one point per annum after two years to an additional eight points per annum. That is, an increase in the maximum after seven years on the List from 10 to 15 through 50 points.

Within that framework, the analysis indicates that, for FDAs, the approximate weighting required as an alternative to banding varies with the number of bands, as follows:

- Five bands – 50 points maximum, i.e., ten points per annum for five years after two years on the List.
- Six bands – 35 points maximum i.e., seven points per annum for five years after two years on the List.
- Seven bands – 25 points maximum i.e., five points per annum for five years after two years on the List.
- Eight bands – 20 points maximum i.e., four points per annum for five years after two years on the List.

In general, the greater the number of bands, the fewer the number of additional points that would be required to approximate the recognition given to time waiting on the List in a banding system.

A different set of weights would be required for non-FDAs with 1+ points for housing need. The allocation effects from banding for non-FDAs with 1+ points do not vary greatly with length of time on the List. Consequently, for non-FDAs with 1+ points, the points weighting required to approximate the recognition given to time waiting on the List is 15 for the six, seven and eight band models and 25 for the five band model.

1 Background

1.1 Introduction

This report presents the results of modelling and analysis of waiting list data with respect to four of the proposals made in the Fundamental Review of Social Housing Allocations (DfC, 2017). The research outputs will inform the direction and approach to any implementation of the four proposals under consideration.

Currently, social housing in Northern Ireland is allocated under the Housing Selection Scheme ('the Scheme'). The Scheme comprises a Common Waiting List and a Common Selection Scheme for the assessment of all applicants for social housing. The Waiting List and the Selection Scheme encompass applications to, and allocations made, by the Northern Ireland Housing Executive ('the Housing Executive') and registered Housing Associations.

Under the Scheme, all social housing applicants are assessed according to a common set of criteria and awarded points against those criteria to reflect their housing need¹. The total points awarded to an applicant determines their rank order on the Common Waiting List ('the List'). In general terms, social housing lettings are allocated according to applicants' rank order on the Common Waiting List, depending on their area of choice and the 'match' between applicants' housing needs and the property to be let (e.g., the number of bedrooms compared to applicants' bedroom requirements)².

The current Scheme became effective in November 2000, following the Housing Policy Review which commenced in 1995³. The Scheme has remained largely unchanged since its introduction in 2000 (DfC, 2017, p. 9).

In 2013, the then-Department for Social Development launched a Fundamental Review of the Scheme. Subsequently, in September 2017, the Department for Communities (DfC) issued a [consultation document](#) setting out proposals for change.

The proposals contained in the DfC consultation paper are intended to produce five outcomes:

¹ For an overview on applying for social housing, see NIHE (2015), *The Housing Selection Scheme*. The rules are set out in detail in NIHE (2014), *Housing Selection Scheme Rules*. Both documents can be found at <https://www.nihe.gov.uk/Housing-Help/Apply-for-a-home/The-Housing-Selection-Scheme>.

² Applicants with complex needs, where the re-housing option is supported housing, are placed on a separate non-pointed list (NIHE, 2014, Rules 17, 19-22).

³ The Housing Executive issued Proposals for Consultation in 1998 and a Consultation on the Draft Scheme in 1999. See NIHE (2007) for an overview on the introduction of the Scheme.

1. A greater range of solutions to meet housing need.
2. An improved system for the most vulnerable applicants.
3. A more accurate waiting list that reflects current housing circumstances.
4. Those in greatest housing need receive priority, with recognition of their time in need.
5. Better use of public resources by ensuring the list moves smoothly.

In total, the consultation paper made 20 proposals. This research is concerned with four of those proposals, as follows:

- Proposal 7 - The removal of intimidation points from the Selection Scheme. In the current Scheme, where an applicant presents as homeless on grounds of intimidation and is accepted as a Full Duty Applicant (according to criteria specified in the Rules⁴), they are awarded 200 points in addition to 70 homelessness points⁵.
- Proposal 8 - Removal of the 'No Detriment' policy for Full Duty Applicants, so that points awarded reflect current circumstances⁶.
- Proposal 9 - Removal of interim accommodation points from the Selection Scheme. Currently, FDAs who spend six months or longer in temporary accommodation where they have been placed by the Housing Executive are awarded an additional 20 points.
- Proposal 10 - The Selection Scheme should place applicants into bands based on similar levels of need to meet longstanding housing need more effectively. Presently, when a property is being allocated, applicants are ranked according to their points awarded. In that process, the length of time that the applicant has been on the list only becomes a factor when there is a tie for the highest pointed applicant, in which case the applicant waiting longest is ranked highest. The banding proposal aims to give increased recognition to time on the List.
- An alternative approach to achieve this outcome is by increasing the 'Time in Housing Needs Points' within the current Housing Selection

⁴ The criteria are set out in Rules 23 and 23a.

⁵ Proposal 7 is discussed at pages 50-62 of the DfC (2017) Consultation document.

⁶ Further details on Proposal 8 can be found at pages 63-65 of the DfC (2017) Consultation document.

Scheme. Under the current Rules, after two years on the List, an applicant with points is awarded two points per annum, to a maximum of 10 points.

Proposals 7, 8 and 9 are designed to contribute to intended outcome 3, i.e., a more accurate waiting list that reflects current housing circumstances. Proposal 10 (banding) has been made to contribute to intended outcome 4, i.e., those in greatest housing need receive priority, with recognition of their time in need. This research examines each of the four proposals separately and their potential cumulative effects when implemented jointly.

The next part of this Section sets out the research objectives, followed by a summary of the approach and methodology. The Section concludes with an overview on the structure of the report.

1.2 Research objectives

The primary objective was as follows:

- To assess the impact on relative need and the ranking of social housing applicants of various individual and cumulative scenarios, relating to the four proposals under consideration, when applied to waiting list data.

Impacts have been examined at three geographical levels: Northern Ireland, Housing Executive Administrative Areas (13) and Common Landlord Area (CLA) level. There are 800 CLAs spread across Northern Ireland; a small sample of CLAs was selected for more detailed analysis.

The specific requirements for the project were as follows:

- Drawing on Housing Executive expertise of the Waiting List and in conjunction with Housing Executive staff, design a sampling methodology that will ensure a robust evidence base which takes account of geographical level, areas of high and low demand, urban and rural etc.
- Drawing on Housing Executive expertise of the Waiting List and in conjunction with Housing Executive staff, develop an approach to model points that may be lost as a result of the removal of the 'No Detriment' policy (Proposal 8).
- To conduct analyses on Waiting List data based on scenarios in relation to the four proposals (7, 8, 9 and 10) to be examined to assess the impact on the ranking of applicants when applied individually.
- To provide alternative banding structures (up to three where statistically applicable) to reflect the shape of the Waiting List

data/type of housing need and assess the impact on the ranking of applicants when applied to Waiting List data.

- To assess how much weight would be required to 'Time in Housing Need' points as an alternative to banding to meet the intended Outcome 4 of the fundamental review and assess the impact on the ranking of applicants when applied to Waiting List data.
- To conduct analyses based on cumulative scenarios agreed in conjunction with the Project Advisory Group to assess the impact on the ranking of applicants when applied to Waiting List data.
- To examine the impact of agreed scenarios with reference to Section 75 groups of the Northern Ireland Act 1998.

1.3 Methodology and Approach

The methodology for the research comprised two main strands, as follows:

- Statistical modelling of the Waiting List for a quantitative assessment of the potential impacts of the four proposals.
- A series of cases studies of CLAs, including both individual CLAs and groups of CLAs.

The statistical modelling is described in detail in Appendix A. The case study selection is set out in Appendix B. The following are the main points of each strand.

The statistical modelling methodology is based around the construction of a micro simulation model designed to:

- Compare what happens now with what is proposed.
- Assess the difference that would be made by the proposed changes to the Housing Selection Scheme, in quantitative terms.
- To provide a picture of what groups would be most affected, as well as the areas where the changes would have the greatest impact.

The primary object of interest was the difference that the proposals would make, both separately and in combination, to the ranking of applicants on the Common Waiting List. It should be emphasised that, while the modelling was at a micro level, the analysis and reporting focuses strictly on the groups of applicants and areas that would be most affected through the introduction of the proposals for change.

For that purpose, a range of scenarios were constructed to examine the potential impacts of the four proposals. In each scenario the baseline 'status

quo' position is the August 2019 Common Waiting List of applicants ranked within their first choice CLA according to their points awarded under the current Rules.

Proposals 7, 8 and 9 would affect the number of points that an applicant may be awarded. Thus, in the scenarios around those Proposals, the relevant points are notionally removed and the resulting distribution of points on the Waiting List is then compared with the baseline 'status quo' position to assess the difference made by a proposal.

Similarly, Proposal 10 is concerned with the process by which applicants are ranked. In scenarios around that Proposal, the Waiting List is notionally re-ordered in line with the Proposal and the resulting ranking distribution is compared to the baseline 'status quo' position to assess the potential effects of implementing the Proposal.

In a cumulative scenario, the potential impacts of joint implementation of proposals are considered.

The indicators for assessing impacts are as follows.

Points effects, or the change in applicants' points due to the implementation of one or more proposals. Two indicators are used for measuring points effects:

- Average change in the points awarded to the group of applicants who would be affected by the implementation of a proposal.
- The distribution of points across the Waiting List.

Ranking effects, i.e., the change in applicants' rank order within their first choice CLA. The ranking effects are measured by:

- The proportions of applicants rising and falling within the rank order in their first choice CLAs following the implementation of one or more proposals.
- The average number of places that applicants rise or fall in the rank order within their first choice CLA.

Allocations effect, i.e., for applicants affected by a proposal, the change in the probability of being allocated a social housing tenancy, compared with the baseline position. In the absence of a longitudinal dataset, the approach taken to modelling the allocations effect was to simulate the effect on the August 2019 Common Waiting List baseline. The simulation model is more fully described in Appendix A.

It is important to note that the scenarios presented in this report are applied to the August 2019 Waiting List strictly on a 'what-if' basis. As stated in the

DfC Consultation document, transitional measures will be considered in light of responses to the consultation. This report does not consider transitional measures.

In reporting on the scenarios, the impacts are discussed first for Northern Ireland as a whole, following by discussion of geographical variations at CLA and NIHE Area level.

The model has been constructed on the following datasets, provided by the Housing Executive for the purposes of the research:

- A download of the August 2019 Common Waiting List, which provided the basis for constructing the baseline position against which scenarios are assessed. The download contains information on 45,587 applications (after removing 2,527 records pertaining to applicants with complex needs where Supported Housing is the agreed option). The August 2019 List included 6,364 transfer applications from existing social sector tenants (NIHE/Housing Associations), 3,453 management transfer applications by existing social sector tenants and 35,770 applicants with no existing social sector tenancy (Table 1.1).
- Seven Common Waiting List extract datasets, covering the period from October 2017 to September 2019, to assist in tracking changes in applicants' circumstances.

The datasets were provided at individual applicant level (anonymised) and contained information on: attributes (age, sex, household type, tenancy at time of application); reasons for applying and (where applicable) presenting as homeless; points awarded, by criterion, under the Scheme Rules; and, areas of choice. For the baseline model, the application of the Scheme Rules was coded and applied to the August 2019 download to replicate the points awarded to applicants.

Table 1.1 The August 2019 Common Waiting List: Metrics

	Applicant type:			All
	Applicant	Transfer	Management transfer	
All	35,770	6,364	3,453	45,587
FDA awarded	18,349	82	3,203	21,634
With intimidation points	137	0	51	188
With interim accommodation points	2,042	0	0	2,042

From the available data, it is possible to profile the effects of proposed changes for the following groups: household type; age; sex; number of dependents aged under 16; monitored religion; and location by urban/rural.

The potential effects of the four proposals were further examined at CLA level by focusing on a selected sample as 'mini' case studies. A total of nine areas were selected for the case study programme, comprised of individual CLAs and groups of CLAs. The areas are listed in Table 1.2. The cases were selected on the criteria of relevance, geographical balance, urban/rural mix and pressure of demand. The selection process also sought to ensure a balance between the two main communities.

Table 1.2 Case study areas

NIHE Region	Area	Relevance
North	A	Large District town centre, high pressure of demand
	B	NIHE District - Mixed urban/rural, range of volumes
	C	High volume, urban, Derry
	D	Rural, intermediate size settlement, first choice CLA for five intimidation cases
South	E	Large town, Belfast Urban Area, high volume
	F	Large District town, high volume
	G	Rural, small towns, relatively low volumes
Belfast	H	High volume, East Belfast
	I	High volume, West Belfast, above-average FDA incidence

Across the study areas, consultations and focus groups were held with:

- Patch managers.
- Housing Solutions officers.
- Lettings managers.

The topics for discussion around changes in circumstances and the 'no detriment' policy included:

- Commonly occurring changes in circumstances.
- Keeping track of customers' circumstances – how is that done?
- In general, what is the balance between changes in circumstances that might increase, decrease or have no effect on the applicant's points?
- Where FDA applicants notify a change in circumstances, how is that recorded on the Housing Management System (HMS) database?

1.4 Structure of the Report

The remainder of the report is structured as follows. Section 2 provides a brief overview on the Housing Selection Scheme as it stood at the time of the analysis (2020), to provide context for the subsequent assessment of potential impacts of the four proposals. The remaining sections deal with each of the four proposals in the following sequence:

- Section 3 Remove Intimidation Points (Proposal 7).
- Section 4 Remove Interim Accommodation Points (Proposal 9).
- Section 5 Remove 'No Detriment' (Proposal 8).
- Section 6 Cumulative Scenario I: Proposals 7, 8 and 9.
- Section 7 Banding (Proposal 10).
- Section 8 Cumulative Scenario II: Proposals 7, 8, 9 and 10.
- Section 9 Time in Need Points.

Notes:

Unless otherwise stated, data are sourced from the Housing Executive.

Percentage figures shown are based on unrounded data. As percentages are presented in rounded numbers, components may not add to the total shown.

2 The Housing Selection Scheme

2.1 Introduction

In Northern Ireland, social housing is allocated on a common basis by the Housing Executive and registered Housing Associations⁷. The Housing Executive is required by Article 22 of the Housing (NI) Order, 1981 to allocate dwellings in accordance with a scheme approved by the Department for Communities. Registered Housing Associations are also required to allocate accommodation on the basis of an approved scheme, which is issued by the Department using its powers under Article 11 of the Housing (NI) Order 1992.

The Selection Scheme is a universal scheme insofar as everyone over the age of 18 (and, in exceptional cases, 16) can apply, regardless of their income. There are some restrictions. Applicants from abroad are subject to an eligibility test and a person found guilty of unacceptable behaviour may be treated as ineligible⁸.

Under the Scheme, the housing needs of applicants are assessed against criteria laid down in the Rules of the Scheme. Points are awarded where the criteria are satisfied. Applicants are also asked to indicate at least one Common Landlord Area (CLA) up to a maximum of two areas which could be either a CLA or a General Housing Area (GHA). They are then placed on a Common Waiting List and, within their areas of choice, ranked according to the points that they have been awarded. In general, when a house or flat becomes available for letting within a CLA, it is offered to the highest ranked relevant applicant among those who have identified that CLA as one of their areas of choice⁹. In certain circumstances, applicants from a wider area, called the General Housing Area (GHA), may be included in the ranking process. However, the principle remains the same, i.e., a letting is first offered to the applicant with the highest number of points among those applicants who have been listed as suitable for the property.

The Fundamental Review proposals would cumulatively affect both the number of points awarded and the ranking of applicants under the Common Selection Scheme. This section therefore provides a brief overview of the Scheme to set the baseline for the assessment of potential impacts of the four proposals. The next part of this section describes the Common Waiting List, with reference to the Rules governing the awarding of points to

⁷ Registered Housing Associations rent accommodation to tenants, including for special needs groups. They also develop new social housing for renting. There are 20 registered Housing Associations (listed at <https://www.nidirect.gov.uk/contacts/housing-associations>).

⁸ See Article 22A, Housing (Northern Ireland) Order 1981.

⁹ See footnote 2 for link to Housing Selection Scheme Rules.

applicants. The section then outlines the main features of areas of choice, i.e., Common Landlord Areas, before concluding with the ranking process and how that relates to allocations.

2.2 The Common Waiting List

In broad terms, there are two main categories of applicants to the Common Selection Scheme, as follows:

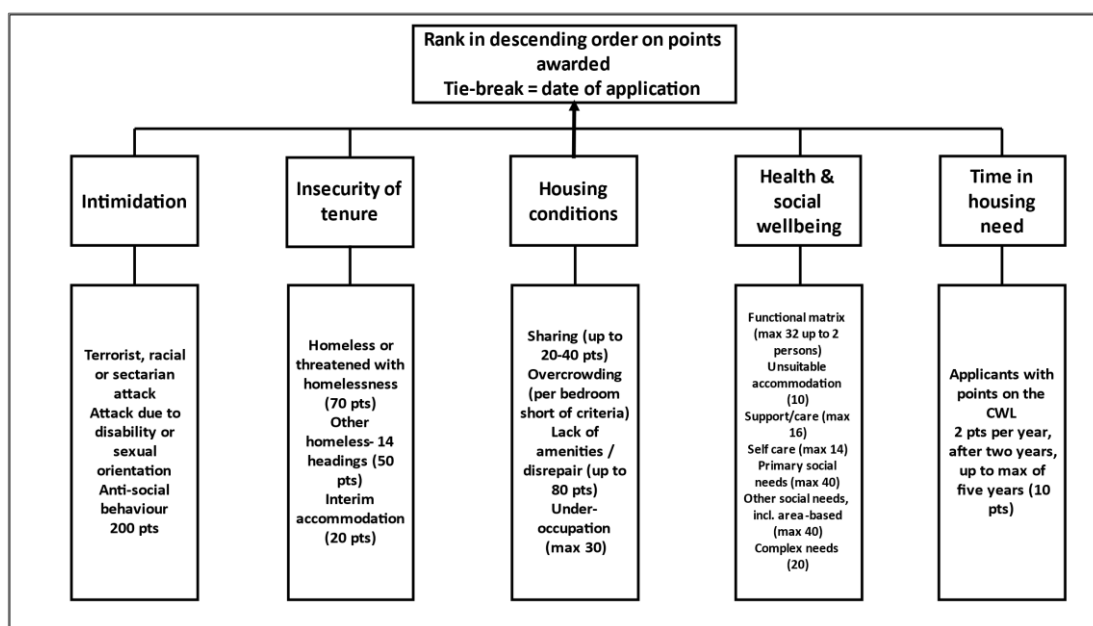
- Housing Executive or Housing Association tenants who wish to move within the social sector to either a Housing Executive or Housing Association property. Such applicants are termed ‘transfers’ and that is the term used throughout this report. Within the transfer category, ‘management transfers’ are separately distinguished. A management transfer is a form of priority status, for example, where the tenant is assessed under the homeless legislation and subsequently awarded FDA status.
- Applicants with no existing social sector tenancy. On the August 2019 download, the largest proportion made an application from private rented housing (43 per cent) while a little under one in three (32 per cent) were in shared accommodation. For convenience, when distinguishing categories of applicants, those with no existing social sector tenancy are simply referred to as ‘applicants’ in this report.

Regardless of whether an individual or a household is currently living in social housing or otherwise, their housing needs are assessed according to the Rules of the Selection Scheme under four main headings, as follows:

- Intimidation.
- Insecurity of tenure.
- Housing conditions.
- Health and social wellbeing.

The specific criteria within each of the four main headings are summarised in Figure 2.1, based on the current version of the Rules (NIHE, 2014).

An individual who is assessed as being at risk on the grounds specified in Rules 23 and 23a of the Housing Selection Scheme is awarded 200 points on the intimidation criterion. The intimidation points are discussed in greater detail in section 3, which reports on the potential impacts of removing the 200 points, as set out in Proposal 7 of the Fundamental Review.

Figure 2.1 Common Selection Scheme Rules: Structure

Insecurity of tenure is the second main heading under which points are awarded. Where a person passes a set of four homelessness tests¹⁰, they are considered to be a Full Duty Applicant (FDA) and are awarded 70 points. Under the Housing (Northern Ireland) Order 1988, the Housing Executive has a statutory responsibility to secure permanent accommodation for Full Duty Applicants.

An applicant may pass the homelessness test but not be assessed as a Full Duty Applicant where the Housing Executive considers they are not in priority need and/or are intentionally homeless (Rule 24(2)). In that instance, the applicant may be awarded 50 points.

Where a Full Duty Applicant has lived for six months or more in temporary accommodation arranged by the Housing Executive, they will receive an additional 20 points. Those are termed 'interim accommodation' points, as the accommodation is provided in discharge of the Housing Executive's interim duty towards FDAs under the 1988 Order (NIHE, 2014, Rule 24(3)). The potential impact of removing those points, in line with Proposal 9 of the Fundamental Review, is discussed in detail in section 4.

Points can also be awarded to applicants where they face "adverse housing circumstances both in terms of physical conditions and the degree of

¹⁰ The four tests are: they are homeless; eligible; in priority need; and unintentionally homeless. See <https://www.nihe.gov.uk/Housing-Help/Homelessness/Are-you-homeless>.

sharing/overcrowding being experienced” (NIHE, 2015, p. 6). For example, where the number of bedrooms in the applicant’s accommodation is below the calculated number of bedrooms required for the number of occupants, 10 overcrowding points are awarded for each bedroom short of the calculated requirements (Rule 29). Sharing points are awarded where the applicant has to share one or more specified rooms/facilities with another household/family, i.e., kitchen, living room, toilet or bath/shower (Rule 25). Applicants living in substandard accommodation may also be awarded points, e.g., serious disrepair, dampness which presents a threat to the health of the occupants, etc. (Rule 31 Lack of amenities points).

Transfer applicants may be entitled to overcrowding points, but they cannot be awarded sharing points, since they have a prior right to the facilities within the dwelling. Under the Rules, points for disrepair/lack of amenities should not normally be awarded to transfer applicants, since an in-situ remedy should be available. Albeit, exceptions can be made, e.g., for properties within a Redevelopment Area.

Transfer applicants may, however, be awarded under-occupancy points, up to a maximum of 30, where they have a surplus of bedrooms compared with the calculated bedroom requirements.

The fourth category of points cover a range of health and social well-being criteria that are intended to reflect an applicant’s ability to function within their existing home as well as social, support and care needs. For example, the functionality matrix assessment is designed to assess the applicant’s mobility within their present accommodation as well as circulation and access. Primary social needs include the fear or risk of violence, such as intimidation or domestic abuse. Other social needs factors may be specific to the applicant (e.g., accommodation too expensive) or relate to their area of choice (e.g., to live within reasonable travelling distance of a new job/course of study). Complex needs points may be awarded to those ranked as a pointed applicant on the List where their housing need could be met within general needs accommodation with support, as opposed to Supported Housing.

Finally, applicants who are awarded at least one point under the four headings outlined above, and therefore assessed as having some level of housing need, and who are still on the List after two years will receive two additional points for each further year that they remain on the list, up to a maximum of 10 points.

As at August 2019, Full Duty Applicants accounted for 40 per cent of all on the List (Table 2.1). FDA transfer applicants comprised a further seven per cent. The priority attached to FDAs is apparent from their higher average points awards (Table 2.1).

Table 2.1 The Common Waiting List, August 2019

		Number	%	Average points
FDA	Applicant	18,349	40	120
	Transfer	3,285	7	124
Non-FDA with 30+ points	Applicant	6,405	14	49
	Transfer	2,816	6	46
Less than 30 points	With points	8,661	19	17
	Without	6,071	13	0
All		45,587	100	70

Most transfer applicants with FDA status (65 per cent) have been assessed as living in accommodation that is not reasonable (see Table C2.1 in Appendix C). For example, their functional ability to occupy their current accommodation may be so severely constrained that the tenancy is effectively unsustainable.

By contrast, the established homelessness reasons among Full Duty Applicants from outside the social housing sector are more diffuse; the main factors being sharing breakdown/family dispute (27 per cent); accommodation not reasonable (20 per cent); loss of rented accommodation (17 per cent); no accommodation in Northern Ireland (eight per cent); and marital/relationship breakdown (eight per cent).

While they receive, on average, approximately equal points awards, FDA transfers and applicants differ in the composition of their points awarded. On average, points awarded for housing conditions account for 17 per cent of the total awarded to FDA applicants compared with six per cent among FDA transfers (Table 2.2)¹¹. By contrast, health and social wellbeing points comprise almost one-third of the total awarded to FDA transfers compared with 19 per cent of the points to FDA applicants. Those contrasts reflect a number of factors. Transfers are not entitled to sharing points, which will serve to reduce the proportion of their total points arising from house conditions.

¹¹ See also Tables C2.2(a) to C2.2(c) in Appendix C for, respectively: counts by broad entitlement heading, per cent of applicants with entitlement and average points per award.

Table 2.2 Points awarded (first choice CLA): Composition (per cent of total)

	FDA		Non-FDA with 30+ points		Less than 30 points
	Applicant	Transfer	Applicant	Transfer	All
	%	%	%	%	%
Intimidation	1	3	0	0	0
Insecurity of tenure	60	57	13	0	0
Housing conditions	17	6	45	20	40
Health and social wellbeing	19	32	34	73	47
Time in need	3	2	8	7	13
All	100	100	100	100	100

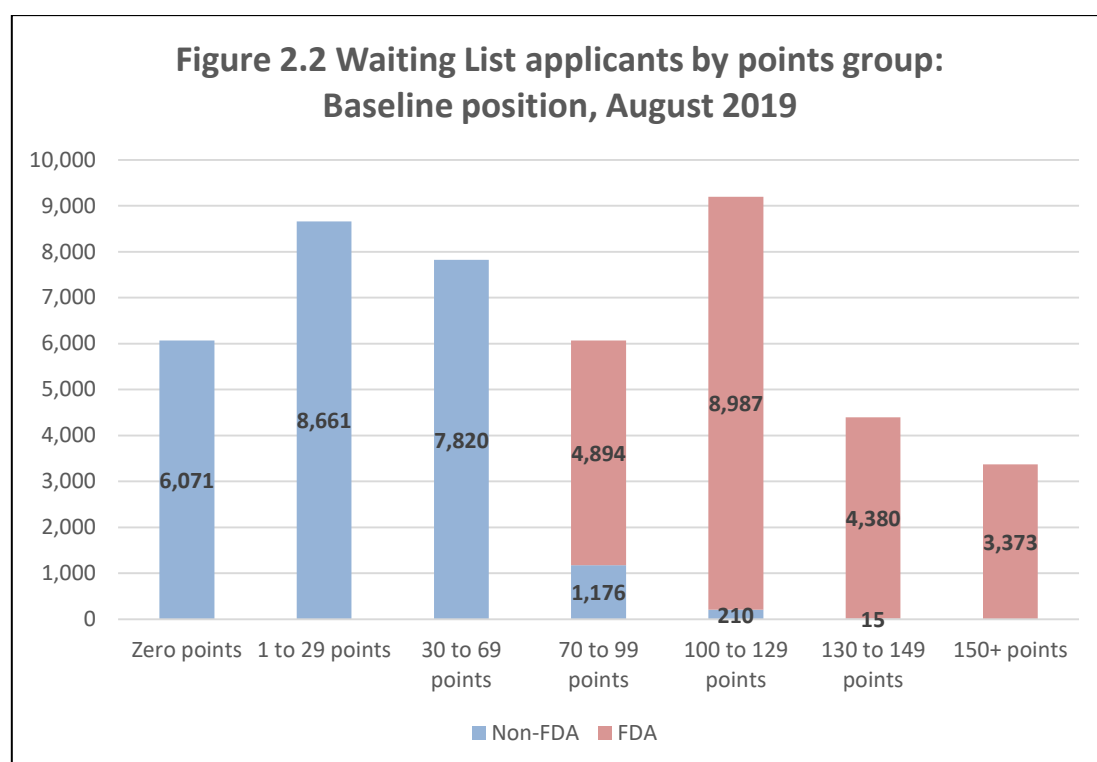
In addition, the two applicant groups differ in their patterns of entitlements. FDA transfers are almost all (97 per cent) assessed as entitled to health and social wellbeing points, compared with a little over three in four FDA applicants (76 per cent) (see Table C2.2(b) in Appendix C). FDA transfers also tend to receive a higher award of points against the health and social wellbeing criteria; 41 points on average versus 31 points for FDA applicants (see Table C2.2(c) in Appendix C). Those contrasts flow partly from the pattern of differences in needs between FDA transfers and applicants. For example, the ‘accommodation not reasonable’ homelessness assessment will tend to reflect health and social wellbeing factors such as mobility within the home.

The distribution of points awarded to applicants is shown in Table 2.3 and Figure 2.2. As can be seen, there is a ‘floor’ of 70 points for FDAs, as that is the minimum number of points for an award of FDA status. Within the FDA population, the number of points awarded varies widely. Over one in three FDA applicants and transfers (36 per cent) have 130 or more points. Within the non-FDA category, the large majority of those with 30+ points are in the 30-69 points group¹². But some non-FDA applicants with 30+ points are in one of the 70+ points groupings. Counting both applicants and transfers, they numbered 1,401 on the August 2019 Waiting List, representing 15 per cent of the 9,221 non-FDAs with 30+ points.

¹² 30 points is the threshold for ‘housing stress’.

Table 2.3 Points groups by type of applicant, baseline position, August 2019

	FDA awarded		Non-FDA with 30+ points		Less than 30 points
	Applicant	Transfer	Applicant	Transfer	All
	%	%	%	%	%
Zero points	0	0	0	0	41
1 to 29 points	0	0	0	0	59
30 to 69 points	0	0	83	90	0
70 to 99 points	24	15	14	9	0
100 to 129 points	40	48	3	1	0
130 to 149 points	20	23	0	0	0
150+ points	16	13	0	0	0
<i>Base</i>	<i>18,349</i>	<i>3,285</i>	<i>6,405</i>	<i>2,816</i>	<i>14,732</i>



Box 2.A Points groups

The groupings used to show the baseline distribution of points in Table 2.3 and Figure 2.2 have been adapted from the illustrative points bands set out in the DfC Fundamental Review consultation document. The groupings set out in the consultation document were described in the following terms:

- No housing need (0 points).
- Some need, but not in housing stress (1-29 points).
- Housing stress, but below the level of 70 points awarded to Full Duty Applicants (30-69 points).
- Housing need (70-99 points).
- A high level of housing need (100-129 points).
- A very high level of housing need (130+ points).

For the purposes of this report, the highest group (130+ points) has been split into two, i.e., 130-149 and 150+ points.

The seven points groups in Table 2.2 and Figure 2.3 are used in sections 3 to 6 to illustrate the effects on the distribution of points of different proposals for change.

2.3 Areas of Choice

When making an application for social housing, all applicants must choose at least one area where they would like to live (area of choice). The Housing Selection Scheme contains three distinct levels of areas of choice:

- *Estate/Project* – is a scheme or group of properties in an area, belonging to one of the Participating Landlords. All estates/projects will be contained within a specific Common Landlord Area.
- *Common Landlord Areas (CLA)* – comprise a number of Housing Executive and Housing Association estates within a delineated geographic area (see Box 2.B). These are effectively local geographies which reflect housing neighbourhoods developed over time through an understanding of housing behaviours and other community and social factors. In this respect therefore, they may comprise a large estate or, in rural areas, would normally encompass an entire settlement.
- *General Housing Areas (GHA)* – General Housing Areas usually (predominantly in urban areas) consist of a number of Common

Landlord Areas grouped together. However, in some rural areas the CLA and the GHA may be one and the same.

Box 2.B Common Landlord Areas (CLAs)

CLAs are geographic areas containing social housing stock which applicants can choose when selecting the areas of choice in which they would wish to be housed.

The current CLA structure has operated since the inception of the Common Waiting List and is based on the location of estates owned by the Housing Executive (or indeed clusters of Housing Executive estates where experience had indicated that a group of estates could be allocated from the same Waiting List). When the Common Waiting List was created, housing association schemes were added into those existing NIHE geographies so that they became CLAs (i.e., areas common to a number of landlords). The number and size of CLAs reflects the geographic location, population size and distribution of estates and settlements across Northern Ireland, with CLAs varying in size depending on the estates and settlements that they represent

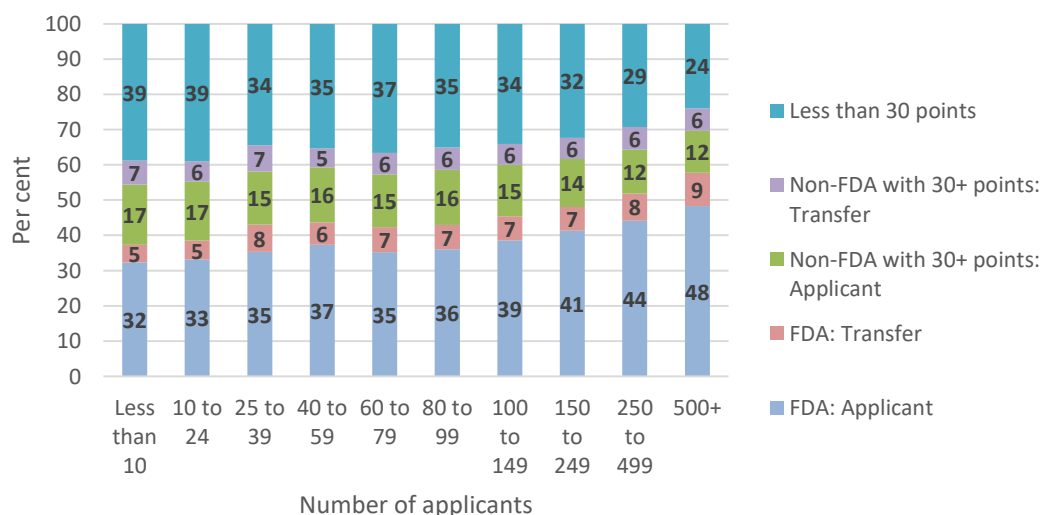
There are over 800 Common Landlord Areas and applicants can choose up to a maximum of two. As at August 2019, the first choices made by applicants encompassed 749 CLAs.

CLAs vary widely in their numbers of applicants. Almost one in three first choice CLAs (30 per cent) had fewer than 10 applicants (Table 2.4). They accounted for just two per cent of the total number of applicants. Conversely, the seven CLAs with 500 or more applicants accounted for 13 per cent of all applicants. Almost one in five applicants (18 per cent) designated CLAs in the applicant size range 250 to 499 as their first choice for social housing.

The composition of applicants also varies by CLA size band. In particular, the share of applicants awarded FDA status and therefore awarded 70 FDA points is higher in the CLAs with larger waiting lists, ranging from 57 per cent in the CLAs with 500+ applicants to 37 per cent in the CLAs with less than 10 applicants (Figure 2.3).

Table 2.4 CLAs by applicant size band

Applicants on Waiting List:	CLAs		Applicants	
	No.	%	No.	%
Less than 10	225	30	943	2
10 to 24	167	22	2,766	6
25 to 39	81	11	2,578	6
40 to 59	63	8	3,074	7
60 to 79	46	6	3,197	7
80 to 99	36	5	3,163	7
100 to 149	51	7	6,234	14
150 to 249	49	7	9,643	21
250 to 499	24	3	8,202	18
500+	7	1	5,787	13
All	749	100	45,587	100

Figure 2.3 Composition of first choice CLA size bands by applicant type

2.4 The Allocation Stage

Social housing properties can become available for letting either as new build developments or re-lets of existing stock, e.g., where the existing tenant is deceased. In either event, when a property becomes available for letting, the Lettings Officer will look to the waiting list for that size of accommodation in the area where the property is located. The Officer will offer the property in the first instance to the applicant with the highest points on the list for that area.

In simple terms, the waiting list which the Officer consults will be comprised of those applicants who have expressed a preference for the CLA within which the property is located and whose bedroom requirements (which are calculated by the Housing Executive according to the Selection Scheme Rules) match or are aligned with the size of the property to be let.

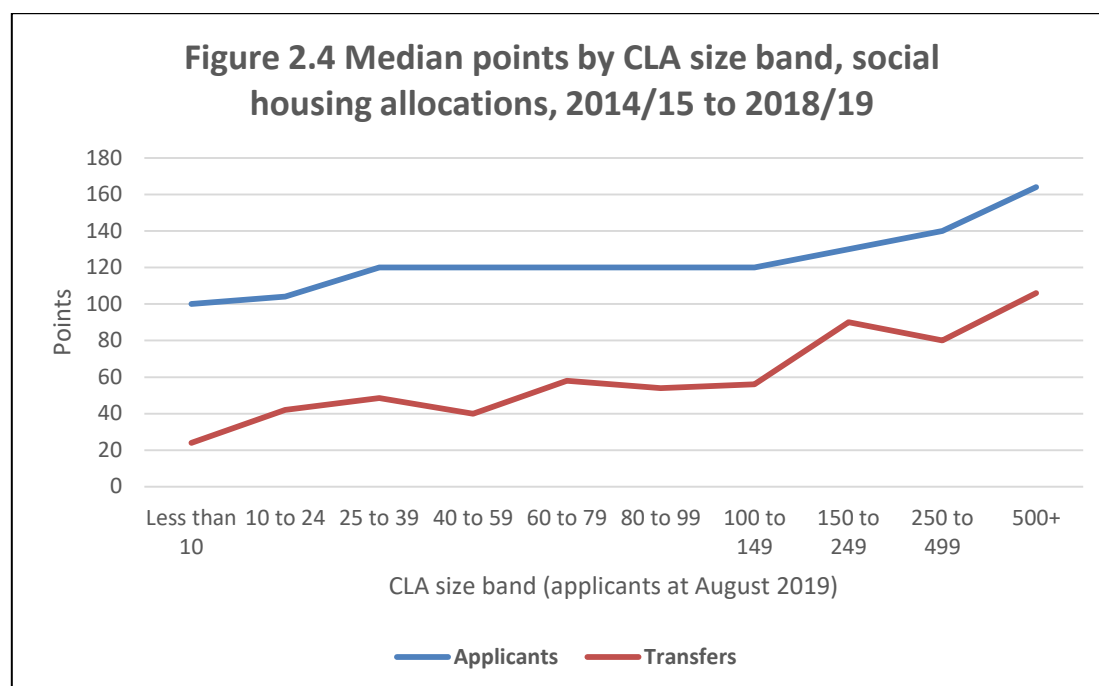
The Officer may consider some applicants whose first preference is other than the CLA in which the property is located. Currently, where an applicant has been awarded FDA status, after six months on the List their area of choice may be expanded to encompass the General Housing Area (GHA) within which their CLA is contained¹³. GHAs are comprised of either a single CLA or a cluster of two or more proximate CLAs. Of the 374 GHAs, 239 (64 per cent) are comprised of a single CLA; they are mainly in rural areas. There are nine GHAs with 10 or more constituent CLAs; they are located in urban areas, both within Belfast and across the District Towns.

For the purposes of this project, the key point is that there are, effectively, at least as many waiting lists as there are CLAs. That is, each CLA will have its own waiting list. From Table 2.4, the size of the List will vary sharply from one CLA to another. CLAs will therefore vary considerably in terms of the 'competitiveness' of the allocations process. In the CLAs with larger waiting lists, there will inevitably be a longer list of 'candidates' for each available letting. The 'competitiveness' of those CLAs is further intensified by their greater share of FDAs, as illustrated in Figure 2.3.

When those two factors are combined, the consequence is a points requirement that increases across CLA size bands. Considering all allocations made between 2014/15 and 2018/19, the median points of non-transfer applicants allocated a property ranged from 100 in CLAs with fewer than 25 applicants as at August 2019 to over 130 in the seven CLAs with 500+ applicants (Figure 2.4).

¹³ Under Proposal 5, the imposition of the wider GHA on FDAs after six months on the Waiting List will no longer occur.

Points requirements for transfer applicants were lower, but still positively linked to CLA size band, ranging from 20 in CLAs with fewer than 10 applicants to over 100 in the CLAs with 500+ applicants.



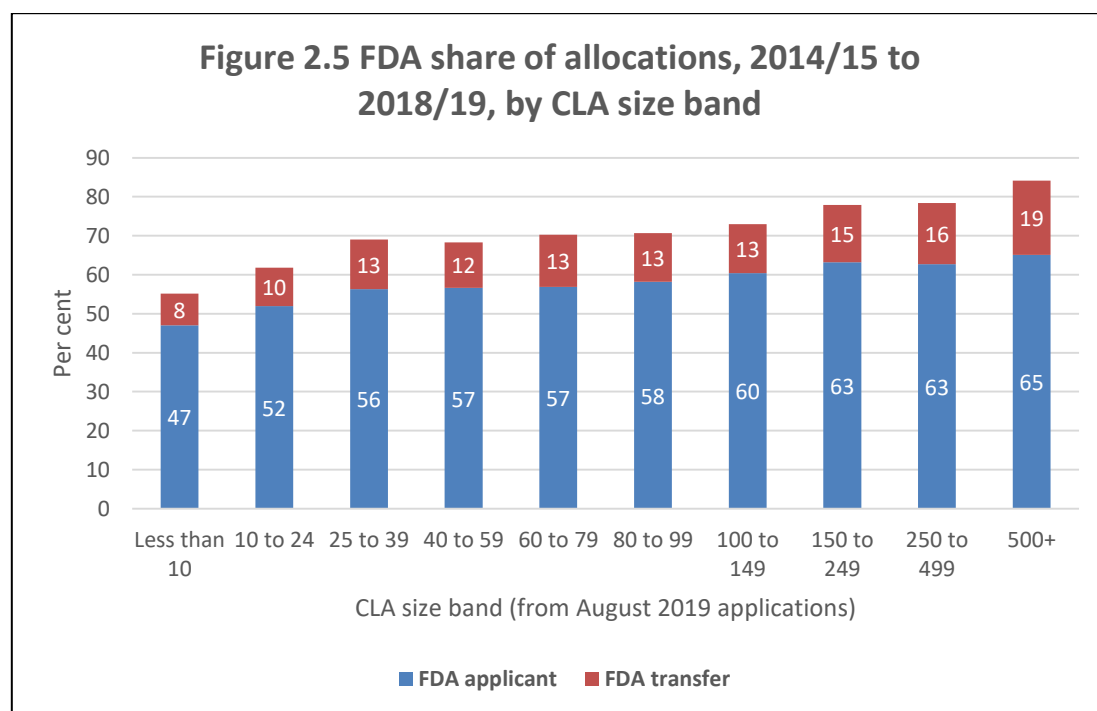
The points difference between transfers and applicants from outside the social housing sector reflects stock management considerations, as Lettings Officers will seek to obtain a ratio of transfers to total lettings, which may vary between areas, but which are guided by Rule 72 of the Housing Selection Scheme as a ratio of one transfer allocation to every two Waiting List allocations.

Given the points differential between FDA and other applicants (see Table 2.1 above), it is to be expected that the majority of allocations will go to those awarded FDA status. Between 2014/15 and 2018/19, 73 per cent of allocations went to FDAs (Table 2.5). That proportion varied from 55 per cent in CLAs with fewer than 10 applicants (as at August 2019) to 84 per cent in the CLAs with 500+ applicants, further emphasising the 'competitiveness' of the CLAs with larger waiting lists (Figure 2.5).

The conclusion to be drawn is that, in those more competitive CLAs, with their higher proportions of FDAs, any loss of points is likely to have larger effects on the ranking of applicants by comparison with the CLAs with smaller waiting lists.

Table 2.5 Allocations by type of applicant, 2014/15 to 2018/19

		%
FDA	All	73
	Of which:	
	Applicant	60
	Transfer	14
Non-FDA	All	27
	Of which:	
	Applicant with 30+ points	7
	Transfer with 30+ points	5
	All others	15
All		100



2.5 Key Points Summary

In the Selection Scheme, applicants' housing needs are assessed under four main headings: intimidation, insecurity of tenure, housing conditions and health and social wellbeing. On average, the total points awarded to FDA transfers and applicants is approximately equal, with applicants receiving on average 120 points and transfers 124 points.

However, FDA applicants and transfers differ in the composition of their points awarded. Points awarded for housing conditions account for a higher share of the total awarded to FDA applicants compared to transfers. By contrast, health and social wellbeing points account for a larger share of total points awarded to FDA transfers. As they differ in the composition of their total points scores, it can be expected that the Fundamental Review proposals will vary in their effects on FDA applicants and transfers.

There is a 'floor' of 70 points for FDAs, as that is the minimum number of points for an award of FDA status. Within the FDA population, the number of points awarded varies widely, with over one in three (36 per cent) having 130 or more points.

Waiting List applicants must indicate at least one, and up to two areas of choice, called Common Landlord Areas (CLAs). As at August 2019, the first choices made by applicants encompassed 749 CLAs. As measured by the number of applicants, CLAs vary widely in size. Almost one in three first choice CLAs (30 per cent) had fewer than 10 applicants, but they accounted for just two per cent of the total number of applicants. Conversely, the seven CLAs with 500 or more applicants contained 13 per cent of all applicants.

The share of applicants awarded FDA status is higher in the CLAs with larger waiting lists, ranging from 57 per cent in the CLAs with 500+ applicants to 37 per cent in the smaller CLAs with fewer than 10 applicants.

In general terms, social housing allocations are made to the highest pointed applicant within the area of choice where the property to be let is located. In the larger CLAs there will inevitably be a longer list of 'candidates' for each available letting. The 'competitiveness' of those larger CLAs is further intensified by their greater share of FDAs.

Reflecting that degree of 'competitiveness', to receive a social housing allocation, applicants in the CLAs with larger numbers of applicants require, on average, a higher points award compared with applicants in the smaller CLA size bands.

Consequently, in those more competitive CLAs with larger waiting lists, any loss of points is likely to have bigger effects on the ranking of applicants by comparison with the CLAs with smaller waiting lists.

3 Remove Intimidation Points (Proposal 7)

3.1 Introduction

The Selection Scheme awards intimidation points under the circumstances set out in Rule 23, reproduced in Box 3.A. A person meeting the criteria set out in Rule 23 will receive 200 points for intimidation. The applicant will also automatically be accorded Full Duty Applicant status, resulting in an additional 70 points. A further 20 Primary Social Need (PSN) points will be awarded for violence or the threat of violence. In total, therefore, an applicant who meets the intimidation criteria will receive at least 290 points. The applicant may also, once re-housed, be entitled to receive an Emergency Grant (currently £754) to help with the costs of setting up in a new home.

Proposal 7 of the Fundamental Review is to remove the 200 intimidation points. It is not proposed to remove the 70 FDA points or the 20 PSN points for violence. Rather, as stated in the Fundamental Review, “Where a person is considered to be in serious and imminent danger the NIHE would remove them from that danger and offer alternative accommodation on an emergency basis. The aim is to address the immediate personal safety of the applicant and then address the applicant’s housing need via the Selection Scheme.” (DfC, 2017, p. 54).

This section reports on the potential impacts of the proposal to remove intimidation points.

Box 3.A Intimidation

1. The Applicant’s home has been destroyed or seriously damaged (by explosion, fire or other means) as a result of a terrorist, racial or sectarian attack, or because of an attack motivated by hostility because of an individual’s disability or sexual orientation, or as a result of an attack by a person who falls within the scope of the Housing Executive’s statutory powers to address neighbourhood nuisance or other similar forms of anti-social behaviour.
2. The Applicant cannot reasonably be expected to live, or to resume living in his/her home, because, if he or she were to do so, there would, in the opinion of the Designated Officer, be a serious and imminent risk that the Applicant, or one or more of the Applicant’s household, would be killed or seriously injured as a result of terrorist, racial or sectarian attack, or an attack which is motivated by hostility because of an individual’s disability or sexual orientation, or as a result of an attack by a person who falls within the scope of the Housing Executive’s statutory powers to address neighbourhood nuisance or other similar forms of anti-social behaviour.

Source: NIHE, 2014, Rule 23.

3.2 Current Position

Applicants with intimidation points comprise a relatively small proportion of the Common Waiting List. Over the five year period from 2014-15 to 2018-19, an average of 567 persons presented as homeless on the ground of intimidation, representing 3 per cent of all those presenting (18,600 on average)¹⁴. Over that same period, the annual average number of acceptances of FDAs for intimidation was 387, again comprising three per cent of the total (11,700 on average).

On the August 2019 Common Waiting List, 188 of the 21,634 FDAs had intimidation points, i.e., one per cent of the total.

On average, those with intimidation points had a total of 314 points. The average for all other FDAs was 119 points. The difference of 195 points was therefore entirely due to the additional 200 points awarded on the intimidation criterion.

**Table 3.1 FDA applicants with and without intimidation points:
Average points**

	With intimidation	All other FDA
	<i>Points</i>	<i>Points</i>
Intimidation	200	0
Insecurity of tenure	71	72
House condition	11	18
Health and social wellbeing (excl. PSN)	11	21
Primary Social Need (PSN)	20	5
Time in need	2	3
Total	314	119
<i>Base</i>	<i>188</i>	<i>21,446</i>

3.3 Points and Ranking Effects

If Proposal 7 were to be introduced, 200 points would no longer be awarded to applicants meeting the criteria for an award of intimidation points. To examine the potential effects of Proposal 7, a 'what-if' scenario was prepared

¹⁴ Source: DfC, [NI Housing Statistics 2018-19](#), Section 3.

through a reduction of 200 points across each of the 188 applicants with intimidation points on the August 2019 List. That is to generate a notional points distribution for comparison with the baseline position.

It should be emphasised that the resulting points distribution is entirely hypothetical and solely for the purpose of assessing the potential Waiting List effects of removing intimidation points, i.e., what groups of applicants would be most affected?

The points effect of introducing Proposal 7 is straightforward, i.e., the average points awarded to the group with intimidation points would fall from 314 in the August 2019 baseline to 114 in the 'what-if' scenario.

In the baseline, all 188 applicants with intimidation points were among the highest pointed applicants, with 150+ points. The loss of 200 intimidation points changes that picture, as just 11 of the 188 (six per cent) remain in the 150+ range. Over half of those losing points (104 or 55 per cent) fall into the range 100-129 points (Table 3.2). Thirty-nine of those losing intimidation points (21 per cent) drop into the 70-99 points range. The remaining 34 (19 per cent) drop into the 130-149 range. However, as they retain FDA status, none fall below 70 points.

Table 3.2 Remove intimidation points: Distribution of applicants by points range, scenario compared with baseline

Scenario (after implementation of proposal 9):						
	Less than 70 points	70-99 points	100-129 points	130-149 points	150+ points	All
Baseline:						
Less than 70 points	22,553	0	0	0	0	22,553
70-99 points	0	6,069	0	0	0	6,069
100-129 points	0	0	9,197	0	0	9,197
130-149 points	0	0	0	4,394	0	4,394
150+ points	0	39	104	34	3,197	3,374
All	22,553	6,108	9,301	4,428	3,197	45,587

Note: In the table, points effects are indicated by the off-diagonal figures. Figures **below** the diagonal show the numbers of applicants who have lost points and dropped into a lower points band, e.g., 39 applicants would fall from the 150+ points group to the 70-99 points group as a result of losing 200 intimidation points. Conversely, a figure above the diagonal indicates applicants gaining points and moving into a higher points group. There are no applicants above the diagonal in this scenario.

The loss of intimidation points has predictable effects on the placing of the 188 affected applicants within the rank order of their first choice CLAs. After losing points, all but six rank lower in their first choice CLA, ranging from 40 falling by less than 10 places to 36 experiencing a decline of 100+ places (Table 3.3).

A little over 6,300, representing 29 per cent of FDAs, would see their rank order improve, but within a relatively limited range. Almost all of those moving up in the rank order (6,172 or 98 per cent) would improve their position by fewer than 10 places, as follows:

- 3,931 (62 per cent of the 6,300 moving up in the rank order) would move up by one place only.
- 922 (15 per cent) up by two places.
- 825 (13 per cent) up by three places.
- 193 (three per cent) by four places.
- 286 (4.5 per cent) by five places.
- 15 by six to nine places.

Table 3.3 Remove intimidation points: Effect on rank within first choice CLA – number of places gained/lost

Direction of change	Places gained/lost	Lose points	All other FDA
		No.	No.
Down	100+ places	36	0
	50-99 places	34	0
	25-49 places	39	0
	10-24 places	33	0
	1 to 9 places	40	0
No change	No change	6	15,120
Up	1-9 places	0	6,172
	10-24 places	0	154
	All	188	21,446

The ranking effects from removing intimidation points are therefore asymmetric, in two respects. First, compared to the number losing points, a considerably larger number of the FDAs who do not lose points would gain one or more places in the rank order within their first choice CLAs. That reflects the fact that, where an applicant losing points falls by multiple places, each applicant in between the affected applicant's starting and terminal positions moves up at least one place. For example, where an affected applicant drops by 100 places, the same number of other non-affected applicants would rise by one place each.

Those not losing points may move up more than one place where their first choice CLA contains in excess of one person losing points and those applicants each fall by multiple places in the rank order.

Second, the distribution of places gained is much more compressed by comparison with the distribution of places lost. Whereas applicants losing points in this scenario typically fall by multiple places, other applicants see their rank order rise mostly in single steps. That 'domino' effect is especially pronounced in this scenario, with a relatively small number of applicants losing a large number of points.

Thus, as measured by the extent of ranking effect movements, the removal of intimidation points would have large effects on those losing points in the scenario whereas all other applicants not affected by the Proposal would see little change in their ranking.

Finally, it should be noted that, in this scenario, the rank order effects are almost entirely confined to FDAs. Out of 23,880 non-FDA applicants, only 73 (0.3 per cent) would see an improvement in their ranking position within their first choice CLA. That reflects the fact that those losing intimidation points would not fall below 90 points (70 for FDA and 20 for fear of violence), but very few non-FDAs (1.8 per cent) have 90 or more points.

3.4 CLA effects

The 188 persons with intimidation points were distributed across 116 of the 749 first choice CLAs as at August 2019, i.e., 15 per cent of CLAs. Furthermore, those with intimidation awards were distributed fairly evenly across the CLA size bands; their share of all FDAs ranged from 0.5 per cent in CLAs with a Waiting List of 250-499 to 1.6 per cent in CLAs with a List of 80-99.

Nevertheless, the ranking effects vary across the CLA size bands. Among those losing points, the steepest falls in placings would occur within the CLAs with larger waiting lists. For example, in CLAs with 500+ applicants, almost all of those losing points would drop by 50 or more places (Table 3.4). That is a consequence of the fact that, the greater the number of applicants, the greater the scope for large falls in rank placings for a given loss of points.

**Table 3.4 Remove intimidation points: Ranking effects by first choice
CLA size band, FDAs**

CLA size band:		Ranking effects (number of places)				
		Down			No change	Up
		50+ places	10-49 places	1-9 places	No change	1-24 places
CLAs	Applicants	No.	No.	No.	No.	No.
225	Less than 10	0	0	2	348	2
167	10 to 24	0	0	8	1,035	22
81	25 to 39	0	5	6	1,013	85
63	40 to 59	0	8	7	1,149	179
46	60 to 79	0	15	3	1,034	300
36	80 to 99	0	12	8	1,151	187
51	100 to 149	7	19	4	2,126	672
49	150 to 249	16	8	1	3,483	1,122
24	250 to 499	17	3	1	3,027	1,207
7	500+	30	2	0	760	2,550
	All	70	72	40	15,126	6,326

3.5 Profile

The profile of those on the August 2019 List with intimidation awards is provided as Table C3.1 in Appendix C. From that profile it can be seen that the removal of intimidation points would affect some groups of FDA applicants more than others. Those who are most likely to have received an award of intimidation points show an above-average representation of:

- Single persons – 63 per cent of intimidation awards versus 40 per cent of all other FDAs.
- Males – 69 per cent of intimidation awards compared with 40 per cent of all other FDAs.
- Within the age range 25-34 – 40 per cent of intimidation awards compared with 28 per cent of all other FDAs.

Across the range of categories included in the profile, the incidence of intimidation cases does not rise above 1.5 per cent.

A further point to note is that first choice CLAs classified as rural accounted for 19 per cent of intimidation awards compared with 11 per cent of all other FDAs. It is, however, important to note that CLAs are where applicants would prefer to live. In fact, the vast majority of applicants with intimidation cases (84 per cent) actually reside in urban areas¹⁵.

3.6 Allocation Effects

The removal of the 200 points brings the average points award for those with intimidation points down to 114, which is close to the average for all other FDAs (119 points). On that basis, it can be expected that allocation probabilities between those with and without intimidation points would become more closely aligned if the proposal to remove intimidation points was implemented.

The modelling of the allocation effects is summarised in Box 3.B; further details are provided in Appendix A. Thus, in the simulation model for testing the potential effects of the Fundamental Review proposals, when the 200 intimidation points are withdrawn, the simulated probability of an allocation falls from 79 per cent with the points to 22 per cent without the points (Table 3.5). For those currently with intimidation points, the effect is to bring their probability of an allocation more closely into line with the average for all other FDAs (17 per cent in the simulated baseline rising to 18 per cent in the scenario). Thus, the difference between allocation probabilities falls from +62 per percentage points in the baseline to +4 percentage points in the scenario where intimidation points are removed.

Table 3.5 Remove intimidation points: Simulated effect on probability of an allocation, given the availability of a property

	Lose intimidation points	All other FDA	<i>Difference</i>
Baseline	79%	17%	+62 pps
Scenario	22%	18%	+4 pps

¹⁵ Based on their address details. Specifically, comparing applicants' postcodes with the NISRA [Settlement Classification 2015](#).

Box 3.B Simulating allocation effects

When the ranking of applicants is changed on the CWL, so too will each applicant's probability of receiving a social housing allocation, when properties become available for letting. The approach to estimating the allocation effects in this study is based on simulating allocation probabilities.

The essence of the approach was to compile a hypothetical schedule of properties to be let and then simulate the allocation of those properties to households on the August 2019 Common Waiting List (CWL) based on the rank order of applicants with respect to their first choice CLAs. The allocations effect is then estimated as the change in the probability of an allocation for a particular applicant type resulting from the implementation of a proposal for change, compared with the simulated baseline simulation probabilities.

For example, for applicants with intimidation points in the baseline, what is the change in their probability of an allocation when those intimidation points are removed, compared with the baseline position?

The schedule of properties to be let for the simulation model was sourced from the actual lettings made over the five-year period from April 2014 to March 2019. In that period, a total of 54,280 properties were allocated to applicants on the CWL. The allocations encompassed 743 CLAs and, within each CLA, the actual allocations were grouped into property types according to four criteria: whether the allocation was made to a transfer or non-transfer applicant, the number of bedrooms in the property, the type of household to which the allocation was made, and the type of accommodation required by the household.

The second stage in the process was to match the property groups to the August 2019 CWL, by CLA and according to the same criteria, i.e., household type, etc. Spread across 605 CLAs, the matching process yielded an average of 8 applicants 'competing' for each of the available 'lettings' within their first choice CLAs. In the baseline simulation, the properties were each 'allocated' to the highest-ranking applicant matched on the specified criteria, within their first choice CLAs. Proposals for change, such as the removal of intimidation points, change the rank order of applicants within their first choice CLA and hence the allocation probabilities, which can be compared with the baseline.

It should be appreciated that the simulation model has been designed for a specific purpose, i.e., to provide an indication of the effect that a proposal for change might have on affected applicants' prospects of a social housing allocation. The metric of interest is therefore the percentage points difference between the simulated probabilities in the baseline compared with a proposal for change.

3.7 Key Points Summary

On the August 2019 Common Waiting List, persons with intimidation points accounted for less than one per cent of all FDAs.

On average, those with intimidation points had a total of 314 points. Consequently, if the 200 points were removed, their average points award would drop from 314 to 114, five points below the average for all other FDA applicants (119 points).

In the baseline, all applicants with intimidation points are among the highest pointed applicants, with 150+ points. In the scenario where 200 intimidation points are removed, 11 would remain in the 150+ points group. Over half (55 per cent) would drop into the range 100-129 points.

Almost all of the applicants losing intimidation points (97 per cent) would fall in the rank order within their first choice CLAs. Close to six in 10 (58 per cent) would drop by 25 places or more, including one in five (19 per cent) falling by 100 or more places.

In the first choice CLAs of applicants with intimidation points, other applicants not losing points would see their ranking position improve. That reflects the fact that, where an applicant losing points falls by multiple places, each applicant in between the affected applicant's starting and terminal positions would move up at least one place.

Overall, 29 per cent of FDAs would see their position improve by one or more places. However, the ranking effects would be very tightly compressed. Among those FDA applicants who would see their rank order rise, almost all (98 per cent) would rise by fewer than 10 places, including 62 per cent rising by one place only.

As the removal of 200 intimidation points brings the average points award for those with intimidation points (114 points) close to the average for all other FDAs (119 points), it can be expected that their respective allocation probabilities would become more closely aligned. The simulated allocation effects support that expectation. In the baseline, the probability of an allocation for those with intimidation points exceeds the probability for other FDAs by 62 percentage points. The differential falls to +4 percentage points in the scenario where intimidation points are removed.

4 Remove Interim Accommodation Points (Proposal 9)

4.1 Introduction

Currently, Full Duty Applicants are awarded 20 additional points if they have spent six months in temporary accommodation arranged by the NIHE, in the discharge of its interim duty (Box 4.A). The points are not awarded to FDAs who arrange their own temporary accommodation.

Box 4.A Interim accommodation points

These points will be awarded to a Full Duty Applicant who has been residing for six months in accommodation provided to him / her in discharge of the Housing Executive's interim duty under the Housing (N.I.) Order, 1988. These points will be in addition to Homeless / Threatened with Homelessness-Full Duty Applicant Points.

Schedule 4 of the Rules stipulates an award of 20 points.

Source: NIHE, 2014, Rule 24(3).

The rationale for the introduction of interim accommodation points was two-fold:

- To assist those entering NIHE-arranged temporary accommodation in obtaining a social housing allocation more quickly than if the points were not added.
- To recognise the additional stress associated with living in temporary accommodation.

The Fundamental Review presented evidence that the additional points were not having the desired effect in helping to reduce the time that those in temporary accommodation spend on the Waiting List. The review also noted the improving nature of temporary accommodation; notably, the shift away from bed and breakfast and shared hostel accommodation to self-contained accommodation.

For those reasons, Proposal 9 of the Review recommended that interim accommodation points should be removed and “the length of time spent waiting in temporary accommodation (whether provided by the NIHE or sourced by the applicant) should be recognised solely by time waiting rather than points; namely, by allocating to the applicant in the highest band who has waited longest (see Proposal 10)”.

While the Review clearly linked Proposal 9 to the introduction of bands within which applicants are ranked by time waiting on the List (Proposal 10), it is

nonetheless considered useful to separately examine the potential effects of removing interim accommodation points.

4.2 Current Position

On the August 2019 Waiting List, there were 2,042 FDAs with 20 interim accommodation points, representing nine per cent of all FDAs and 11 per cent of non-transfer FDA applicants. Of those with interim accommodation points, a total of 1,301 were recorded as living in temporary accommodation, of whom 1,050 (81 per cent) were in self-contained single lets¹⁶.

FDAs with interim accommodation points are most highly concentrated in the CLAs with larger waiting lists. In CLAs with 500 or more applicants on the Waiting List, 14 per cent of FDAs had interim accommodation points as at August 2019 (Table 4.1). That is, they are more prevalent in the most 'competitive' CLAs.

Table 4.1 FDAs with interim accommodation points, by first choice CLA size band

CLA size band: <i>Waiting List Applicants</i>	With interim accommodation points		All other FDA
	Incidence ¹	Composition ²	Composition ²
	<i>Row%</i>	<i>Col%</i>	<i>Col%</i>
Less than 10	5	1	2
10 to 24	6	3	5
25 to 39	6	3	5
40 to 59	7	4	6
60 to 79	6	4	6
80 to 99	6	4	6
100 to 149	7	10	13
150 to 249	9	21	21
250 to 499	13	26	20
500+	14	23	15
All	9	100	100
Base		2,042	19,592
1 Per cent of all FDAs in the relevant CLA size band			
2 Per cent of base.			

¹⁶ A unit of private rented sector accommodation; the Housing Executive may refer persons who require temporary accommodation, as part of its statutory homelessness duties.

4.3 Approach

If Proposal 9 were to be introduced, 20 points would no longer be awarded to applicants who have spent six months in temporary accommodation arranged by the NIHE. The approach to modelling the potential effects of Proposal 9, in isolation from the banding Proposal 10, was therefore to remove the 20 points from the 2,042 FDAs with interim accommodation points and make comparisons between their position before (the baseline) and after the removal of the points (the 'what-if' scenario).

It should be emphasised that the resulting points distribution is entirely hypothetical and solely for the purpose of assessing the potential Waiting List effects of removing interim accommodation points, i.e., what groups of applicants would be most affected?

4.4 Points and Ranking Effects

The removal of interim accommodation points would entail a straightforward reduction of 20 points in the average total points awarded to those affected. The 2,042 with interim accommodation points would therefore see their average points total fall from 139 in the baseline to 119 in the scenario. That would equalise their average points total with the average for all other FDA applicants, excluding transfers (Table 4.2).

Table 4.2 FDA applicants (excluding transfers) with and without interim accommodation points: Average points

	With interim accommodation		All other FDA (excl. transfers)
	Baseline <i>Points</i>	Scenario <i>Points</i>	<i>Points</i>
Intimidation	1	1	2
Insecurity of tenure	90	70	70
House condition	21	21	20
Health and social wellbeing	24	24	23
Time in need	3	3	3
Total	139	119	118
<i>Base</i>	2,042		16,307

With around one in 10 FDAs affected, the removal of interim accommodation points would give rise to larger effects on the distribution of points by comparison with the more limited effect of removing intimidation points (Proposal 7).

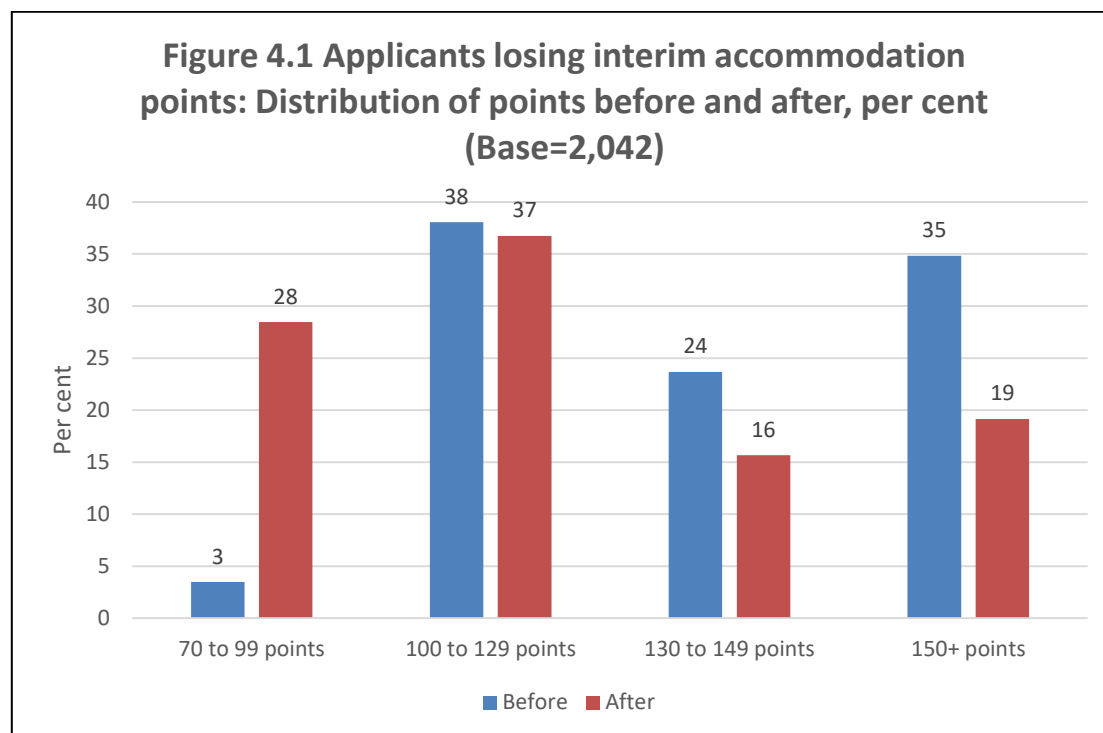
However, with fewer points per applicant lost by comparison with Proposal 7, the shifts in points groupings would be more compressed. Typically, those losing interim accommodation points would slip into the adjacent points grouping. For example, 320 would fall from having 150+ points to within the range 130-149 points (Table 4.3).

Overall, among the 2,024 FDAs losing interim accommodation points, 28 per cent would find themselves in the 70-99 points range, compared with just three per cent in the baseline (Figure 4.1).

Table 4.3 Remove interim accommodation points: Points changes in scenario compared with baseline¹

	Scenario:					
	Less than 70 points	70-99 points	100-129 points	130-149 points	150+ points	All
Baseline:						
Less than 70 points	22,552	0	0	0	0	22,552
70-99 points	0	6,070	0	0	0	6,070
100-129 points	0	510	8,687	0	0	9,197
130-149 points	0	0	483	3,912	0	4,395
150+ points	0	0	0	320	3,053	3,373
All	22,552	6,580	9,170	4,232	3,053	45,587

¹ Points effects are indicated by the off-diagonal figures. A figure **below** the diagonal indicates the applicants losing points and dropping into a lower points band. For example, 510 applicants would fall from the 100-129 points group in the baseline to the 70-99 points group in the scenario as a result of losing 20 interim accommodation points.



Almost all of the 2,042 applicants affected by the removal of interim accommodation points would, as a consequence, see their rank order fall within their first choice CLA (Table 4.4). Reflecting their relative concentration in the CLAs with larger waiting lists, almost one in four (23 per cent) would experience a fall of 50 or more places.

The 'domino' effect described in the discussion of the ranking effects from removal of intimidation points is also apparent. Almost six in 10 (59 per cent) of the 19,592 FDAs whose points remain unchanged would see their rank order rise. Most of those gaining in rank (79 per cent) would rise by 1-9 places. There is also a slight effect on the rank order of the non-FDA applicants, due to the presence of 1,401 such applicants with 70+ points.

Table 4.4 Remove interim accommodation points: Effect on rank within first choice CLA

Direction of change:	Places gained/lost:	FDAs		All non-FDA
		Lose points	No change	No change
		%	%	%
Down	100+ places	8.1	0.0	0.0
	50-99 places	15.0	0.0	0.0
	25-49 places	23.6	0.0	0.0
	10-24 places	25.9	0.0	0.0
	1 to 9 places	24.2	0.0	0.0
No change	No change	3.1	41.4	98.0
Up	1-9 places	0.0	46.5	1.8
	10-24 places	0.0	10.4	0.2
	25-49 places	0.0	1.7	0.0
	<i>Base</i>	<i>2,042</i>	<i>19,592</i>	<i>23,953</i>

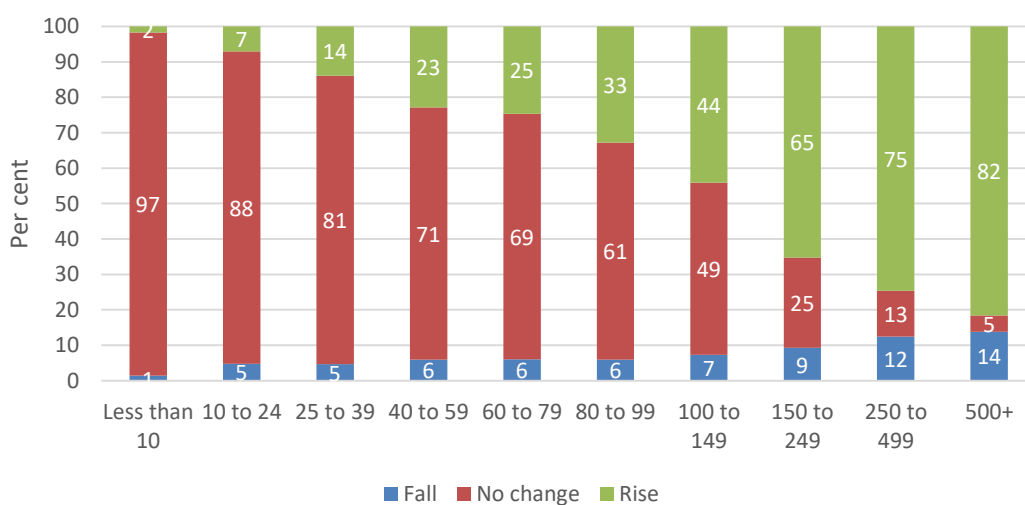
4.5 CLA Effects

The ranking effects of removing interim accommodation points vary sharply by CLA size band. In the CLAs with the largest waiting lists, with their relatively higher concentrations of applicants with interim accommodation points, there are large shifts in the rank order of FDAs. In particular, within the 500+ CLA size band, almost all FDA applicants (95 per cent) change position by one or more places (Table 4.5 and Figure 4.2).

Comparing Figures 4.2 and Table 4.1, it is evident that, at CLA level, the proportion of applicants seeing a fall in their ranking is directly proportional to the proportion of applicants with interim accommodation points. It can also be seen from Table 4.5 that the ranking effects are amplified within the larger CLAs, i.e., those losing points would fall further in the rankings in the CLAs with larger waiting lists compared to CLAs with smaller waiting lists. By the same token, the proportion of applicants whose points are unchanged and who gain by rising in the rank order tends to be higher in the CLAs with larger waiting lists.

Table 4.5 Remove interim accommodation points: Ranking effects by first choice CLA size band, FDAs, per cent of base

CLA size band:	Ranking effects						Base
	Down			No change	Up		
	50+ places	25-49 places	LT 10 places		Up 1-9 places	Up 10+ places	
Applicants	Row%	Row%	Row%	Row%	Row%	Row%	No.
Less than 10	0	0	1	97	2	0	352
10 to 24	0	0	5	88	7	0	1,065
25 to 39	0	0	5	81	14	0	1,109
40 to 59	0	0	6	71	23	0	1,343
60 to 79	0	1	5	69	25	0	1,352
80 to 99	0	3	3	61	33	0	1,358
100 to 149	0	5	2	49	44	0	2,828
150 to 249	0	7	2	25	65	0	4,630
250 to 499	3	8	1	13	62	13	4,255
500+	10	3	0	5	27	54	3,342
All	2	5	2	38	42	11	21,634

Figure 4.2 Remove interim accommodation points: Rank order effects within first choice CLA, by size band, FDAs

Both of those ranking effects are evident across the selected case study areas. As can be seen from Table 4.6, there is a direct read across from the incidence of FDAs with interim accommodation points to the proportion of applicants seeing a fall in their rank order. The amplification effects are also evident. Thus, in case I, a large CLA in West Belfast with over 500 applicants in total, almost all FDAs (97 per cent) would see their rank order change, with most (78 per cent) moving up one or more places to occupy the ranking position created through the fall in the rank order of applicants losing interim accommodation points, who tend to fall multiple places in the largest CLAs.

Table 4.6 Remove interim accommodation points: Effects by case study areas

Case study:	Incidence ¹	Rank order changes ²	
		Fall	Rise
	%	%	%
A: Large town centre, North (150-249)	12	12	79
B: NIHE District – medium town	3	3	16
B: NIHE District – rural CLAs	0	0	0
C: Urban, Derry (250-499)	13	13	86
D: Small town, West (100-149)	4	4	27
E: Large town, Belfast Urban Area (500+)	8	8	90
F: Large town centre, Mid-Ulster, 500+	10	10	87
G: Rural small town and village, each less than 100 applicants	0	0	0
H: Belfast, east (250-499)	6	6	59
I: Belfast, west (500+)	19	19	78
All Northern Ireland	9	9	53

¹ Per cent of FDAs with interim accommodation points in the baseline.

² Per cent of all FDAs within the case study area falling and rising in rank order.

4.6 Area Effects

The ranking effects by NIHE Area mirror those at CLA level. That is, the ranking effect would vary with the incidence of applicants in receipt of interim accommodation points. The incidence varies widely, from four per cent (South Antrim, Mid and East Antrim and Causeway) to 17 per cent in West Belfast (Table 4.7). Consequently, the largest proportion of applicants seeing a fall in their ranking would be observed in West Belfast while the Areas with

the lowest incidence of applicants in receipt of interim accommodation points would see lower proportions falling in rank.

Table 4.7 Remove interim accommodation points: Ranking effects by NIHE Areas - FDAs

	Incidence ¹	Rank order changes ²	
		Fall	Rise
	%	%	%
Belfast region			
North Belfast	11	11	62
South and East Belfast	14	14	62
West Belfast	17	16	65
Lisburn and Castlereagh	11	10	61
North region			
South Antrim	4	4	41
Mid and East Antrim	4	4	35
West	11	10	65
Causeway	4	3	30
South region			
North Down and Ards	7	7	56
South Down	7	7	52
South	7	6	25
South West	7	7	24
Mid Ulster	7	7	55
All	9	9	53

¹ Per cent of FDAs with interim accommodation points at August 2019.

² Per cent of all FDAs within the Area falling and rising in rank order.

The proportion of applicants gaining through a rise in their rank order would also vary with the incidence of interim accommodation points. Though, the Area pattern in that effect would also be shaped by the size distribution of CLA waiting lists.

For example, the South West Area has a higher share of applicants with interim accommodation points than South Antrim (seven per cent versus four per cent). However, in the South West, only 24 per cent would see their ranking increase compared with 41 per cent in South Antrim. That contrast is due to the fact that the South West has no CLAs with more than 150 applicants whereas, in South Antrim, first choice CLAs with 150 or more

applicants account for 42 per cent of FDAs¹⁷. In South Antrim, therefore, the amplifying effect of the length of CLA waiting lists, discussed above in relation to Table 4.5, has greater force by comparison with the South West.

4.7 Profile

Focusing in particular on FDA applicants (and excluding transfers¹⁸), the profile of applicants with interim accommodation points is provided as Table C4.2 in Appendix C.

In proportional terms, large families and applicants with three or more dependent children would be most affected by the removal of interim accommodation points. On the August 2019 CWL, large families accounted for 15 per cent of those with interim accommodation points, compared to their six per cent share of all other FDAs (excluding transfers). Close to one in four large families (24 per cent) had interim accommodation points, over twice the 11 per cent average for all FDAs (excluding transfers). That reflects their take-up, in proportional terms, of temporary accommodation arranged by the NIHE. It is not, however, possible to say why the take-up rate for such households is over twice the average.

About nine in 10 large families (87 per cent) have three or more dependent children. Consequently, the receipt of interim accommodation points among households with three or more dependent children largely mirrors that of large families. About one in four families with three or more children (24 per cent) would lose interim accommodation points under Proposal 9. They account for 13 per cent of those with interim accommodation points versus five per cent of all other FDA applicants. The only other group where the incidence of temporary accommodation exceeds 20 per cent is the monitored religion category Other/Mixed/None (22 per cent).

Finally, it can be noted that males would be slightly more affected than females. On the August 2019 CWL, 13 per cent of male non-transfer FDA applicants had interim accommodation points compared with 9.5 per cent of females.

4.8 Allocations Effect

When interim accommodation points are removed, the resulting points reduction means that those who are affected fall in the rank order within their first choice CLAs. That has implications for their prospects of being allocated social housing accommodation. Thus, the simulated probability of an

¹⁷ See Table C4.1 in Appendix C.

¹⁸ Transfers are highly unlikely to be awarded interim accommodation points as they would not be a transfer tenant if resident in temporary accommodation.

allocation to applicants with interim accommodation points falls from 17 per cent in the baseline to 11 per cent in the scenario where those points are removed (Table 4.8).

Table 4.8 Remove interim accommodation points: Simulated effect on probability of an allocation, given the availability of a property – FDA applicants (excluding transfers)

	Lose points	All other FDA (excl. transfers)	<i>Difference</i>
Baseline	17%	15%	+1 pps
Scenario	11%	16%	-5 pps
<i>Difference</i>	-6 pps	+1 pps	

In the scenario, the simulated probability for those losing points falls below the average for all other FDA applicants (excluding transfers), by a margin of five percentage points. That margin is perhaps unexpected. As can be seen from Table 4.2, when the interim accommodation points are removed, the average total points for those losing points falls from an above-average 139 to 119 points, at parity with the average for all FDA applicants (excluding transfers).

The five percentage points difference in the simulated probability of an allocation in the scenario is due to the fact that recipients of interim accommodation points are concentrated in the CLAs with larger waiting lists and the baseline simulated allocation probabilities are lowest in those more competitive CLAs with larger waiting lists. Also, in CLAs with larger waiting lists, a given points reduction has a more pronounced ranking effect by comparison with smaller sized CLAs (see Table 4.5).

4.9 Key Points Summary

The removal of interim accommodation points would entail a straightforward reduction of 20 points in the total awarded to those affected. On the August 2019 Waiting List, there were 2,042 applicants with interim accommodation points. Their average points total was 139. A 20 points reduction would see their average fall to 119, identical to the average for all other FDAs (excluding transfers).

Before the removal of points, 35 per cent of those with interim accommodation points have over 150 or more points. That proportion falls to 19 per cent following the 20 points reduction. The proportion in the 70-99 points bracket would rise from three per cent to 28 per cent.

Almost all (97 per cent) of the 2,042 applicants affected by the removal of interim accommodation points would, as a consequence, see their rank order fall within their first choice CLA. Almost one in four (23 per cent) would experience a fall of 50 or more places while a similar proportion (24 per cent) would fall by 25-49 places.

When an applicant loses points and falls by multiple places in the rank order, each applicant in between the affected applicant's starting and terminal positions moves up at least one place. Reflecting that process, almost six in 10 of the 19,592 FDAs whose points remain unchanged would see their rank order rise. Most of those gaining in the rank order (79 per cent) would rise by 1-9 places.

Applicants with interim accommodation points are disproportionately concentrated in the larger CLA size bands. Almost one in two (49 per cent) are in CLAs with 250 or more applicants, well in excess of those CLAs' 35 per cent share of all FDAs. Consequently, at CLA level, the ranking effects of removing interim accommodation points are most pronounced in the CLAs with larger waiting lists. Within CLAs with a waiting list of 500+, almost all FDA applicants (95 per cent) change position by one or more places.

The ranking effects by NIHE Area mirror those at CLA level. That is, the ranking effect would vary with the incidence of applicants in receipt of interim accommodation points. The incidence varies widely, from four per cent (South Antrim, Mid and East Antrim and Causeway) to 17 per cent in West Belfast.

The removal of interim accommodation points would vary across different groups in line with the incidence of receipt of such points. In proportional terms, the largest effect would be on large families, with three or more dependent children. On the August 2019 CWL, large families accounted for 15 per cent of those with interim accommodation points, compared to their six per cent share of all other FDAs. Close to one in four large families (24 per cent) had interim accommodation points, over twice the 11 per cent average for all FDAs (excluding transfers)

When interim accommodation points are removed, the resulting points reduction means that those who are affected fall in the rank order within their first choice CLAs. That has adverse implications for their prospects of being allocated social housing accommodation.

In particular, whilst the removal of interim accommodation points equalises the average points award between FDA applicants with and without interim accommodation points, the simulated probability of an allocation for those losing points falls below the average for all other FDA applicants (excluding transfers). That effect is due to the fact that recipients of interim accommodation points are concentrated in the more competitive CLAs with larger waiting lists where an above-average points award is required to gain an allocation.

5 Remove ‘No Detriment’ (Proposal 8)

5.1 Introduction

Where their housing circumstances change, applicants are required to inform the Housing Executive and a re-assessment is carried out. When such a situation arises, the ‘no detriment’ policy is applied to all applicants and transfers with FDA points.

Under ‘no detriment’, the points awarded to FDAs cannot be reduced, even if there is a positive change in their housing circumstances, such as a reduction in overcrowding or a move from shared accommodation to self-contained housing. However, if there is a deterioration in their housing circumstances, such as an increase in overcrowding, FDAs will be awarded any additional points to which they may be entitled under the Rules. The only circumstance in which their points can be reduced is where FDA points are being withdrawn because the Housing Executive’s duty has been discharged.

By contrast, applicants who do not have FDA points can have their points reduced or increased depending on the nature of any change in circumstances.

Proposal 8 of the Fundamental Review is to discontinue the ‘no detriment’ policy by introducing a new rule providing for a reduction or withdrawal of points where appropriate, regardless of whether the applicant has FDA status¹⁹. That would include circumstances where the applicant’s housing conditions have improved as well as where points have been keyed incorrectly. The only exception proposed is to retain Primary Social Need (PSN) points which are awarded for serious circumstances, such as violence or the risk of violence. Reflecting those factors, the PSN points are described in the DfC Consultation document as “a one-off award and cannot be removed.” (page 64).

This section reports on the potential impacts of the removal of the ‘no detriment’ policy. That presents difficulties which are discussed in the next part of this section, which outlines the approach taken to modelling the removal of the ‘no detriment’ policy. The remainder of this section presents the estimated impacts of Proposal 8, including points and ranking effects, Area contrasts, a profile of applicants who would be affected and simulated allocation effects.

¹⁹ The DfC Consultation document (page 63) notes that the ‘no detriment’ policy “is not set out in the rules of the Selection Scheme. It is a custom and practice which began with the introduction of the current Selection Scheme in November 2000.”

5.2 Approach

The Housing Executive holds data on all housing applications made through the Common Selection Scheme on the Housing Management System (HMS). The HMS is a 'live' database which is constantly being updated, e.g., as new applications are made and existing applicants' circumstances change. Periodic extracts are taken from the HMS for research purposes. Those extracts are point-in-time snapshots.

For the purposes of this project, a point-in-time extract was taken from the HMS at August 2019 to provide a baseline dataset which includes details of the points awarded to each applicant. For FDAs, the points shown on the August 2019 download do not necessarily reflect applicants' current housing circumstances. Due to the 'no detriment' policy, their points will have remained the same or only ever have been increased from the date that they applied to the Waiting List (except where the FDA duty has been discharged).

Ideally, to assess the impact of removing 'no detriment', for FDAs on the August 2019 dataset, information would be required on (a) changes in circumstances since the date of application and (b) the implications for the applicant's points awarded, having regard to the Rules of the Scheme. For example, if an applicant changes address, does that result in a reduction in overcrowding? Or an improvement in the applicant's ability to move within the dwelling? Or a resolution of a neighbourhood harassment problem? Or some other beneficial impact? However, that information is simply not available.

When a change occurs, a re-assessment is carried out. Under the 'no detriment' policy, where a reduction would be warranted under the Rules, the re-assessment is not reflected in the points award as recorded on the HMS. The nature of the change may be recorded as a text note within the applicant's record on the HMS, but the points implications cannot systematically be tracked over time.

The approach adopted was therefore to impute changes in points entitlements from observed changes in applicants' circumstances. That is, from the observed changes, what would be the applicant's points entitlement if the 'no detriment' policy had not been in place? Answering that question provides the basis for a scenario in which the 'no detriment' policy is removed in order to gauge the potential effects on applicants' Waiting List rankings.

The following types of changes could be identified from the information available (see also Appendix A for further detail):

- Household type.
- Living in self-contained temporary accommodation (single lets).
- Change of address (since 1 October 2017).

- Moves into private rented sector (since 1 October 2017).
- Changes in bedroom requirements.
- Whether an applicant with interim accommodation points was still in temporary accommodation arranged by the NIHE.

Household type changes include, for example, situations where the applicant's dependent children at the time of application have aged into adulthood by August 2019. In that circumstance, the applicant would stand to lose some sharing points. Such changes were found to have only a small effect on points entitlements.

Applicants living in a single let arranged by the NIHE are effectively now living in self-contained accommodation. At August 2019, 1,050 of 1,301 (80 per cent) currently in temporary accommodation were living in single lets. Almost three in four (73 per cent) had been in their single let for 12 months or more.

By combining a set of historic extracts from the HMS, 1,789 FDAs were observed to have notified a change of address to the NIHE over the period from October 2017 to August 2019. Of those, 1,432 (80 per cent) were assumed to be moves into self-contained accommodation. The remaining 357 (20 per cent) were discounted because they were moves into a hostel or an institution or because they were already included in the count of applicants living in a single let.

According to the HMS data, from October 2017 to August 2019, there were 367 tenure changes entailing moves into the private rented sector and from a previous tenure such as sharing (242), voluntary sector hostel (34), lodging (19), etc. Given the origin of the moves, it is assumed those 367 tenure changes represent a move into self-contained accommodation. However, 256 were already included as changes of address into self-contained accommodation, leaving a net addition of 111 to the total of such moves.

In total, therefore, 2,593 FDAs on the August 2019 download were identified as having made a move into self-contained accommodation. In those cases, for the scenario with 'no detriment' removed, the applicants' sharing points were removed and over-crowding points adjusted, depending on household size. Those adjustments follow directly from the imputed change in the applicants' housing circumstances.

In addition, it was assumed that the move into self-contained accommodation resolved other accommodation-related problems, including lack of amenities and mobility problems within the household space. It was further assumed that location-related Other Social Needs were resolved by the move.

Those additional adjustments would, of course, be subject to assessment by the NIHE and would, in practice, vary from one case to another. A range of

assumptions could be made regarding the fraction of such assessments that might reduce points.

However, as the purpose of this report is to test the range of potential impacts from removal of the 'no detriment' policy, it was concluded that the most useful approach was to remove points where an applicant is imputed to have improved their housing situation. That is, the removal of points is for modelling purposes and is to that extent hypothetical rather than a judgement on their current circumstances.

A total of 741 applicants with interim accommodation points were not resident in temporary accommodation arranged by the Housing Executive as at August 2019. Reflecting that change in circumstance, the 20 interim accommodation points would be removed under Proposal 8.

The main benefit of the imputation approach outlined above is that the estimated impacts from removing 'no detriment' are empirically grounded in observable changes in applicants' circumstances. Based on the observed changes, an estimated 3,664 FDAs on the August 2019 Waiting List would see their points change if the 'no detriment' policy had not been in place, representing 17 per cent of all with FDAs. That includes 3,528 FDA applicants and 136 transfers.

The proportion with an imputed change in circumstances varies between FDA applicants and FDA transfers; 19 per cent for the former and four per cent among the latter. That is entirely to be expected and leads to the conclusion that the removal of the 'no detriment' policy will mainly bear upon applicants with no existing social tenancy. FDA transfers are already in self-contained accommodation. Further, almost two in three FDA transfers (65 per cent) have been awarded that status on the ground that their current accommodation is 'not reasonable' (Table 5.1). That ground is typically associated with awards of points for health and social wellbeing²⁰. To the extent that they are driven by age and disability, the problems that generate such awards would not be expected to improve *in situ*.

By contrast, FDA applicants are accepted as homeless for a wide variety of reasons (Table 5.1). Furthermore, and in contrast to FDA transfers, their 'journey' does not necessarily start from a position of living in self-contained accommodation. That is reflected in the imputed prevalence of changes in circumstances; the estimated total of 3,528 includes 559 (16 per cent) who were accepted as homeless because they have no accommodation in

²⁰ Persons awarded FDA status on the ground that their accommodation is not reasonable also have an average of 40 health and social wellbeing points, compared to an average of 26 points for all FDAs.

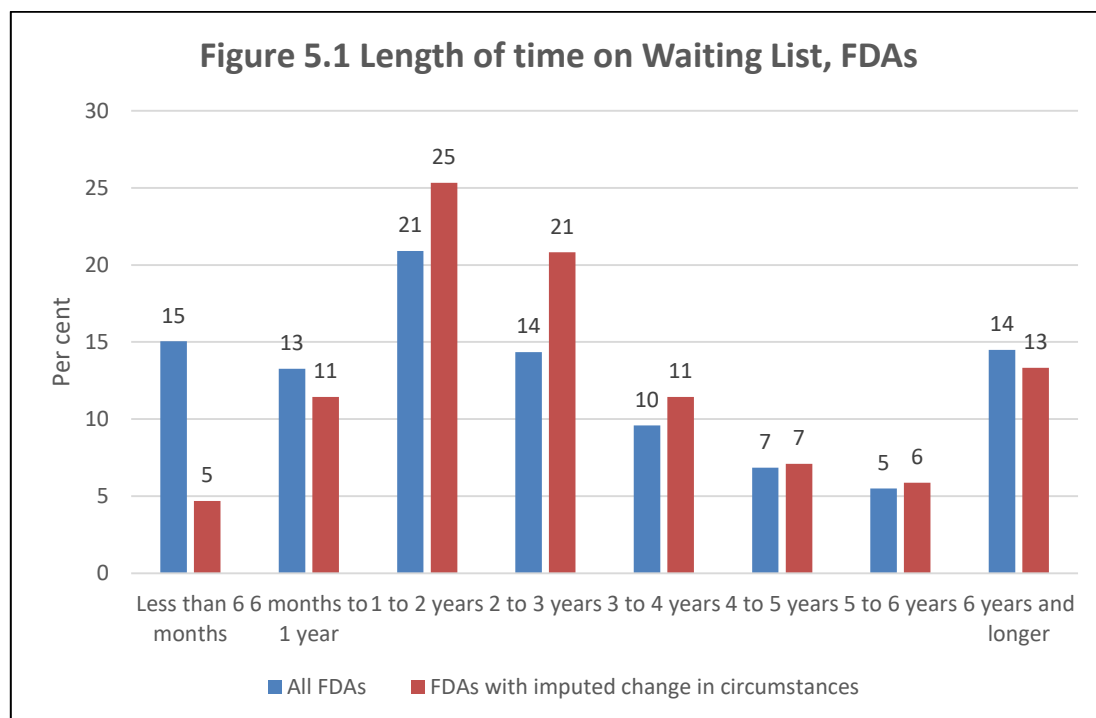
Northern Ireland and 688 (20 per cent) who were deemed to face a loss of rented accommodation.

**Table 5.1 Homelessness reason accepted at time of application:
FDAs (per cent of base)**

	All FDA	FDA applicants	FDA transfers
	%	%	%
Accommodation not reasonable	27	20	65
Sharing breakdown/family dispute	23	27	0
Loss of rented accommodation	15	17	1
Marital/relationship breakdown	7	8	0
Neighbourhood harassment	8	5	22
No accommodation in Northern Ireland	7	8	0
Domestic violence	7	7	7
Release from hospital/prison/other institution	3	3	0
Intimidation	1	1	1
Mortgage default	1	1	0
Other	3	3	3
Base	21,634	18,349	3,285

As outlined above, the estimated incidence of changes in circumstances draws on the information available across a number of NIHE datasets. Nonetheless, there is a risk that the approach under-estimates the incidence. First, the onus is on the applicant to inform the Housing Executive of any change in circumstances. However, applicants may not always do that.

Second, the information available for imputing changes in circumstances dates from October 2017. But many FDAs have been on the Waiting List since before that date. For example, 51 per cent of FDAs on the August 2019 download have been on the Waiting List for more than two years (Figure 5.1). Changes in circumstances have been imputed across the spectrum of Waiting List durations. But it is plausible that, in reality, the incidence may be higher for the longer durations. Nonetheless, the approach outlined above generates almost 3,700 changes in circumstances, which provides a basis for examining the potential impacts of removing 'no detriment'.



5.3 Points and Ranking Effects

The 'no detriment' policy does not affect intimidation or the 70 FDA homelessness points. The policy relates to interim accommodation points and points awarded under the house condition and health and social wellbeing headings. Across those three headings, the total average reduction among those affected is estimated at -32 points (Table 5.2). Thus, for those with a change in entitlement, their average points award falls from 134 in the baseline to 102 in the scenario with 'no detriment' removed. As the average points award for those whose entitlement remains unchanged is 118 points, the differential between those with a change in entitlement and all other FDAs falls from +16 to -16.

As the majority of changes in circumstances are imputed for moves into self-contained accommodation, the consequent reductions in sharing and overcrowding points result in a larger average decrease under the house condition heading (-17 points) than health and social wellbeing (-11 points). That is likely to be a reasonable reflection of how the removal of the 'no detriment' policy would work out from an operational perspective. Households in sharing or overcrowding situations may choose to improve their circumstances by moving to new accommodation, whereas it may be considered that *in situ* health and mobility problems will not improve over time.

The second notable finding from the imputed points effects is that FDA applicants are estimated to register larger points reductions (-33 points) by comparison with FDA transfers (-10 points), albeit changes in circumstances are imputed for very few of the latter.

Table 5.2 Remove 'no detriment' – Points effects, average, FDAs with a change in entitlement

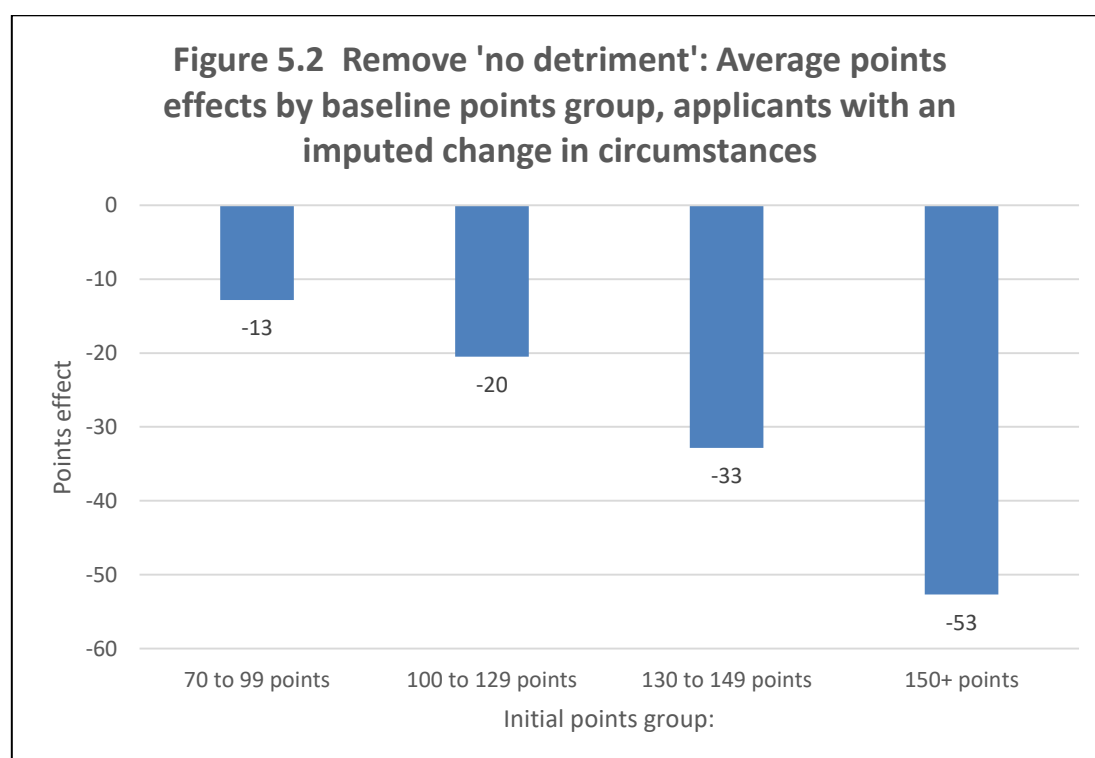
	Baseline	Scenario	Difference
	<i>Pts</i>	<i>Pts</i>	<i>Pts</i>
All FDAs¹			
Total	134	102	-32
Intimidation	0	0	0
Insecurity of tenure	80	76	-4
House condition	24	7	-17
Health and social wellbeing	27	15	-11
Time in need	3	3	0
<i>Base</i>	<i>3,664</i>	<i>3,664</i>	
FDA applicants¹			
Total	134	101	-33
Intimidation	1	1	0
Insecurity of tenure	80	76	-4
House condition	25	7	-17
Health and social wellbeing	26	14	-12
Time in need	3	3	0
<i>Base</i>	<i>3,528</i>	<i>3,528</i>	
FDA transfers¹			
Total	130	121	-10
Intimidation	0	0	0
Insecurity of tenure	70	70	0
House condition	11	7	-4
Health and social wellbeing	47	41	-6
Time in need	3	3	0
<i>Base</i>	<i>136</i>	<i>136</i>	

¹ With a change in entitlement resulting from imputed changes in circumstances.

It can also be noted that, of the 1,050 applicants with interim accommodation points and living in single lets arranged by the Housing Executive, their average points in the 'no detriment' scenario amount to 104, a reduction of 35 points compared to their baseline position (139 points). Mainly, that

reflects the removal of sharing and overcrowding points due to having moved into self-contained accommodation. A total of 562 of the 1,050 in temporary accommodation had sharing and/or over-crowding points as at August 2019. When the sharing and overcrowding points are removed from those 562 applicants, the modelled points reduction is -52, down from 156 in the baseline to 104 in the scenario.

The imputed points reductions are largest in magnitude at the upper end of the baseline points range. Affected applicants with 150+ points in the baseline, are estimated to lose 53 points on average when 'no detriment' is removed (Figure 5.2). By contrast, those at the lower end of the range, with 70 to 99 points, lose an average of 13 points. Again, from an operational perspective, that is to be expected. FDAs have a 'floor' of 70 points (their homelessness points) and FDAs with points close to that level will tend to have few additional points under the house condition and health and wellbeing categories. By contrast, FDAs in the upper end of the points range will typically have been awarded points across a range of headings, whether at the point of application or through having accumulated additional points over time.



A small number of FDAs would see their points award increase, e.g., 35 moving from the 100-129 points range and into the 130-149 points range (Table 5.3). Those moves mainly reflect increased sharing points where updating of household type indicated an increase in the number of dependent children (see the discussion around Table A.4 in Appendix A). Apart from those few cases, the variation in points effects shifts applicants with a change in entitlement from the upper end of the points range to the middle and lower

ends. Of the 3,373 applicants with 150+ points in the baseline, 853 (25 per cent) fall into a lower points group, including 320 who fall into the 70-99 bracket (Table 5.3).

Table 5.3 Remove ‘no detriment’, FDAs, effects by points range

Baseline:	Scenario:				
	70-99 points	100-129 points	130-149 points	150+ points	All
70-99 points	4,880	<u>14</u>	0	0	4,894
100-129 points	1,037	7,915	<u>35</u>	0	8,987
130-149 points	375	474	3,515	<u>16</u>	4,380
150+ points	320	294	239	2,520	3,373
All	6,612	8,697	3,789	2,536	21,634

Note: In the table, points effects are indicated by the off-diagonal figures. Figures **below** the diagonal show the numbers of applicants who have lost points and dropped into a lower points band, e.g., 320 applicants would fall from the 150+ points group in the baseline to the 70-99 points group when ‘no detriment’ is removed. Conversely, a figure above the diagonal indicates applicants gaining points and moving into a higher points group. For example, 35 applicants move from the 100-129 points group into the 130-149 points group.

Consequently, there is a re-distribution of applicants from the higher to lower and middle points ranges. In the baseline, 16 per cent of FDAs have 150+ points (Table 5.4). That proportion falls to 12 per cent in the scenario, with ‘no detriment’ removed. At the other end of the points range, the proportion in the 70-99 points bracket rises from 23 per cent to 31 per cent.

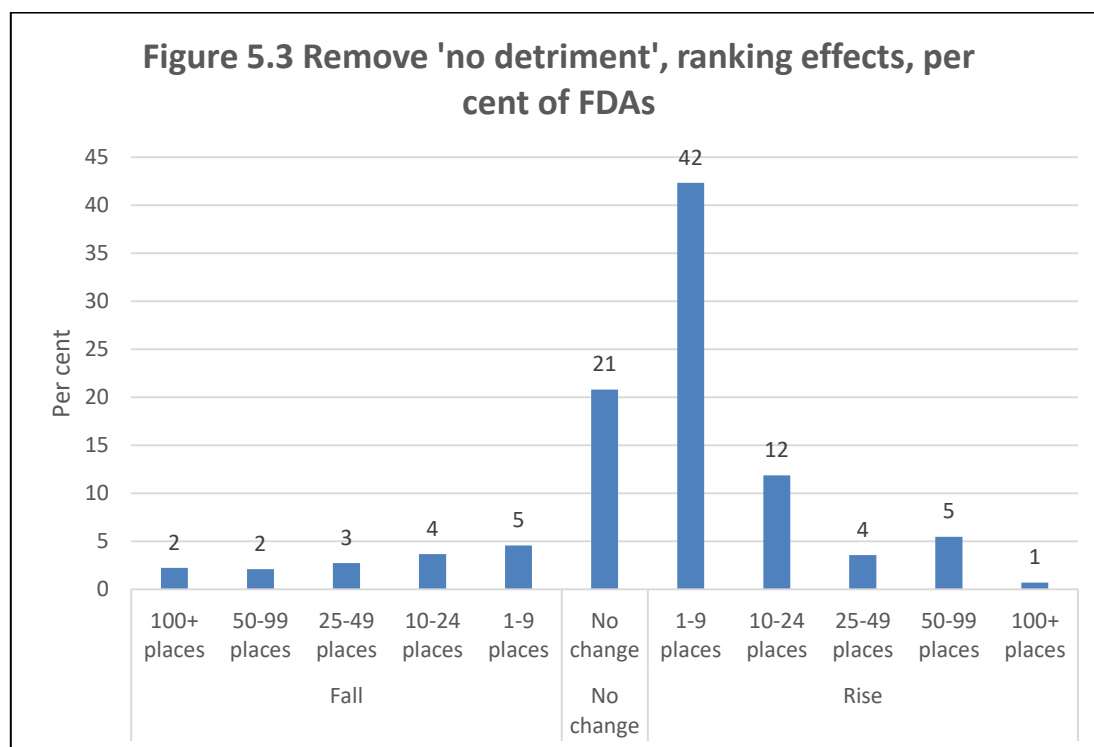
Table 5.4 Remove ‘no detriment’, FDAs, effects by points range (per cent of all)

Baseline:	Scenario:				
	70-99 points	100-129 points	130-149 points	150+ points	All
70-99 points	23	0	0	0	23
100-129 points	5	37	0	0	42
130-149 points	2	2	16	0	20
150+ points	1	1	1	12	16
All	31	40	18	12	100

The re-distribution of points among FDAs has large effects on the ranking of applicants. Overall, 15 per cent would fall in the rank order within their first choice CLA, ranging from four per cent among those with 70-99 points in the baseline to 28 per cent of FDAs with 150+ points in the baseline (Table 5.5 and Figure 5.3).

Table 5.5 Remove 'no detriment', FDAs, Rank order change within first choice CLA, by baseline points range (row per cent)

Ranking effect:				
Baseline:	Fall	No change	Rise	Base
	Row%	Row%	Row%	No.
70-99 points	4	33	64	4,894
100-129 points	14	16	70	8,987
130-149 points	20	16	64	4,380
150+ points	28	24	48	3,373
All	15	21	64	21,634



Reflecting the asymmetric 'domino' effect described in previous sections, while 15 per cent of FDAs would experience a fall in their rank order, a larger proportion of FDAs (64 per cent) would see their rank order improve (Table 5.5).

In total, almost four in five FDAs (79 per cent) would see a change in their rank order within their first choice CLA in the scenario where 'no detriment' is removed.

The rank order effects are very different for those losing points as compared with those whose points do not change. Among the 3,664 FDAs with an imputed change in circumstances in the main scenario, one in four (25 per cent) would drop by 50 or more places (Table 5.6). Among those with no imputed change in circumstances, the majority of shifts in rank order would be in the range 1-9 places (representing 66 per cent of FDAs with no change in their points). Non-FDA applicants would also see some change in their rank order, with three per cent rising between 1-9 places. That reflects the fact that six per cent of non-FDA applicants have 70 or more points.

Table 5.6 Remove 'no detriment': Effect on rank within first choice CLA

Direction of change	Places gained/lost	FDA		All non-FDA	
		Points changed	No change	No change	
		%	%	%	
Down	100+ places	13	0	0	
	50-99 places	12	0	0	
	25-49 places	16	0	0	
	10-24 places	22	0	0	
	1-9 places	25	0	0	
No change	No change	4	24	96	
Up	1-9 places	4	50	3	
	10-24 places	1	14	1	
	25-49 places	1	4	0	
	50+ places	1	7	0	
	<i>Base</i>	<i>3,664</i>	<i>17,970</i>	<i>23,953</i>	

If the incidence of effects due to removal of 'no detriment' was higher, the disruptive effects would be more pronounced. To illustrate, in a scenario where the proportion with a change in their points entitlement is increased to 25 per cent of FDAs, 87 per cent of FDAs would experience a change in their rank order (the 'higher' scenario is described in Appendix A).

It can also be noted that, in the more 'disruptive' scenario (where 'disruption' is measured by the proportion changing places in the rank order within their first choice CLA), the estimated points effect (-32 average among those with a change in points entitlement) is similar to the main scenario reported in Table 5.2 (-32 points). That is to make the point that the 'disruptiveness' of a proposed reform depends on the proportion of applicants with changes in their points entitlement as well as the points effect.

5.4 CLA Effects

Similar to the proposals previously considered, the estimated rank order effects would vary sharply by CLA size band. In general, the larger the CLA waiting list, the greater the proportion of FDAs that would see a change in their rank order (Table 5.7).

Table 5.7 Remove 'no detriment': Ranking effects by first choice CLA size band, FDAs, per cent of CLA size band base¹

CLA size band:	Ranking effects						
	Down			No change	Up		
	50+ places	25-49 places	1-25 places	No change	1-9 places	10-24 places	25+ places
<i>Applicants</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>
Less than 10	0	0	7	86	8	0	0
10 to 24	0	0	12	61	27	0	0
25 to 39	0	3	10	52	36	0	0
40 to 59	0	4	10	37	49	0	0
60 to 79	0	5	8	41	46	0	0
80 to 99	0	6	8	32	53	0	0
100 to 149	0	9	6	23	57	4	0
150 to 249	4	9	3	11	55	18	0
250 to 499	7	8	1	5	43	26	9
500+	13	4	1	3	14	14	51
All	4	6	5	21	42	12	10

¹ See Table 4.5 for CLA size band base numbers of FDAs.

Partly, that reflects the 'domino' effect noted previously. The larger the CLA waiting list, the greater the impact of a given points reduction on the applicant's rank order and, conversely, the greater the number of other applicants (less affected or not at all affected) rising by one or more places.

Thus, in the CLAs with 500 or more applicants, almost all FDAs (97 per cent) would see a change in their rank order. Over one in eight (13 per cent) would see their rank fall by 50 or more places while over half (51 per cent) would see their position improve by 25 or more places. By contrast, in CLAs with fewer than 100 applicants, the rank order effects are more 'compressed'; fewer FDAs see a change in their rank order and, where rankings change, they are mostly less than 10 places.

The more pronounced effects in the CLAs with 500+ applicants also reflect the larger points effects in those areas. In those CLAs, the estimated points effect is an average reduction of -39 points, compared to the average of -32 points for all FDAs (Table 5.8). Partly, that is because, in those CLAs, the average number of points 'at risk' tends to be higher than the average for all CLAs.

For example, in CLAs with 500+ applicants, the average number of house condition points awarded to applicants stood at 24 points on the August 2019 download, compared to an average of 18 points across all CLAs. Further, in the CLAs with 500+ applicants, the imputed proportion of applicants with changes in entitlement (19 per cent) was also slightly above average (17 per cent). Thus, in the CLAs with 500+ applicants, a higher proportion of FDAs have an imputed change in entitlement and the accompanying shift in their rank order is amplified by the larger average points reduction.

Table 5.8 Remove 'no detriment': Points and ranking effects by CLA size band, FDAs, main scenario

CLA size band (Waiting List applicants):	Imputed change in entitlement ¹	Points effect - average ²	Rank order changes ³	
			Fall	Rise
	%	Pts	%	%
Less than 10	16	-31	7	8
10 to 24	18	-30	13	27
25 to 39	16	-33	13	36
40 to 59	16	-33	14	49
60 to 79	13	-30	13	46
80 to 99	14	-27	14	54
100 to 149	17	-29	15	61
150 to 249	17	-32	16	73
250 to 499	17	-30	16	79
500+	19	-39	18	79
All	17	-32	15	64

¹ Per cent of FDAs with an imputed change in entitlement.² Average change in points award among those with a change in entitlement.³ Per cent of all FDAs within the size band falling and rising in rank order - See Table 4.5 for CLA size band base numbers of FDAs.

The variations by case study CLA illustrate the variability in points and ranking effects that would accompany the removal of 'no detriment' (Table 5.9). The more pronounced effects expected in the CLAs with larger waiting lists are evident from cases C, E and I. For example, in case C, an estimated 28 per cent of FDAs would see a change in entitlement, with an average points reduction of -54 and rank order changes across all FDAs (26 per cent falling with 74 per cent rising).

Table 5.9 Remove 'no detriment': Points and ranking effects by case study areas, FDAs

Case study:	Incidence ¹	Points effect - average ²	Rank order changes ³	
			Fall	Rise
	%	Pts	%	%
A: Large town centre, North (150-249)	11	-16	11	65
B: NIHE District – medium town	26	-26	20	65
B: NIHE District – rural CLAs	15	-31	12	36
C: Urban, Derry (250-499)	28	-54	26	74
D: Small town, West (100-149)	9	-46	9	81
E: Large town, Belfast Urban Area (500+)	12	-31	11	88
F: Large town centre, Mid-Ulster, 500+	21	-34	19	79
G: Rural small town and village, each less than 100 applicants	21	-34	21	73
H: Belfast, east (250-499)	9	-25	9	79
I: Belfast, west (500+)	23	-40	20	77
All Northern Ireland	17	-32	15	64

¹ Per cent of FDAs with an imputed change in entitlement.

² Average change in points award among those with a change in entitlement.

³ Per cent of all FDAs within the case study area falling and rising in rank order.

In case C, the changes in entitlement are mainly driven by the estimated 22 per cent with imputed moves into self-contained accommodation (Table 5.10). The impact of that driver is magnified in case C where the total points awards are above average (139 compared to 121 for all of Northern Ireland), mainly because house condition points (34) are almost double the average (18 points). That differential largely reflects sharing and over-crowding points.

Table 5.10 Case study areas – Average points and incidence of imputed moves to self-contained accommodation

	Average points, all FDAs:			Imputed moves ¹
	Total	House condition	Health and social wellbeing	
	<i>Pts</i>	<i>Pts</i>	<i>Pts</i>	%
A: Large town centre, North (150-249)	114	9	24	8
B: NIHE District – medium town	109	12	24	26
B: NIHE District - Rural/Other	108	14	22	12
C: Urban, Derry (250-499)	139	34	28	22
D: Small town, West (100-149)	137	19	31	9
E: Large town, Belfast Urban Area (500+)	120	16	31	9
F: Large town centre, Mid-Ulster, 500+	119	22	20	20
G: Rural small town and village, each less than 100 applicants)	115	9	34	18
H: Belfast, East (250-499)	109	15	20	4
I: Belfast, West (500+)	135	31	25	14
All	121	18	26	12

¹ Per cent of FDAs with an imputed move into self-contained accommodation.

In other case study areas, the modelled effects are not as large as might be expected from the CLA's size band. The modelled points effect in case H, a large estate in East Belfast, shows a reduction of 25 points, compared to the average of 33 points in the 250-499 size band (Table 5.9). That mainly reflects a comparatively low estimated occurrence of moves into self-contained accommodation (four per cent) combined with below-average house condition points (15).

Consequently, the modelled proportion of FDAs falling in the rank order is below average (nine per cent compared to 16 per cent for a CLA in the size band 250-499). Case H can be contrasted with Case I, in West Belfast, where the estimated proportion of moves into self-contained accommodation is considerably higher (14 per cent).

In the case study consultations, some Officers felt the removal of the 'no detriment' policy would increase workloads for front line staff, both in the initial introduction of the proposal and its ongoing implementation. With regard to the initial introduction of the proposal, the concerns regarding increased workloads stemmed from the possibility of carrying out re-assessments of existing applicants in a situation where, it was felt, a substantial proportion have points that do not reflect their current circumstances. In that regard, the most common scenario noted by staff was where sharing and overcrowding points were awarded at the initial application stage, but which would not currently apply due to subsequent moves into self-contained accommodation.

The concerns regarding increased workloads were more often expressed in relation to the larger CLAs and especially in areas where a high level of points is required to obtain an allocation.

In other areas, Officers were more sanguine that their regular review procedures would be sufficient to manage the removal of the 'no detriment' policy, at least in terms of the ongoing implementation of new rules governing the treatment of changes in circumstances for FDAs. Patch managers, who deal with transfers, were typically less concerned about the removal of 'no detriment'. Transfer applicants already live in self-contained accommodation and are less prone to changes in circumstances by comparison with the more mobile population of applicants without an existing social tenancy.

5.5 Area Effects

The modelled points and ranking effects by NIHE Area are summarised in Table 5.11. The main feature of note is the sharp contrasts in modelled points effects, ranging from -44 in the West Area (Derry) to -19 in Mid and East Antrim and South Antrim.

The pattern of rank order changes by NIHE Area is linked to the points effects. Thus, the proportion of FDAs falling in the rank order within their first choice CLA tends to be higher in Areas with the larger average points reductions. For example, in the South West the average points reduction of -36 is accompanied by 25 per cent of FDAs falling in the rank order within their first choice CLA. By contrast, in Mid and East Antrim, the average points reduction is -19 and fewer than one in 10 FDAs (eight per cent) fall in the rank order within their first choice CLAs.

Table 5.11 Remove ‘no detriment’: Points and ranking effects by NIHE Areas, FDAs

	Change in entitlement ¹	Points effect - average ²	Rank order changes ³	
			Fall	Rise
	%	Pts	%	%
Belfast region				
North Belfast	13	-21	12	70
South and East Belfast	14	-21	13	63
West Belfast	19	-36	17	68
Lisburn and Castlereagh	16	-29	15	69
North region				
South Antrim	9	-19	9	59
Mid and East Antrim	8	-19	8	45
West	26	-44	22	72
Causeway	23	-29	19	59
South region				
North Down and Ards	11	-26	11	66
South Down	19	-37	17	70
South	14	-27	12	46
South West	27	-36	25	57
Mid Ulster	20	-30	18	64
All	17	-32	15	64

¹ Per cent of FDAs with an imputed change in entitlement.

² Average change in points award among those with a change in entitlement.

³ Per cent of all FDAs within the Area falling and rising in rank order.

As applicants are ranked within first choice CLAs, and not specifically within NIHE Areas, the contrasts in ranking effects also reflect each Area's mix of CLAs (see Table C4.1 in Appendix C for the distribution of CLAs by applicant size band within each NIHE Area).

Variations in the number of points awarded, by type, are one of the factors acting to shape the contrasts in points effects by NIHE Area. For example, in both the West Belfast and the West Areas, the average FDA award for housing conditions was 25 points as at August 2019, compared to an overall average of 18 points (Table 5.12).

Table 5.12 NIHE Areas – Average points and incidence of imputed moves to self-contained accommodation

	Average points, all FDAs:			Imputed moves ¹
	Total	House condition	Health and social wellbeing	
	<i>Pts</i>	<i>Pts</i>	<i>Pts</i>	%
Belfast region				
North Belfast	119	18	24	5
South and East Belfast	115	15	20	7
West Belfast	131	25	28	12
Lisburn and Castlereagh	119	19	25	11
North region				
South Antrim	119	15	28	5
Mid and East Antrim	112	12	23	5
West	130	25	28	20
Causeway	112	14	23	23
South region				
North Down and Ards	119	13	31	8
South Down	124	21	27	13
South	111	15	22	12
South West	123	16	33	26
Mid Ulster	116	18	23	18
All	121	18	26	12

¹ Per cent of FDAs with an imputed move into self-contained accommodation.

However, the more important factor in the range of points effects across NIHE Areas is the variations in the imputed incidence of moves into self-contained accommodation. Those estimates range from five per cent of FDAs (North Belfast, South Antrim and Mid and East Antrim) to 26 per cent in the South West, followed by 23 per cent in Causeway and 20 per cent in the West (Table 5.12). The contrasts in the estimates reflect the variations by Area in the proportion of FDAs:

- Living in single lets arranged by the NIHE.
- Notifying the NIHE of a change of address.

As at August 2019, the proportion in single lets ranged from 10 per cent among FDAs with a first choice CLA in West Belfast followed by eight per cent in Lisburn and Castlereagh through to one per cent in Causeway. The proportion was two per cent in South Antrim and Mid and East Antrim while North Belfast and South Down each had three per cent in single lets. In the remaining Areas, 4-5 per cent of FDAs were in single lets at August 2019. The estimates for imputed moves into self-contained accommodation in West Belfast and Lisburn and Castlereagh clearly reflect the relatively high proportions living in single lets whose first choice CLA is in one of those two Areas.

The proportions for which a move into self-contained accommodation was imputed from changes of address (after excluding those living in single lets in temporary accommodation) vary widely. The proportion was just 2-3 per cent in North Belfast, South and East Belfast, West Belfast, Lisburn and Castlereagh, South Antrim, Mid and East Antrim and North Down and Ards.

By contrast, almost one in four (24 per cent) in the South West were found to have changed address, followed by Causeway (22 per cent), West (17 per cent), Mid Ulster (15 per cent), South Down (10 per cent) and South (seven per cent).

It is perhaps surprising that the estimated proportions changing address are just 2-3 per cent in the Belfast Areas. One part of the explanation is that, in the Belfast region, the proportion of FDAs who are transfers is above average in North and West Belfast; 22 and 25 per cent respectively, compared to the 18 per cent average for all Areas. Holding all other factors constant, the higher the proportion of transfer FDAs, the lower will be the proportion of all FDAs 'at risk' of moving from their current address.

Nonetheless, the possibility of under-reporting of address changes within those Areas cannot be discounted. Within that context, the results from a scenario with a higher incidence of entitlement changes due to the removal of 'no detriment' are shown in Table 5.13, to illustrate the consequent points and ranking effects (the higher incidence scenario is described in Appendix A).

The broad patterns are similar to the main scenario summarised in Table 5.11. However, in the higher incidence scenario, the spread in the points reductions by Area is 18 (-41 per cent in the West to -23 per cent in Mid and East Antrim). That can be compared with the wider spread in the main scenario of 25 points (-44 in the West to -19 in South Antrim).

Table 5.13 Remove ‘no detriment’: Points and ranking effects by NIHE Areas – Higher incidence scenario, FDAs

	Incidence ¹	Points effect - average ²	Rank order changes ³	
			Fall %	Rise %
Belfast region				
North Belfast	22	-25	21	68
South and East Belfast	23	-24	22	67
West Belfast	28	-36	25	66
Lisburn and Castlereagh	23	-30	22	70
North region				
South Antrim	16	-26	15	70
Mid and East Antrim	15	-23	13	66
West	33	-41	29	65
Causeway	28	-29	23	58
South region				
North Down and Ards	20	-27	18	68
South Down	29	-34	26	66
South	21	-28	17	52
South West	33	-34	29	56
Mid Ulster	25	-30	22	62
All	25	-32	22	65

¹ Per cent of FDAs with an imputed change in entitlement.

² Average change in points award among those with a change in entitlement.

³ Per cent of all FDAs within the Area falling and rising in rank order.

5.6 Profile

Focusing on FDA applicants (and excluding transfers due to their limited effects in the main remove ‘no detriment’ scenario), the profile of changes in entitlement is provided as Table C5.1 in Appendix C. Table C5.2 presents the results of the higher scenario for comparison.

When analysed by household type, the groups most affected in proportional terms would be:

- Large families – ten per cent of non-transfer FDAs with a change in entitlement versus their six per cent share of all other non-transfer FDAs.

- Large adult – eight per cent of those with a change in entitlement compared with four per cent of all other FDA applicants.

Households containing three or more children would comprise an estimated nine per cent of FDA applicants with a change in entitlement due to removing 'no detriment', compared with their five per cent share of FDA applicants with no change in entitlement. That effect is strongly linked to the large families effect noted above, as households with three or more children aged under 16 account for 87 per cent of large family households

The differences by household type and number of dependent children reflect their higher incidence of imputed moves into self-contained accommodation, resulting in removal of, e.g., sharing points. Over one in four households with three or more dependent children (28 per cent) were estimated to have made a move into self-contained accommodation, compared to the 14 per cent average for all FDA applicants (excluding transfers). Similar reasoning holds for large adult households, as 21 per cent were imputed to have moved into self-contained accommodation.

5.7 Allocation Effects

In the main remove 'no detriment' scenario, almost 3,700 FDAs would see a change in entitlement, with average points falling from 134 to 102. Consequently, their points differential compared to FDAs with no change in entitlement and an average of 118 points, falls from +16 to -16. It is therefore entirely to be expected that, on average, those losing entitlement due to the remove 'no detriment' proposal would see a fall in their probability of an allocation. That is what the allocation model predicts. The simulated probability of an allocation for those with a change in entitlement falls from +3 percentage points greater than all other FDAs in the baseline to -8 percentage points lower in the remove 'no detriment' scenario (Table 5.14).

Table 5.14 Remove 'no detriment': Effect on simulated probability of an allocation, given the availability of a property

	Change in entitlement	All other FDA	<i>Difference</i>
All FDA			
Baseline	20%	17%	+3 pps
Scenario	11%	19%	-8 pps
FDA applicants (excl. transfers)			
Baseline	19%	14%	+5 pps
Scenario	10%	16%	-6 pps

5.8 Key Points Summary

Current Arrangements

Where their housing circumstances change, applicants are required to inform the Housing Executive and a re-assessment is carried out. When such a situation arises, the 'no detriment' policy is applied to all applicants and transfers with FDA points.

Under 'no detriment', the points awarded to FDAs cannot be reduced, even if there is a positive change in their housing circumstances. However, if there is a deterioration in their housing circumstances, FDAs will be awarded any additional points to which they may be entitled under the Rules.

Proposal 8 of the Fundamental Review is to discontinue the 'no detriment' policy by introducing a new rule providing for a reduction or withdrawal of points where appropriate, regardless of whether the applicant has FDA status.

Approach

When a change occurs, a re-assessment is carried out. Under the 'no detriment' policy, where a reduction would be warranted under the Rules, the re-assessment is not reflected in the points award as recorded on the HMS. The nature of the change may be recorded as a text note within the applicant's record on the HMS, but the points implications cannot systematically be tracked over time.

The approach adopted was therefore to impute changes in points entitlements from observed changes in applicants' circumstances based on information contained within NIHE datasets, including change over time in household size and type and moves into self-contained accommodation, either directly observed (applicants living in single lets) or inferred from address changes.

Based on the observed changes, in the main 'no detriment' scenario, an estimated 3,664 FDAs on the August 2019 Waiting List would see their points change if the 'no detriment' policy had not been in place, representing 17 per cent of all with FDAs.

At 19 per cent, the estimated incidence among FDA applicants is considerably higher than for FDA transfers (four per cent). That is entirely to be expected and leads to the conclusion that the removal of the 'no detriment' policy will mainly bear upon applicants with no existing social tenancy.

Direct effects

The 'no detriment' policy relates to interim accommodation points and points awarded under the house condition and health and social wellbeing headings. Under those headings, the average reduction among those affected is estimated at -32 points.

For those with an imputed change in entitlement, their average points award falls from 134 in the baseline to 102 in the scenario with 'no detriment' removed. As the average points award for those whose entitlement remains unchanged is 118 points, the differential between those with a change in entitlement and all other FDAs falls from +16 to -16.

The imputed points reductions are largest in magnitude at the upper end of the points range. Affected applicants with 150+ points in the baseline, before removal of 'no detriment', are estimated to lose 53 points on average. By contrast, those at the lower end of the range, with 70 to 99 points, lose an average of 13 points.

The re-distribution of points among FDAs has large effects on the ranking of applicants. In a scenario where 17 per cent of all FDAs are affected by removal of 'no detriment', almost four in five (79 per cent) would see a change in their rank order within their first choice CLA.

Fifteen per cent of FDAs would fall in the rank order within their first choice CLA, ranging from four per cent of those with 70-99 points in the baseline to 28 per cent of FDAs with 150+ points in the baseline.

A larger proportion of FDAs (64 per cent) would see their rank order improve as applicants with unchanged entitlement and not losing points move up the rank order, typically by 1-9 places, to occupy the positions previously held by applicants losing points and falling by multiple places.

The ranking effects would be larger among the FDAs with an imputed change in circumstances. Almost nine in ten (89 per cent) would fall in the rank order within their first choice CLAs, including over one in four (26 per cent) dropping by 50 or more places.

In the event that the proportion of FDAs with changed entitlement due to removal of 'no detriment' was higher, the proportions moving up and down the rank order would be larger. That is, when measured by the proportion of applicants whose rank order changes following the removal of 'no detriment', the 'disruptiveness' of the proposed reform depends on the incidence of changes in circumstances among applicants as well as the points effect.

CLA effects

The estimated rank order effects would vary sharply by CLA size band. In general, the larger the CLA waiting list, the greater the proportion of FDAs that would see a change in their rank order.

In the CLAs with 500 or more applicants, almost all FDAs (97 per cent) would see a change in their rank order. Over one in eight (13 per cent) would see their rank fall by 50 or more places while over half (51 per cent) would see their position improve by 25 or more places. By contrast, in CLAs with fewer than 100 applicants, the rank order effects are more 'compressed'; fewer FDAs see a change in their rank order and, where rankings change, they are typically less than 10 places.

Area effects

The modelled points and ranking effects by NIHE Area have also been examined. Of particular note is the spread in the modelled points effects, ranging from an average of -44 points in the West Area to -19 in Mid and East Antrim and South Antrim.

That points spread mainly reflects variations in the imputed incidence of moves into self-contained accommodation. Those estimates range from five per cent of FDAs, in North Belfast, South Antrim and Mid and East Antrim, to 26 per cent in the South West, followed by 23 per cent in Causeway and 20 per cent in the West. The possibility of under-reporting of address changes within some Areas cannot be discounted.

Profile

The groups most affected by the proposal would be large adult and large family households along with households containing 3+ dependent children.

Allocation effects

The points differential between FDAs with an imputed change of circumstances and consequent loss of entitlement falls from 16 points above the average for all other FDAs in the baseline to -16 points lower in the main remove 'no detriment' scenario. In that circumstance, it is entirely to be expected that, on average, the probability of an allocation will fall for those affected by ending the 'no detriment' policy.

6 Cumulative Scenario I: Proposals 7, 8 and 9

6.1 Introduction

This section reports on the potential impacts of a cumulative scenario in which Proposals 7, 8 and 9 are jointly implemented. The section commences with an overview on the approach. The remainder of this section presents the estimated impacts, including points and ranking effects, CLA and Area contrasts, a profile of applicants who would be affected and simulated allocation effects.

6.2 Approach

The cumulative scenario was based on the joint implementation of Proposals 7, 8 and 9. Proposals 7 and 9 were modelled by notionally removing points for intimidation and interim accommodation, as outlined in sections 3 and 4 respectively. For the cumulative scenario, Proposal 8 was modelled using the main remove 'no detriment' scenario discussed in section 5.

When the three Proposals are jointly implemented, an estimated 19 per cent of FDAs would see their entitlement change. The 'no detriment' effect is apparent from the positive linkage between the incidence of changes in entitlement and affected applicants' baseline points level; the proportion with a change in entitlement ranges from seven per cent of FDAs with 70 to 99 points in the baseline to 39 per cent of FDAs with 150+ points in the baseline (Table 6.1). The 'no detriment' effect is also evident in the higher proportion of FDA applicants with a change in entitlement (21 per cent) compared with FDA transfers (six per cent).

Table 6.1 Cumulative scenario I: Proposals 7, 8 and 9 - FDAs with entitlement changes, by baseline points group, per cent

	All FDAs	FDA Applicants	FDA Transfers
	%	%	%
Baseline points group:			
70 to 99 points	7	7	3
100 to 129 points	17	20	3
130 to 149 points	23	26	6
150+ points	39	42	18
All	19	21	6
<i>Number</i>	4,129	3,942	187

6.3 Points and Ranking Effects

The points effects in the cumulative scenario are summarised in Table 6.2. The median²¹ is reported because the 200 intimidation points that are the subject of Proposal 7 skew the average values when estimating from the mean²².

FDAs with a change in entitlement would see their median points award fall from 130 in the baseline to an estimated 92 in the cumulative scenario, a drop of 38 points. As a result, the gap between their average award (measured by the median) and the average for FDAs with no change in their entitlement would fall from +18 points to -20 points.

Table 6.2 Cumulative scenario I: Proposals 7, 8 and 9 – Median points effects, FDAs

	Baseline	Scenario	Difference
	<i>Pts</i>	<i>Pts</i>	<i>Pts</i>
FDAs with change in entitlement			
All	130	92	-38
FDA applicants	130	92	-38
FDA transfers	144	118	-26
All other FDAs, no change in entitlement			
All	112	112	0
FDA applicants	112	112	0
FDA transfers	120	120	0

The estimated median points reduction is larger for FDA applicants (-38) than for FDA transfers (-26). However, in the cumulative scenario relatively few FDA transfers (187, six per cent) would lose points and 51 of those (27 per cent) would do so through the removal of 200 intimidation points. Thus, in the cumulative scenario, the mean reduction among the 51 FDA transfers losing intimidation points is -200, compared with -10 for the estimated 136 FDA transfers losing points via the removal of 'no detriment' (see Table 5.2). In quantitative terms, therefore, the main impact of the cumulative scenario on FDA transfers comes through the removal of intimidation points.

²¹ The median is the middle number in an ordered array, i.e., when a set of numbers is arranged from lowest to highest. Unlike the mean, the median is not affected by extremely high or low values. For that reason, the median is often used to represent the 'typical' value in a distribution.

²² The mean points effects are reported in Appendix C, Table C6.1, both in total and under the headings of intimidation, insecurity of tenure, house condition and health and social wellbeing.

The effects of the cumulative scenario on the distribution of points among FDAs are shown in Tables 6.3 and 6.4. The number of FDAs with 150 or more points would fall from 3,373 in the baseline to 2,308 in the cumulative scenario, a reduction of almost 1,100. Almost half of those falling out of the 150+ points band (525) would drop into the 70-99 points group.

Table 6.3 Cumulative scenario I: Proposals 7, 8 and 9 - FDAs, effects by points group

Baseline:	Scenario:				
	70-99 points	100-129 points	130-149 points	150+ points	All
70-99 points	4,880	<u>14</u>	0	0	4,894
100-129 points	1,184	7,769	<u>34</u>	0	8,987
130-149 points	486	443	3,438	<u>13</u>	4,380
150+ points	525	291	262	2,295	3,373
All	7,075	8,517	3,734	2,308	21,634

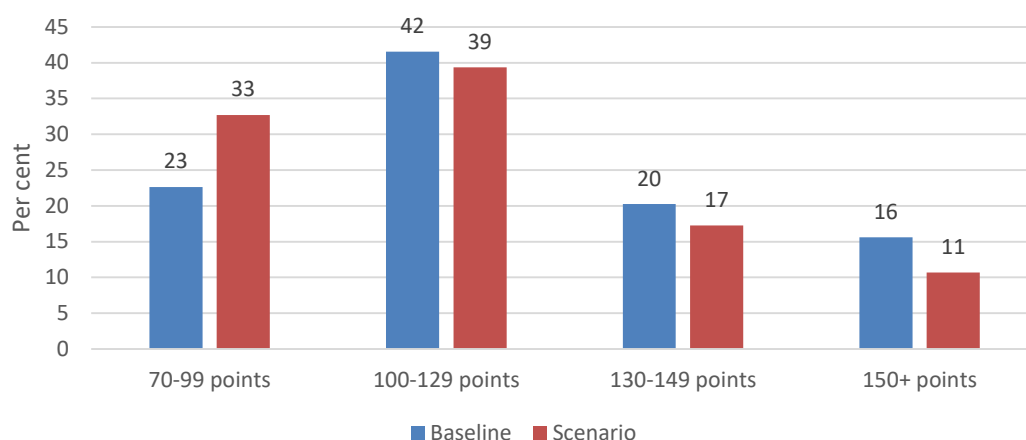
Note: In the table, points effects are indicated by the off-diagonal figures. Figures **below** the diagonal show the numbers of applicants who have lost points and dropped into a lower points band, e.g., 525 applicants would fall from the 150+ points group to the 70-99 points group in the scenario. Conversely, a figure **above** the diagonal indicates applicants gaining points and moving into a higher points group. For example, 34 applicants move from the 100-129 points group in the baseline to the 130-149 points group in the scenario.

In the baseline, 16 per cent of FDAs have a points award of 150+. In the cumulative scenario, the proportion with 150+ points would fall to an estimated 11 per cent. The resulting shift in the points distribution towards the lower points grouping is illustrated in Figure 6.1.

Table 6.4 Cumulative scenario I: Proposals 7, 8 and 9 - FDAs, effects by points group (per cent of all)

Baseline:	Scenario:				
	70-99 points	100-129 points	130-149 points	150+ points	All
70-99 points	23	0	0	0	23
100-129 points	5	36	0	0	42
130-149 points	2	2	16	0	20
150+ points	2	1	1	11	16
All	33	39	17	11	100

Figure 6.1 Cumulative scenario I: Proposals 7, 8 and 9 - FDAs, distribution of points in scenario compared to baseline



The shift in the points distribution among FDAs strongly shapes the rank order effects of the cumulative scenario. As shown in Table 6.5, over one in three FDAs (35 per cent) with 150+ points in the baseline would fall in the rank order within their first choice CLA due to their estimated points reductions in the cumulative scenario. That proportion falls to five per cent among those with 70-99 points in the baseline and who lose points in the cumulative scenario.

Table 6.5 Cumulative scenario I: Proposals 7, 8 and 9 - FDAs, Rank order change within first choice CLA, by baseline points range (row per cent)

Baseline:	Ranking effect:			
	Fall	No change	Rise	Base
	Row%	Row%	Row%	No.
70-99 points	5	23	72	4,894
100-129 points	15	12	73	8,987
130-149 points	21	12	67	4,380
150+ points	35	13	51	3,373
All	17	15	68	21,634

As illustrated in previous sections, applicants losing points tend to fall multiple numbers of places, triggering the 'domino' effect whereby other applicants move up the rank order but in smaller increments.

That asymmetric effect of proposals entailing a reduction in points is also evident in the cumulative scenario. Among FDAs whose points entitlement changes in the scenario, 89 per cent would fall by one or more places in the rank order within their first choice CLA, including 15 per cent falling by 100 or more places and 13 per cent by 50-99 places (Table 6.6). Among FDAs with no change to their points entitlement, 83 per cent would move up one or more places in the rank order within their first choice CLA, including nine per cent moving up 50 or more places.

Table 6.6 Cumulative scenario: Proposals 7, 8 and 9: Effect on rank within first choice CLA

Direction of change	Places gained/lost	FDA		All non-FDA
		Points changed	No change	No change
		%	%	%
Down	100+ places	15	0	0
	50-99 places	13	0	0
	25-49 places	17	0	0
	10-24 places	20	0	0
	1-9 places	24	0	0
No change	No change	4	17	96
Up	1-9 places	4	50	3
	10-24 places	1	19	1
	25-49 places	1	5	0
	50+ places	1	9	0
	<i>Base</i>	<i>4,129</i>	<i>17,505</i>	<i>23,953</i>

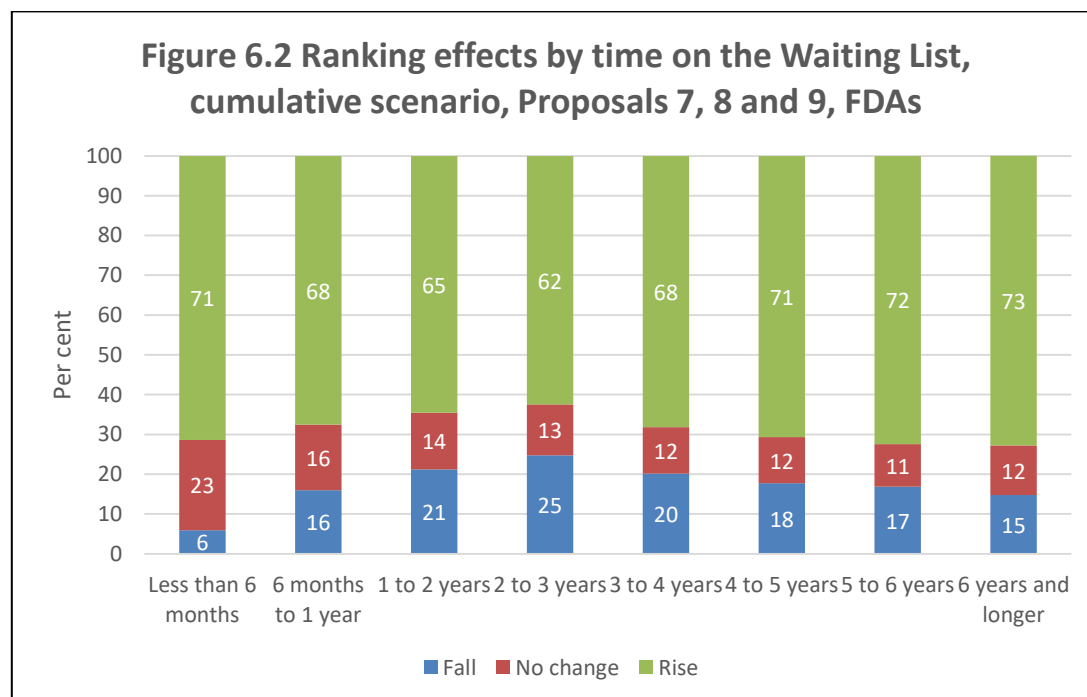
Across the entire Waiting List, including both FDAs and non-FDAs, eight per cent would fall in the rank order within their first choice CLA, 35 per cent would rise in the rank order and 57 per cent would see no change in their position (Table 6.7).

The ranking effects would be most pronounced among FDAs, 17 per cent of whom would fall in rank order while 68 per cent would rise. Non-FDAs would be largely unaffected, with none falling in the rank order and four per cent rising. Rank order rises among non-FDAs would be confined to those with 30+ points and, within that group of non-FDAs, only those with 70 or more points would see a rise in their rank order (see Table C6.2 in Appendix C).

Table 6.7 Cumulative scenario: Proposals 7, 8 and 9 - Rank order change within first choice CLA, by applicant type, (row per cent)

	Fall	No change	Rise	Any move up or down
	Row%	Row%	Row%	Row%
All FDAs	17	15	68	85
Applicants	20	15	66	85
Transfers	4	16	80	84
Non-FDAs	0	96	4	4
With 30+ points: Applicant	0	87	13	13
With 30+ points: Transfer	0	93	7	7
Less than 30 points	0	100	0	0
All on CWL	8	57	35	43

Among FDAs, the estimated ranking effects would be largely unrelated to time on the Waiting List (Figure 6.2). As the datasets available for tracking changes in circumstances date from October 2017, there is a risk that the 'no detriment' effects may be under-stated for the longer durations.



6.4 CLA Effects

The rank order effects by CLA size band are shown in Table 6.8. The estimated effects present a familiar picture. Similar to the estimated effects from scenarios around single proposals, in the cumulative scenario the rank order effects would be most pronounced within the larger CLAs with larger waiting lists.

Table 6.8 Cumulative scenario: Proposals 7, 8 and 9 - Rank order effects by first choice CLA size band, FDAs, per cent of CLA size band base¹

CLA size band:	Ranking effects						
	Down			No change	Up		
	50+ places	25-49 places	1-25 places	No change	1-9 places	10-24 places	25+ places
<i>Applicants</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>
Less than 10	0	0	8	83	9	0	0
10 to 24	0	0	14	56	30	0	0
25 to 39	0	4	10	44	41	0	0
40 to 59	0	6	10	27	57	0	0
60 to 79	0	7	8	30	55	1	0
80 to 99	0	8	7	17	66	1	0
100 to 149	1	11	5	15	60	7	0
150 to 249	5	9	3	5	54	23	1
250 to 499	9	7	1	3	29	39	11
500+	15	5	1	1	9	12	58
All	5	7	5	15	42	15	11

¹ See Table 4.5 for CLA size band base numbers of FDAs.

In the cumulative scenario the rank order effects at CLA level would be highly variable, depending on the proportion of the CLA's Waiting List that are FDAs and the mix of FDAs losing their intimidation and/or interim accommodation points and/or whose circumstances have changed.

The variations by case study CLA again serve to illustrate the variability in points and ranking effects that would accompany the cumulative scenario (Table 6.9).

For example, in Case C, an urban CLA in Derry with a Waiting List in the range 250-499, FDAs account for 60 per cent of the CLA's Waiting List. Of those FDAs, an estimated 29 per cent would see their entitlement change in the cumulative scenario. Further, the median points reduction among the FDAs with changed entitlement would be -62, above the average for all CLAs (-38). Thus, the typical FDA with changed entitlement would move up or down by 44 places. That is well in excess of the average 'disruption' across all CLAs of six places up or down, reflecting both the high FDA share and the above-average incidence of changes in entitlement.

Table 6.9 Cumulative scenario: Proposals 7, 8 and 9 - Points and ranking effects by case study areas: FDAs

Case study:	FDA share of CLA ¹	Incidence ²	Points effect ³ (median)	Absolute change in places up or down ⁴
	%	%	Pts	Median
A: Large town centre, North (150-249)	64	18	-31	8
B: NIHE District – medium town	37	27	-31	2
B: NIHE District – rural CLAs	32	15	-34	0
C: Urban, Derry (250-499)	60	29	-62	44
D: Small town, West (100-149)	52	19	-50	7
E: Large town, Belfast Urban Area (500+)	51	13	-40	21
F: Large town centre, Mid-Ulster, 500+	43	23	-52	34
G: Rural small town and village, each less than 100 applicants	26	21	-40	2
H: Belfast, east (250-499)	39	9	-37	5
I: Belfast, west (500+)	66	25	-68	71
All Northern Ireland	47	19	-38	6

¹ FDA proportion of CLA Waiting List.

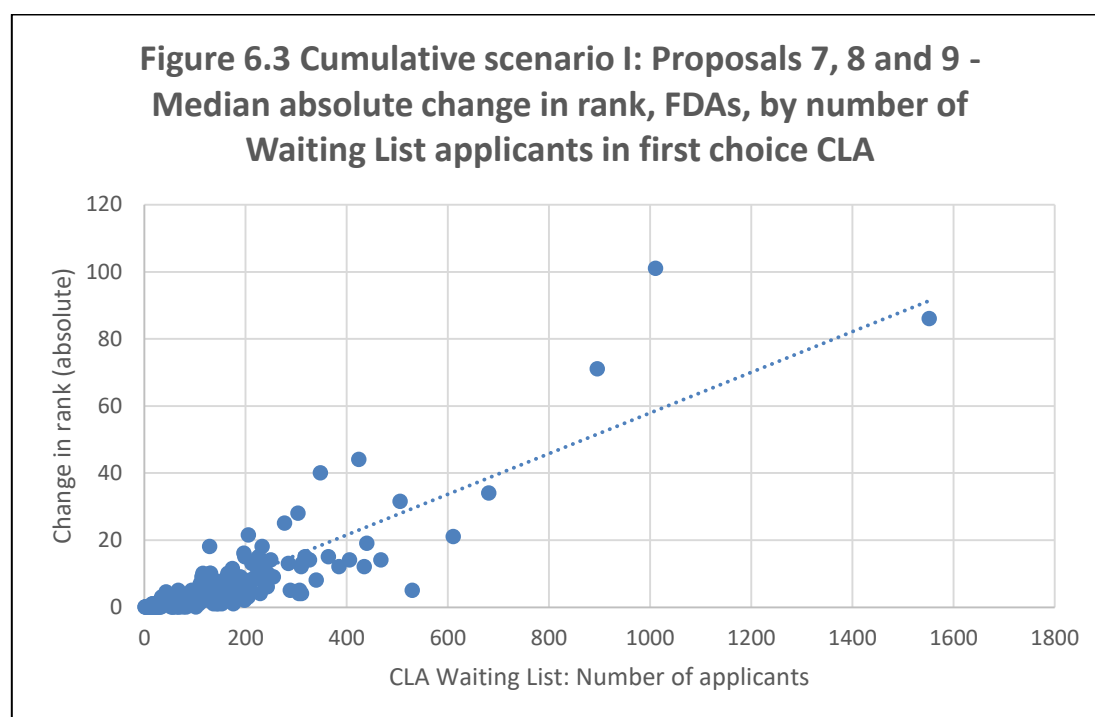
² Per cent of FDAs with an imputed change in entitlement.

³ Median change in points award among those with a change in entitlement.

⁴ Number of places that FDAs move up or down, in absolute value.

By contrast, in case H, also with a Waiting List in the range 250-499, the estimated effects are more muted. Reflecting the relatively low estimated incidence of changes in entitlement (nine per cent) combined with a below-average FDA share (39 per cent), the median number of places moved up or down by FDAs is estimated at five, slightly below the Northern Ireland average but also much lower than in case C.

The potential variability in CLA level effects on FDA rankings is further illustrated in Figure 6.3, using the median absolute change in rank order (that is, a count of moves up or down in rank order on the CLA Waiting List). Overall, the median number of places that applicants move up or down on their CLA Waiting List is positively related to the size of the List. However, there is considerable dispersion around the line of best fit.



6.5 Area Effects

The modelled points and ranking effects by NIHE Area are summarised in Table 6.10. It would be expected that the points and ranking effects from the cumulative scenario would exhibit less variability at the more aggregate NIHE Area level compared to the smaller scale CLA level effects. Nonetheless, the most striking feature is the range in the estimated effects across the 13 Areas. In particular, the estimated median absolute change in places up or down ranges from one in the South Area to 46 in the West Belfast Area.

Table 6.10 Cumulative scenario: Proposals 7, 8 and 9 - Points and ranking effects by NIHE Area, FDAs

	FDA share ¹	Incidence ²	Points effect ³ (median)	Absolute change in places up or down ⁴
	%	%	Pts	Median
Belfast region				
North Belfast	54	15	-30	6
South and East Belfast	47	18	-28	7
West Belfast	57	22	-54	46
Lisburn and Castlereagh	46	18	-42	7
North region				
South Antrim	55	10	-26	2
Mid and East Antrim	50	11	-24	1
West	55	28	-48	18
Causeway	37	24	-38	3
South region				
North Down and Ards	42	13	-37	4
South Down	56	20	-48	7
South	30	16	-33	1
South West	31	28	-40	2
Mid Ulster	40	21	-36	10
All Northern Ireland	47	19	-38	6

¹ FDA proportion of Waiting List.

² Per cent of FDAs with an imputed change in entitlement.

³ Median change in points award among those with a change in entitlement.

⁴ Number of places that FDAs move up or down, in absolute value, within first choice CLAs.

6.6 Profile

The profile of changes in FDAs' entitlements in the cumulative scenario is provided as Table C6.2 in Appendix C. Table C6.3 summarises the ranking effects for FDAs while Table C6.4 shows the ranking effects for non-FDAs. The main points of note are as follows.

The main contrasts in changes in entitlement among FDAs are by age, household type and the number of dependent children (see Table C6.2). However, the contrasts are modest:

- Changes in entitlement would be slightly more concentrated in the younger age groups. FDAs aged under 45 would comprise an estimated 70 per cent of those losing entitlement, compared to their 60 per cent share of all other FDAs. By contrast, those aged 65 and older would comprise an estimated five per cent of FDAs with a change in entitlement in the cumulative scenario, compared to their 11 per cent share of all other FDAs.
- Large family and large adult households combined account for an estimated 17 per cent of FDAs losing entitlement, compared to their 12 per cent share of all other FDAs.
- Households with three or more dependent children, which account for 87 per cent of large families, would account for an estimated nine per cent of those losing entitlement compared to their six per cent share of other FDAs.

The entitlement changes are reflected in the estimated ranking effects for FDAs (see Table C6.3). For example, almost one in four large families (24 per cent) would see a fall in their rank order within their first choice CLA compared to the overall FDA average of 17 per cent.

Very few non-FDAs would see a change in their rank order within their first choice CLAs (see Table C6.4). None would fall in rank. Four per cent would experience a rise in the rank order within their first choice CLA. All of those rising in the rank order have 70 or more points in the baseline. Their ascent in the rank order would arise from filling positions vacated by FDAs losing points due to the proposals in the cumulative scenario and thereby falling in the rank order.

6.7 Allocation Effects

As noted previously, the points gap between those losing entitlement in the cumulative scenario and FDAs whose entitlement does not change would fall from +18 points to -20 points (see Table 6.2). On the average, therefore, the probability of an allocation for those losing entitlement would fall below the probability for all other FDAs (Table 6.11).

Table 6.11 Cumulative scenario: Proposals 7, 8 and 9 - Effect on simulated probability of an allocation, given the availability of a property

	Change in entitlement	All other FDA	Difference
All FDA			
Baseline	22%	17%	5%
Scenario	11%	19%	-8%
<i>Difference from baseline</i>	<i>-11 pps</i>	<i>+2 pps</i>	
FDA applicants (excl. transfers)			
Baseline	21%	14%	7%
Scenario	10%	17%	-6%
<i>Difference from baseline</i>	<i>-11 pps</i>	<i>+3 pps</i>	

In the cumulative scenario, non-FDA allocation effects are confined to those with 100 or more points. However, the allocation effect on those non-FDAs is very slight (less than two percentage) points. Further, non-FDAs with 100 or more points account for fewer than one per cent of all non-FDAs. Overall, therefore, the cumulative scenario would have a negligible effect on non-FDA allocation probabilities.

6.8 Key Points Summary

The cumulative scenario is based on the joint implementation of Proposals 7, 8 and 9. Proposals 7 and 9 are modelled by notionally removing points for intimidation and interim accommodation. Proposal 8 has been modelled using the main *remove 'no detriment'* scenario.

When the three Proposals are jointly implemented, an estimated 19 per cent of FDAs would see their entitlement change, including 21 per cent of FDA applicants and six per cent of FDA transfers.

FDAs with a change in entitlement would see their median points award fall from 130 in the baseline to an estimated 92 in the cumulative scenario, a drop of 38 points. As a result, the gap between their average award (measured by the median) and the average for FDAs with no change in their entitlement would fall from +18 points to -20 points.

Among FDAs whose points entitlement changes in the scenario, 89 per cent would fall by one or more places in the rank order within their first choice

CLA, including 15 per cent falling by 100 or more places and 13 per cent by 50-99 places. Among FDAs with no change to their points entitlement, 83 per cent would move up one or more places in the rank order within their first choice CLA, including nine per cent moving up 50 or more places.

Overall, 17 per cent of FDAs would fall in rank order within their first choice CLAs while 68 per cent would rise. Non-FDAs would be largely unaffected, with none falling in the rank order and four per cent rising. Rank order rises among non-FDAs would be confined to those with 70+ points.

Similar to the estimated effects from scenarios around single proposals, in the cumulative scenario the rank order effects would be most pronounced within the CLAs with the larger waiting lists.

When the points and ranking effects are estimated at NIHE Area level, the most striking feature is the range in the estimated effects across the 13 Areas. In particular, the estimated median absolute change in places up or down ranges from one in the South Area to 46 in the West Belfast Area.

The main contrasts in changes in entitlement and ranking effects among FDAs are by age, household type and the number of dependent children. However, the contrasts are modest.

Reflecting the points and ranking effects, FDAs losing entitlement in the cumulative scenario would have a reduced probability of being allocated social housing. In the baseline, under current arrangements, their probability of an allocation is higher, on average, than other FDAs. The loss of points and fall in rank order would bring the allocation probability for FDAs with changed entitlement in the scenario below that of other non-affected FDAs.

The cumulative scenario would have a negligible effect on allocation probabilities of non-FDAs.

7 Banding (Proposal 10)

7.1 Introduction

The current Selection Scheme ranks Waiting List applicants solely on the number of points they have been awarded, with reference to size criteria and area of choice. The purpose is to allocate social housing units to the households in greatest need. The issue identified by the Fundamental Review is that:

Some households with high levels of need are waiting for long periods of time, particularly in high demand areas. The Selection Scheme needs to address this more effectively. (DfC, 2017, p. 75)

In response, the Review proposed grouping applicants with “similar levels of need (still measured objectively by points)”. Within each grouping, it is proposed that applicants should be ranked according to the length of time they have spent on the Waiting List. The intended outcome is that “those in greatest need receive priority, with recognition of their time in need”. Should the proposal be implemented, it is anticipated that, over time, there would be a reduction in the number of applicants with high levels of need and who have been waiting “a very long time”.

The banding approach therefore entails a two-stage process in deciding on the applicant to whom an offer should be made from the list of applicants whose area of choice and property size requirements match the available letting, as follows:

- First, sort the list of applicants according to the bands in which they have been placed, based on the points they have been awarded.
- Second, within each band, rank the applicants in date order. In simple terms, the property would then be offered to the highest ranked applicant within the highest need band.

The main challenge presented by the proposed approach is the specification of a set of bands within which applicants could reasonably be said to have ‘similar levels of need’. That presents two issues:

- How many bands?
- For a given set of bands, what should be the points thresholds separating each of the bands?

The remainder of this section focuses on those key issues. The section commences with an outline of the approach. The section then turns to consider alternative banding models, examining designs from four through to eight band models.

7.2 Approach

The fundamental requirement for a set of bands within a 'hybrid' system is that, within each band, applicants could reasonably be said to have 'similar' levels of need. Two issues must be addressed in satisfying that requirement:

- What is the points curve for which bands are to be determined?
- What criteria should be used in specifying the thresholds for banding applicants on the Waiting List?

7.2.1 The Points Curve

Within the context of the Fundamental Review, the points curve used to examine alternative banding options is the curve resulting from the implementation of Proposals 7, 8 and 9, with time points removed, for the following reasons.

First, in a banded system, as applicants would be ranked within each band in date order, there would no longer be a rationale for awarding additional points for time on the List (see discussion of Figure 2.1 in Section 2.2).

Second, in the DfC consultation paper, the removal of interim accommodation points (Proposal 9) was specifically linked to the banding proposal in the following terms (DfC, 2017, p. 67):

The length of time spent waiting in temporary accommodation (whether provided by the NIHE or sourced by the applicant) should be recognised solely by time waiting rather than points; namely by allocating to the applicant in the highest band who has waited longest (see Proposal 10).

Third, in discussing how a banded system would operate, the Fundamental Review consultation paper stated the need for new rules setting out how changes in circumstances should be dealt with, as follows (DfC, 2017, p. 77):

If the applicant's points put them in a lower band they should keep the application date they had in the higher band. If their points put them in a higher band the date used to decide allocation should be the date that their circumstances changed.

That approach would suggest the implementation of Proposal 8 (remove the 'no detriment' policy).

As outlined in section 6, the implementation of Proposals 7, 8 and 9 together would entail reductions in the points awarded to FDAs which come within scope of the Proposals. In the scenario discussed in section 6, almost one in five FDAs (19 per cent) would lose points.

In the banding proposal, applicants would also lose time points, both FDA and non-FDA. As at August 2019, 42 per cent of applicants had been on the List for over two years and had 1+ points (Table 7.1). On average, they had accumulated six time points.

Table 7.1 Applicants with time points and average per applicant with time points

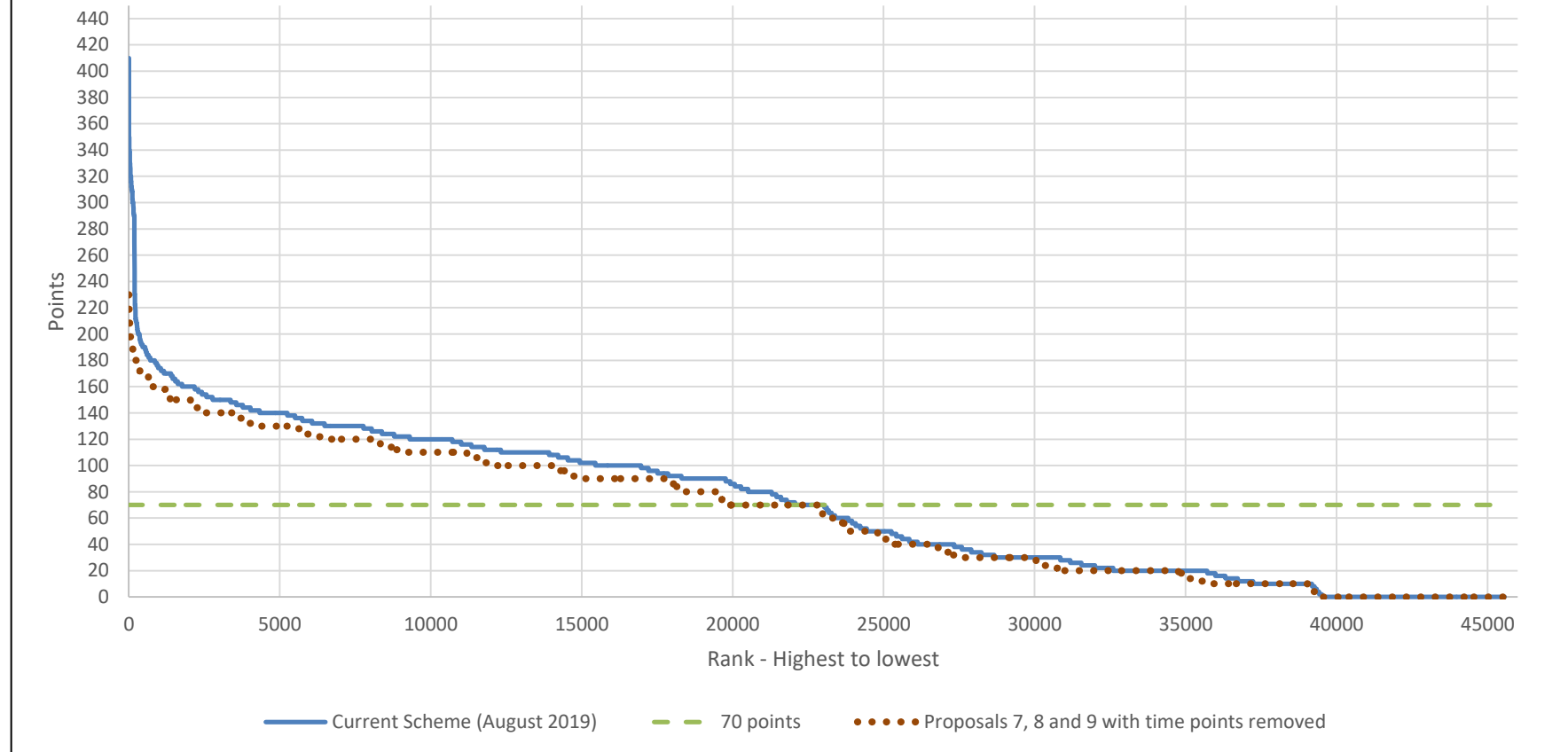
	Applicants		Average
	%	No.	Points
FDA: All	51	10,983	6
FDA: Applicant	51	9,432	6
FDA: Transfer	47	1,551	6
Non-FDA: All	33	8,013	7
Other applicant: With 30+ points	53	3,388	8
Other transfer: With 30+ points	48	1,350	7
Less than 30 points	22	3,275	6
All	42	18,996	6

When time in need points are removed in tandem with Proposals 7, 8 and 9, 59 per cent of FDAs would see their points change, including 60 per cent of FDA applicants and 51 per cent of FDA transfers. One in three non-FDAs (33 per cent) would lose points for time in need. Across the Waiting List as a whole, 42 per cent would lose time points.

Compared with the points curve under the current Rules, the overall effect of the implementation of Proposals 7, 8 and 9 combined with removal of time points is a downward shift in the number of points awarded which acts to 'flatten' the distribution of points when the Waiting List as a whole is ranked from highest to lowest (Figure 7.1).

It is the 'flatter' distribution shown in Figure 7.1 which is considered in specifying alternative banding systems. In that regard, it should be noted that the distribution of points by rank order is not strictly continuous. There are many points levels at which applicants have the same number of points, e.g., 1,036 all with 140 points, 1,476 with 130 points, etc. Almost 3,000 applicants are on 70 points in the scenario. Those 'flat' portions of the curve are helpful in identifying thresholds for bands within which it can be asserted that applicants have 'similar' levels of need. Nonetheless, there are still multiple alternatives for setting both the number of bands and their thresholds.

Figure 7.1 August 2019 Waiting List - Ranking by points awarded: Current Scheme compared with implementation of Proposals 7, 8 and 9 and time points removed



7.2.2 Banding Models

Three bands below 70 points can be treated as pre-defined, i.e., zero points, 1-29 points and 30-69 points. As outlined in the illustrative banding system discussed in the Fundamental Review consultation paper, the thresholds for those three bands reflect the current policy stance (see Box 2.A), that is:

- 30-69 points is above the housing stress threshold (30 points) and below the 70 points considered to warrant FDA status in assessing homelessness and insecurity of tenure.
- 1-29 points indicates a degree of housing need but an absence of housing 'stress'.
- Zero points indicates no current housing need or stress.

With three bands pre-defined, a four band model is straightforward, i.e., the fourth band includes all applicants with 70+ points. However, that is a very wide band, with applicants' points ranging from 70 through to over 200 points (Figure 7.1). Consequently, the variability in applicants' housing circumstances is so wide that the band could not reasonably be considered to encompass 'similar' levels of need.

The next option to be considered is the five band model, which requires one threshold to separate the 70+ points range into two bands. Clearly, there are many such thresholds which could be chosen. The approach to selecting a threshold starts from the observation that, where the points curve is flat or horizontal, applicants can reasonably be said to have 'similar' levels of need.

For example, there are 2,954 applicants with a score of 90 points in the cumulative scenario with time points omitted. Applicants with a score of 90 points will not all have precisely the same housing needs. Typically, they will have 70 FDA points plus a further 20 points which could be due to their housing conditions (such as sharing or overcrowding) or health and social wellbeing needs (such as functionality within the home, primary social needs factors, other social needs factors or complex needs)²³. The precise mix of factors will vary from one applicant to the other. For example, as a proportion of total points, sharing points are highest among small family applicants while functionality points are highest among elderly households. Nonetheless, and regardless of the precise mix of factors, a points award of

²³ See Schedule 4 to the Housing Selection Scheme Rules for criteria under each heading and the points that may be awarded.

90 can reasonably be said to signify similar levels of 'need' among applicants receiving that number of points.

Extending the analogy, it would therefore seem reasonable to select a threshold level of points that divides all applicants with 70+ points in such a way that the resulting two bands are the 'flattest' that can be achieved across the range of possible alternatives. As it transpires, that threshold is 115 points; see Box 7.A for the technical details. The five band model is shown in Figure 7.2.

Applying that same approach to the remaining options yields the following thresholds:

- Six bands – 70-99, 100-139, 140+ (Figure 7.3).
- Seven bands – 70-89, 90-114, 115-144, 145+ (Figure 7.4).
- Eight bands – 70-89, 90-109, 110-124, 125-144, 145+ (Figure 7.5).

One point to note is that, in the six, seven and eight band models, the highest need band is 140+ to 145+ points. That reflects the 'elbow' in the points curve, which bends upwards at around 140 points. Thus, while the five band model is clearly an improvement on four bands, it does not account for the increase in variability at the 140+ level and is inferior to the systems with 6+ bands in meeting the requirement for bands to reflect 'similar' levels of need.

Box 7.A Selection of thresholds for bands: Technical note

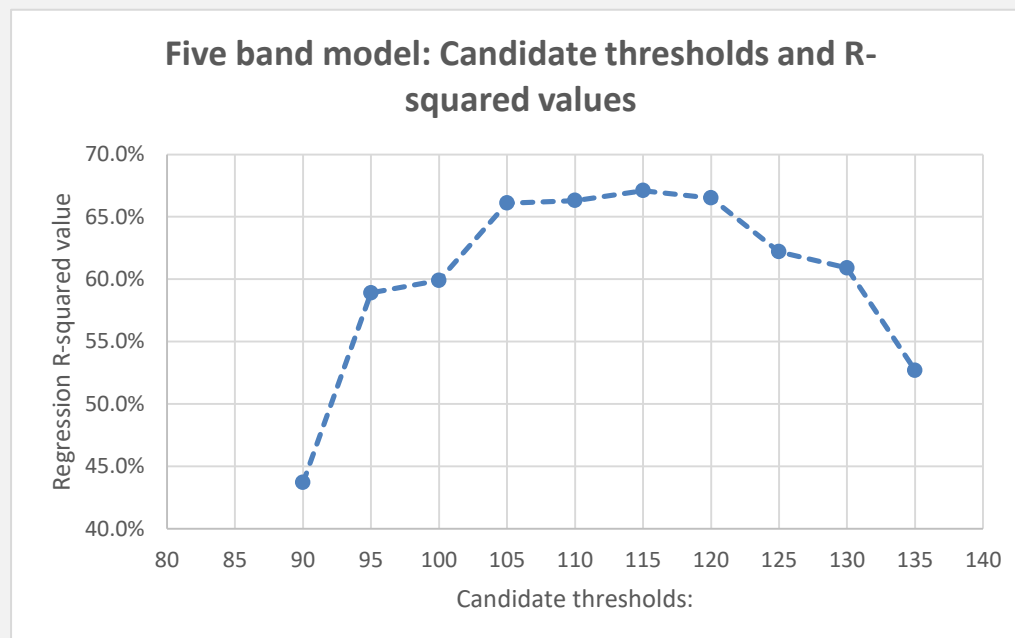
The technical approach used was to identify, for a given number of bands, the threshold(s) that minimise(s) the variance in points scores within each band. Intuitively, that is to seek thresholds so that the points curve between each pair of upper and lower thresholds is 'flatter' than any alternative choice of thresholds.

The approach can be illustrated with the five-band model. For that model, with three lower bands pre-specified, it is necessary to split the distribution of 70+ points into two bands. One threshold is required for that purpose. Imposing the constraint that thresholds should be multiples of five, the single threshold can readily be found by specifying a range of candidate thresholds to find the one that minimises the variance in the distribution of points in the 70+ space. The technique used for that purpose was to run a set of linear regressions, with points awards as the dependent variable and a single dummy variable for the threshold value. The chosen threshold is then the one that maximises the regression R-squared value.

The regression results for the five band model are shown in the chart below. Two points can be noted. First, the threshold that yields the

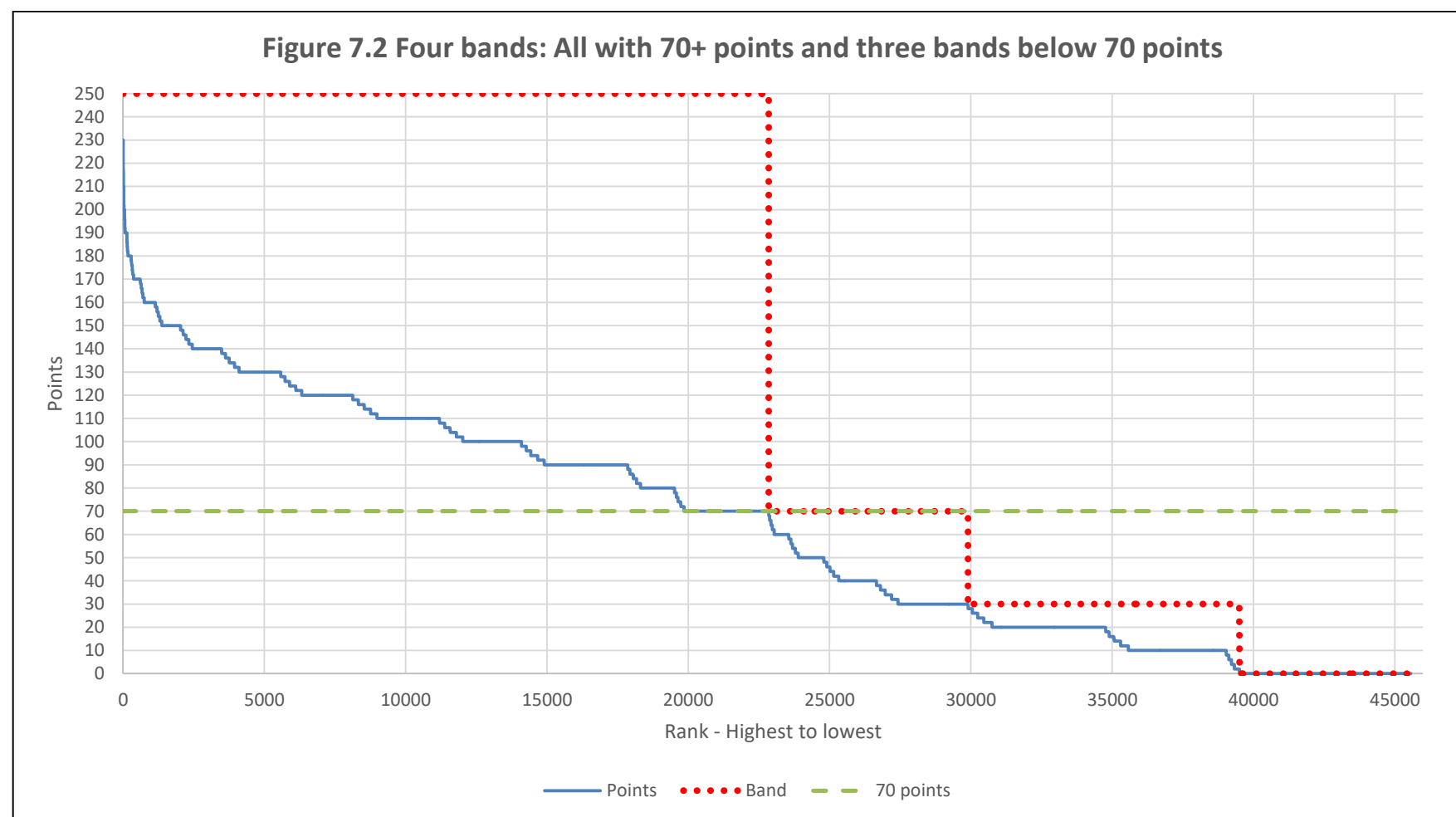
Box 7.A Selection of thresholds for bands: Technical note

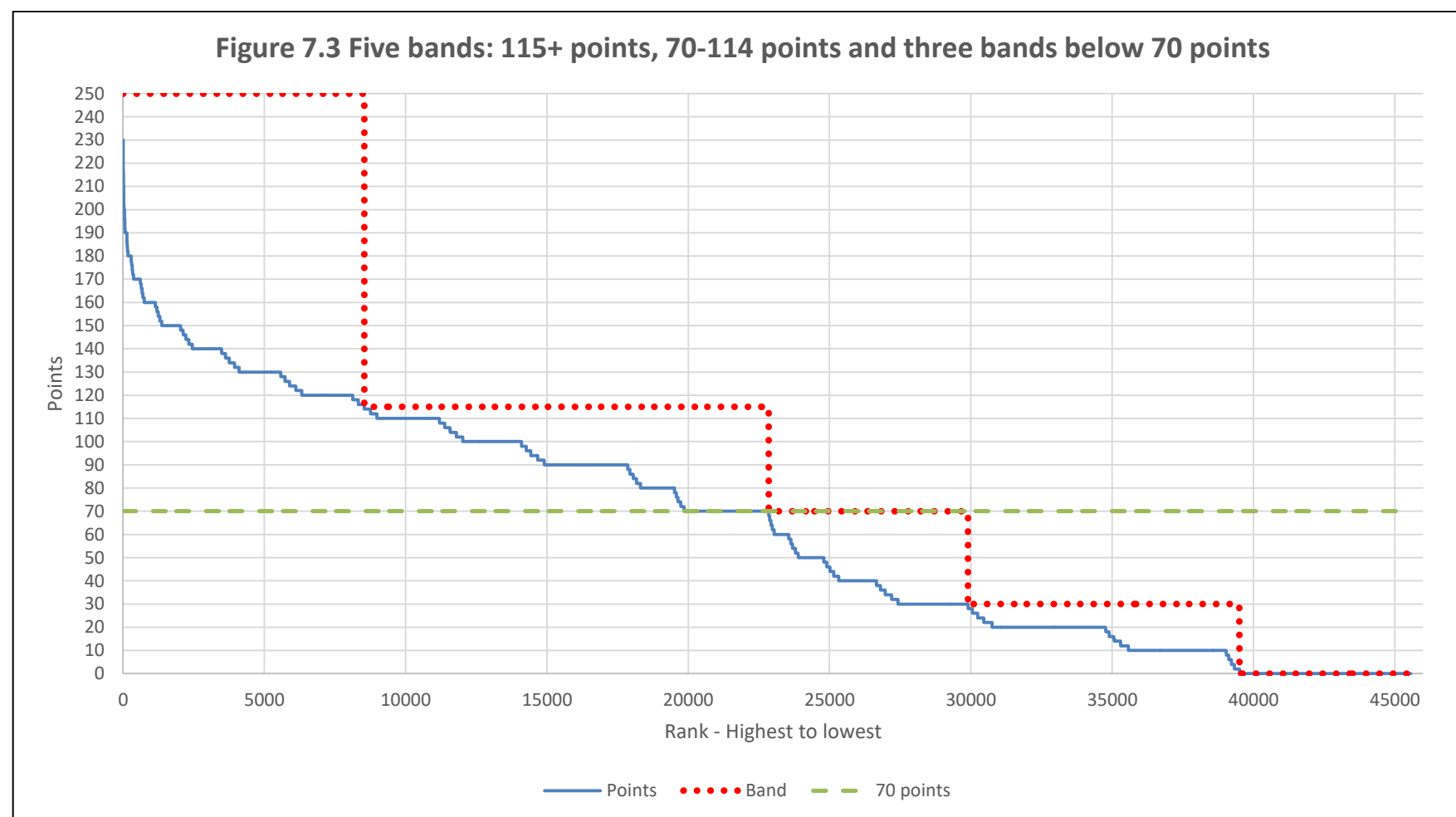
highest R-squared value is 115 points, i.e., the highest point on the curve. Second, the points curve is not especially steep within the range 105 to 120 points (see Figure 6.1) and there is not a large difference for R-squared values for threshold candidates within that range.



The approach to selecting thresholds for the six, seven and eight band models was the same, i.e., generate a list of candidate threshold values and run a series of regression models to identify the optimal set of values for each banding model.

The exception to that criterion was the specification of the upper threshold in the six band model. The optimising value on the R-squared criterion was 135. In discussion of that model, the PAG took the view that the higher threshold of 140 would be more appropriate to give higher priority to applicants with the most acute housing needs. Though, it can be noted that the six band model with an upper threshold of 140 ranked second among the range of six band models assessed, yielding an R-squared value of 83.1% compared with 83.5% for the model with 135 as the upper threshold.





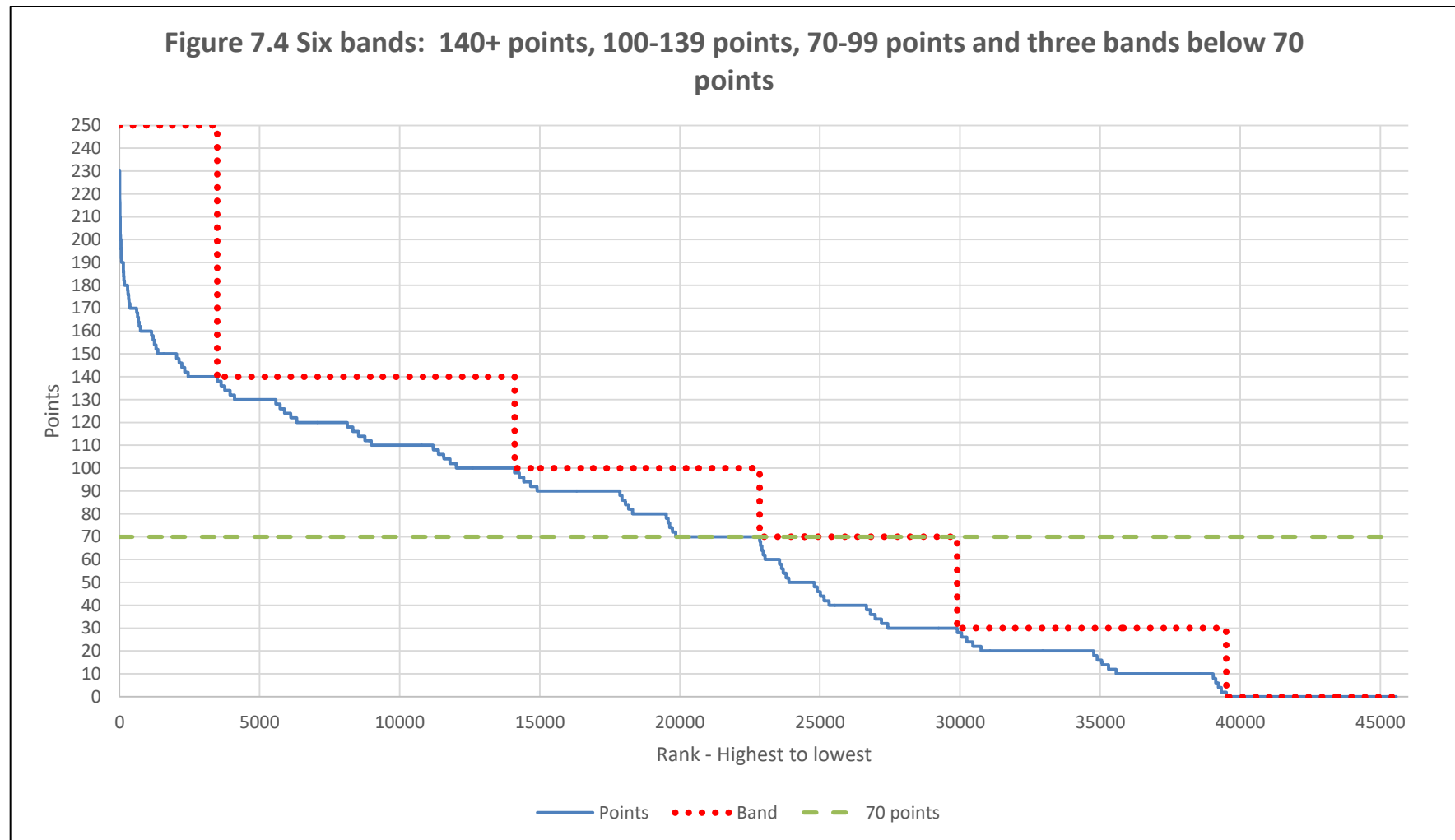
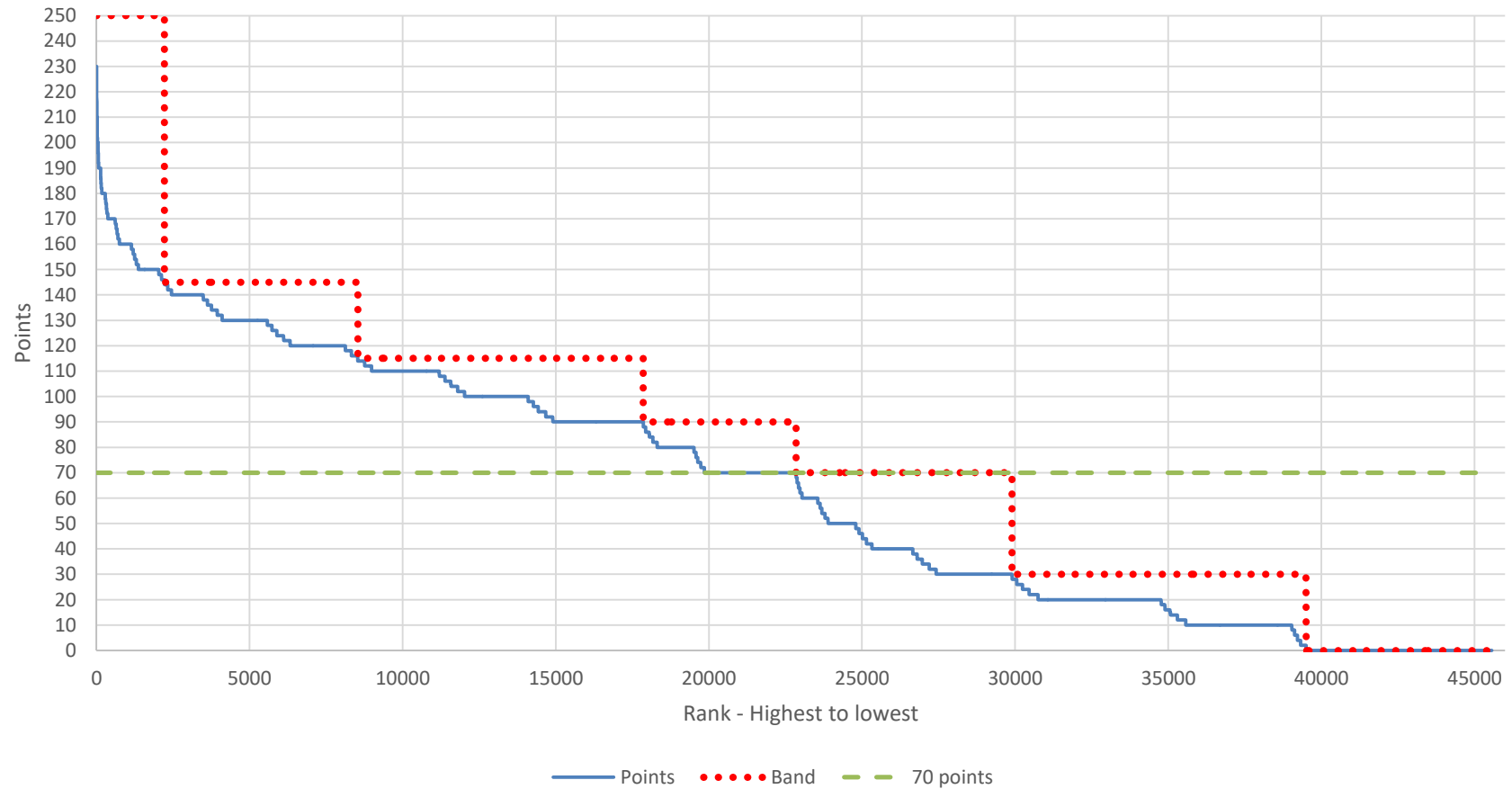
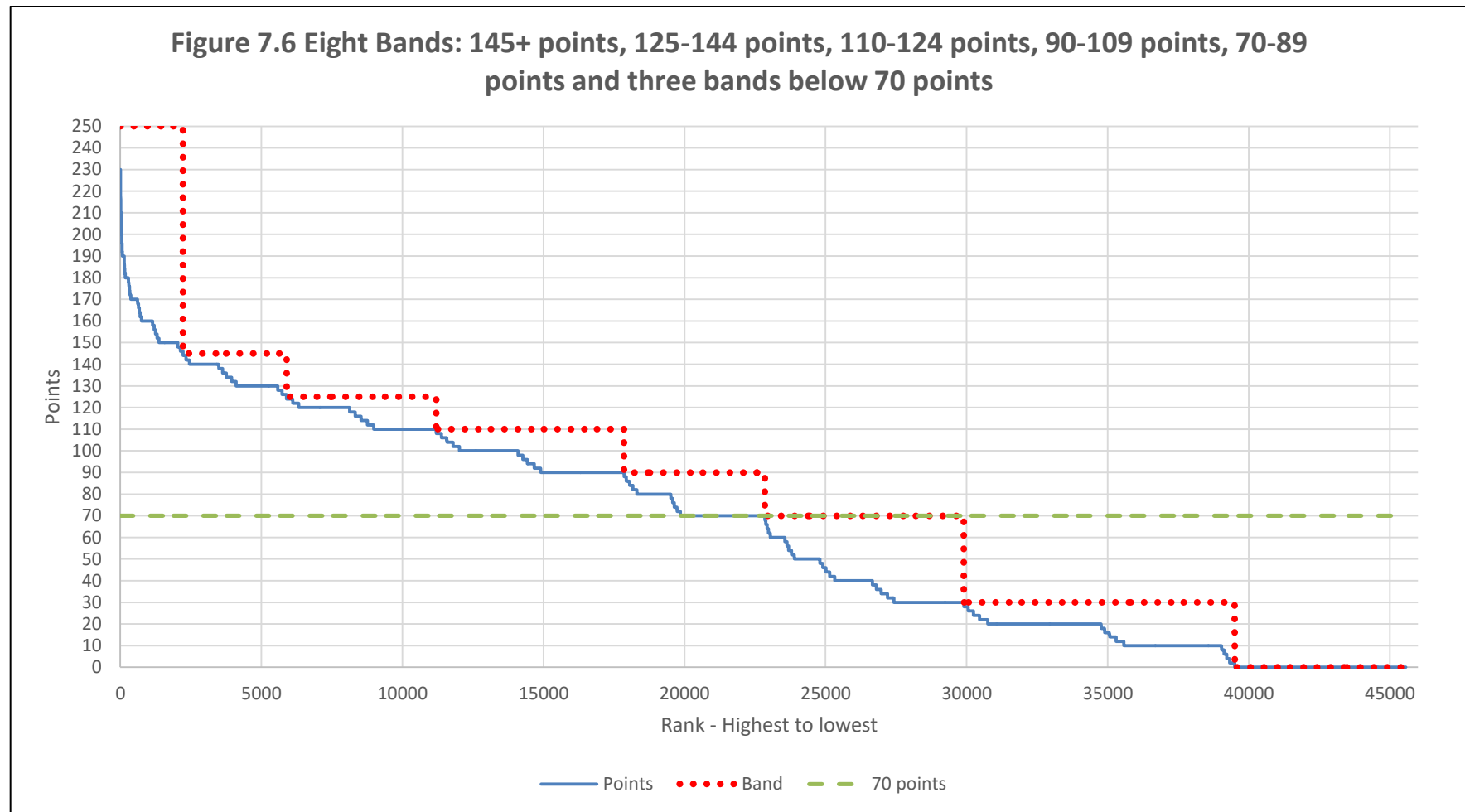


Figure 7.5 Seven bands: 145+ points, 115-144 points, 90-114 points, 70-89 points and three bands below 70 points





7.3 Banding Scenario

The banding models described above are examined in two stages, as follows:

- A scenario in which only Proposal 10 is implemented, i.e., banding.
- A cumulative scenario in which Proposals 7, 8 and 9 are implemented in combination with banding.

The remainder of this section focuses on the banding only scenario. The cumulative scenario is presented in section 8.

For the banding scenario, applicants on the August 2019 Waiting List have been assigned to the five banding options based on their points awards in the baseline, with only time points removed. The purpose is to illustrate the effects of banding in isolation from the other proposals.

The numbers of applicants with 70+ points contained within each band are shown in Table 7.2. The Waiting List applicant numbers in the three bands below 70 points are the same for all five banding options, as follows:

- 30-69 points – 7,050
- 1-29 – 9,604
- Zero – 6,085.

Table 7.2 Banding models: Waiting List applicants with 70+ points

	Band 4	Band 5	Band 6	Band 7	Band 8
Four bands	22,848				
Five bands	12,317	10,531			
Six bands	6,463	11,562	4,823		
Seven bands	3,505	8,812	7,255	3,276	
Eight bands	3,505	6,051	5,725	4,291	3,276

Thresholds in the 70+ range are as follows:

Four – 70+

Five – 70-114, 115+

Six – 70-99, 100-139, 140+

Seven – 70-89, 90-114, 115-144, 145+

Eight – 70-89, 90-109, 110-124, 125-144, 145+.

7.4 Ranking Effects

In a banding scenario, points are used to place Waiting List applicants into a band but, within each band, ranking is in date order. Furthermore, all applicants are directly affected, both FDA and non-FDA. Those two features of the banding model serve to differentiate the ranking effects from those observed in Proposals 7, 8 and 9, where ranking effects flow from changes to points.

In the first instance, when Waiting List applicants are sorted in date order, according to the length of time they have been on the List, the ranking effects would be broadly symmetric, i.e., the proportions rising and falling in the rank order within their first choice CLAs would be approximately equal. That feature of banding models is evident from the summary of ranking effects for FDAs when compared with the cumulative scenario discussed in section 6 (Table 7.3. See also Tables C7.1(a) to C7.5(b) for banding model ranking effects by points band, applicant type and time on waiting list).

In the cumulative scenario, without banding, those losing entitlement tend to fall multiple places, thereby opening up 'slots' that can be filled by those who do not lose points. The result is that the proportion of the List moving up in the rank order exceeds the proportion falling in the rank order. By contrast, in the banding model, the date order criterion affects all applicants within a band in equal measure. The symmetry in the ensuing ranking effects is evident from the results for the banding models shown in Table 7.3.

Table 7.3 Ranking effects by banding model, no other proposals, FDAs

	Fall	No change	Rise	Any move up or down
	%	%	%	%
Banding only ¹				
Four	50	3	47	97
Five	47	6	46	94
Six	46	8	46	92
Seven	43	11	46	89
Eight	42	13	45	87
Cumulative scenario (7, 8 and 9), no banding	17	15	68	85
¹ Remove time points only.				

The symmetry in the ranking effects of the banding models is apparent also from the results for non-FDAs (Table 7.4). As the vast majority of non-FDAs (94 per cent) have fewer than 70 points and the same set of bands is applied in each model to those with less than 70 points, the ranking effects for non-FDAs hardly differ across the five banding models.

It should also be noted that one in four non-FDAs (25 per cent, or 6,071 out of 23,953) have zero points²⁴. Applicants with zero points are already ranked in date order on the Waiting List, as that is the criterion used to rank applicants with an equal number of points. For that reason, the proportion with no change in their rank order is higher for non-FDAs than for FDAs.

Table 7.4 Ranking effects by banding model, no other proposals, non-FDAs

	Fall	No change	Rise	Any move up or down
	%	%	%	%
Banding only ¹				
Four	32	32	36	68
Five	32	32	35	68
Six	33	32	35	68
Seven	33	33	34	67
Eight	33	33	34	67

¹ Remove time points only.

The ranking effects by banding model across the full Waiting List are summarised in Table 7.5. Again, it can be seen that the proportions rising and falling in rank order are approximately equal for each banding model. Though, it is clear that the introduction of a banding model would result in a considerable re-sorting of applicants on the Waiting List. In each model, only about one in five on the Waiting List would see their rank order remain unchanged. As applicants with zero points represent 13 per cent of the full Waiting List, they would comprise 71 per cent of the applicants whose rank order would remain unchanged with the introduction of a banding model.

²⁴ See Table C7.1(b) for the non-FDA ranking effects by their baseline points levels and applicant types.

Table 7.5 Ranking effects by banding model, no other proposals, all Waiting List applicants

	Fall	No change	Rise	Any move up or down
	%	%	%	%
Banding only ¹				
Four	41	18	41	82
Five	40	20	41	80
Six	39	21	40	79
Seven	38	22	40	78
Eight	37	23	39	77

¹ Remove time points only.

The different banding models exhibit sharp contrasts when the ranking effects are examined with reference to the number of places that applicants are moved when sorted in date order. Specifically, the fewer the number of bands, the greater the dispersion of places that applicants would move up or down. That effect is most apparent for FDAs.

For example, the proportion of applicants falling in the rank order within their first choice CLA by 50 or more places would range from 14 per cent in the four band model to two per cent in the eight band model.

The difference arises because, in the four band model, date order is the only criterion considered in ranking FDAs. By contrast, in the eight band model, applicants are first sorted according to their points and then, within their assigned band, sorted in date order. To that extent, the eight band model more closely resembles the current arrangements. Indeed, in the eight band model, 57 per cent of FDAs would rise or fall by fewer than 10 places and 13 per cent would remain unchanged. Conversely, in the four band model, 29 per cent would rise or fall by fewer than 10 places and three per cent would remain unchanged.

A further point to note is the symmetry in the distribution of places moved up and down. For example, in the four band model, while 14 per cent would fall by 50 or more places, an almost equal proportion (13 per cent) would rise in the rank order by 50 or more places. That symmetry holds across each of the banding models.

Table 7.6 Banding only: Effect on rank within first choice CLA – FDAs, per cent of base

	Four bands	Five bands	Six bands	Seven bands	Eight Bands
	%	%	%	%	%
Fall 100+ places	7	3	2	1	1
Fall 50-99 places	7	4	3	2	1
Fall 25-49 places	9	7	6	5	3
Fall 10-24 places	11	13	12	11	10
Fall 1-9 places	15	20	24	25	27
No change	3	6	8	11	13
Rise 1-9 places	14	21	24	28	30
Rise 10-24 places	11	12	12	11	10
Rise 25-49 places	9	7	6	4	3
Rise 50-99 places	7	4	3	2	1
Rise 100+ places	6	3	2	1	1
<i>Base</i>	<i>21,634</i>	<i>21,634</i>	<i>21,634</i>	<i>21,634</i>	<i>21,634</i>

The distribution of places moved up or down does not vary greatly across the banding models when applied to non-FDAs (Table 7.7). Mainly, that is to reflect the point made previously that almost all non-FDAs have fewer than 70 points and the same three bands are used in each model for those with fewer than 70 points.

Thus, in each of the banding models, approximately 40 per cent of non-FDAs would move up or down by fewer than 10 places and one in three would not change their rank order at all. That is mainly due to the number of non-FDA applicants having no points and already being sorted in date order.

Nonetheless, it can also be seen that the distribution of places moved up and down by non-FDAs would also display the symmetry observed in respect of FDAs. For example, the proportion moving up by 1-9 places would be almost identical to the proportion moving down in the rank order by 1-9 places (circa 20 per cent).

Table 7.7 Banding only: Effect on rank within first choice CLA - non-FDAs, per cent of base

	Four bands	Five bands	Six bands	Seven bands	Eight Bands
	%	%	%	%	%
Fall 100+ places	0	0	0	0	0
Fall 50-99 places	1	1	1	1	1
Fall 25-49 places	3	3	3	3	3
Fall 10-24 places	8	8	8	8	8
Fall 1-9 places	20	21	21	21	21
No change	32	32	32	33	33
Rise 1-9 places	21	22	22	22	22
Rise 10-24 places	9	9	9	9	9
Rise 25-49 places	3	3	3	3	2
Rise 50-99 places	2	1	1	1	1
Rise 100+ places	1	0	0	0	0
<i>Base</i>	<i>23,953</i>	<i>23,953</i>	<i>23,953</i>	<i>23,953</i>	<i>23,953</i>

The extent to which banding entails a re-ordering within first choice CLAs can be summarised by the average absolute number of places that an applicant falls or rises. For FDAs, the median number of places moved up or down ranges from 21 in the four band model to five in the eight band model (Table 7.8).

A banding model would have less of an effect on non-FDAs. When measured on the median, the average number of places moved would be three. Albeit, in the case of non-FDAs, the median places moved varies with the applicant's baseline points. In the six band model, the median ranges from zero places among those with no points to six places for those in the 1-29 points band, five places in the 30-69 points band and five places among the 1,200 non-FDA applicants in the 70-99 points band.

Table 7.8 Average absolute number of places by which applicants change position, up or down, in banding models, no other proposals

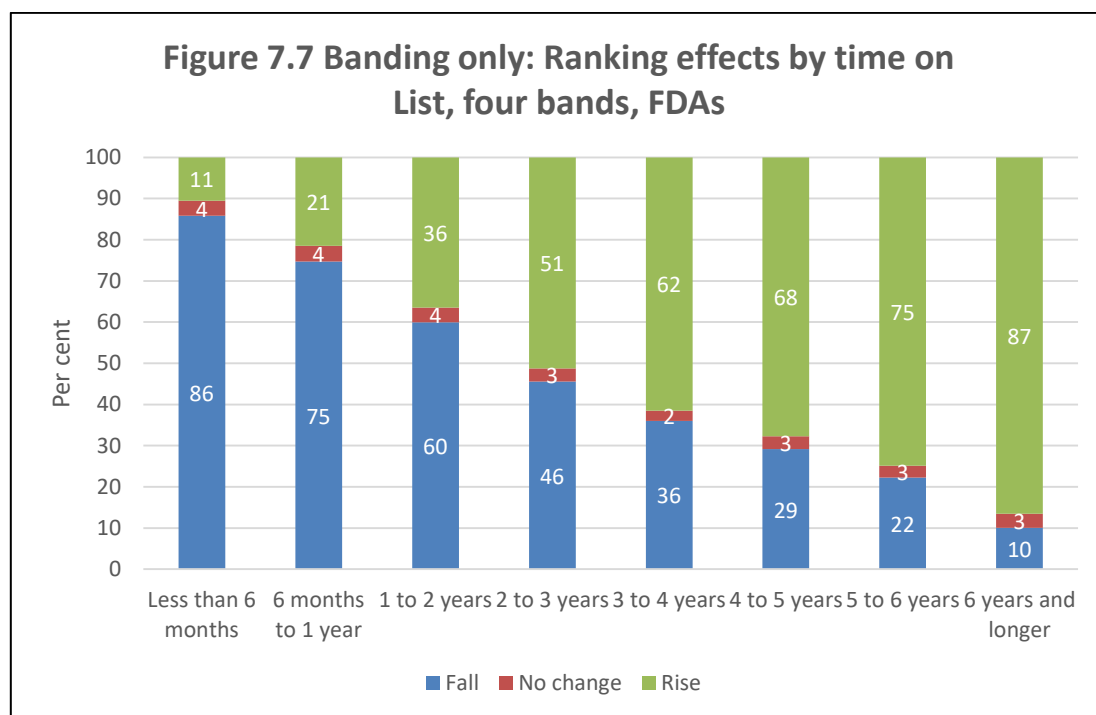
	FDAs		Non-FDAs	
	Mean	Median	Mean	Median
	<i>Places</i>	<i>Places</i>	<i>Places</i>	<i>Places</i>
Banding ¹				
Four	54	21	10	3
Five	28	10	8	3
Six	20	8	8	3
Seven	15	6	8	3
Eight	11	5	7	3
Proposals 7, 8 and 9 cumulative, no banding	23	6	0	0
¹ Remove time points only.				

7.5 Time on the List Effects

A key issue in considering banding models is the extent to which each banding system improves the prospects of those who have been waiting the longest. That is a central part of the rationale for the proposed banding approach.

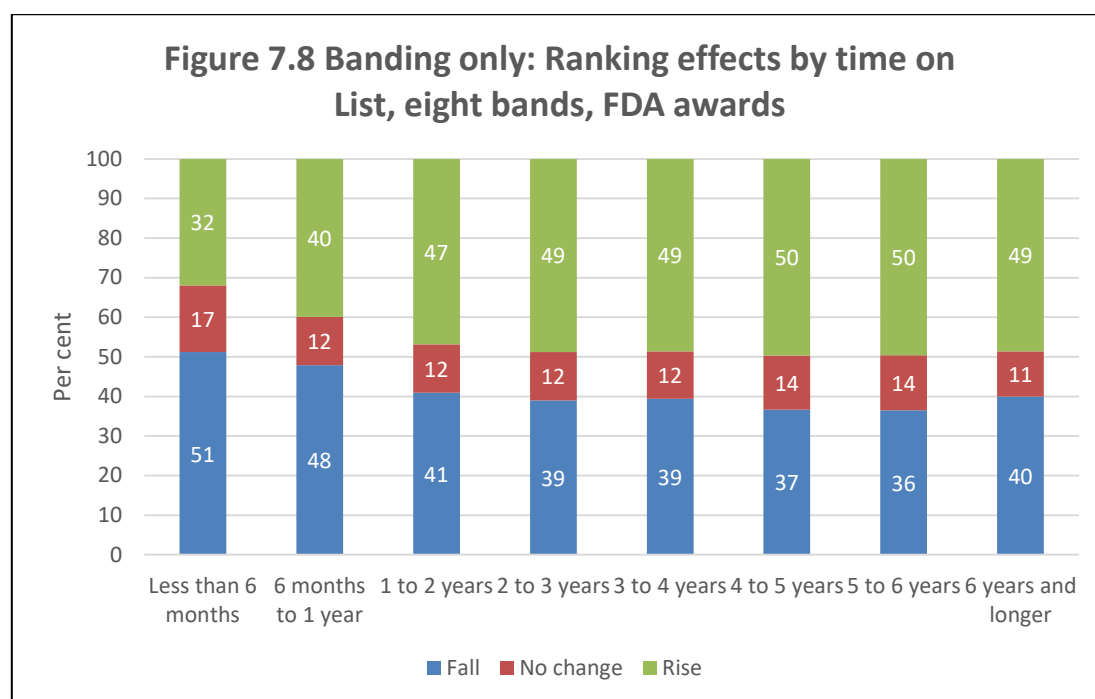
For FDAs, in a four band system where the highest need band comprises all with 70+ points, there would certainly be a marked increase in the recognition given to time waiting on the list if banding was the only proposal implemented. In that 70+ band, the loss of time in need points would be irrelevant; FDAs do not drop below 70 points and all FDAs within the 70+ band would be sorted solely according to how long they have been on the List.

Thus, the proportion of FDAs whose rank order rises in their first choice CLA would increase from 11 per cent for those on the list less than six months to 87 per cent among those waiting six years and longer (Figure 7.7). Therefore, in that four band scenario, it would be anticipated that the prospects of an allocation would be improved for those waiting longest, given the increased recognition to time on the List.



The strength of the ranking effect by time on the List diminishes as the number of bands is increased. That is because, as bands are added, the total points award is given increased weight (as applicants are first assigned to a band based on their points score).

Thus, in an eight band system, with five bands in the 70+ range, the proportion rising in the rank order within their first choice CLA would increase from 32 per cent with less than six months on the List to 49 per cent after 2 to 3 years (Figure 7.8). Beyond 2 to 3 years duration, the proportion rising in rank would remain roughly constant. Albeit, in the eight band system, the main skew towards time on the list is around the proportion rising 10+ places, ranging from four per cent for less than six months to 21 per cent for those waiting six years or more.



The linkage between the number of bands and the recognition to time on the List is illustrated in Figure 7.9, showing for each banding model the proportion of FDAs rising in rank order by length of time on the List (see also Table 7.9). In the four to seven band models, the proportion rising in rank order on the list increases in concert with the length of time waiting on the list, most strongly in the four band model and diminishing in strength as more bands are added. In the eight band model, the ranking effect does not rise with time on the List for durations greater than two years.

Banding also serves to give increased recognition to time on the List for non-FDAs. As shown in Table 7.10, the proportion rising in the rank order increases from 21-22 per cent for those waiting less than six months to 45-48 per cent where applicants have been waiting six years and longer.

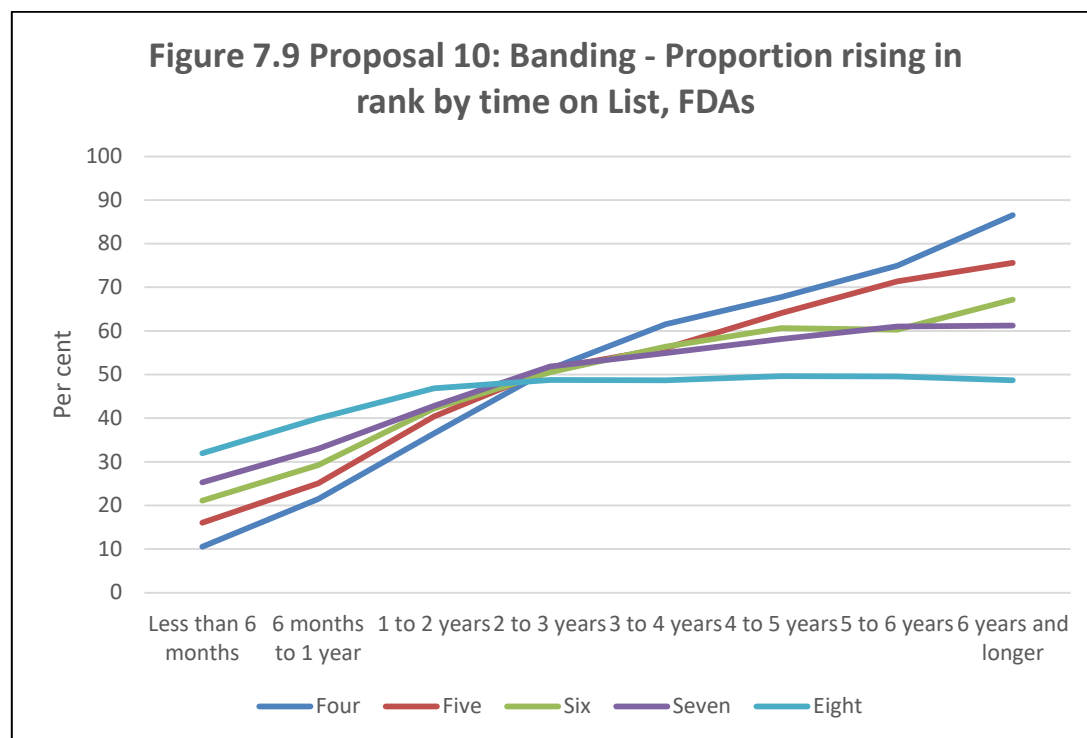


Table 7.9 Proposal 10: Banding - Proportion rising in rank by time on Waiting List, FDAs

	Bands				
	Four	Five	Six	Seven	Eight
	%	%	%	%	%
Less than 6 months	11	16	21	25	32
6 months to 1 year	21	25	29	33	40
1 to 2 years	36	40	42	43	47
2 to 3 years	51	51	51	52	49
3 to 4 years	62	56	56	55	49
4 to 5 years	68	64	61	58	50
5 to 6 years	75	71	60	61	50
6 years and longer	87	76	67	61	49

Table 7.10 Proposal 10: Banding - Proportion rising in rank by time on Waiting List, non-FDAs

	Bands				
	Four	Five	Six	Seven	Eight
	%	%	%	%	%
Less than 6 months	22	21	21	21	21
6 months to 1 year	30	29	28	28	28
1 to 2 years	39	38	38	37	37
2 to 3 years	40	40	39	38	37
3 to 4 years	44	43	42	41	40
4 to 5 years	45	45	44	43	43
5 to 6 years	43	43	42	41	41
6 years and longer	48	48	47	46	45

In a banding system, the number of places moved up or down the rank order is also linked to time on the List. With a four band system, where the ranking of FDAs with 70+ points is solely on time, the longer the time waiting on the List, the greater the number of places that an applicant would move up in the rank order (Figure 7.10) and the fewer the number of places that an applicant would fall (Figure 7.11). That reflects the ‘boost’ that ranking in date order gives to those who have been waiting longest on the List.

Again, the strength of the linkage between the number of places moved and time on the List diminishes as the number of bands is increased.

Figure 7.10 Proposal 10 - Banding: Places moved up in rank order by time on List and number of bands, FDAs, median number

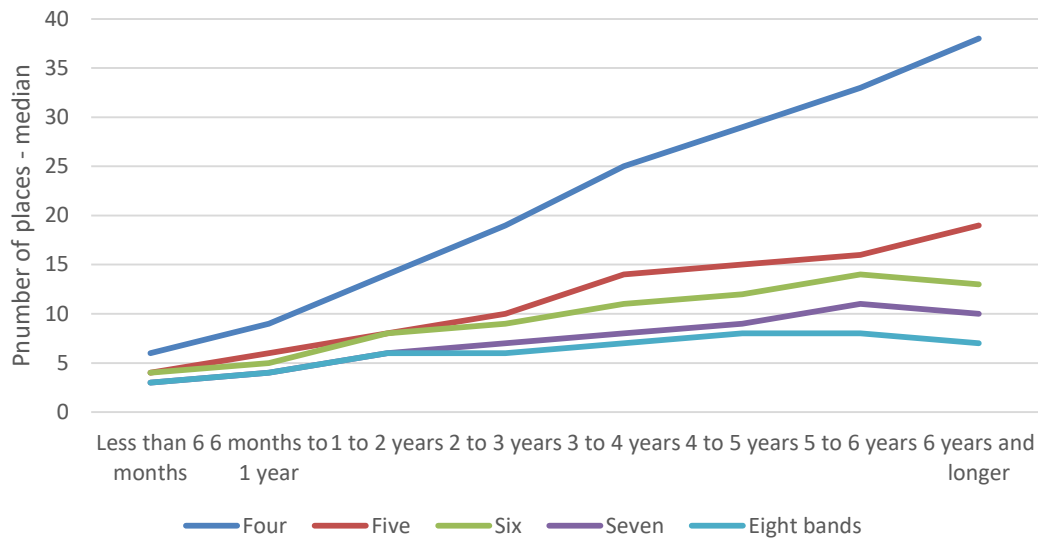
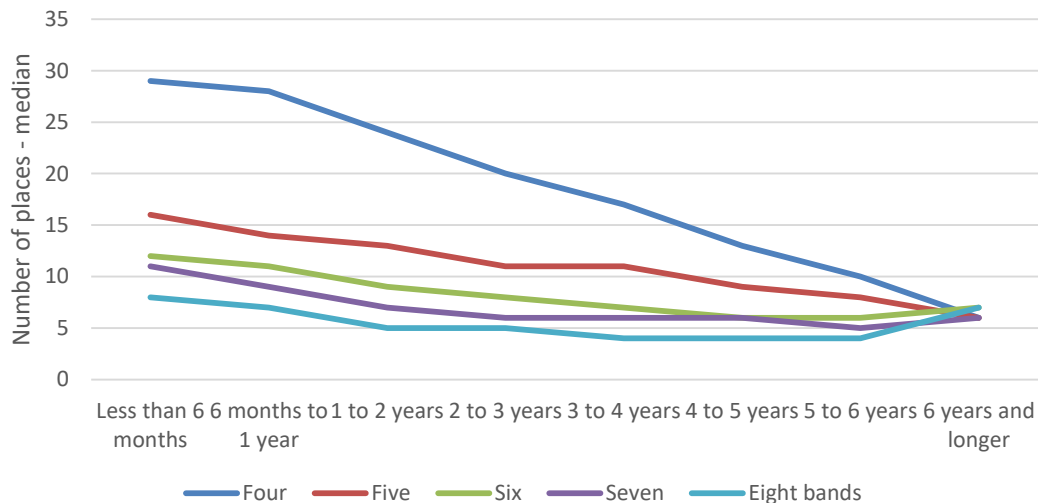
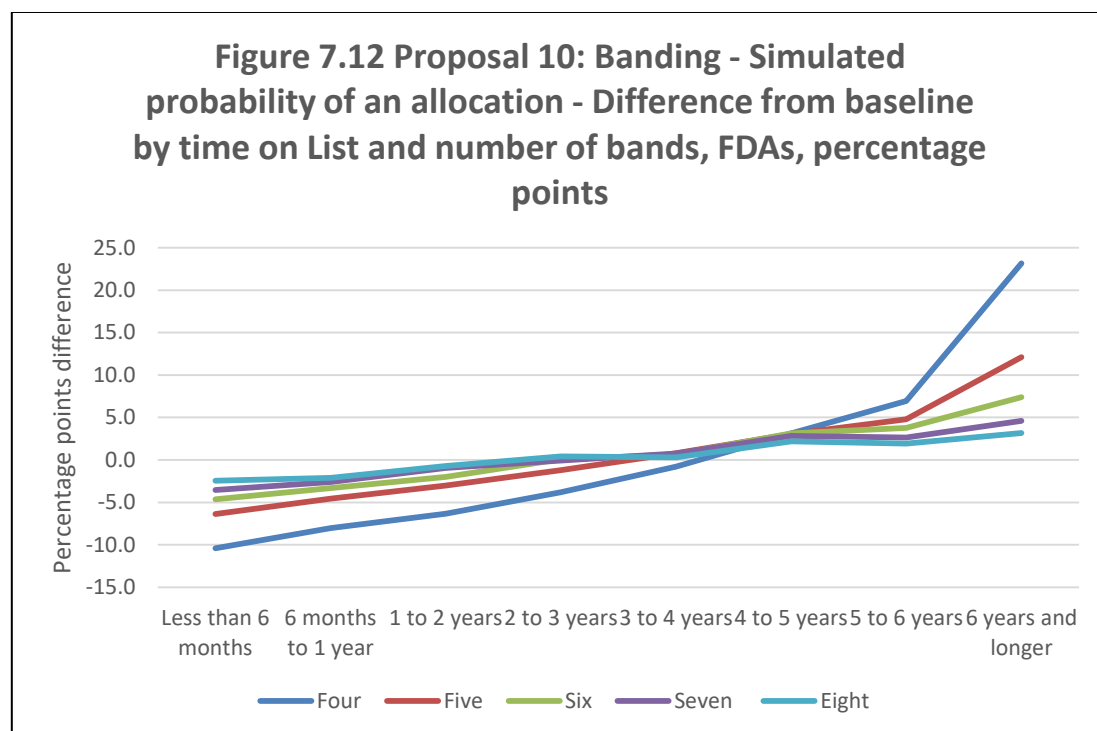


Figure 7.11 Proposal 10 - Banding: Places moved down in rank order by time on List and number of bands, FDAs, median number



It would be expected that allocation effects would mirror the ranking effects of banding, i.e., the stronger the link between a banding model and the proportion rising in rank order or the number of places moved up in the ranking, the larger the 'gain' to time in need in terms of an increased probability of receiving an offer of social housing.

That hypothesis is supported by the results from simulating the probability of an allocation across alternative banding systems, with analysis by time waiting on the List. The simulated allocation effects for FDAs are illustrated in Figure 7.12 and the accompanying Table 7.11.



As is to be expected, the simulated allocation effects are most strongly linked to time on the list in a four band system, in which the simulated effect ranges from a reduction of -10.4 percentage points (compared to the baseline) for those with less than 6 months on the list to +23.2 percentage points for those waiting 6 or more years. Reflecting the ranking effects, the strength of the allocations effect diminishes as the number of bands is increased. Nonetheless, the simulation results indicate that each of the banding systems under consideration positively links time waiting on the list to the probability of an allocation.

For non-FDAs, the linkage between time waiting on the List and the probability of an allocation is mainly absent (Table 7.12).

Table 7.11 Proposal 10: Banding - Simulated probability of an allocation - Difference from baseline, percentage points, by time on List and number of bands, FDAs

Bands:	Four	Five	Six	Seven	Eight
	Difference from baseline:				
	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>
Less than 6 months	-10.4	-6.4	-4.6	-3.6	-2.5
6 months to 1 year	-8.0	-4.6	-3.3	-2.6	-2.1
1 to 2 years	-6.3	-3.0	-2.0	-0.9	-0.7
2 to 3 years	-3.8	-1.2	0.1	-0.1	0.4
3 to 4 years	-0.8	0.8	0.6	0.7	0.3
4 to 5 years	3.1	3.1	3.1	2.8	2.2
5 to 6 years	6.9	4.8	3.8	2.7	1.9
6 years and longer	23.2	12.1	7.4	4.6	3.2
pps Percentage points					

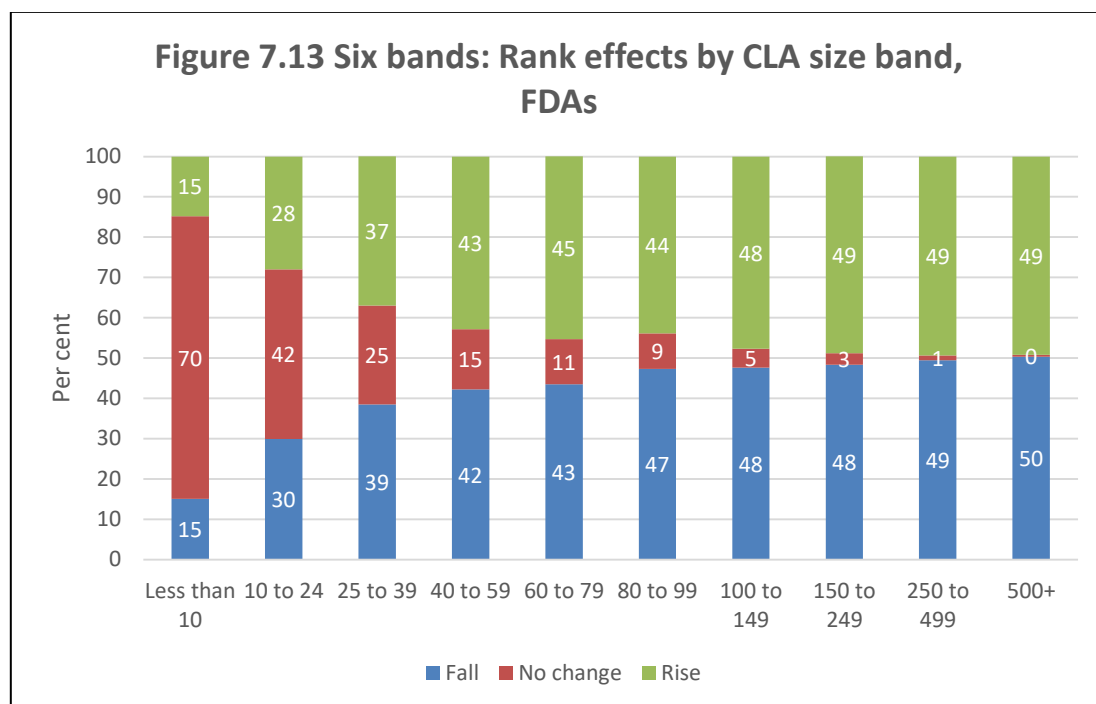
Table 7.12 Proposal 10: Banding - Simulated probability of an allocation - Difference from baseline, percentage points, by time on List and number of bands, non-FDAs

Bands:	Four	Five	Six	Seven	Eight
	Difference from baseline:				
	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>
Less than 6 months	-0.3	-0.3	-0.3	-0.3	-0.3
6 months to 1 year	0.0	0.0	-0.1	-0.1	-0.1
1 to 2 years	0.0	0.0	0.0	-0.1	-0.1
2 to 3 years	0.8	0.4	0.3	0.3	0.3
3 to 4 years	0.9	0.3	0.3	0.3	0.3
4 to 5 years	1.9	0.4	0.1	0.1	0.1
5 to 6 years	1.8	0.6	0.6	0.5	0.5
6 years and longer	3.0	0.6	0.3	0.3	0.3
pps Percentage points					

7.6 CLA Effects

At CLA level, the effects of a banding model would replicate the broad patterns in the List as a whole, but with some important differences linked to the size of CLA waiting lists. The six band model is used to illustrate the effects, which would be broadly similar for different banding models²⁵.

Similar to the overall picture, ranking effects would be symmetric within CLAs. As shown in Figure 7.13 and the accompanying Table 7.13, the proportions rising and falling within each CLA size band would be aligned. For example, in CLAs with 100 to 149 applicants, 48 per cent would rise in the rank order within their first choice CLA while the same proportion would fall in the rank order.



Within that broad pattern, the proportion of applicants who would experience a change in their rank order would vary with the size of the CLA waiting list. In CLAs with 500+ applicants, all FDAs would see a change in their rank order (Table 7.13). By contrast, in the CLAs with the smallest lists, over two in three (70 per cent) would retain their current ranking within their first choice CLAs. That contrast reflects differences in the length of the waiting lists by CLA size band; the larger the list of applicants identifying a specific CLA as

²⁵ The results by CLA size band for four, five, seven and eight band models are reported in Tables C7.6(a) to C7.9(b) in Appendix C, both for FDAs and non-FDAs.

their first choice, the greater the impact of the re-sorting in date order that would accompany the introduction of banding.

Table 7.13 Six bands: Ranking effects by first choice CLA size band, FDAs, per cent

CLA size band:	Ranking effects						
	Down			No change	Up		
	25+ places	10-24 places	1-9 places	No change	1-9 places	10-24 places	25+ places
<i>Applicants</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>
Less than 10	0	0	15	70	15	0	0
10 to 24	0	0	30	42	28	0	0
25 to 39	0	0	38	25	37	0	0
40 to 59	0	3	39	15	41	2	0
60 to 79	0	5	38	11	41	5	0
80 to 99	0	7	41	9	36	8	0
100 to 149	1	14	33	5	34	13	1
150 to 249	6	19	23	3	24	19	6
250 to 499	17	19	13	1	13	19	17
500+	37	9	5	0	5	8	36
All	11	12	24	8	24	12	10

The same two effects would be expected for non-FDA applicants and can be seen in Figure 7.14 and the accompanying Table 7.14, i.e., symmetry between rank order rises and falls within each CLA size band accompanied by higher proportions changing rank in the CLAs with the larger waiting lists.

Applicants with zero points account for one in four non-FDAs and their rank order does not change in a banding model. That is why the proportion of non-FDAs with an unchanged rank order is higher among CLAs within each CLA size band (compare Figures 7.13 and 7.14). For example, in the largest CLA size band, with 500+ applicants, those with zero points represent 21 per cent of non-FDAs and, in those CLAs, the proportion of non-FDAs with unchanged rank order is also 21 per cent.

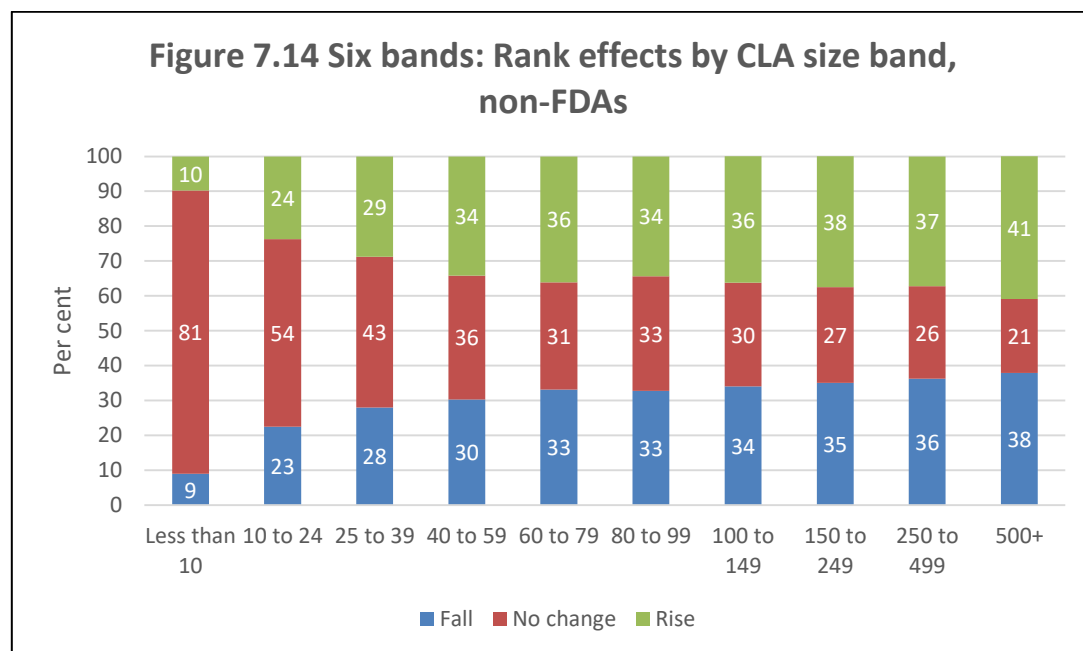


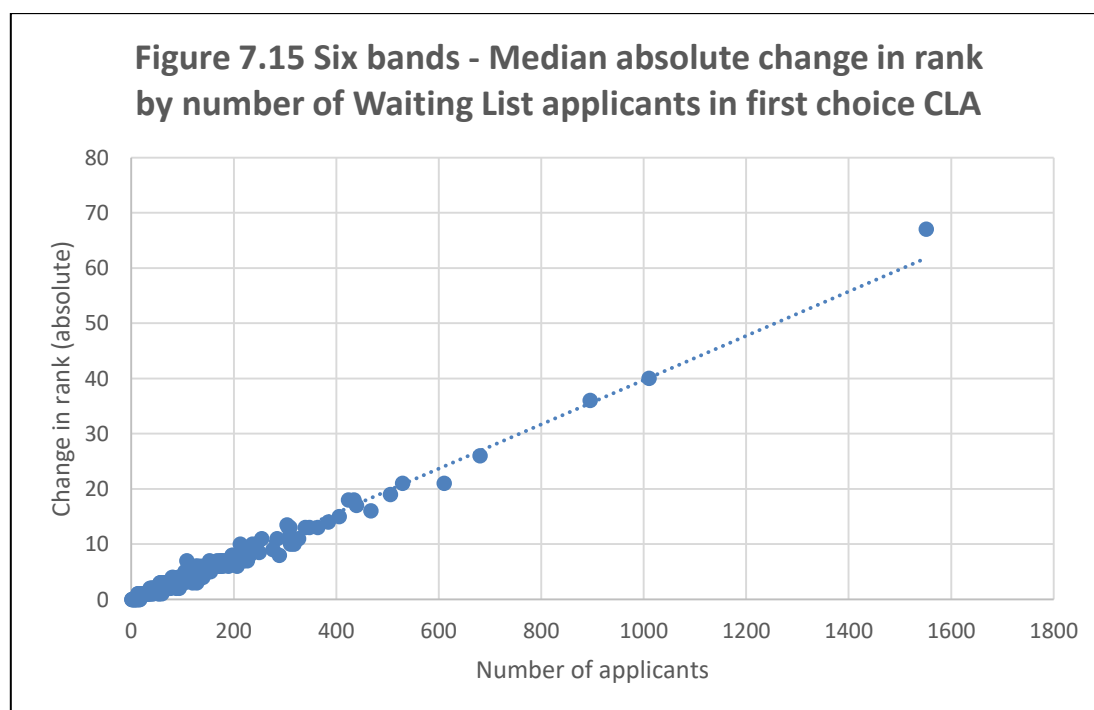
Table 7.14 Six bands: Ranking effects by first choice CLA size band, non-FDAs, per cent

CLA size band:	Ranking effects						
	Down			No change	Up		
	25+ places	10-24 places	1-9 places	No change	1-9 places	10-24 places	25+ places
	Row%	Row%	Row%	Row%	Row%	Row%	Row%
Less than 10	0	0	9	81	10	0	0
10 to 24	0	0	23	54	24	0	0
25 to 39	0	0	28	43	29	0	0
40 to 59	0	1	30	36	34	1	0
60 to 79	0	3	30	31	33	3	0
80 to 99	0	3	29	33	30	4	0
100 to 149	0	8	26	30	28	8	0
150 to 249	2	14	20	27	21	15	1
250 to 499	7	15	14	26	12	19	7
500+	21	12	6	21	6	10	25
All	4	8	21	32	22	9	4

In a banding system, the re-ordering that accompanies the application of the date order criterion means that applicants tend to move up or down by a larger number of places by comparison with a scenario based on points reductions only. That effect is magnified in the larger CLAs. For example, in the largest CLA size band, with 500+ applicants, almost three in four FDAs (73 per cent) would move 25 or more places in the rank order, including 36 per cent moving up 25 or more places and 37 per cent moving down 25 or more places (Table 7.14).

The variation by size of CLA in changes in rank order is further illustrated in Figure 7.15, which shows the median absolute change in rank by size of CLA, as measured by the length of the CLA's waiting list. In the CLA with the largest list (1,600), half of those on the list would move up or down in rank order by 67 places or more. In the CLAs with the smallest lists, the typical (median) applicant would move very few places in response to a banding system. In those CLAs, the short length of the list constrains the number of places that an applicant can move.

Nonetheless, the striking feature in the relationship between CLA size (measured by number of applicants on the CLA's list) and the change in places that would ensue in a banding model is the lack of variability around the line of best fit. That is, CLA size almost perfectly predicts the median number of places that applicants would move in a banding system. By contrast, in the cumulative scenario discussed in section 6, there was considerable variability in the relationship between CLA size and places moved in the rank order (compare Figure 7.15 with Figure 6.3).



7.7 Area Effects

The rank order effects by NIHE Area of a banding system would be shaped by the aggregation of effects from CLA level. Within each Area, variations in the proportion of FDAs seeing a change in their rank order, whether up or down, would broadly reflect differences in the size distribution of their CLAs. For example, in the West Belfast Area, with a high proportion of FDAs in CLAs with larger waiting lists (see Table C4.1 in Appendix C) one in two FDAs would move up or down by 25 or more places (Table 7.15).

Table 7.15 Six bands: Ranking effects by NIHE Area, FDAs, per cent

	Ranking effects						
	Down			No change	Up		
	25+ places	10-24 places	1-9 places	No change	1-9 places	10-24 places	25+ places
	Row%	Row%	Row%	Row%	Row%	Row%	Row%
Belfast region							
North Belfast	12	16	18	6	20	17	11
South & East Belfast	10	15	22	5	22	15	10
West Belfast	25	7	14	5	15	8	25
Lisburn & Castlereagh	7	16	25	7	24	15	7
North region							
South Antrim	6	12	28	6	29	12	7
Mid & East Antrim	3	10	32	11	30	10	3
West	15	13	20	5	19	11	16
Causeway	2	9	32	16	32	9	1
South region							
North Down & Ards	10	14	25	7	25	11	10
South Down	8	13	26	6	26	13	8
South	2	7	28	23	31	5	3
South West	0	5	37	21	32	5	0
Mid Ulster	12	12	22	11	21	14	10
All	11	12	24	8	24	12	10

The rank order effects by NIHE Area among non-FDAs would show similar patterns as for FDAs, but with lower proportions moving up or down in the rank order within their first choice CLAs (Table 7.16).

Table 7.16 Six bands: Ranking effects by NIHE Area, non-FDAs, per cent

	Ranking effects						
	Down			No change	Up		
	25+ places	10-24 places	1-9 places	No change	1-9 places	10-24 places	25+ places
	Row%	Row%	Row%	Row%	Row%	Row%	Row%
Belfast region							
North Belfast	4	9	21	31	20	13	3
South & East Belfast	3	12	18	32	18	14	3
West Belfast	13	6	15	26	19	8	14
Lisburn & Castlereagh	3	11	19	31	22	13	2
North region							
South Antrim	4	8	19	33	22	8	5
Mid & East Antrim	0	5	22	46	22	4	0
West	4	9	22	28	23	10	4
Causeway	1	7	21	39	24	7	1
South region							
North Down & Ards	4	10	23	27	20	11	5
South Down	1	10	26	27	23	11	2
South	2	6	24	34	26	6	3
South West	0	5	27	33	30	4	0
Mid Ulster	9	10	14	33	16	8	10
All	4	8	21	32	22	9	4

7.8 Profile

The profile of ranking effects by different categories of applicants is summarised for each of the banding models in Tables C7.10(a) to C7.14(b) in Appendix C. For each banding model, tables are provided both for FDAs and non-FDAs. The non-FDA profiles do not differ much, as non-FDAs are almost all contained within the same three bands.

If the current Waiting List was to be re-ranked solely according to the date on which applicants joined the Waiting List, the socio-demographic profile of those rising or falling in the rank order would be expected to broadly match the profile of the List as a whole. In principle, so long as applicants join the List in a random fashion, the only expected differential in a 'pure' banding model (where points do not matter) would be the age of the applicant; as applicants wait on the list, they also age. The use of bands designed around thresholds of points scores may alter that picture somewhat, to the extent that points scores are correlated with socio-demographic attributes.

The expected age effect is apparent in the banding models to varying degrees. In the four band model, among FDAs the proportions falling in rank range from 65 per cent of those aged less than 25 to 41 per cent in the 65+ age group (Table C7.10(a)). The age relationship is also evident among non-FDAs in the four band model, albeit to a lesser degree; the proportion falling in rank ranges from 41 per cent in the 25 or under category to 30 per cent of those aged 35 to 54 (Table C7.10(b)).

By contrast, in the eight band model, which is most closely tied to applicants' points scores, there is very little variation in ranking effects by age. The proportion falling in rank goes from 40 per cent of FDAs aged 35-44 to 45 per cent in the 55 and over age groups (Table C7.14(a)).

Overall, however, the remaining profile categories such as household type, age, and so on, do not exhibit marked contrasts in ranking effects.

7.9 Key Points Summary

Proposal 10 of the Fundamental Review proposed grouping applicants with "similar levels of need (still measured objectively by points)". Within each grouping, it is proposed that applicants should be ranked according to the length of time they have spent on the Waiting List. The intended outcome is that "those in greatest need receive priority, with recognition of their time in need".

This section considers how that approach might be implemented, focusing on five alternative banding models, ranging from four through to eight bands.

No other proposals are considered. The purpose is to illustrate the effects of banding in isolation from the other Fundamental Review proposals.

In each of the banding models considered in this section, three bands below 70 points (the threshold for an award of FDA homelessness points) are treated as pre-defined, i.e., zero points, 1-29 points and 30-69 points.

In the specification of thresholds for bands in the 70+ points range, the key requirement is that bands should encompass broadly 'similar' levels of housing need. The approach taken to meeting that requirement has been to select thresholds such that, within a given band, the variation in points awarded (the indicator of 'need') is as low as possible.

Based on that approach, the following thresholds are identified for banding applicants with 70+ points:

- Four bands – 70+ points.
- Five bands – 70-114, 115+ points.
- Six bands – 70-99, 100-139, 140+ points.
- Seven bands – 70-89, 90-114, 115-144, 145+ points.
- Eight bands – 70-89, 90-109, 110-124, 125-144, 145+ points.

The more bands that are specified, the greater the weight that is given to the points award and hence the more closely the system approximates the current approach of ranking on points alone. Consequently, when measured by the proportion of applicants whose rank order would change in a banding system compared with the current points system, 'disruption' effects would reduce with a higher number of bands.

Conversely, the fewer the number of bands, the greater the recognition that is given to time in need. In particular, the fewer the number of bands, the more strongly time waiting on the list is linked to the probability of an allocation.

8 Cumulative Scenario II: Proposals 7, 8, 9 and 10

8.1 Introduction

This section reports on the potential impacts of a cumulative scenario in which Proposals 7 through 10 are implemented. The section commences with an overview on the approach followed by a discussion of implementation scenarios. The remainder of this section presents the estimated impacts, including points and ranking effects, simulated allocation effects, CLA and Area contrasts and a profile of applicants who would be affected.

8.2 Approach

The scenario was constructed in three stages, as follows. First, applicants' first choice CLA points totals on the August 2019 Common Waiting List were adjusted in line with Proposals 7, 8 and 9. Points for time waiting on the List were also removed, to reflect that ranking in date order within bands serves to recognise time waiting on the List in a banded system (Proposal 10). Second, applicants were assigned to bands according to the points thresholds outlined in section 7 for models with four to eight bands.

Third, for each banding model, applicants were ranked in date order within the band to which they had been assigned according to their points in the scenario.

The distributions of applicants by points band within each of the five banding models are shown in Tables 8.1 to 8.5. The tables also show the baseline distributions, where applicants are notionally assigned to bands based on their points awards on the August 2019 Waiting List, along with the numbers of applicants changing bands in the scenario compared with the baseline.

For example, in a four band model, 7,820 applicants have 30-69 points on the August 2019 Waiting List (Table 8.1). In the cumulative scenario, 957 of those drop into the 1-29 points band while 187 non-FDA applicants move from the 70+ band in the baseline to the 30-69 points band. The net effect is that the number of applicants in the 30-69 points band is 7,050 in the scenario.

All of the moves shown for the four band model in Table 8.1 are made by non-FDAs; Proposals 7, 8 and 9 do not apply to non-FDAs and FDAs do not fall below 70 points. For those non-FDAs, the changes in their band assignments between the baseline and the scenario are due to the loss of their points for time waiting on the List. That includes 14 non-FDA applicants with zero housing need points for their first choice CLA and some housing need points only for their second choice CLA. They would lose their points for time on the list with the implementation of banding, thereby falling from the 1-29 points band into the zero points band when assessed on their first choice CLA points.

Table 8.1 Cumulative scenario II: Banding with Proposals 7, 8 and 9 - Four bands

Baseline:	Scenario:				
	Zero points	1-29	30-69	70+	All
Zero points	6,071	0	0	0	6,071
1 to 29 points	14	8,647	0	0	8,661
30 to 69 points	0	957	6,863	0	7,820
70+ points	0	0	187	22,848	23,035
All	6,085	9,604	7,050	22,848	45,587

Note: In the table, points effects are indicated by the off-diagonal figures. Figures **below** the diagonal show the numbers of applicants who have lost points and dropped into a lower points band, e.g., 957 applicants would fall from the 30-69 band in the baseline to the 1-29 points band in the scenario. Conversely, a figure above the diagonal indicates applicants gaining points and moving into a higher points band.

Table 8.2 Cumulative scenario II: Banding with Proposals 7, 8 and 9 - Five bands

Baseline:	Scenario:					All
	Zero points	1-29	30-69	70-114	115 and over	
Zero points	6,071	0	0	0	0	6,071
1 to 29 points	14	8,647	0	0	0	8,661
30 to 69 points	0	957	6,863	0	0	7,820
70-114 points	0	0	187	11,467	<u>33</u>	11,687
115+ points	0	0	0	2,845	8,503	11,348
All	6,085	9,604	7,050	14,312	8,536	45,587

Note: In the table, points effects are indicated by the off-diagonal figures. Figures **below** the diagonal show the numbers of applicants who have lost points and dropped into a lower points band, e.g., 2,845 applicants would fall from the 115+ band in the baseline to the 70-114 points band in the scenario. Conversely, a figure above the diagonal indicates applicants gaining points and moving into a higher points band. For example, 33 applicants move from the 70-114 points band in the baseline to the 115+ points band in the scenario.

Table 8.3 Cumulative scenario II: Banding with Proposals 7, 8 and 9 – Six bands

Scenario:							
Baseline:	Zero points	1-29	30-69	70-99	100-139	140+	All
Zero points	6,071	0	0	0	0	0	6,071
1 to 29 points	14	8,647	0	0	0	0	8,661
30 to 69 points	0	957	6,863	0	0	0	7,820
70-99 points	0	0	187	5,869	<u>14</u>	0	6,070
100-139 points	0	0	0	2,069	9,623	<u>19</u>	11,711
140+ points	0	0	0	810	974	3,470	5,254
All	6,085	9,604	7,050	8,748	10,611	3,489	45,587

Note: In the table, points effects are indicated by the off-diagonal figures. Figures **below** the diagonal show the numbers of applicants who have lost points and dropped into a lower points band, e.g., 2,069 applicants would fall from the 100-139 band in the baseline to the 70-99 points band in the scenario. Conversely, a figure above the diagonal indicates applicants gaining points and moving into a higher points group. For example, 19 applicants move from the 100-139 points band in the baseline to the 140+ points band in the scenario.

Table 8.4 Cumulative scenario II: Banding with Proposals 7, 8 and 9 – Seven bands

Scenario:								
Baseline:	Zero points	1-29	30-69	70-89	90-114	115-144	145+	All
Zero points	6,071	0	0	0	0	0	0	6,071
1 to 29 points	14	8,647	0	0	0	0	0	8,661
30 to 69 points	0	957	6,863	0	0	0	0	7,820
70 to 89 points	0	0	187	3,082	0	0	0	3,269
90 to 114 points	0	0	0	1,159	7,226	<u>33</u>	0	8,418
115 to 144 points	0	0	0	465	1,548	5,548	<u>8</u>	7,569
145+ points	0	0	0	286	546	735	2,212	3,779
All	6,085	9,604	7,050	4,992	9,320	6,316	2,220	45,587

Note: In the table, points effects are indicated by the off-diagonal figures. Figures **below** the diagonal show the numbers of applicants who have lost points and dropped into a lower points band, e.g., 1,159 applicants would fall from the 90-114 band in the baseline to the 70-89 points band in the scenario. Conversely, a figure above the diagonal indicates applicants gaining points and moving into a higher points group. For example, 33 applicants move from the 90-114 points band in the baseline to the 115-144 points band in the scenario.

Table 8.5 Cumulative scenario II: Banding with Proposals 7, 8 and 9 - Eight bands

Baseline:	Scenario:								
	Zero points	1-29	30-69	70-89	90-109	110-124	125-144	145+	All
Zero points	6,071	0	0	0	0	0	0	0	6,071
1 to 29 points	14	8,647	0	0	0	0	0	0	8,661
30 to 69 points	0	957	6,863	0	0	0	0	0	7,820
70 to 89 points	0	0	187	3,082	0	0	0	0	3,269
90 to 109 points	0	0	0	976	4,837	<u>32</u>	0	0	5,845
110 to 124 points	0	0	0	352	1,107	4,054	<u>27</u>	0	5,540
125 to 144 points	0	0	0	296	303	1,001	2,994	<u>8</u>	4,594
145+ points	0	0	0	286	413	217	651	2,212	3,779
All	6,085	9,604	7,050	4,992	6,660	5,304	3,672	2,220	45,579

Note: In the table, points effects are indicated by the off-diagonal figures. Figures **below** the diagonal show the numbers of applicants who have lost points and dropped into a lower points band, e.g., 352 applicants would fall from the 110-124 band in the baseline to the 70-89 points band in the scenario. Conversely, a figure above the diagonal indicates applicants gaining points and moving into a higher points group. For example, 32 applicants move from the 90-109 points band in the baseline to the 110-124 points band in the scenario.

In models with five or more bands, where applicants with 70+ points are assigned to two or more bands, the moves between bands reflect the combined effects of changed entitlements due to Proposals 7, 8 and 9 along with the loss of points for time waiting on the List.

As bands are added, the volume of moves between bands increases. In the four band model (Table 8.1), the number of moves to a lower band in the scenario compared with the baseline amount to three per cent of the total Waiting List as at August 2019²⁶. The proportion of moves rises to nine per cent in the five band model (Table 8.2), 11 per cent in the six band model (Table 8.3), 13 per cent in the seven band model (Table 8.4) and 15 per cent in the eight band model (Table 8.5).

The comparable proportions for FDAs only on the August 2019 Waiting List (21,634) are: zero per cent in the four band model (since all with 70+ points are in one band and FDAs never fall below 70 points); 13 per cent in the five band model; 18 per cent in the six band model; 22 per cent in the seven band model; and 25 per cent in the eight band model.

As discussed in section 5, the effects on FDAs' points of Proposal 8 (remove 'no detriment') are difficult to estimate. That uncertainty should be borne in mind in the interpretation of the estimated movements between bands²⁷.

8.3 Implementation Scenarios

Tables 8.1 to 8.5 show total moves between the baseline distribution of points as at August 2019 and the distribution of points arising from the implementation of Proposals 7, 8 and 9 in a banding model (Proposal 10). Within the context of that cumulative scenario, a number of additional scenarios have been constructed to isolate the effects of individual proposals within the various banding models. The implementation scenarios are described and tabulated in Appendix D and can be summarised as follows.

On the August 2019 Waiting List, almost 19,000 applicants had points for time waiting on the List (see Table 7.1). The moves between bands resulting from the loss of those points are examined in a scenario where applicants

²⁶ Calculated as the sum of off-diagonal figures expressed as a percentage of the total on the Waiting List as at August 2019 (45,587). In the four band model, therefore, the calculation is $(14 + 957 + 187) = 1,158$, which is three per cent of 45,587.

²⁷ The cumulative scenario in this section uses the main remove 'no detriment' scenario discussed in section 5. There are three uncertainties around that scenario: the proportion of FDAs with changed entitlement may be higher or lower than estimated (depending on the points effects, a higher proportion would be likely to increase movements between bands, and vice versa); the points effects may be larger than estimated (which would increase movements between bands in the cumulative scenario discussed in this section); or, the points effects may be lower than estimated (which would reduce the volume of movements between bands in the cumulative scenario).

are first banded according to their points on the August 2019 Waiting List and then banded according to their points when the points for time waiting on the List have been removed. The resulting moves for each banding model are shown in 'to-from' tables in Appendix D, Tables D8.1 to D8.5. The proportions of the 19,000 applicants losing points for time on the List and moving to a lower points band in the scenario as compared with the baseline are as follows:

- Four band model – six per cent of the 19,000 applicants.
- Five band model – 10 per cent.
- Six band model – 11 per cent.
- Seven band model – 15 per cent.
- Eight band model – 19 per cent.

Thus, in each of the above banding models, the proportions changing bands between the baseline and the scenario increase with the number of bands. Though, in each banding model in this scenario, all of the moves are to one band lower only, e.g., in the four band model, from the 70+ band to the 30-69 band but none from the 70+ band to the 1-29 band.

In the remaining implementation scenarios, movements between bands due to Proposals 7, 8 and 9 are modelled using the points distribution resulting from the removal of points for time waiting on the List as the baseline. The reason for doing that is to isolate the movements between bands that are specific to those Proposals after accounting for removal of points for time waiting on the List. From an implementation perspective, therefore, the scenarios show moves between bands as if thresholds for bands have been set (Proposal 10) and Proposals 7, 8 and 9 are implemented after the band thresholds have been set, having adjusted for time waiting on the List points²⁸.

Proposals 7, 8 and 9 affect FDAs only. Consequently, those proposals have no effect on moves between bands in a four band model, since all FDAs have 70+ points. Hence, results are only reported for models with five or more bands.

Considering first a scenario in which Proposal 8 is implemented after band thresholds have been set in the manner described above. An estimated 3,664 applicants would see their entitlement changed following the removal

²⁸ The thresholds for bands are set as described in section 7.2.2 above.

of 'no detriment'²⁹. The post-implementation moves between bands made by those 3,664 applicants are tabulated in Tables D8.2(a) to D8.2(d), for the five through eight band models respectively. The proportions changing bands in this scenario can be summarised as follows:

- Five band model – 48 per cent of the estimated 3,664 applicants with changed entitlement.
- Six band model – 69 per cent.
- Seven band model – 68 per cent.
- Eight band model – 80 per cent.

In each of the above banding models, the proportions changing bands between the baseline and the scenario tend to increase with the number of bands. However, as discussed in section 5, when 'no detriment' is removed, almost all (98 per cent) of those with changed entitlement would lose points compared to their current awards. Consequently, those changing bands almost all move to a lower band. Furthermore, applicants losing points following the implementation of Proposal 8 may fall by more than one band. For example, in the six band model, of 1,378 applicants with changed entitlement who are in the 140+ points band in the baseline, 521 would drop to the 70-99 points band, bypassing the 100-139 points band (Table D8.2(b)).

In the post-implementation scenario in which Proposal 9 (remove interim accommodation points) is implemented after band thresholds have been set, 2,042 applicants would each lose 20 points. The post-implementation moves between bands made by those 2,024 applicants are tabulated in Tables D8.3(a) to D8.3(d), for the five through eight band models respectively. The proportions changing bands in this scenario can be summarised as follows:

- Five band model – 25 per cent of the 2,024 applicants losing their interim accommodation points.
- Six band model – 45 per cent.
- Seven band model – 57 per cent.
- Eight band model – 82 per cent.

In each of the above banding models, the proportions changing bands between the baseline and the scenario increase with the number of bands.

²⁹ The scenario is based on the main *remove 'no detriment'* scenario discussed in section 5.

Furthermore, all movements made by those losing interim accommodation points are to a lower band.

In addition, among applicants with interim accommodation points, an estimated 85 per cent would also see their points entitlement changed with the removal of 'no detriment' (Proposal 8). In a scenario where Proposals 8 and 9 are both implemented after band thresholds have been set and focusing again on the 2,042 FDAs losing interim accommodation points, the proportions changing bands in this scenario can be summarised as follows (see Tables D8.4(a) to D8.4(d) for the 'to-from' tables):

- Five band model – 50 per cent of the 2,024 applicants losing their interim accommodation points.
- Six band model – 73 per cent.
- Seven band model – 80 per cent.
- Eight band model – 93 per cent.

On the August 2019 Waiting List, 188 FDAs each had 200 intimidation points. When those points are removed under Proposal 7, the majority fall into a lower band, ranging from 65 per cent in a five band model to 94 per cent in the seven and eight band models (the moves are shown in Tables D8.5(a) to D8.5(d)). It can also be noted that there is limited interaction between Proposal 7 and Proposals 8 and 9. Of the 188 with intimidation points, nine (5 per cent) would also lose points under Proposal 8, six (three per cent) would lose points under Proposal 9 and ten (five per cent) when Proposals 8 and 9 are both implemented.

The final implementation scenario considered is joint implementation of Proposals 7, 8 and 9 after points have been removed for time waiting on the List and threshold bands set. In that scenario, shown in Tables D8.6(a) to D8.6(d), 4,129 would see their entitlement changed. The proportions changing bands are estimated as follows:

- Five band model – 50 per cent of the 4,129 applicants estimated to see their entitlement changed.
- Six band model – 71 per cent.
- Seven band model – 76 per cent.
- Eight band model – 87 per cent.

As with the other implementation scenarios, the proportion of affected applicants changing bands increases with the number of bands. Also, the vast majority of moves in each banding model are to a lower band.

8.4 Ranking Effects

In the cumulative scenario where all proposals are implemented, some applicants lose points due to the removal of intimidation and interim accommodation points and the ending of the 'no detriment' practice. As illustrated in previous sections, applicants losing points tend to fall multiple numbers of places, triggering the 'domino' effect whereby other applicants move up the rank order but in smaller increments. While still present, that asymmetric effect of proposals entailing a reduction in points is much less evident in the cumulative scenario with banding.

As described in section 7, in a banding model, points are used to place applicants into a band but, within each band, ranking is in date order. Therefore, all applicants are directly affected, regardless of whether their points are reduced (including where they have time in need points). Thus, in a banding system, the ranking effects tend to be evenly distributed with approximately equal numbers of applicants rising and falling in the rank order. That effect is most evident in the model with four bands only.

In the four band model, there is only one band for applicants with 70+ points. Hence, Proposals 7, 8 and 9 have no effect on applicants' rank order and, across the Waiting List as a whole, the proportions rising and falling in rank order are equal (Table 8.6). Thus, the four band model in the cumulative scenario produces identical results to the four band model with banding only (compare with Table 7.5). In the remaining models, with five or more bands, the proportions rising in rank exceed the proportions falling in rank.

Further, the margin between the proportion rising in rank and those falling in rank widens as the number of bands is increased, from +4 percentage points in a five band model to +13 percentage points in the eight band model. That effect can be contrasted with the symmetric ranking effects in the banding only scenario, where the margin between the proportions rising and falling in rank order ranges from +1 percentage point in the five band model to +2 percentage points in the eight band model (see Table 7.5).

The asymmetry in the ranking effects in the cumulative scenario with banding arises because, the greater the number of points bands, the greater the weight that is given to applicants' points awards in determining their rank order. That in turn triggers the 'domino effect' discussed in sections 3 through 6. However, as the domino effect operates through points bands rather than the precise number of points awarded, the margin between the proportions rising and falling in rank order in a banding model is much less than in the cumulative scenario with no banding. In the cumulative scenario without banding, shown in Table 8.6 as a point of reference, the proportion rising in the rank order (35 per cent) exceeds the proportion falling (eight per cent) by a margin of 28 percentage points.

Table 8.6 Cumulative scenario: Banding with Proposals 7, 8 and 9 - Ranking effects by number of bands, all Waiting List applicants

	Fall	No change	Rise	Any move up or down
	%	%	%	%
Bands				
Four	41	18	41	82
Five	38	20	42	80
Six	37	20	43	80
Seven	35	21	44	79
Eight	33	22	46	78
Proposals 7, 8 and 9 cumulative, no banding	8	57	35	43

As Proposals 7, 8 and 9 only affect points awards for FDAs, asymmetric effects are most pronounced for that set of applicants. In the cumulative scenario with banding, the difference between the proportions rising and falling in rank order ranges from +4 percentage points in the five band model to +15 percentage points in the eight band model (Table 8.7. See also Tables C8.1(a), C8.2(a), C8.3(a) and C8.4(a) for ranking effects by applicant type and baseline points bands). Also, in each banding model, over nine in ten FDAs change rank, as they are affected both by banding and the points effects from Proposals 7, 8 and 9.

Table 8.7 Cumulative scenario: Banding with Proposals 7, 8 and 9 - Ranking effects by number of bands, FDAs

	Fall	No change	Rise	Any move up or down
	%	%	%	%
Bands				
Four	50	3	47	97
Five	45	6	49	94
Six	41	7	52	93
Seven	38	8	54	92
Eight	33	9	58	91
Proposals 7, 8 and 9 cumulative, no banding	17	15	68	85

Among the subset of FDAs whose points total would be affected by Proposals 7, 8 and 9, the ranking effects would be largely dominated by falls in the rank order. That point can be illustrated by looking at the predicted effects on the 2,042 FDAs with interim accommodation points. All of those FDAs would lose 20 points due to Proposal 9. A large majority (86 per cent) would also lose points due to Proposals 7 and 8. For example, 40 per cent of the 1,050 FDAs with interim accommodation points and living in a single let where they have been placed by the Housing Executive would lose sharing points under Proposal 8.

In the cumulative scenario with banding, the proportion of those with interim accommodation points falling in the rank order would range from 81 per cent in a five band model to 93 per cent in the eight band model (Table 8.8). Also, a higher proportion of FDAs with interim accommodation points (62 per cent) would lose time points under Proposal 10 compared with all other FDAs (38 per cent). Consequently, those with interim accommodation points would also fall in rank at a higher rate in a four band model (64 per cent compared to 49 per cent of all other FDAs)

Table 8.8 Cumulative scenario: Banding with Proposals 7, 8 and 9 - Ranking effects by number of bands, FDAs with interim accommodation (IA) points (Base=2,042) compared to other FDAs (Base=19,592)

Bands:	Ranking effect:			
	Fall		Rise	
	With IA points	Other FDA	With IA points	Other FDA
	%	%	%	%
Four	64	49	33	48
Five	81	42	16	53
Six	86	36	10	57
Seven	90	32	7	59
Eight	93	27	4	64

Among non-FDAs, the proportion rising in rank order would exceed the proportion falling in rank by a margin of 3-4 percentage points in each banding model (Table 8.9. See also Tables C8.1(b), C8.2(b), C8.3(b) and C8.4(b) for ranking effects by applicant type and baseline points bands). The asymmetry arises from the sorting of non-FDAs into bands when time points are removed (see Table 8.1 above). However, the margin hardly varies

across the banding models because the three bands below 70 points are the same in each model.

Table 8.9 Cumulative scenario: Banding with Proposals 7, 8 and 9 - Ranking effects by number of bands, non-FDAs

	Fall	No change	Rise	Any move up or down
	%	%	%	%
Bands				
Four	32	32	36	68
Five	32	32	36	68
Six	32	32	35	68
Seven	32	33	35	67
Eight	32	33	35	67
Proposals 7, 8 and 9 cumulative, no banding	0	96	4	4

In addition, just five per cent of non-FDAs have 70+ points after removing time points. They do not lose points under Proposals 7, 8 and 9 and are only very marginally affected by the sorting of FDAs into points bands when those proposals are implemented. Hence, the non-FDA ranking effects of the cumulative scenario with banding hardly differ from the ranking effects in a banding only scenario, as can be seen by comparing Tables 8.9 and 7.4.

The numbers of places that FDAs would rise or fall within their first choice CLAs in the various banding models are summarised in Table 8.10. The results can be compared with the banding only scenario in Table 7.6 and the cumulative scenario without banding in Table 6.6. The main points to note are as follows:

- The distribution of places in the four band model is unchanged from the banding only scenario (see Table 7.6).
- When Proposals 7, 8 and 9 are combined in a banding model, the distributions of places that applicants rise or fall are quite similar to the distributions in the banding only scenario (see Table 7.6).
- The main difference compared with a banding only scenario is that fewer applicants fall in the rank order but, when a fall occurs, the applicant is more likely to fall 25+ places due to the points effects from

Proposals 7, 8 and 9. For example, in the six band model with a cumulative scenario, 41 per cent of all FDAs fall in rank and, among those, 30 per cent fall by 25 or more places. In the six band model with no other proposals, 46 per cent of all FDAs fall in rank of whom 23 per cent fall by 25 or more places. That contrast in the proportion falling 25 or more places (given that a fall in rank is predicted) arises because, in the cumulative scenario with banding, falls in rank order occur due to losses of points from the implementation of Proposals 7, 8 and 9 in addition to differences in waiting times.

Table 8.10 Cumulative scenario: Banding with Proposals 7, 8 and 9 - Effect on rank within first choice CLA, FDAs

	Four bands	Five bands	Six bands	Seven bands	Eight Bands
	%	%	%	%	%
Fall 100+ places	7	4	3	3	3
Fall 50-99 places	7	4	4	3	3
Fall 25-49 places	9	7	5	5	4
Fall 10-24 places	11	11	10	8	6
Fall 1-9 places	15	18	19	19	18
No change	3	6	7	8	9
Rise 1-9 places	14	20	24	27	31
Rise 10-24 places	11	13	13	13	14
Rise 25-49 places	9	8	8	7	7
Rise 50-99 places	7	5	4	4	3
Rise 100+ places	6	4	4	3	3
<i>Base</i>	<i>21,634</i>	<i>21,634</i>	<i>21,634</i>	<i>21,634</i>	<i>21,634</i>

The numbers of places that non-FDAs would rise or fall within their first choice CLAs in the various banding models are summarised in Table 8.11. The results can be compared with the banding only scenario in Table 7.7 and the cumulative scenario without banding in Table 6.6.

As the same three bands are used for applicants with fewer than 70 points across each banding model, the distributions of places that applicants rise or fall in the cumulative scenario with banding are virtually identical to the banding only scenario summarised in Table 7.7.

For non-FDAs, the cumulative scenario with banding gives a very different distribution of places rising and falling compared to the cumulative scenario without banding, which affects the rank order of only four per cent of non-FDAs (compare with Table 6.6).

Table 8.11 Cumulative scenario: Banding with Proposals 7, 8 and 9 - Effect on rank within first choice CLA, non-FDAs

	Four bands	Five bands	Six bands	Seven bands	Eight Bands
	%	%	%	%	%
Fall 100+ places	0	0	0	0	0
Fall 50-99 places	1	1	1	1	1
Fall 25-49 places	3	3	3	3	3
Fall 10-24 places	8	8	8	8	8
Fall 1-9 places	20	20	21	21	21
No change	32	32	32	33	33
Rise 1-9 places	21	22	22	22	22
Rise 10-24 places	9	9	9	9	9
Rise 25-49 places	3	3	3	3	3
Rise 50-99 places	2	1	1	1	1
Rise 100+ places	1	0	0	0	0
<i>Base</i>	<i>23,953</i>	<i>23,953</i>	<i>23,953</i>	<i>23,953</i>	<i>23,953</i>

The extent to which the cumulative scenario with banding entails a re-ordering within first choice CLAs can be further illustrated by the average absolute number of places that an applicant falls or rises. The results for the cumulative scenario with banding are shown in Table 8.12, which can be compared with the banding only results reported in Table 7.8.

The main points to note are as follows:

- In the cumulative scenario with four bands, the average number of places that applicants move, whether up or down, is identical to the scenario with four bands only and no other proposals.
- Proposals 7, 8 and 9 mean that some FDAs lose points, which may result in their being placed in a lower band than would be the case in a banding only scenario. Accordingly, for models with five or more bands, the number of places that FDAs move is, on average, higher in the cumulative scenario with banding than in the banding only model (compare with Table 7.8).
- The average number of places moved up or down by non-FDAs is unchanged in the cumulative scenario with banding when compared with the banding only scenario.

Table 8.12 Cumulative scenario: Banding with Proposals 7, 8 and 9 - Average absolute number of places by which applicants change position, up or down, by number of bands

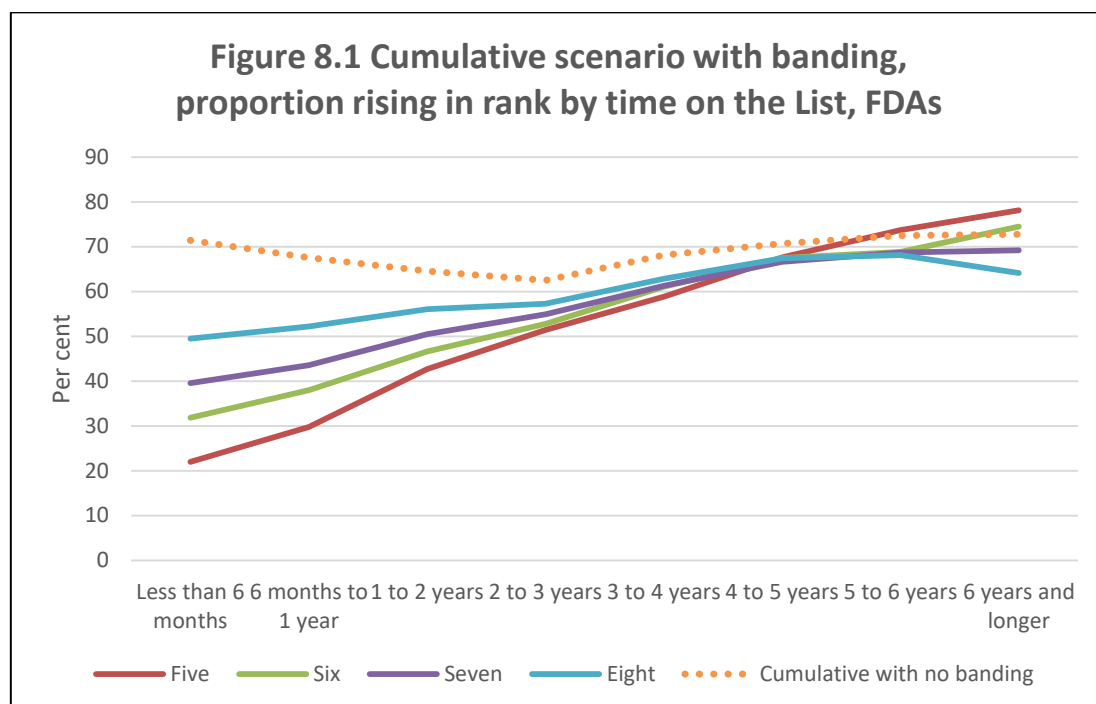
	FDAs		Non-FDAs	
	Mean	Median	Mean	Median
	<i>Places</i>	<i>Places</i>	<i>Places</i>	<i>Places</i>
Bands				
Four	54	21	10	3
Five	34	12	9	3
Six	30	10	8	3
Seven	26	8	8	3
Eight	24	7	8	3
Proposals 7, 8 and 9 cumulative, no banding	23	6	0	0

8.5 Time on the List Effects

As discussed in section 7, in a banding only scenario:

- Ranking by time on the List has a positive effect on the proportion of applicants whose rank order in their first choice CLA would rise compared to the baseline position when applicants are ranked primarily on points.
- The strength of the ranking effect by time on the List diminishes as the number of bands is increased. As bands are added, the total points award is given increased weight.

Those two effects of banding remain evident in the cumulative scenario when Proposals 7, 8 and 9 are implemented along with banding (Figure 8.1)³⁰. The ranking effects from the cumulative scenario without banding (discussed in section 6) are also shown for comparison. As can be seen, in the absence of banding, there is no linkage between time waiting on the List and ranking effects from the cumulative implementation of Proposals 7, 8 and 9 with no banding.



³⁰ The proportions falling in the rank order and with no change in their rank order are shown for FDAs in Tables C8.1(a), C8.2(a), C8.3(a) and C8.4(a) for the five to eight band models respectively. Tables C8.1(b), C8.2(b), C8.3(b) and C8.4(b) report the ranking effects for non-FDAs.

Compared to the banding only scenario, the main difference when Proposals 7, 8 and 9 are combined with banding is that the strength of the relationship between time on the List and the proportion rising in rank is slightly weaker in the cumulative scenario with banding. For example, in the cumulative scenario with six bands, the proportion rising in rank ranges from 32 per cent for those waiting less than six months to 74 per cent among those waiting six years and longer, a spread of 42 percentage points (Table 8.13). That can be compared with the six band model in the banding only scenario where the spread is 46 percentage points, from 21 per cent to 67 per cent (see Table 7.9).

Table 8.13 Cumulative scenario: Banding with Proposals 7, 8 and 9 - Proportion rising in rank by time on Waiting List, FDAs

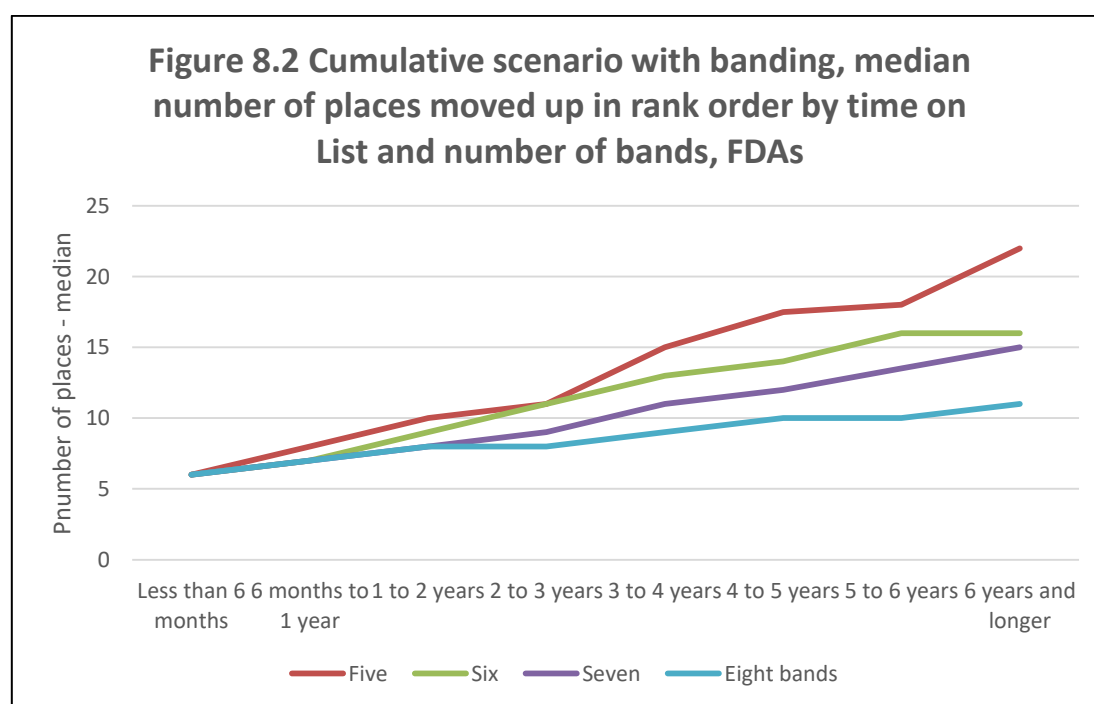
	Cumulative, no banding	Bands				
		Four	Five	Six	Seven	Eight
		%	%	%	%	%
Less than 6 months	71	11	22	32	40	49
6 months to 1 year	68	21	30	38	44	52
1 to 2 years	65	36	43	47	50	56
2 to 3 years	62	51	51	53	55	57
3 to 4 years	68	62	59	61	61	63
4 to 5 years	71	68	68	67	67	67
5 to 6 years	72	75	74	69	69	68
6 years and longer	73	87	78	74	69	64

Among non-FDAs, the proportions rising in rank order by time on the List differ only slightly from the banding only scenario (compare Tables 8.14 and 7.10).

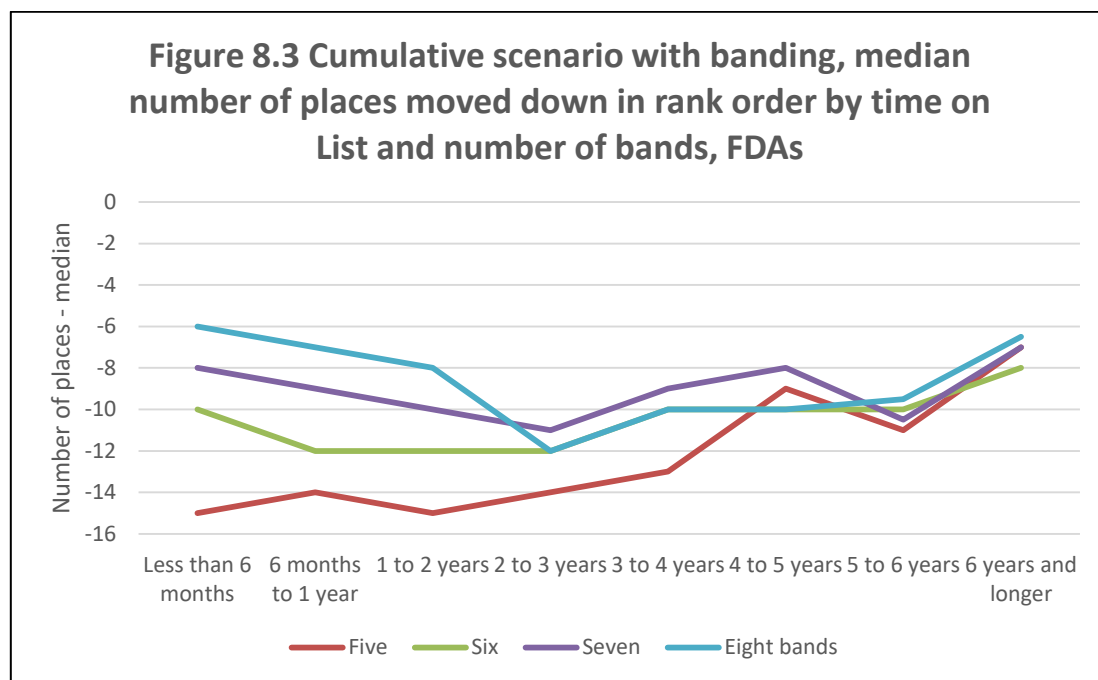
A second notable feature of ranking effects in a banding system is that the number of places moved is also linked to time on the List. That relationship also holds in the cumulative scenario for applicants moving up in the rank order within their first choice CLA. That is, the longer the time on the List, the greater the number of places that an applicant rising in the rank order will move up (Figure 8.2).

Table 8.14 Cumulative scenario: Banding with Proposals 7, 8 and 9 - Proportion rising in rank by time on Waiting List, non-FDAs

	Cumulative, no banding	Bands				
		Four	Five	Six	Seven	Eight
	%	%	%	%	%	%
Less than 6 months	2	22	21	21	21	21
6 months to 1 year	3	30	29	29	28	28
1 to 2 years	4	39	39	38	38	38
2 to 3 years	5	40	40	39	39	39
3 to 4 years	6	44	43	43	42	42
4 to 5 years	6	45	45	44	44	45
5 to 6 years	5	43	43	43	43	42
6 years and longer	7	48	48	47	47	47



The relationship between places moved and time on the List does not hold for those who fall in the rank order in the cumulative scenario with banding (Figure 8.3). That is because, for FDAs, the likelihood of falling in the rank order in the cumulative scenario depends also on whether points are lost due to Proposals 7, 8 and/or 9.



Nonetheless, as the proportions rising in rank and the number of places that they move up is positively related to time waiting on the List, it would be expected that allocation effects would mirror the ranking effects of banding, i.e., the stronger the link between the proportion rising in rank order the larger the 'gain' to time on the List in terms of an increased probability of receiving an offer of social housing.

That hypothesis is supported by the results from simulating the probability of an allocation across alternative banding systems, with analysis by time waiting on the List. The simulated allocation effects for FDAs are illustrated in Figure 8.4 and shown also in Table 8.15. The results from a cumulative scenario with no banding are included as a point of reference in Table 8.15; as can be seen, the allocation effects in the cumulative scenario are unrelated to time waiting on the List.

The simulated allocation effects in the four band model do not differ between the cumulative scenario with banding and the banding only scenario (see Table 7.11). For the remaining models, the strength of the allocations effect diminishes as the number of bands is increased. As time on the List receives less weight in the cumulative scenario with banding, the relationship between the allocation effects and time waiting on the List is slightly weaker than in the banding only scenario (compare Tables 8.15 and 7.11). Nonetheless, for FDAs, the simulation results indicate that each of the banding systems under consideration positively links time waiting on the List to the probability of an allocation. As in the banding only scenario, the relationship is much weaker for non-FDAs (Table 8.16).

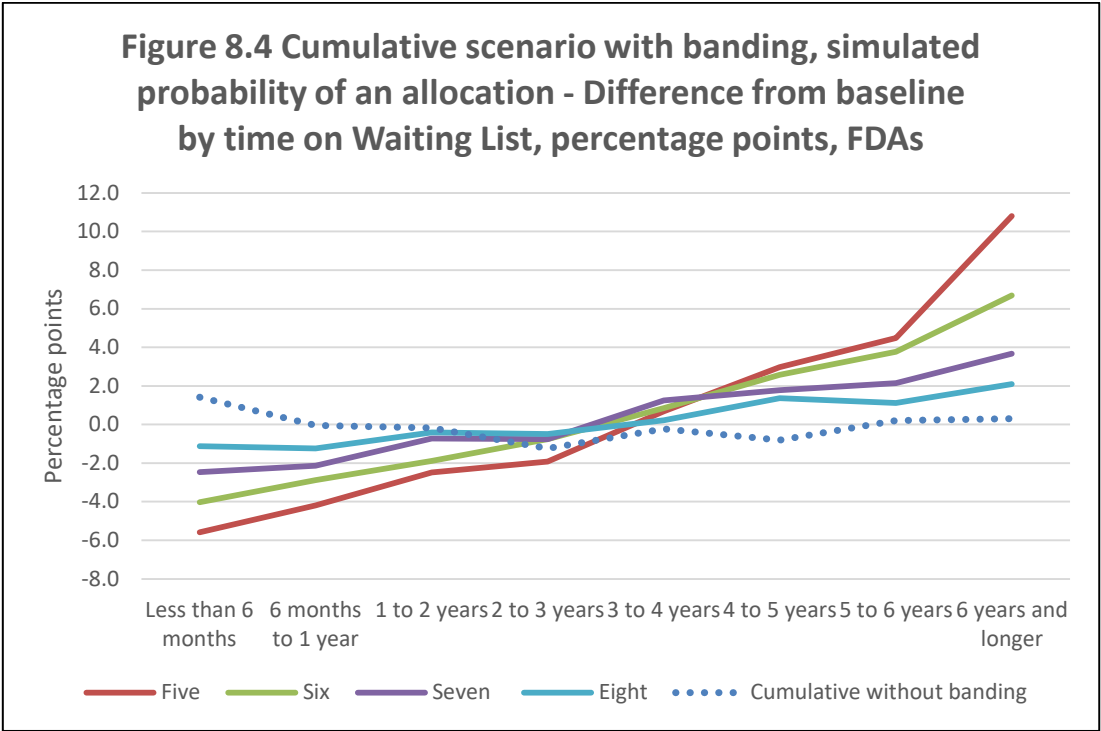


Table 8.15 Cumulative scenario: Banding with Proposals 7, 8 and 9 - Simulated probability of an allocation - Difference from baseline, percentage points, by time on List and number of bands, FDAs

Bands:	Four	Five	Six	Seven	Eight	No bands, cumulative (7, 8 & 9)
Difference from baseline:						
	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>
Less than 6 months	-10.4	-5.6	-4.0	-2.5	-1.1	1.4
6 months to 1 year	-8.0	-4.2	-2.9	-2.1	-1.2	0.0
1 to 2 years	-6.3	-2.5	-1.9	-0.7	-0.4	-0.2
2 to 3 years	-3.8	-1.9	-0.8	-0.8	-0.5	-1.2
3 to 4 years	-0.8	0.7	0.9	1.3	0.2	-0.2
4 to 5 years	3.1	3.0	2.6	1.8	1.4	-0.8
5 to 6 years	6.9	4.5	3.8	2.1	1.1	0.2
6 years and longer	23.2	10.8	6.7	3.7	2.1	0.3
pps Percentage points						

Table 8.16 Cumulative scenario: Banding with Proposals 7, 8 and 9 - Simulated probability of an allocation - Difference from baseline, percentage points, by time on List and number of bands, non-FDAs

Bands:	Four	Five	Six	Seven	Eight	No bands, cumulative (7, 8 & 9)
Difference from baseline:						
	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>
Less than 6 months	-0.3	-0.3	-0.3	-0.3	-0.3	0.0
6 months to 1 year	0.0	0.0	0.0	-0.1	-0.1	0.0
1 to 2 years	0.0	0.0	0.0	-0.1	-0.1	0.1
2 to 3 years	0.8	0.4	0.4	0.4	0.4	0.1
3 to 4 years	0.9	0.5	0.5	0.3	0.3	0.1
4 to 5 years	1.9	0.4	0.4	0.1	0.1	0.0
5 to 6 years	1.8	0.9	0.9	0.5	0.5	0.0
6 years and longer	3.0	0.6	0.6	0.4	0.3	0.1
pps Percentage points						

The linkage between time waiting on the List and the effect on the probability of an allocation varies according to whether the applicant has lost points due to Proposals 7, 8 and/or 9.

For example, compared to the current Scheme, the additional weight given to time on the List in a banding system would not offset points losses incurred by FDAs with interim accommodation points, especially in a cumulative scenario.

In a four band model, when ranking is solely in date order for FDAs, after removal of time points, the probability of an allocation for FDAs with interim accommodation points would fall by an estimated six percentage points (Table 8.17). That is because, as noted above, 62 per cent of FDAs with interim accommodation points would lose time points under Proposal 10 compared with 38 per cent of all other FDAs.

In the cumulative scenario with banding, as bands are added and the weight given to the points award increases relative to the weight given to time on the List, the simulated allocation probabilities for those with interim accommodation points in the baseline decline even more than in the four band model. Conversely, in a model with banding only, and no losses of points due to Proposals 7, 8 and/or 9, the allocation effects on those with interim accommodation points in the baseline are broadly neutral for models with five bands or more. That is because, as more bands are added, their loss of points for time waiting is offset by the increased weight given to their above-average points awards (see Table 4.2).

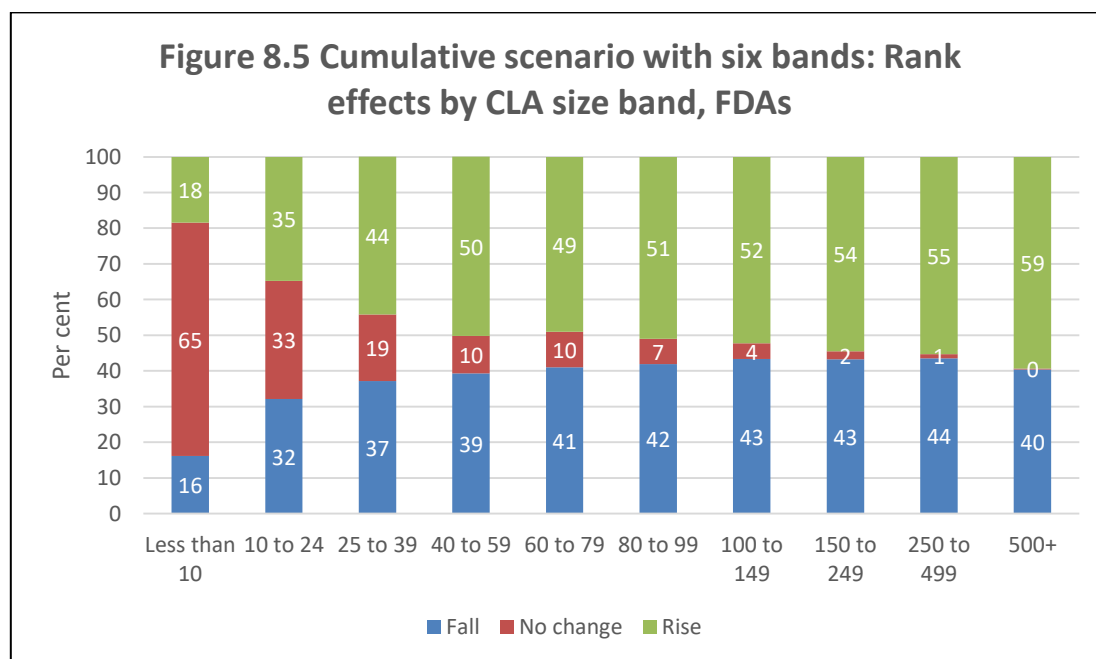
Table 8.17 Simulated probability of an allocation - Difference from baseline, percentage points, by number of bands, FDAs with interim accommodation points (IAPs)

	Cumulative scenario	Banding Only
	<i>pps</i>	<i>pps</i>
Bands:		
Four	-6.0	-6.0
Five	-8.8	-1.9
Six	-8.6	-0.5
Seven	-8.6	-0.2
Eight	-8.7	0.4
Proposal 9 only		
No banding	-6.6 pps	

8.6 CLA Effects

The ranking effects in the cumulative scenario with banding by CLA size band would be very similar to the patterns reported for a banding only scenario.

The detailed effects by CLA size band in a cumulative scenario with six bands are shown in Table 8.18 for FDAs³¹ and summarised in Figure 8.5. In that scenario, the proportions moving up by one or more places in their first choice CLA would exceed the proportions moving down by one or more places. That can be compared with the more symmetric effects in a six band model with no other proposals (see Figure 7.13 and Table 7.13).



The ranking effects by CLA size band for non-FDAs in a cumulative scenario with six bands are shown in detail in Table 8.19 and summarised in Figure 8.6³². For non-FDAs, the effects in the cumulative scenario with six bands differ very little from the effects in a six band model with no other proposals (compare with Figure 7.14 and Table 7.14).

³¹ The tables for five, seven and eight band models in a cumulative scenario are contained in Appendix C, Tables C8.5(a), C8.6(a) and C8.7(a) respectively, for FDAs. Note that the pattern in the cumulative scenario with four bands is identical to the pattern with four bands and no other proposals (Table C7.6(a)).

³² The tables for five, seven and eight band models in a cumulative scenario are contained in Appendix C, Tables C8.5(b), C8.6(b) and C8.7(b) respectively, for non-FDAs. Note that the pattern in the cumulative scenario with four bands is identical to the pattern with four bands and no other proposals (Table C7.6(b)).

Table 8.18 Cumulative scenario with six bands: Ranking effects by first choice CLA size band, FDAs, per cent of CLA size band base¹

CLA size band:	Ranking effects						
	Down			No change	Up		
	25+ places	10-24 places	1-9 places	No change	1-9 places	10-24 places	25+ places
<i>Applicants</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>
Less than 10	0	0	16	65	18	0	0
10 to 24	0	0	32	33	35	0	0
25 to 39	0	4	33	19	43	1	0
40 to 59	1	6	33	10	47	3	0
60 to 79	2	9	31	10	41	8	0
80 to 99	3	9	30	7	40	11	0
100 to 149	6	13	25	4	32	17	3
150 to 249	12	14	17	2	21	22	12
250 to 499	21	12	11	1	13	16	26
500+	31	5	4	0	4	7	48
All	12	10	19	7	24	13	15

¹ See Table 4.5 for CLA size band base numbers of FDAs.

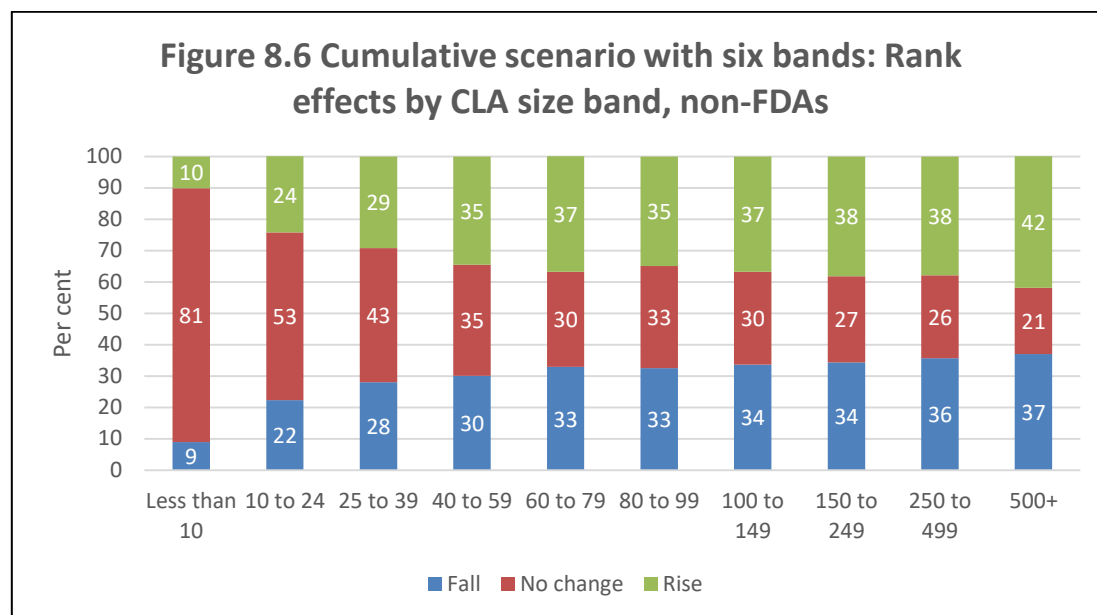


Table 8.19 Cumulative scenario with six bands: Ranking effects by first choice CLA size band, non-FDAs, per cent of CLA size band base¹

CLA size band:	Ranking effects						
	Down			No change	Up		
	25+ places	10-24 places	1-9 places	No change	1-9 places	10-24 places	25+ places
<i>Applicants</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>
Less than 10	0	0	9	81	10	0	0
10 to 24	0	0	22	53	24	0	0
25 to 39	0	0	28	43	29	0	0
40 to 59	0	1	29	35	34	1	0
60 to 79	0	3	30	30	33	3	0
80 to 99	0	3	29	33	30	4	0
100 to 149	0	8	25	30	27	9	0
150 to 249	2	14	19	28	21	15	2
250 to 499	7	15	14	26	11	19	8
500+	20	11	5	21	6	10	26
All	4	8	21	32	22	9	4

¹ See Table 4.5 for CLA size band base numbers of FDAs.

8.7 Area Effects

The rank order effects by NIHE Area of a cumulative scenario with six bands are shown in Table 8.20 for FDAs and Table 8.21 for non-FDAs. The broad patterns in the effects are very similar to the ranking effects in a banding only scenario (compare with Tables 7.15 and 7.16). As with CLA size bands, the main difference is that in the cumulative scenario the proportions moving up in rank are higher in the cumulative scenario compared to the scenario with banding only.

Table 8.20 Cumulative scenario with six bands: Ranking effects by NIHE Area, FDAs, per cent

	Ranking effects						
	Down			No change	Up		
	25+ places	10-24 places	1-9 places	No change	1-9 places	10-24 places	25+ places
	Row%	Row%	Row%	Row%	Row%	Row%	Row%
Belfast region							
North Belfast	14	13	17	5	20	15	16
South & East Belfast	15	11	18	4	22	14	15
West Belfast	22	6	13	4	14	9	32
Lisburn & Castlereagh	11	13	18	6	26	17	11
North region							
South Antrim	8	12	25	5	29	13	8
Mid & East Antrim	5	10	29	9	31	11	5
West	16	8	13	4	19	13	26
Causeway	5	10	24	14	32	13	3
South region							
North Down & Ards	10	12	21	6	25	13	13
South Down	12	10	18	5	25	15	15
South	4	6	27	19	34	6	3
South West	2	9	26	14	38	9	1
Mid Ulster	15	8	17	9	20	12	19
All	12	10	19	7	24	13	15

Table 8.21 Cumulative scenario with six bands: Ranking effects by NIHE Area, non-FDAs, per cent

	Ranking effects						
	Down			No change	Up		
	25+ places	10-24 places	1-9 places	No change	1-9 places	10-24 places	25+ places
	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>	<i>Row%</i>
Belfast region							
North Belfast	3	9	21	31	20	13	3
South & East Belfast	3	12	18	32	18	14	4
West Belfast	12	5	15	26	19	8	14
Lisburn & Castlereagh	2	11	19	31	21	13	2
North region							
South Antrim	4	8	19	33	23	8	5
Mid & East Antrim	0	5	22	46	23	4	0
West	4	8	22	28	23	10	5
Causeway	1	7	21	39	24	7	1
South region							
North Down & Ards	4	10	23	27	20	12	5
South Down	1	10	25	27	23	11	3
South	2	6	24	34	26	6	3
South West	0	5	26	33	31	4	0
Mid Ulster	9	9	14	33	16	8	11
All	4	8	21	32	22	9	4

8.8 Profile

The ranking effects by socio-demographic group are shown, separately for FDAs and non-FDAs, in Appendix C, as follows:

- Five bands – Tables C8.8(a) and C8.8(b), for FDAs and non-FDAs respectively.
- Six bands – Tables C8.9(a) and C8.9(b).
- Seven bands – Tables C8.10(a) and C8.10(b).
- Eight bands – Tables C8.11(a) and C8.11(b).

The profile of effects in a four band cumulative scenario are identical to the four band profile with no other proposals, shown in Tables C7.10(a) and C7.10(b).

If the current Waiting List was to be re-ranked solely according to the date on which applicants joined the Waiting List, the socio-demographic profile of those falling in the rank order would be expected to broadly match the profile of the List as a whole. In principle, so long as applicants join the List in a random fashion, the only expected differential would be the age of the applicant; as applicants wait on the list, they also age.

The use of bands designed around thresholds of points scores alters that picture somewhat, to the extent that points scores are correlated with socio-demographic attributes.

Both of those effects are present in the cumulative scenario with banding. For example, in the system of six bands with a cumulative scenario, 41 per cent of FDAs would see a fall in their rank order within their first choice CLA. That proportion varies:

- By age - from 48 per cent among those aged less than 25 to 36 per cent in the 65+ age group.
- By household type – from 46 per cent of large family households to 37 per cent of elderly households.

The main point to note is that the banding effects would appear to outweigh the points effects in the effects on the proportion of FDAs who would see a fall in their rank order. Overall, there are few differential effects, mainly comprising the age effect from ranking on date order and the points effect on large families.

8.9 Key Points Summary

This section reports on the potential impacts of a cumulative scenario in which Proposals 7 through 9 are implemented along with banding (Proposal 10).

Five banding models are considered in the cumulative scenario, i.e., four through eight bands, using the points thresholds derived from the banding only scenario.

Implementation scenarios

A number of implementation scenarios are presented to estimate the moves between bands of affected applicants, comparing their band assignments pre-implementation based on their points awards on the August 2019 Waiting List with their band assignments in a post-implementation environment.

In each of the implementation scenarios, the proportion of affected applicants changing bands increases with the number of bands. Furthermore, in each scenario, the vast majority of moves made by affected applicants are to a lower band.

For example, in the post-implementation scenario in which Proposal 9 (remove interim accommodation points) is implemented after band thresholds have been set, 2,042 applicants would each lose 20 points. The proportions changing bands in this scenario range from 25 per cent of the 2,024 applicants losing their interim accommodation points in a five band model to 82 per cent in an eight band model. In that implementation scenario, all of those changing bands would move to a lower points band.

Ranking effects

In the cumulative scenario where all proposals are implemented, some applicants lose points due to the removal of intimidation and interim accommodation points and the ending of the 'no detriment' practice. Applicants losing points tend to fall multiple numbers of places, triggering the 'domino' effect whereby other applicants move up the rank order but in smaller increments. While still present, that asymmetric effect of proposals entailing a reduction in points is much less evident in the cumulative scenario with banding. That is because all applicants are affected by banding so ranking effects are widely spread across the List.

When banding is combined with a cumulative scenario, the additional factor of points reductions results in an increase in the number of places that applicants may rise or fall compared to the banding only scenario. For example, in the cumulative scenario with six bands, among FDAs, the median absolute number of places that applicants rise or fall increases to 10, up from 8 in the banding only scenario.

Among the subset of FDAs whose points total would be affected by Proposals 7, 8 and/or 9, the ranking effects would be largely dominated by falls in the rank order.

Time on the List effects

Ranking by time on the List has a positive effect on the proportion of applicants whose rank order in their first choice CLA would rise compared to the baseline position when applicants are ranked primarily on points.

The strength of the ranking effect by time on the List diminishes as the number of bands is increased. That is because, as bands are added, the total points award is given increased weight, as applicants are first assigned to a housing need band based on their points score.

In the cumulative scenario with banding, the relationship between the proportion rising in the rank order within their first choice CLA and time on the List is slightly weaker than in a banding only model. That is because, in the cumulative scenario, some applicants would lose points due to Proposals 7, 8 and/or 9, which would also affect their rank order.

The modelling results indicate that allocation effects would mirror the ranking effects of banding. That is, the fewer the number of bands, and hence the greater the weight given to time on the List, the larger the modelled effect of time waiting on the List on the probability of an allocation.

CLA effects

The proportion of applicants seeing a change in their rank order within their first choice CLA would vary with the size of the CLA waiting list. Measured by the number of applicants, the larger the CLA waiting list, the greater the proportion who would see a change in their rank order within their first choice CLA.

For example, in a cumulative scenario with six bands, all FDAs in CLAs with 500+ applicants would see a change in their rank order. By contrast, in the CLAs with fewer than 10 applicants, 65 per cent would retain their current ranking within their first choice CLAs.

Area effects

Considering the Waiting List as a whole, within each NIHE Area, the proportions seeing a change in their rank order, whether up or down, would broadly mirror the average for all Areas but with some variations reflecting differences between Areas in the size distribution of CLAs.

Profile

In the system of six bands in a cumulative scenario, the banding effects would outweigh the points effects in determining the proportion of FDAs who would see a fall in their rank order. Overall, there are few differential effects within the profile groups, other than an age effect from ranking on date order and a points effect on large families.

9 Time in Need Points

9.1 Introduction

The banding proposal discussed in sections 7 and 8 aims to give increased recognition to time on the Waiting List. An alternative approach to achieve that intended outcome is by increasing the 'Time in Housing Need Points' within the current Housing Selection Scheme. This section presents an assessment of how much weight would be required to 'Time in Housing Need' points as an alternative to banding to meet the intended Outcome 4 of the Fundamental Review, i.e., those in greatest housing need receive priority, with recognition of their time in need. The section also assesses the impact of increasing time in housing need points on the ranking of applicants when applied to the August 2019 Waiting List.

9.2 Current Position

Under the current Rules, after two years on the List, an applicant with one or more points is awarded two points per annum, to a maximum of 10 points. On the August 2019 List, close to one in two (48 per cent) of those with 1+ points for specific housing need(s) had points for time waiting (Table 9.1). The proportion was higher for those with 70+ points (51 per cent) than for applicants with one to 69 points (44 per cent).

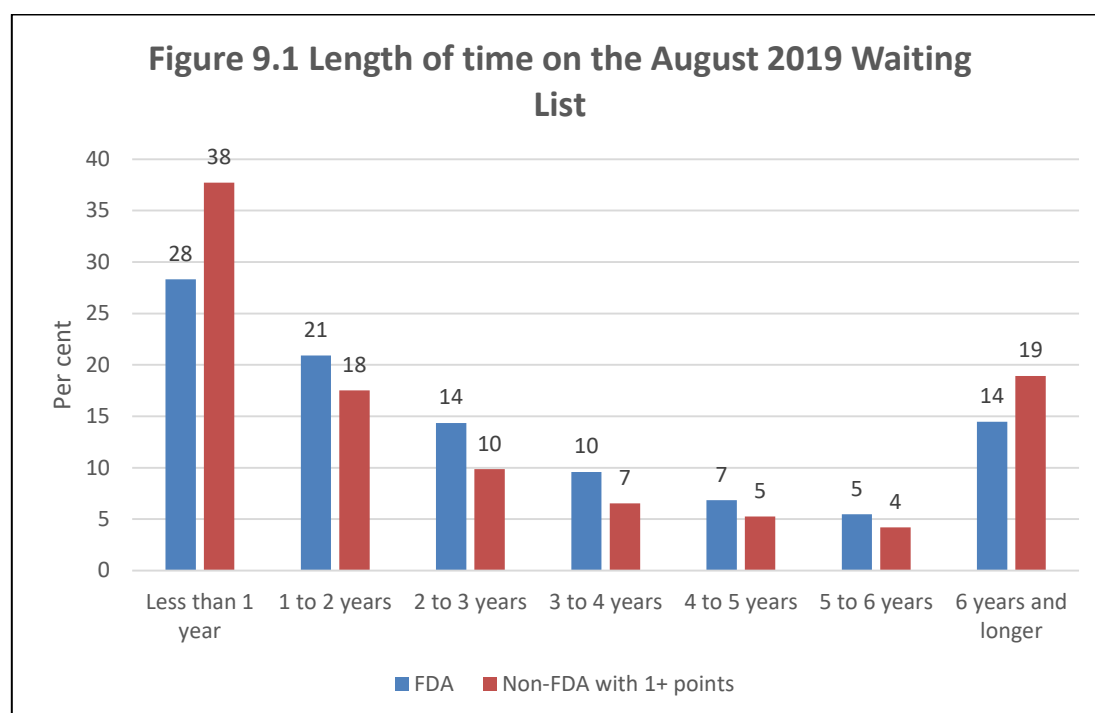
Table 9.1 Points for time waiting on the List, August 2019

Total points as at August 2019:	All	With time points	Average time points ¹	Per cent of total points ²
	No.	%	Pts	%
Zero points	6,071	0	-	
1 to 69 points	16,481	44	7	23.1
1 to 29 points	8,661	38	6	30.3
30 to 69 points	7,820	50	7	17.1
70+ points	23,035	51	6	5.2
70 to 124 points	14,654	49	6	5.9
125 to 144 points	4,602	52	6	4.5
145+ points	3,779	60	6	3.7
All	45,587	42	6	7.1
All with 1+ points	39,516	48	6	12.0

¹ Averages for applicants with time points.
² Applicants with time points.

Among those with points for time on the List, the average number of points for time on the List did not vary greatly with applicants' total points awards, ranging from seven among those with a total of 30 to 69 points, to six across all other total points groups. Though, relative to applicants' total points awards, points for time waiting ranged from 30 per cent among those with 1-29 points to under four per cent among applicants with 145+ points.

The distribution of applicants by the length of time waiting is shown in Figure 9.1, distinguishing FDAs and the non-FDAs with 1+ housing need points who qualify for an award of points for time waiting. In both distributions, a substantial proportion of applicants have been on the List for six years or more, including 14 per cent of FDAs and 19 per cent of non-FDAs with 1+ points.

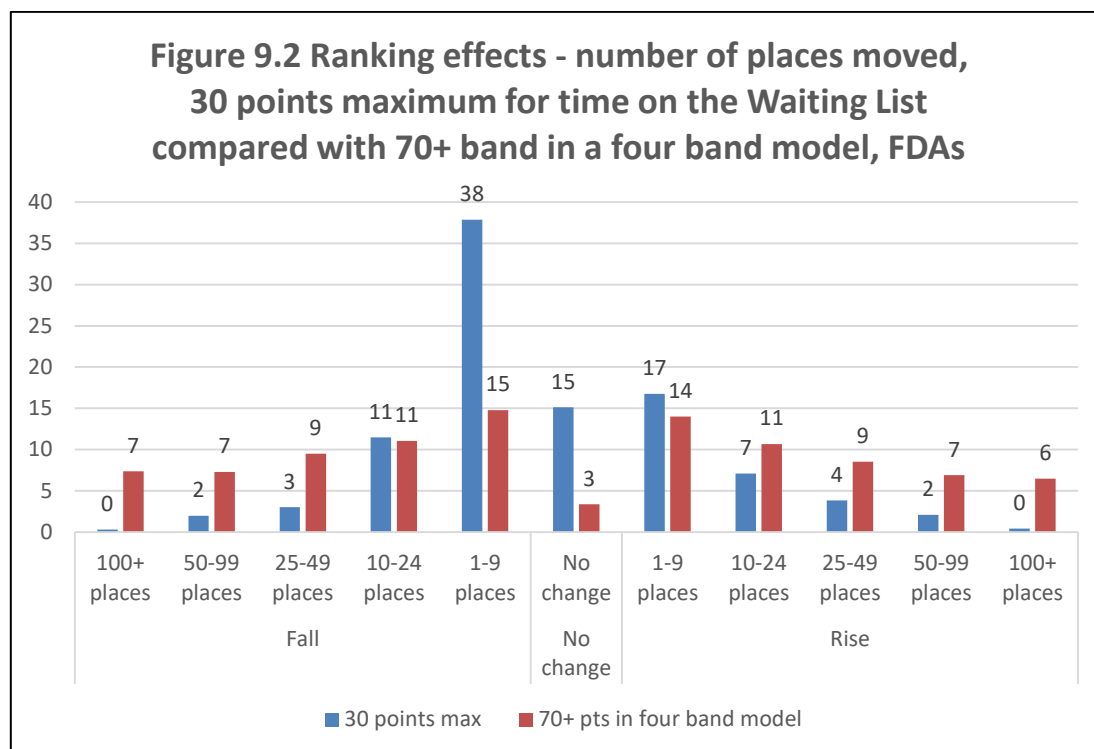


9.3 Approach

The approach was framed around incremental increases to time waiting on the List points, from an additional one point per annum after two years to an additional eight points per annum. That is, an increase in the maximum after seven years on the List from 10 to 15 through 50 points.

To clarify how increasing the weight given to time on the List would work as an alternative to banding, an illustrative scenario is discussed based on an additional four points per annum after two years, giving a maximum of 30 points after five years. The presentation focuses on FDAs and compares the effects of a 30 point maximum with the 70+ points band in a four band model. In the 70+ points band, all FDAs are ranked by time on the List; it therefore serves as a 'pure' banding model for comparison purposes.

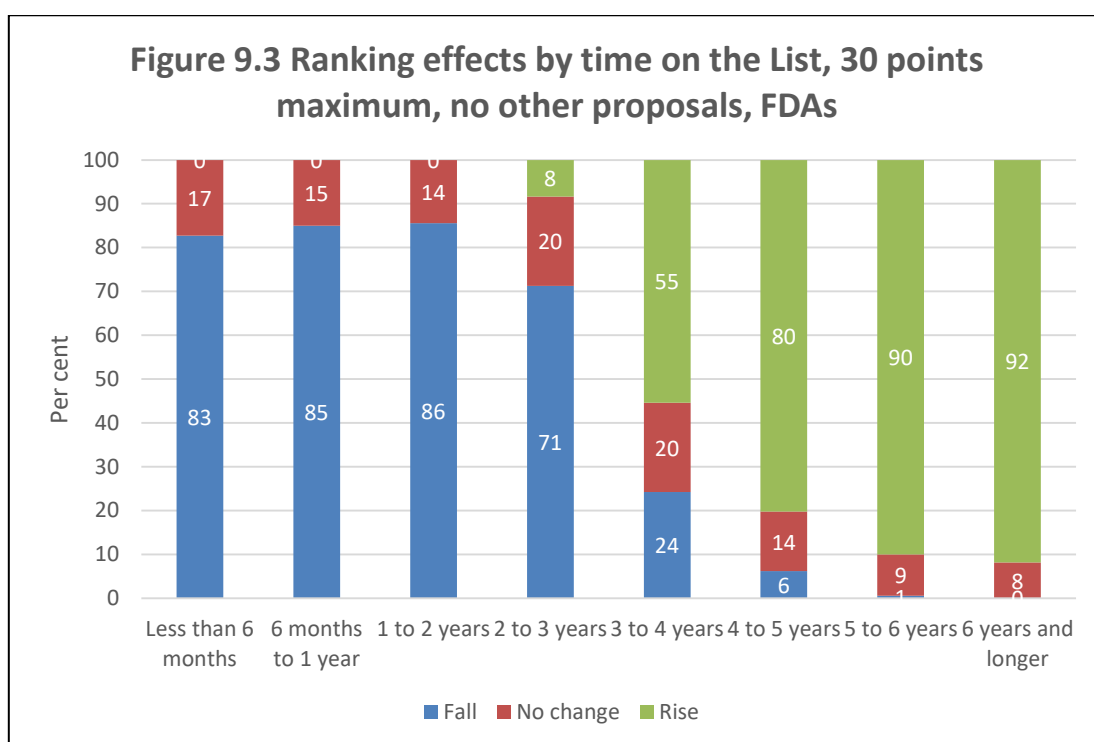
In the illustrative scenario, where those waiting 2+ years are awarded up to 30 additional points, 30 per cent of FDAs would rise in the rank order within their first choice CLAs, while 55 per cent would fall in the rank order (Figure 9.2). That is, the ranking effects would be asymmetric, broadly similar to those observed in the scenarios around Proposals 7, 8 and 9, albeit in the opposite direction, since additional points are awarded rather than being deducted. As shown in Figure 9.2, the majority of those falling in the rank order would drop by 1-9 places; 38 per cent of all FDAs and 69 per cent of those falling in the rank order. Among those rising in rank order, 31 per cent would ascend by 1-9 places (they would account for 17 per cent of all FDAs).



The second point to note from Figure 9.2 is the comparison with the ranking effects on FDAs in a four band model, where all FDAs are in one band. As discussed in section 7, in that 70+ points band the ranking effects on FDAs are symmetric; almost all would see their rank order change, but with approximately equal proportions rising and falling. Furthermore, changes in rank within the 70+ band would be very dispersed, e.g., seven per cent would fall 100+ places and six per cent would rise by the same number of places. That symmetry arises from ranking in date order and gives a fundamentally different distribution of ranking effects when compared with an approach based on awarding extra points. For example, compare the 38 per cent falling 1-9 places when the points for time waiting on the List are increased, with 15 per cent of FDAs falling 1-9 places in the 70+ points band.

As would be expected, the ranking effects of additional points for time on the List are highly linked to the length of time the applicant is on the List. In the scenario under consideration, the ranking effects by time on the List exhibit two main features.

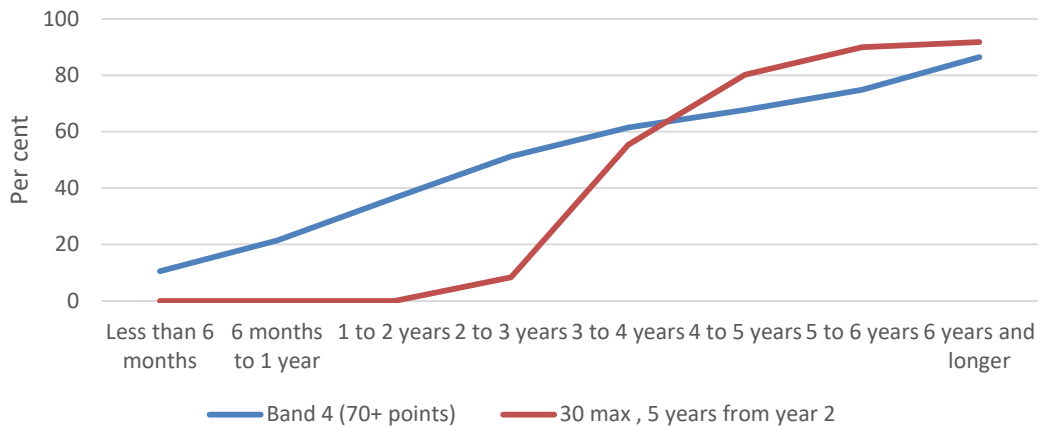
First, among applicants with two or more years on the List, the proportion rising in the rank order within their first choice CLA rises in tandem with the annual award of extra points for time on the List (Figure 9.3). Note, however, that among those with 2-3 years on the List, the additional four points only improves the rank order for eight per cent of FDAs while 71 per cent actually fall in the rank order within their first choice CLAs. As ranking remains primarily based on points, those applicants fall in rank because their points awards are overtaken by applicants waiting longer on the List with accumulating points totals.



Second, and more importantly, the curve of those rising in rank with time in need is S-shaped (Figure 9.4). By contrast, when applicants are ranked in date order in the 70+ band within a four band model, the proportion rising in rank increases steadily with the length of time waiting on the List, i.e., approximately linear.

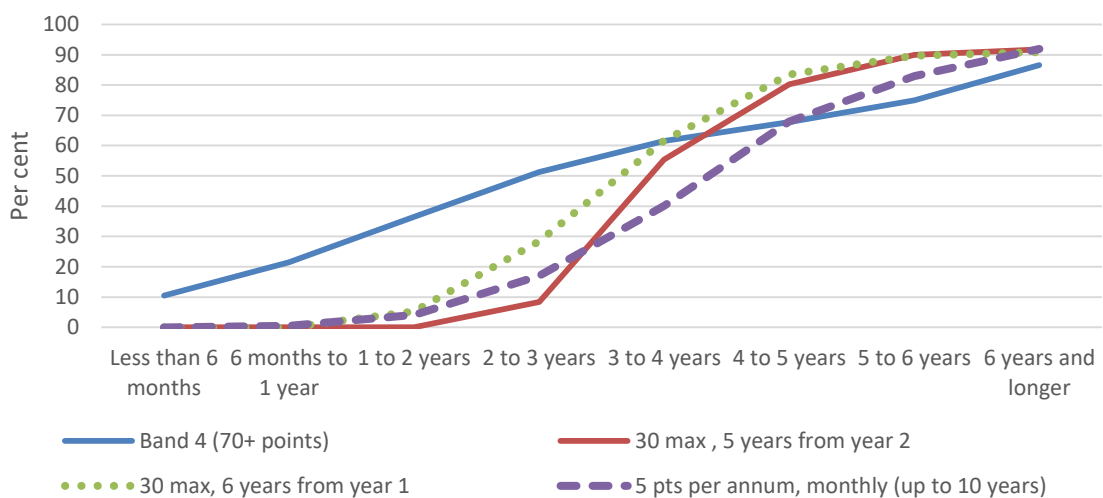
In the scenario shown in Figure 9.4, there is a step-change (at the point where applicants become entitled to the extra points) and incremental steps thereafter, as additional points are added on the 'anniversary' of the date that the application was made. However, 'smoothing' those out does not fundamentally alter the S-shaped curve that results from awarding additional points for time on the List.

Figure 9.4 Extra points for time in need compared with banding: Proportion rising in rank, by time on the List, FDAs



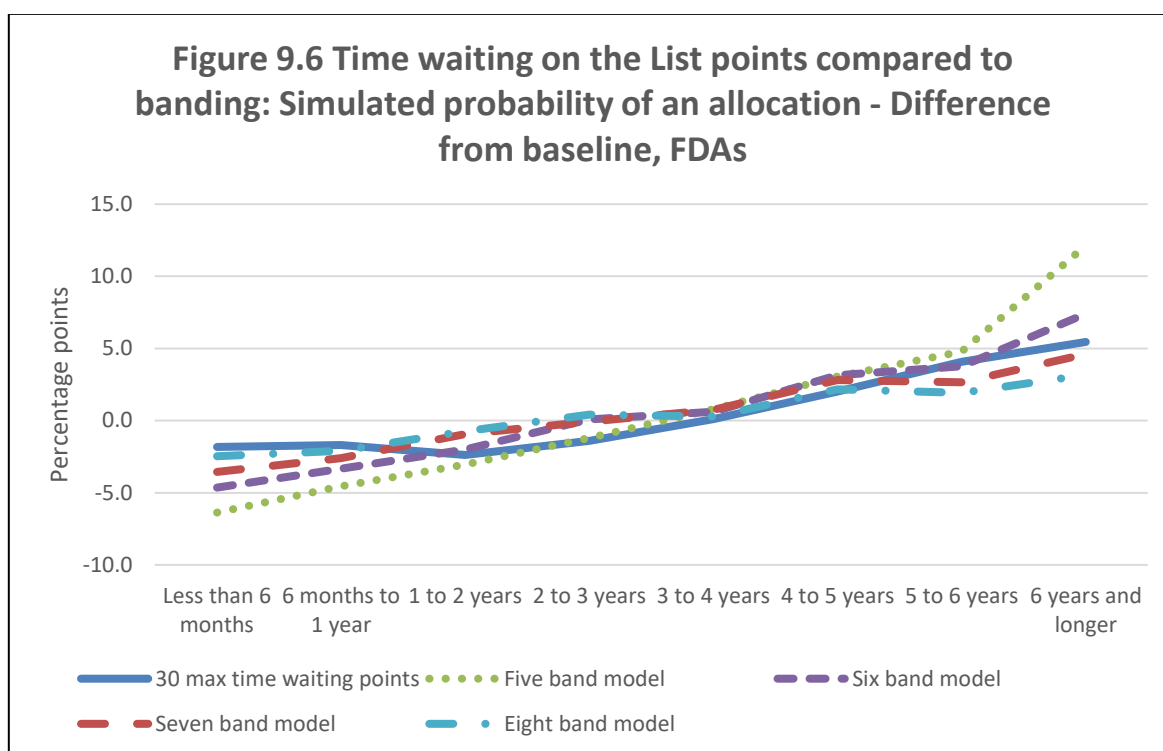
For example, if the qualifying year for additional points is moved back one year and the 30 time points are spread over six years, the 'step change' occurs one year earlier and (with smaller increments per annum) the curve is more continuous (Figure 9.5). However, the curve remains S-shaped. Even if the award of time points was to be made on a monthly basis (i.e., continuous over time) from the date that the applicant joined the List, the curve for the proportion rising in rank would remain S-shaped (see the curve in Figure 9.4 for an award of five points per annum, spread over each year on a monthly basis from the date that the applicant joined the List).

Figure 9.5 Extra points for time in need compared with banding: Proportion rising in rank, by time on the List, FDAs



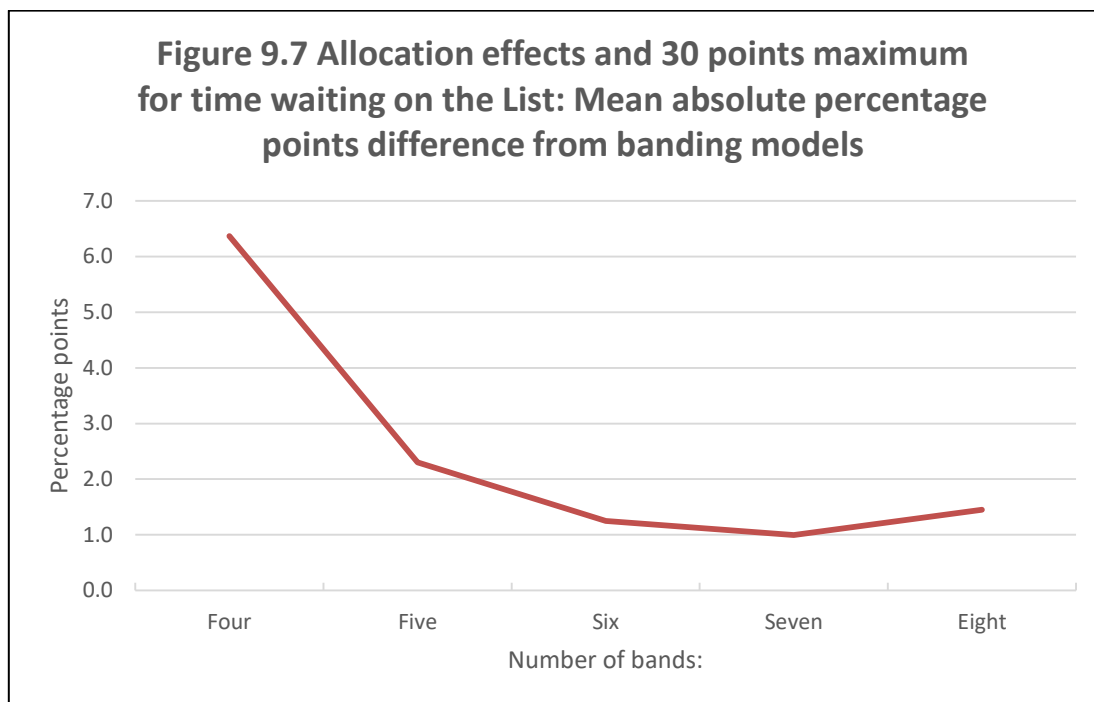
It is, therefore, apparent that it is impossible to devise a weighting scheme for awarding additional points for time in need that would precisely replicate ranking within bands in date order. Consequently, it is necessary to consider what weighting scheme would best approximate banding as a means of recognising time waiting on the List. From that perspective, it is more useful to focus on allocation effects than ranking effects.

The allocation effects of the scenario with a maximum of 30 additional points for time waiting on the List are shown in Figure 9.6, measured by the percentage points difference that the additional points make to the (simulated) probability of an allocation compared to the baseline. The allocation effects in that scenario are flat for durations up to two years but increase from two years onwards as additional points for time waiting are accumulated and the prospects of an allocation improve accordingly. Also shown in Figure 9.6 are the (simulated) effects for the suite of five banding only models discussed in section 7 (see Table 7.11).



The 30 points maximum time waiting curve is not identical to any of the banding model curves shown in Figure 9.6. However, for durations of two years and over, the curves are not dissimilar. The question is: to which of the banding model curves is the 30 points maximum time waiting curve most similar? That question can be answered by measuring, at each duration of two or more years, the absolute difference in percentage points (the 'gap') between the 30 points maximum waiting time curve and each of the banding models and taking the average of those absolute differences.

On that measure, the banding curve which is most similar to, or is best approximated by, the 30 points maximum time waiting curve is the banding curve with the lowest mean absolute percentage points gap. On that criterion, the 30 point maximum time waiting curve most closely approximates the seven band model; the mean absolute gap between the curves is one percentage point, for durations of 2+ years (Figure 9.7).



Of course, the 30 points maximum time waiting curve may not yield the smallest gap when compared with other possibilities for awards of points for time waiting, e.g., 25 points or 35 points may yield a smaller gap. Similarly, it is also necessary to identify the points curve that best approximates other banding models, such as five and six bands. That is the subject of the next part of this section, which deploys the average gap measure to identify the weighting scheme that minimises the average gap for each banding model.

9.4 Points for Time Waiting

The ranking effects of alternative weighting schemes for additional points for time in need are summarised for FDAs in Table 9.2 and graphically in Figure 9.8. For non-FDAs with 1+ housing need points, the ranking effects are shown in Table 9.3 and graphically in Figure 9.9. The scenarios are based around annual increments to the current two points per annum after two years of one to eight points, yielding, respectively, maximum points awards after five years ranging from 15 to 45 points. It should be noted that, in those scenarios, no other proposals are included. The specific purpose is to compare the different weighting schemes with the banding only models discussed in section 7, to assess how much weight would be required to 'Time in Housing Need' points as an alternative to banding.

As can be seen from Figures 9.8 and 9.9, the ranking effects vary with time waiting on the List in the S-shaped fashion discussed above. The proportions rise sharply after two years and flatten out from year four onwards. For durations of six years and longer, where the weighting for time on the List is set to a maximum of 20 or more points, the proportion rising in the rank order within their first choice CLAs is close to or above 90 per cent. The 15 points maximum does not have quite the same ranking effect, being just five points above the current maximum of ten points.

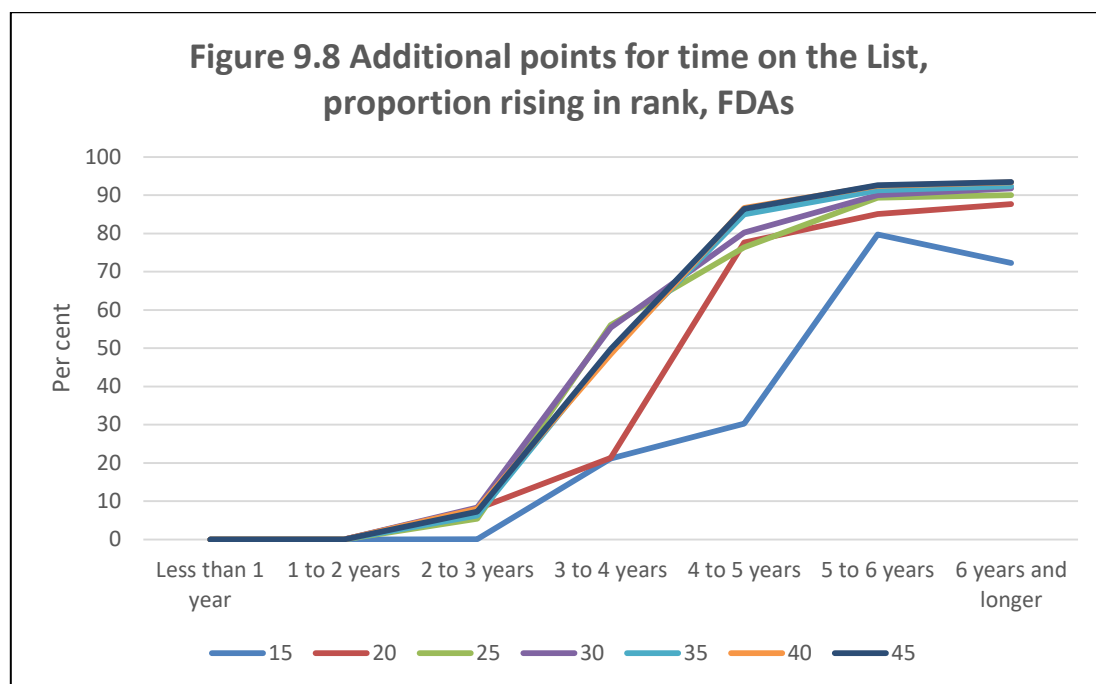


Table 9.2 Increase points for time in need – Proportion rising in rank by time on Waiting List, FDAs

	Maximum points for time in need:						
	15	20	25	30	35	40	45
	%	%	%	%	%	%	%
Less than 1 year	0	0	0	0	0	0	0
1 to 2 years	0	0	0	0	0	0	0
2 to 3 years	0	8	5	8	6	8	7
3 to 4 years	21	21	56	55	49	48	50
4 to 5 years	30	78	76	80	85	87	86
5 to 6 years	80	85	89	90	91	92	93
6 years and longer	72	88	90	92	92	93	93

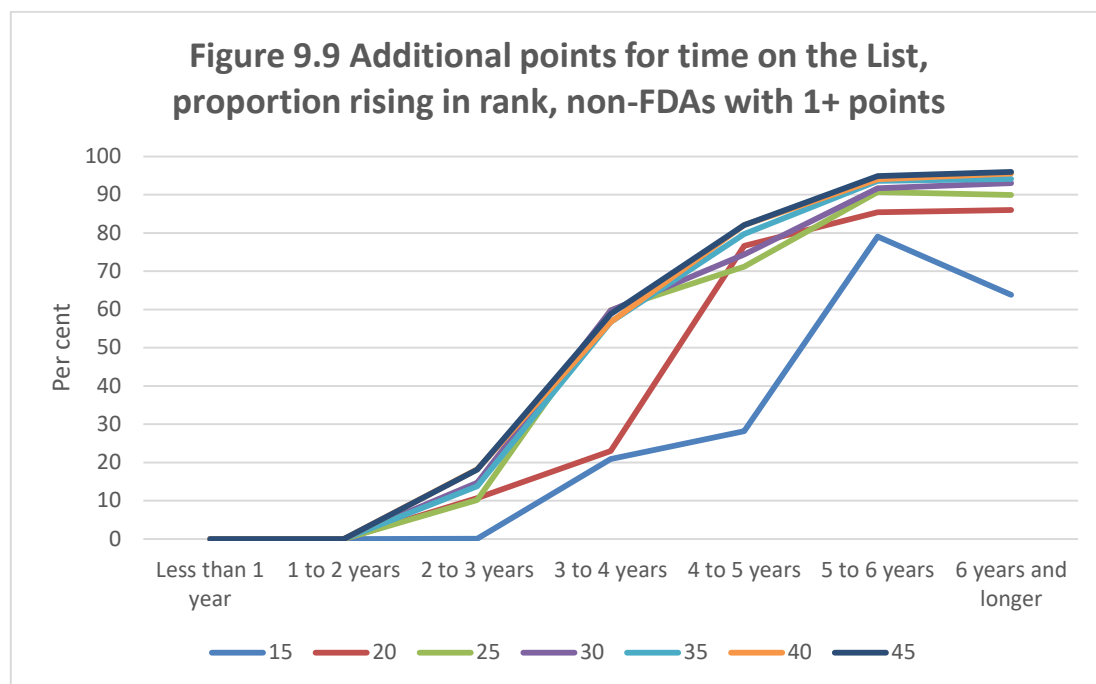


Table 9.3 Increase points for time in need – Proportion rising in rank by time on Waiting List, non-FDAs with 1+ points

	Maximum points for time in need:						
	15	20	25	30	35	40	45
	%	%	%	%	%	%	%
Less than 1 year	0	0	0	0	0	0	0
1 to 2 years	0	0	0	0	0	0	0
2 to 3 years	0	11	10	15	14	18	18
3 to 4 years	21	23	60	60	57	57	59
4 to 5 years	28	77	71	74	80	82	82
5 to 6 years	79	85	91	92	94	94	95
6 years and longer	64	86	90	93	94	96	96

Where the points maximum is 25 or more, the proportions rising in rank follow very similar trajectories for both FDAs and non-FDAs with 1+ housing need points. For both FDAs and non-FDAs, the ranking effects differ between the scenarios insofar as, the larger the points maximum, the more widely dispersed are the numbers of places that applicants rise or fall. That point is illustrated for scenarios with 30 and 45 maximum additional points in Figure 9.10 for FDAs, and Figure 9.11 for non-FDAs with 1+ housing need points.

Figure 9.10 Ranking effects - 30 and 45 maximum additional time in need points, FDAs

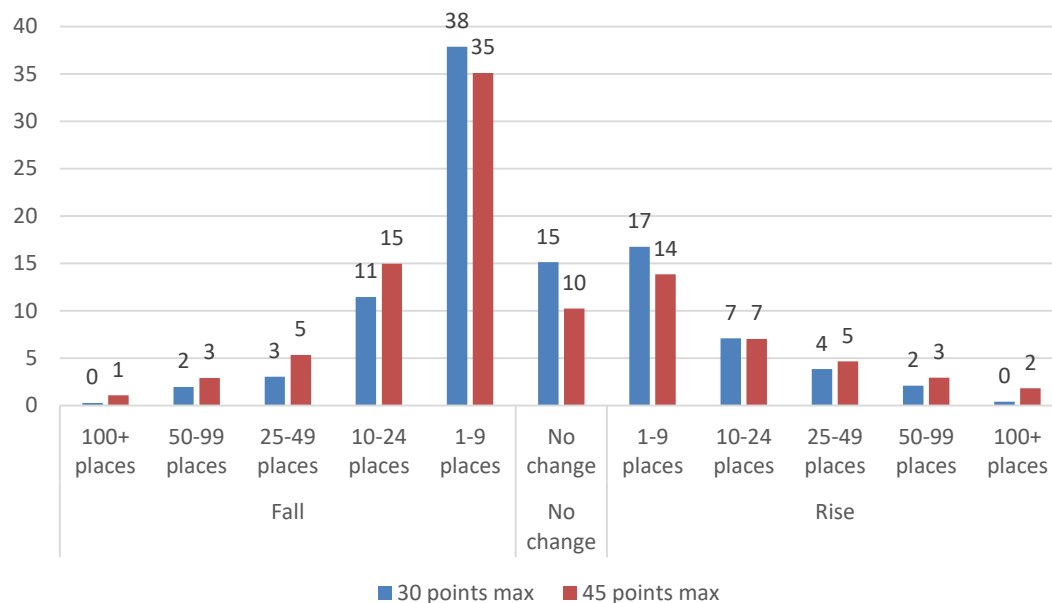
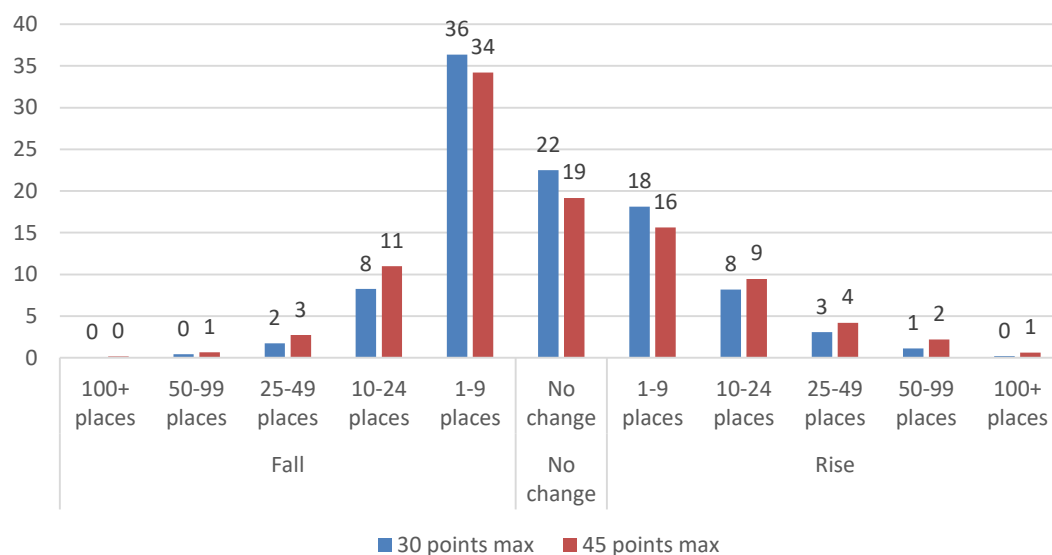


Figure 9.11 Ranking effects - 30 and 45 maximum additional time in need points, non-FDAs with 1+ housing need points



The allocation effects of each scenario for additional points for time waiting on the List are shown in Table 9.4 for FDAs and Table 9.5 for non-FDAs with 1+ additional housing need points.

For each of the additional points scenarios, allocation effects are positively linked to durations on the Waiting List. For example, when the maximum points are set at 30, the allocation effects for FDAs range from -1.8 percentage points for applicants on the List for less than six months to +5.5 percentage points for those on the List six years or longer, a spread of +7.3 percentage points.

The allocation effects are also positively linked to time on the List for non-FDAs with 1+ points, but with a narrower spread. In the 30 points maximum scenario, the effects range from -0.1 percentage points to +1 percentage points.

When the allocation effects for FDAs are compared with the banding model only effects shown in Table 7.11, the time on the List weightings that yield the smallest gaps, as measured by the mean absolute difference metric discussed above, are as follows:

- Five bands – 50 points maximum, i.e., ten points per annum for five years after two years on the List. The average gap is 1.2 percentage points.
- Six bands – 35 points maximum i.e., seven points per annum for five years after two years on the List. The average gap is 1.1 percentage points.
- Seven bands – 25 points maximum i.e., five points per annum for five years after two years on the List. The average gap is 0.9 percentage points.
- Eight bands – 20 points maximum i.e., four points per annum for five years after two years on the List. The average gap is 0.7 percentage points.

Taking the six band model as an example, the gap analysis indicates that 35 points maximum is, approximately, the weight that would be required to 'Time in Housing Need' points as an alternative to banding to meet the intended Outcome 4 of the Fundamental Review.

In general, the greater the number of bands, the fewer the number of additional points that would be required to approximate the recognition given to time waiting on the List. That is because, the greater the number of bands, the more weight that is given to the applicant's points award and the less weight that is placed on the length of time they have been on the List.

Table 9.4 Simulated probability of an allocation: Difference from baseline by time on Waiting List, FDAs

	15	20	25	30	35	40	45	50
	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>
Less than 6 months	-0.3	-1.0	-1.3	-1.8	-2.2	-2.9	-3.0	-3.9
6 months to 1 year	-0.2	-0.9	-1.4	-1.7	-2.0	-2.8	-2.9	-3.7
1 to 2 years	-0.3	-1.1	-1.7	-2.4	-2.7	-3.2	-3.3	-4.2
2 to 3 years	-0.6	-0.8	-1.3	-1.4	-1.8	-2.2	-2.4	-2.4
3 to 4 years	-0.1	-0.3	0.1	0.1	-0.7	-0.6	-0.6	-0.8
4 to 5 years	0.2	1.7	1.7	2.0	2.8	3.3	3.1	3.3
5 to 6 years	1.5	2.4	3.7	4.1	4.7	6.2	6.6	7.2
6 years and longer	1.0	2.7	3.9	5.5	6.9	8.5	8.9	11.3

Table 9.5 Simulated probability of an allocation: Difference from baseline by time on Waiting List, non-FDAs with 1+ points

	15	20	25	30	35	40	45	50
	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>	<i>pps</i>
Less than 6 months	0.0	-0.1	-0.1	-0.1	-0.2	-0.2	-0.3	-0.4
6 months to 1 year	-0.1	-0.3	-0.4	-0.4	-0.4	-0.5	-0.5	-0.6
1 to 2 years	-0.1	-0.3	-0.3	-0.4	-0.5	-0.7	-0.7	-1.0
2 to 3 years	0.0	-0.1	-0.1	-0.1	-0.1	-0.2	-0.3	-0.1
3 to 4 years	0.0	-0.1	0.4	0.4	0.4	0.2	0.2	0.4
4 to 5 years	0.0	0.3	0.3	0.4	0.6	0.9	0.7	0.9
5 to 6 years	0.5	0.5	0.9	0.9	1.2	1.4	1.4	1.7
6 years and longer	0.2	0.6	0.7	1.0	1.2	1.5	1.8	2.5

Regarding non-FDAs, the gap metric produces a different result. First, the allocation effects for non-FDAs with 1+ point in the scenarios around additional points for time on the List do not vary hugely with time waiting on the List. Mainly, however, the allocation effects from banding for non-FDAs with 1+ point do not vary greatly with length of time on the List (see Table C9.1 in Appendix C). For example, in the six band model, the allocation effect ranges from -0.5 percentage points to +0.9 percentage points, a spread of 1.4 percentage points. Consequently, for non-FDAs with 1+ point, the points weighting required to approximate the recognition given to time waiting on the List is 15 for the six, seven and eight band models and 25 for the five band model. For each banding model, the minimum average gap with the respective points weighting is less than 0.5 percentage points.

One point of interest in relation to non-FDAs with 1+ points is that, given their baseline points levels, additional points for time waiting on the List would result in applicants moving from, for example, the 1-29 points band into the 30-69 points band.

As an illustration, the 'to-from' moves that would ensue from the use of a 35 point maximum within a six band model are shown in Table 9.6. Of particular note is that over 2,000 applicants in the 1-29 points band would move into the 30-69 points band, i.e., above the Housing Executive's current 30-point threshold for housing stress.

Table 9.6 Additional points for time waiting on the List – 35 points maximum – moves to and from points bands based on thresholds for six band model

Scenario:							
Baseline:	Zero points	1-29	30-69	70-99	100-139	140+	All
Zero points	6,071	0	0	0	0	0	6,071
1 to 29 points	0	6,577	<u>2,084</u>	0	0	0	8,661
30 to 69 points	0	0	6,853	<u>967</u>	0	0	7,820
70-99 points	0	0	0	4,568	<u>1,502</u>	0	6,070
100-139 points	0	0	0	0	9,958	<u>1,753</u>	11,711
140+ points	0	0	0	0	0	5,254	5,254
All	6,071	6,577	8,937	5,535	11,460	7,007	45,587

Note: In the table, points effects are indicated by the off-diagonal figures. Figures above the diagonal indicate applicants gaining points and moving into a higher points group. For example, 2,084 applicants move from the 1-29 points band in the baseline to the 30-69 points band in the scenario.

9.5 Key Points Summary

This section presents an assessment of how much weight would be required to 'Time in Housing Need' points as an alternative to banding to meet the intended Outcome 4 of the Fundamental Review, i.e., those in greatest housing need receive priority, with recognition of their time in need.

Under the current Rules, after two years on the List, an applicant with one or more points is awarded two points per annum, to a maximum of 10 points.

The approach to assessing the weight required as an alternative to banding is framed around incremental increases to time waiting on the List points, from an additional one point per annum after two years to an additional eight points per annum. That is, an increase in the maximum after seven years on the List from 10 to 15 through 50 points.

Within that framework, the analysis indicates that, for FDAs, the approximate weighting required as an alternative to banding varies with the number of bands, as follows:

- Five bands – 50 points maximum, i.e., ten points per annum for five years after two years on the List.
- Six bands – 35 points maximum i.e., seven points per annum for five years after two years on the List.
- Seven bands – 25 points maximum i.e., five points per annum for five years after two years on the List.
- Eight bands – 20 points maximum i.e., four points per annum for five years after two years on the List.

In general, the greater the number of bands, the fewer the number of additional points that would be required to approximate the recognition given to time waiting on the List in a banding system.

A different set of weights would be required for non-FDAs with 1+ points for housing need. The allocation effects from banding for non-FDAs with 1+ point do not vary greatly with length of time on the List. Consequently, for non-FDAs with 1+ point, the points weighting required to approximate the recognition given to time waiting on the List is 15 for the six, seven and eight band models and 25 for the five band model.

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