

Council for the Homeless Northern Ireland Response to

*"Promoting the Social Inclusion of Homeless People: Addressing the Causes and Effects of Homelessness in Northern Ireland. PSI Working Group on Homelessness Consultation" Document.
Published November 2004*

The Council for the Homeless, Northern Ireland (CHNI) was founded in 1983 to represent organisations working with homeless people through Northern Ireland. Council membership comprises 90 organisations of which 80 are voluntary bodies and 10 are statutory organisations.

Our voluntary members between them offer some 2000 accommodation places to homeless people throughout Northern Ireland and organise a wide range of support services including information provision, advice and counselling, training and employment related services, health services and outreach projects.

CHNI aims to support its membership in providing a full range of appropriate and good quality services to people who become homeless in Northern Ireland and to highlight the reality of homelessness in the political and public arenas. We seek to achieve this through providing training, information and research, collective representation, communication and networks and technical support.

Our mission is to support our membership in achieving the collective goal of providing a full range of appropriate and good quality services to homeless people and to highlight the reality of homelessness in the political and public arenas. Our vision is to alleviate the suffering caused by homelessness throughout Northern Ireland through providing services directly to homeless people, supporting member organisations, and lobbying for legislative and social change.

Our objectives include:

- To promote greater connection between the voluntary and statutory sectors at a regional and local level in the provision of services to homeless people.
- To strengthen skills, resources and development opportunities for our members.
- To facilitate the involvement of homeless people in the planning of services at a local and regional level.
- To facilitate, encourage and support the development of support services for specific client groups within the homeless population including long-term homeless people, young homeless people & rough sleepers.
- To ascertain and address the information needs of members.
- To continue to lobby and campaign for positive change in homelessness legislation and to positively influence public opinion on homelessness issues.

The Council for the Homeless (NI) believes that:

- **Everyone** should have the right to good quality, appropriate, secure, affordable accommodation in the area of their choice,
- **Everyone** should have the right of immediate access to appropriate and good quality emergency accommodation when needed

- **Everyone** should experience equal treatment by housing and service providers irrespective of their race, religion, age, gender, class, sexual orientation, political beliefs, criminal record, disability, illness, or marital status
- **Everyone** should have access to relevant services and appropriate levels of support to help satisfy their housing need.
- **Everyone** should have the power to make informed choices about their housing
- **Everyone** has the right to be treated with dignity and respect at all times and receive a consistently high quality of service.
- **Everyone** should have a clear and accurate understanding of the extent and nature of the homelessness problem in Northern Ireland
- The Government and society should do everything in their power to eradicate homelessness
- Local communities should have the power to influence the decision making process with regard to housing and other social policies which affect them directly

CHNI organised a two-day conference to discuss and formulate responses and queries to the report's proposals and the key recommendations made by the Working Group.

Workshops were organised thematically into four areas, based upon PSI consultation report proposals. These were then sub-divided into specialisations (specific workshops) as follows:

- **Health & Social Services:** Prevention; Identification of Need; Families
- **Employability & Education:** Employability; Targeting people through the Curriculum; Challenging attitudes; Continuity & Transition
- **Tackling disadvantage, Equality & Housing:** Provision for young people; Prevention; Disability & access; Service User Involvement
- **Criminal Justice & Housing; Strategic Direction:** Community safety & harassment; Resettlement; the role of the private sector

Facilitators and speakers included representatives from a range of organisations working in the field of homelessness, housing, education and equality, and as to be expected, these individuals brought significant expertise and experience to the consultation process. Workshop facilitators introduced their session by making a short presentation on their area of expertise. Copies of those presentations, where available, are attached to this report.

The workshops then discussed the PSI questions relevant to the particular theme. Understandably, there was considerable agreement between the separate workshop participants. Amalgamating the responses and presenting these alongside the relevant questions, thus avoiding unnecessary duplication, have simplified the report. Topics that arose which reflect the nature of the workshop specialisation are also included.

PSI Recommendation 1: The Department for Social Development should continue to assume lead responsibility for the prevention of homelessness. A principle of agreement to the implementation of preventive measures is invited from other Departments, District Councils and other public, private and voluntary sector bodies.

Comment: While it is agreed that the DSD continue to assume a lead responsibility, the development of an understanding between the DSD and the Northern Ireland Housing Executive with regards to the relationship between the Department's work on the prevention of homelessness and the Housing Executive's responsibility within their Homelessness Strategy is strongly advocated.

Question 1 How can coordinated action best be achieved at a strategic level?

Question 2 How can co-ordinated action best be achieved at an operational level?

Question 3 How can public, private and voluntary sector bodies most effectively co-operate in the implementation of measures to prevent homelessness?

Encouraging collaborative working in a client focused and co-ordinated manner is pivotal to the successful rolling out of the recommendations of the PSI strategy. Functioning joint working requires communication, co-operation and responsibility incumbent upon partners across strategic and operational levels. Despite being resource intensive, immediate costs can be outweighed by long term benefits gained from higher quality and cost effective services.

The prevailing sentiment from the workshops was that co-ordination and co-operation are watchwords for prevention and promotion of protective factors, making sure everyone gets the full range of services they need and not allowing people to slip through the net. Similarly, the consensus was that joined-up working, a shared agenda between agencies, and a willingness to try out different models were prerequisites for applying a social inclusion approach to preventing homelessness

Linkage between services, historically, has a tendency of being informal and dependent upon the efforts of individuals. Similarly, the delivery of services has often been compartmentalised and reactive in nature. As such, co-ordination, joined-up services and communication will reflect regional and individual idiosyncrasies, as well as organisational flux. Achieving a holistic response to homelessness will require a cultural change in the way agencies work, but also in organisational schema and temperaments (e.g. the need to challenge misconceptions, attitudes).

A joint strategy of communication, training and delivery between services, with particular focus paid to specific needs of homeless people would set a platform for developing much needed co-ordination. A necessary initial step towards effective holistic services is that of recognising and defining joint roles and responsibilities, both across and within organisations. At a strategic level, all relevant agencies need to understand the relationship between their departmental/agency remit and the issue of homelessness and to recognise their role in tackling the problem. Agencies also need information on how their partners work and the nature and accessibility of their services. (e.g.; legislative limits within which some agencies operate).

Similarly, where joint working is encouraged, goals, benefit and frameworks should be clarified / agreed at the outset. These joint ventures should be incentivised given the climate of restrictive funding which encourages a short-term focus on immediate targets. It is also important to recognise that tensions may occur between different

Departmental policy areas and a need to agree a mechanism for facilitating discussion and resolution of these issues.

Effective prevention of homelessness requires a holistic approach to individuals' financial (and social) difficulties. This requires a concentrated effort on behalf of financial institutions; agencies working with people threatened with homelessness; and specialist advice and support providers.

Social housing providers may also find that targeted support for vulnerable tenants, particularly those experiencing difficulty maintaining tenancies, may be achieved by providing pre-tenancy training or counselling to assist with the maintenance of the tenancy. Delegates concurred with the Working Group recommendation that consideration should be given to the introduction of such schemes and services, in collaboration with relevant partners, ensuring a joined-up, multi-agency approach.

Training is a vital tool for increasing shared competencies, mutual confidence and coordination of action. Furthermore, appropriate training will benefit communication and networking between and within organisations at an operational level. To ensure that homeless organisations have the appropriate level of support and training, it will be necessary to

1. Audit existing training provision, uptake and requirements relevant to homelessness
2. Assess the accessibility (including cost implications) of existent training for frontline workers (e.g. hostel workers)

Arrangements for additional training and support for staff assuming additional roles will be necessary to ensure against natural anxieties about being under-skilled and/or overwhelmed. Therefore, training should equip workers across the field to identify behaviours attributable to mental health difficulties, psychosocial difficulties, and problems in living. Similarly, training should equip these workers with the skills and competencies to identify difficulties at an early juncture and confidently refer those in need of help to the appropriate sources of assistance. Training should, where appropriate, be set in an inter-organisational arena, thus encouraging networking and a shared knowledge-skill resource. Training should also draw on current best practice and innovation.

CHNI's Training Section offers a comprehensive programme to homeless organisations. This maintains its effectiveness by identifying training needs and then by running appropriate courses throughout N-Ireland. The training programme is facilitated by CHNI staff and by external trainers employed on a sessional basis. Due to the requirement of Supporting People, and the N.I.H.E's Homeless Strategy, we have extended our training programme to assist members in meeting the requirements of SP, and ensure that the recommendations of the Homeless Strategy are fully integrated into training. CHNI continues to identify priority-training areas, and now offer courses in-house, where the need is identified and this may provide value for money. Similarly, with such experience and expertise in the delivery of training, the organization is well placed to extend relevant and needed training to peripheral service providers.

As a major barrier to uptake of services by homeless people is the perceived attitudes of some medical staff or administrative staff, consideration should be given to including (in existing codes of conduct) additional guidelines on working with homeless people. Improving understanding of homelessness will be necessary to affect a shift in attitudes, so training for (health and social services) staff around homelessness should incorporate an element that raises awareness and challenges prevailing attitudes. This, as demonstrated by research in other areas, has been best achieved through exposure to homeless client groups throughout training, in a manner that ensures (perceived) professional competency is not undermined.^{1, 2}

Delegates attending the workshops also pointed to

- An urgent need to review the impact of the homelessness legislation, which is structured to facilitate screening certain people out of the system and out of entitlement to assistance
- A need to develop a range of initiatives to address rural social exclusion with agencies and local government working together to provide practical solutions such as; family mediation, housing options
- Access to good quality affordable housing must be a priority for any social exclusion policy. Lack of affordable housing not only creates social exclusion but also helps sustain it by limiting move-on opportunities
- The development of appropriate advocacy services and early intervention work in areas of high deprivation / need

Prevention is a core element in a strategic approach to tackling homelessness. Broad prevention strategies should:

- Build upon a generic education and information provision strategy (e.g. housing, benefit & support options; rights and responsibilities, routes and pathways to & from homelessness) – ideally, such a strategy should be put in place both within formal and informal educational contexts. However, the very nature of prevention means much of this activity will be targeted at those most vulnerable and most at risk groups.
- For an Information Strategy to be effective it needs to not only focus upon the ongoing development and dissemination of information across and between groups, but also upon active participation in credible research and continual evaluation. These activities would go some way to identifying risk and protective factors and agreement upon realistic targets aimed at breaking the cycle of homelessness through:
 - i. Monitoring trends, identifying salient factors and using the results to target specific groups
 - ii. Developing baseline data from which to evaluate and ensure services

¹ Mcconkey, r. & truesdale, m. (2000) reactions of nurses and therapists in mainstream health services to contact with people who have learning disabilities. *Journal of advanced nursing*. 32, 158-163

² mcconkey r., moore g., marshall d. (2002) changes in the attitudes of gps to the health screening of patients with learning disabilities. *Journal of learning disabilities*, december 2002, vol. 6, no. 4, pp. 373-384(12)

- iii. Seek input from client groups into the refinement of such
- Running parallel to information provision, would be the provision of
 - i. Credible advice, mediation and advocacy services - again, housing, benefit & support options; rights and responsibilities, routes and pathways to & from homelessness. Existing mediation and conflict resolution services should be expanded for tenants and landlords in both the social and private rented sectors.
 - ii. Risk and needs Assessment processes and structures and
 - iii. Quality support of vulnerable groups, for example, young people, those leaving institutional care / prison, in accessing temporary and sustaining permanent tenancies

Delegates collectively stressed:

- The need for a common, systematic method of recording the numbers of homeless young people. Their experiences, needs and wants should be considered in order to implement the most effective solutions;
- The importance of developing localised youth homelessness strategies to bolster generic approaches. Such strategies should adequately reflect local idiosyncrasies and level of need - for example, differences between urban and rural - and allow the effective balancing of the pressure to deliver cost effective services and the need for individualised services;
- The need for any youth homelessness prevention strategy to be wide-ranging and imaginative;
- Prevention strategies must provide help at all stages throughout childhood and teenage years and not focus solely on services for younger children.

In terms of education and training, it was suggested that:

- The provision of leaving home and housing education should be extended. Such activities should be incorporated into the formal curriculum, and supplemented by community-based education focusing on the preparation for independence. Equally important is the preparation of young people in care, making transitions to independent living;
- Particular emphasis should be given to identifying and targeting those most at risk of homelessness, for example young people outside of mainstream school system. These activities could form part of wider early intervention work, for example youth & community work, in areas of high deprivation;
- Peer education schemes have a proven pedigree, whereby young people would have the chance to talk with and question young people who had themselves been homeless or at risk;
- Provision of training in life skills and improved access to housing and financial advice, should be priorities in the development of preventative services;
- Advice and information services be developed that are accessible to young people in a variety of circumstances and with varying needs. This provision should include appropriate advice for young people making a homelessness

enquiry and training in housing/welfare rights for non housing professionals engaged in provision of support /advice to vulnerable young people;

- Development of youth-focused advocacy services;
- Expansion of floating support provision specifically for homeless young people.

PSI Recommendation 2: Social Housing providers should implement existing guidance on good practice, and should also consider referring serious cases of arrears to Debt Advice Agencies or Debt Counselling Services, where appropriate.
(Agree)

Q.4 How can homelessness be most effectively prevented by social and private sector housing suppliers?

Q.5 Would the following measures be effective in preventing homelessness, and if so, how should they be operated and funded:

- Debt advice and counselling for tenants in arrears
- Pre-tenancy training or tenancy support;
- Mediation and conflict resolution services?

Although homelessness is not singularly a housing problem, the lack of suitable, affordable and accessible housing is a significant explanatory factor. As such, any endeavour to effectively address the complex problem of homelessness (including strategic development, research, target setting and funding) must necessarily proffer some consideration to such.

Delegates discussed the impact of local reference rents and Housing Benefit ceiling figures. It was felt that an assessment should be carried out and if this supported anecdotal evidence, then figures should be set at a more realistic level, or discretionary top up payments increased for the less well off. It was noted that failure in the administration of Housing Benefits, leading to delayed payments can result in people being evicted for arrears.

Delays in assessing housing benefit could cause the very problem it was designed to avoid - homelessness. A NACAB survey of its branches in England and Wales found that more than one in five people had been threatened with eviction because of benefit delays. Recent research into housing associations' arrears practices³ found that problems with housing benefit—in particular delays and confusion over whether or not benefit was being paid—were the most frequently noted reasons for rent arrears. Housing Association landlords also saw housing benefit administration as a significant problem, exacerbated by the fact that it is now paid four weeks in arrears.⁴

Administration of housing benefit is inconsistent. While in some areas, administration is good, it is very inefficient in too many areas. The complexity of the system, subsequent difficulties and delays not only add to administrative burden but also causes confusion and

³ Memorandum submitted by shelter (hb25). House of commons - select committee on social security. Minutes of evidence (page 1). <http://www.publications.parliament.uk/>

⁴ Memorandum submitted by the national association of citizens advice bureaux (hb26). House of commons – select committee on social security. Minutes of evidence. <http://www.publications.parliament.uk/>

hardship for many of claimants, including those who are vulnerable because of their age, mental or physical disability or because they have literacy problems.³ Many changes can be made that would significantly improve administration. These include:

- Better links between housing benefit and the benefits agency;
- A standardised claim form;
- Rationalising current regulations.

Restrictions to the amount of rent that can be met by housing benefit have caused hardship for many tenants. Research evidence shows the effects of the restrictions, and that the current safety nets are failing to protect tenants. There is a need for:

- The Single Room Rent to be abolished;
- The Local Reference Rent restrictions to be reviewed;
- A new safety net enabling tenants to sustain their tenancies.

The current system of rent restrictions has caused widespread hardship and had a serious effect on tenants' access to the private rented sector. In the immediate term a priority must be to abolish the single room rent. In addition there is a need to reform the rules to ensure that they more realistically reflect the way the market operates and in particular that the availability of accommodation is a factor taken into account.³ In the longer term there is a need for a different approach to the issue, by exploring measures to tackle rent levels themselves, to ensure that housing benefit expenditure delivers good value for money and good outcomes for recipients and landlords.³

Young people are particularly harshly hit through single room rent restricted benefit to the average rent for one-roomed non-self contained accommodation, regardless of whether such accommodation was even available in the local area.³

In many cases tenants have been unable to move to cheaper accommodation because of the lack of suitable alternative accommodation or personal situations which made it unreasonable to move. Even where cheaper accommodation is available, claimants may be unable to move because of the considerable costs involved with moving home, including the problems of recovering and raising the necessary rental deposit, or because of the terms of their existing tenancy agreement. As a result, the rent restriction rules have led to what is arguably the most significant aspect of unfairness in the housing benefit scheme. Claimants are left between a rock and a hard place: either to fall into rent arrears and risk losing their home or to struggle to cope on incomes well below the poverty level.⁴ Such initiatives should be supplemented with credible methods of sustaining tenancies that are outside benefit scheme, i.e. discretionary payments, top-ups, etc.

In calculating the eligible rent for housing benefit purposes, it should be required to ensure that benefit is not restricted below the level at which suitable alternative accommodation is available to claimants in the locality.

Since it will always be the case that housing benefit is progressively withdrawn as income rises, tenants relying on benefit to meet their rent will always face higher disincentives than

those with incomes beyond the range to qualify. The best incentive to work is to set rent levels low enough to avoid the need for working tenants to claim benefit. Of all the measures to improve work incentives we believe that an affordable rents policy would be the most effective. It is only when tenants are beyond the range of housing benefit that they escape the poverty trap and begin to feel the full benefits of starting work or gaining an increase in their pay.

Further recommendations highlighted the need for research and assessment of specific trigger, risk and protective factors associated with (repeat) homelessness, as well as the accommodation and support needs of the range of homeless people, including those who considered as intentionally homeless.

It was also felt that NI needed a National Housing Strategy that would ensure policies were not developed in isolation with no regard for their negative impact upon each other.

Operationally, it was believed a series of actions could help prevent homelessness in existing tenants:-

- Comprehensive assessment as a response to identifiable triggers and early identification of need and risk;
- Development of mechanisms to identify those who “can’t” pay from those who “won’t”;
- Provision of Community Care services to enable people to remain at home
- Provide information on housing, benefit & support options; rights and responsibilities, routes and pathways to & from homelessness, particularly to those identified as most at risk:
 - Information on housing options and how to access accommodation
 - Sign-post tenants in difficulties to the appropriate agency
 - Advice on how to retain current accommodation if threatened with homelessness, if appropriate. Signposting and/or referral to appropriate services for specialist assistance/support e.g. independent housing advice and advocacy, mediation and conciliation services, money advice etc. Mediation and Conflict resolution services can play a vital role in homelessness prevention. Promoting reconciliation within and between families through mediation may enable young person to remain at home and prevent homelessness occurring in the first instance.
 - Making young people aware of housing, housing rights and risks of homelessness through formal and informal education: Provision of Independent Living Skills / Life skills training as part of curriculum for secondary level education e.g.: budgeting, cooking; Delivery of ‘how to live’ skills training, e.g. neighbourhood skills, whilst young person is living in supported accommodation.
- Timely and accurate information is key to assessing and reporting on organisational performance and should include:
 - Setting targets, monitoring trends and using the results to target specific groups

- Monitoring and evaluation to ensure effective and equitable services, based on religion, gender, disability, ethnic origin and other section 75 groups
 - Quality control procedures to ensure the maintenance and progression of standards
 - Active seeking of users' views of the service and incorporating these into the monitoring, reporting and performance systems.
- Parallel training for housing & support staff to identify the role of social care and opportunities for joint working;
 - Provide additional resources that actively tackle homelessness e.g. consideration should be given by social landlords to providing furnished accommodation, as tenancies can be abandoned because new tenants have no household goods and cannot afford to purchase them;
 - New build properties should include small-scale specialist accommodation with high support, some HMO's and single people accommodation all of which are under-represented in the current housing stock. This is particularly relevant, as 50% of NIHE Homeless presentations are from single people;
 - Schemes to facilitate access to and improving standards in the private rented sector – including rent deposit schemes;

Other findings include:

- At present there is an inadequate supply and choice of housing: to encourage choice, there needs to be an increase in social housing stock and also the private rented sector;
- Increased choice of provision should be affordable, accessible and appropriate accommodation;
- A need to develop better financial packages for first time buyers
- As previously indicated, there exists a need to create equality of opportunity for young people, within the Housing Benefit system, by removal of *single room rent* restriction. Provision of increased financial support for young people in accessing private rented accommodation through extension of rent guarantee schemes, such as Smart Move, which is a scheme operated by FHASS.
- The setting up of a Landlord's Forum to develop standard advice & best practice protocols;
- Consideration of local accommodation registers, landlord accreditation schemes and mandatory registration for all landlords in NI: It was suggested that the mandatory licensing scheme for HMO's be extended to the Private Rented Sector
- Consideration of the role of probation, prison services, Health visitors and other professionals in identifying people and / or families at risk of homelessness;
- A consistent programme of support services directed at those in need. This should include specialist resettlement support.
- Introductory tenancies; Starter packs for first time tenants

Participants believed that all the interventions mentioned would have a positive effect in reducing Homelessness. They would be easily incorporated into landlords existing practice as is recommended in NIFHA guidance for Housing Associations. However, it would be of value to conduct a robust analysis of who is most likely to need these services and the underlying reasons for difficulties with their tenancies. The pivotal importance of timely intervention was stressed. Delegates explored the need for early-warning systems built into rent collection and housing management systems. Joint working should be encouraged between housing staff and voluntary sector mediation services.

It is essential that homeless people moving into permanent accommodation have sufficient and on-going support to ensure that they can maintain tenancies once allocated. These supports to independent living will reduce the recurrence of homelessness. The views of service users will be essential to inform any priorities and action. It is equally important that additional resources are made available for preventing and tackling youth homelessness and that the Housing Executive and voluntary sector providers have a clear management framework for homeless services to ensure continuous improvement.

It is also agreed, as stated in the PSI report, that Social Housing providers should implement existing guidance on good practice, and, where appropriate, consider referring serious cases of arrears to Debt Advice / Counselling Services and any other relevant agencies.

PSI Recommendation 3: Social Housing providers should consider the need for targeted support for vulnerable tenants, particularly those experiencing difficulty maintaining tenancies, by providing access to pre-tenancy training or counselling to assist with the maintenance of the tenancy. **(Agree)**

PSI Recommendation 4: Mediation and conflict resolution services should be expanded for tenants and landlords in both the social and private rented sectors. **(Agree)**

PSI Recommendation 5: The proposals in the Council for the Homeless NI / NIHE research *Gateways and Gatekeepers*⁵ should be re-visited by social housing providers and other relevant organisations in order to further improve services for people with disabilities.

Comment: DSD would need to ensure that adequate capital funding is made available likewise NIHE via the Homelessness Strategy and Supporting People would also need to support the working out of this recommendation.

Q. 6: What improvements can be made in making accommodation accessible and suitable for people with disabilities?

The workshop reviewed lifetime homes, an innovative plan to make homes adaptable to the many changes and needs that families may encounter, as they

⁵ *Gateways and gatekeepers: housing options and support for homeless people with a disability (2000)*

grow older. It involves 17 design standards that facilitate adaptation of the home, and basic accident prevention. All Northern Ireland Housing Association new build conforms to these 17 standards, but private developments do not. The standards would ensure that homes could be easily adapted for lifts and downstairs disabled shower facilities. This would promote social integration and accident prevention. Making all new build conform to these 17 standards may add as little as £500 to the overall cost of the dwelling, but would save large sums in later adaptations. Currently the cost of adaptation to private sector property is approximately £40m per year.

People would no longer have to move to accommodate changes in their health, and bed blocking in hospitals of people waiting for adaptations to their homes would be greatly reduced. Disabled visitors could visit the homes of their able bodied friends knowing that they can easily access the home and bathroom without assistance. Temporary disabilities (due to accidents) would be less dramatic in their impact on the individual, and as people aged they would not find it necessary to move due to reducing mobility. Lifetime homes, combined with smart technology, can greatly improve the independent living of many disabled and elderly people.

The workshop recommended that all new build should conform to lifetime home standards. As there would be a 10-year run in following the decision to amend legislation, it was acknowledged that this is a long-term solution.

Also, there are still problems with disabled access to hostels, and concerns about the use of lifts in emergency situations. It was generally felt that developers should not control design, as they were more likely to be influenced by immediate cost rather than long-term social improvement.

In the medium to long term the greatest impact would be a requirement for all new properties to be built to Life Time Homes Standard, thus freeing up bed-spaces in hospitals, and avoids the need to move when a property is no longer suitable and could not be adapted.

In general, it is important that co-ordinated support services are put in place to meet the needs of people with disabilities, people suffering from mental illness and disorders, including problems of substance abuse (including alcohol).

It is widely acknowledged that the nature and quality of housing influences the health of the community and a growing recognition that it is the environment that disables individuals and not necessarily their physical condition. It is, therefore, important that there is a closer examination of the links between housing and health to improve services for the health and social well being of people across Northern Ireland. This is against the backdrop of an ageing population and associated disabilities.

The impact of housing policies on people with disabilities need to be examined, with particular focus on quality housing design where this can lead to the reduced need for temporary residential care and other decanting arrangements.

Action should also be taken to review current services for people with disabilities including:

- Monitoring and evaluating the factors that leading to homelessness for people with disabilities;
- The evaluation of community care service plans;
- An examination of the current adaptations system and grants scheme;
- Determination of the amount and availability of suitability of (generic, specialist and/or supported) temporary and permanent accommodation and methods of making best use of adapted accommodation;
- An examination of the availability of adapted accommodation by geographical area and client group.

The Disability Discrimination Act also imposes clear duties relating to the housing of homeless individuals with a physical disability that all housing organisations need to act upon. Accommodation providers need to conduct a thorough audit of their premises to determine levels of accessibility and the extent to which all projects meet the requirements of the DDA. Furthermore, serious consideration should be given to the provision of grant aid to enable hostels to make necessary modifications.

As recommended in the Gateways and Gatekeepers research, hostel providers should agree a joint protocol on Responses to Disability that would set out the nature of provision by the hostel; an agreement to share resources and training; a commitment to improve the range and quality of provision and the management environment for people with disabilities; and an ongoing monitoring of responses to the Disability Discrimination Act.

PSI Recommendation 6: Priority should be given to ensuring that single people and young people with support needs are adequately provided for in terms of temporary and permanent accommodation. In line with UK Government recommendations, it should be recognised that all young people who are homeless are, by definition, vulnerable to some extent. Accommodation should be developed which is suitable for their needs, which enables support and guidance to be provided and which will prepare them for independent living. **(Agree)**

Question 7: What forms of temporary accommodation are most appropriate for young single people who are homeless? How can accommodation be provided in ways that will prevent the further social exclusion of this group?

Young people can be at more risk of homelessness than many other groups of people for a complexity of reason: through becoming estranged from their families, leaving care, suffering abuse, bullying, suffering harassment, mental illness and addictions. Given that homeless young people are not a homogeneous group, it is important that a range of individualised and specific accommodation and support options is available to meet their needs - "one size does not fit all." This may include shared accommodation, self-contained units and Foyer Schemes. Furthermore, the workshop delegates identified an urgent need for specialist emergency accommodation provision developed specifically for this client group. The provision of support services to assist young people to prepare for independent living and help to sustain tenancies will be essential.

The serious lack of adequate accommodation and support provision for 16 and 17 year olds leaving care or who are otherwise homeless must be addressed:

- Use of bed and breakfast accommodation for vulnerable young people is wholly inappropriate. Similarly, Generic mixed age temporary accommodation not appropriate (particularly those aged less than 19 yrs). Hostel type or group living may be appropriate for some, but not all young people;
- Lack of suitable accommodation and support provision for young people in rural areas and areas where service provision is fractured or limited;
- Sufficient geographical spread of accommodation provision, to prevent unnecessary displacement of young people from their community/support networks. These services should reflect regional / local and individual heterogeneity;
- Development of supported lodgings schemes across NI, but particularly in rural areas;
- The development, on a needs-led basis, of specialist 4-5 bedded accommodation projects offering intensive support. Such programmes are best delivered by suitably qualified staff, and offered to the most vulnerable or challenging young people;
- Accommodation needs of young people leaving juvenile justice system – need for early intervention in addressing accommodation/support needs;
- Time-limited respite accommodation, for young people needing ‘time out’ of their present accommodation. (e.g.; behavioural reasons, support needs etc)
- Support and resettlement services should be available to allow young people access appropriate accommodation and retain their homes, thus minimising recurring homelessness. This is also most effective use of resources.
- Need for an extension of services that provide practical assistance including furniture schemes and quality advice and aid services;
- Development of Foyer projects, that offer on site support re: training and employment;
- As indicated in response to previous questions, delegates pointed to the need for advocacy and mediation services; the need for regulation of private rented sector, to improve affordability/ accessibility to young people; and provision that recognises the challenges of independent living. Young people may require several attempts at adapting to living independently and are not penalised for this;
- Likewise, there are merits in developing a strategic approach to youth homelessness that involves young people. There remains a need for a regional audit of existing accommodation and support provision for young people; and the need for joint protocols to be established at practitioner and strategic level for young people who are homeless, as well as a joint working approach to needs assessment, using Housing and Children’s legislation were highlighted.

PSI Recommendation 7: Awareness should be raised within the Health & Social Services of opportunities to prevent homelessness. **(Agree)**

Question 8 – What role can health and social services play in preventing homelessness?

The general sentiment drawn from workshop notes indicated that delegates felt that Health and Social Services have a vital role to play in the prevention of homelessness. However, all considered a legislative driver necessary to ensure strategic commitment to this area of their work. Any new legislation should also contain clauses relating to multi-agency/multi-disciplinary working. This would encourage a change in culture, from one where Departments work in isolation from each other, towards a shared agenda, which also included the voluntary sector.

The importance of consistent training for students and staff was highlighted. This would ensure that they were not only aware of the risk factors and triggers that may lead to homelessness but also improve understanding and thus staff attitudes. This would ensure an increasing focus on the prevention-intervention dyad rather than solely intervention, and where interventions were necessary, these were timely, accessible and effective.

On a practical level, the following suggestions were made:

- It is first necessary to operationally define what is meant by “health and social services” This will demarcate key organisations, services, and provide an arena for the allocation / agreement of roles and responsibilities;
- One agency, in any partnership working arrangement, should be responsible for monitoring joint working and holding all partners accountable;
- The voluntary sector should have improved access to information and services to which they wish to refer clients;
- Planned pathways, structures and responsibilities re. discharge from care, hospital or psychiatric care;
- Multi-disciplinary care packages that are individualised and need (as opposed to process) focused;
- Development of an information strategy, which aims to (1) direct people at risk to the most appropriate service, and (2) develop the individual’s knowledge and skills, in turn increasing confidence and resilience;
- Provision of a mobile health unit in rural areas;
- Further extension of the multi-needs assessment team and developing this service elsewhere in / throughout NI;
- More home visits from health visitors to facilitate early interventions with children;
- Consistent monitoring and evaluation

The role of Health & Social Services has particular relevance for young people and families. In relation to young people, Social Services have a particular statutory responsibility to assist those leaving care in their transition to independent living. This is important as research indicates that looked after children are more likely to become homeless than those who live with their families.

Other groups / factors of relevance include:

(1) Homelessness and substance misuse: Research has shown there to be a close link between homelessness and substance misuse with high levels of drug and alcohol misuse recorded amongst homeless populations. Many homeless people have identified substance misuse as the main or contributory reason for first becoming homeless and in some cases, remaining homeless. In Northern Ireland more than two thirds of the homeless population have used drugs at some stage in their life¹ with current drug use at levels 10 times greater among the homeless than observed for the general population⁶. Similarly, a high proportion of alcohol use exists among the homeless in Northern Ireland, the majority using alcohol in a hazardous way, with risk of dependency and harm⁷. There is a higher proportion of alcohol problems within the homeless population than within the general population⁸. Early drug use is a risk factor in becoming homeless and in the majority of cases substance abuse begins before becoming homeless. There is a relationship between the age of first drink or drug taken and the age of becoming homeless⁷. Substance abuse may lead to other risk behaviours affecting the health of both themselves and others including suicide, unsafe sex, physical and mental health problems, criminal behaviour, self-harm, intravenous drug use and the risk of contacting blood-borne diseases such as hepatitis and HIV.

(2) Homelessness and mental health: Mental health problems among the homeless in Northern Ireland are high and increasing⁹. 35% of homeless people have been diagnosed with mental illness⁷ compared to 10-25% of the general population. A survey of homeless people in Northern Ireland found mental health problems contribute to homelessness and make finding suitable and secure accommodation difficult, with one in five people citing mental health problems as a factor in becoming homeless, while social exclusion associated with homelessness and poverty can also lead to mental health problems.¹⁰

Young homeless people are identified as a vulnerable group with a high incidence of diagnosed depression (39%) and other problems including anxiety, obsessive compulsive disorder, attention deficit hyperactivity disorder (ADHD), mood disorders, eating disorders, personality disorders, psychotic disorders, sleep disorders and stress¹¹. These problems, in turn, may make them vulnerable to substance misuse. Homelessness has been identified as one of the risk factors associated with dual diagnosis, i.e. the co-existence of diagnosed mental health illness and substance use. There is a complex interaction between the use of alcohol or drugs and mental health. Mental illness may lead to substance abuse while substance abuse may accelerate or alter the course of mental illness, or uncover a predisposition to mental illness. Substances may be used to enable people to cope with the symptoms of mental illness. Similarly, homelessness is a major risk factor for self-harm and suicide¹²

⁶ *Drug use in Ireland and Northern Ireland - drug prevalence survey 2002/2003*

⁷ *Deloitte MCS (2004). Research into homelessness and substance misuse*

⁸ *Health Promotion Agency Adult drinking patterns in Northern Ireland 2002*

⁹ *Crisis homeless fact file 2003 cited in Broadway (2004) homelessness and mental health fact sheet*

¹⁰ *Fountain, J. And Howes, S. (2002) Home and dry? Homelessness and substance use. London: crisis*

¹¹ *Home Office Research Study 258. Youth homelessness and substance use: report to the drugs and alcohol research unit. Wincup, C. Buckland, G. and Bayliss, R. (2003)*

¹² *Shelter, report on homelessness 1997*

(3) Homelessness and nutrition: Many homeless people do not have access to cooking facilities and therefore have a high dependence on fast foods, if and when they can be afforded, or on foods provided in shelters or from mobile ‘soup kitchens’¹³ In both these instances, there is a loss of control and significantly reduced choice of foods eaten. Such eating patterns are likely to be very low in fruit, vegetables and essential vitamins and minerals, which will have long-term adverse health consequences. The impact of this is especially severe for homeless people with addictions, as buying substances such as tobacco, alcohol and illicit drugs will severely limit the finances available for food. Heavy drinkers have increased requirements for nutrients including B vitamins, and the requirement for vitamin C is increased in smokers¹³. These nutrients are found in foods that are unlikely to be accessible to homeless people, therefore they are at significant risk of deficiencies

PSI Recommendation 8: Existing models of good practice should be considered for rollout across Northern Ireland, at a level proportionate to the incidence and risk of homelessness in each Trust area. Homeless people should be identified, as being at increased risk of mental and physical ill health and services should be developed to address that level of risk. **(Agree)**

Question 9 – How could the prevention of homelessness be most effectively achieved within the health and social services?

As previously, there was consensus over the need for training, to challenge attitudes and values. This was not just applicable to statutory agency staff but also the voluntary sector. All agencies need to recognise the difference in operational approaches, statutory limitations and, more basically, the nature and extent of each others’ work. From this could flow standardised information-sharing, systems and jointly agreed protocols. This training would also go a long way towards breaking down the current culture of mistrust between agencies, the development of mutual skills and shared competencies.

There was concern expressed that homeless people are often viewed by the health service as too expensive and this results in exclusion from services. Resources should be targeted rather to reflect a commitment to inclusion. An advocacy service should be developed to assist in this process and assertiveness training be provided in hostels to help residents have the confidence to access their rights.

In respect of families, consideration should be given to creating family support teams, which would include health and family social workers. These could be based in the community or in NIHE offices. They would have a preventative role but also offer floating support to families at risk.

Similarly, the HPSS, NIHE and other relevant voluntary organisations, including CHNI are ideally placed to inform any subsequent shaping of roles and services best suited to preventing homelessness at a regional level. Key steps should include

¹³ Health Promotion Agency for Northern Ireland. Response to promoting the social inclusion of homeless people: addressing the causes and effects of homelessness in northern Ireland

identifying key risk and protective factors which contribute to homelessness and agreeing priorities for addressing these.

- There is a need for further debate on the role of the health and personal social services in preventing homelessness
- Awareness raising on homelessness for Health & Social Services staff, including training to assist to help identify triggers for homelessness when interviewing patients/clients. This should involve risk assessment techniques to help 'first-to-know' agencies respond effectively.
- Sign posting and referring individuals to appropriate services and information.
- The development of a Northern Ireland wide online resource of homelessness services to assist health professionals and others.
- Health and Social Services should review the provision of services and the extent to which they are available and accessible to homeless people.
- A legal requirement for Health & Social Services to work with other agencies to help prevent and alleviate homelessness
- Resources allocated to support these services and training.

Q10. How can health and social services be most effectively made available to people who are homeless, including children, young people, families and rough sleepers?

The workshops that addressed this question felt that, increasingly, services should be delivered to homeless people at their place of residence (Doorstep delivery). However these services should be complemented wherever possible with a 'one stop shop' approach, which would offer benefit information, housing advice, medical clinics and social work support under one roof.

There were concerns over the lack of adequate information for ethnic minorities to sign post them to health services. It was felt that mental health services in particular needed to improve their accessibility to homeless people. Similarly, information provision should be reviewed and evaluated to consider its effectiveness in targeting vulnerable / Section 75 groups.

Many of the principles that are outlined under question 9 apply to this question also. Clearly, there are gaps in direct services for homeless people that should be provided by Health & Social Services including services for:

- Homeless children e.g. the provision of childcare staff within homeless hostels for families;
- Drugs & Alcohol e.g. the provision of specific drugs and alcohol services for homeless people;
- The provision of GP clinics in hostels;
- The extension of the homelessness district nursing service regionally;
- Assistance with transport costs for homeless people to attend out patient clinics/ GPs;
- Central Services Agency to examine issues of a more efficient transfer of GP/medical records for homeless people.

As well as joined-up working, an organisation's ability and willingness to respond flexibly to the varied needs of its client groups are key contributory factors to successfully meeting the health needs of homeless people.¹ It may not be feasible to develop specialist services in areas with a low-density homeless population such as rural parts of Northern Ireland. In such instances, it may be more practical to support homeless people in accessing mainstream (and peripatetic) healthcare services.

In some cases, voluntary and community organisations may find it easier to build trusting relationships with homeless people, and they play a vital and unique role in service provision. This role should be examined, and consideration given to difficulties which workers in the community and voluntary sector may have in accessing training, and the way in which such groups are financed, to ensure that essential specialist services are not stopped, temporarily or otherwise, due to gaps in funding allocations.

Question 11 – Who should be involved in the identification of the need for, and delivery of, these services?

Workshop participants felt, that to ensure success there would need to be strategic and operational consistency as well as a top-down and bottom-up approach. Strategically, a high level inter-departmental and inter-sectoral working group should, on the basis of best practice elsewhere:

- Develop credible and flexible policies,
- Allocate adequate resources from variety of sources, and
- Monitor and evaluate outcomes.

Operationally, all relevant agencies and stakeholders from a wide range of organizations, including voluntary sector providers and service users, should identify need, jointly deliver services and feed into the Working Group. This approach is best placed to address the holistic needs of the individual, add value to the work of each agency, avoid duplication and increase cost effectiveness. CHNI, with its varied and regional membership, is well placed to act as a lead / significant driver in such communications. Similarly, the wide range of voluntary and community organizations that work with homeless people (and service users themselves) are well placed to identify gaps in service provision and also have a key role in service delivery. Involving service users may increase the effectiveness of services.¹

PSI Recommendation 9: Relevant Public and Voluntary Sector organisations should continue to work in partnership to provide specialist accommodation and services to rough sleepers and identify resources to specifically target this group proportionate to the level of need in Northern Ireland. **(Agree)**

Q12. What forms of specialist provision would be most effective in supporting & accommodating rough sleepers? Who should provide these?

Delegates agreed that in order to support Rough Sleepers, Rough Sleepers themselves should be asked to identify their needs. At present service provision can tend to revolve around the needs of the provider and not the user.

Provision for this group of homeless people is patchy and a continuum of care is needed, from crash facilities, through adequately resourced day centres, to floating support in independent accommodation.

There was concern that, in order for services to meet the needs of rough sleepers, substantial education of the public, in particular local businessmen would need to take place.

Health & Social Services have a role in the identification and assessment of the problems of homeless people, particularly those with multiple needs. The model currently being developed in the Greater Belfast area for multi-needs assessments, by health and social care professionals, of homeless people should be appropriately adapted and made available in the rest of Northern Ireland. There was no detailed discussion around who would be best placed to deliver these services. It is the opinion of CHNI that specialist provision that should exist for rough sleepers include:

- Outreach Teams;
- Multi-Disciplinary Assessment Teams;
- Specific Residential Solutions including wet hostels, crash beds;
- “Health Living Centres” which incorporate primary health services for homeless people;
- Information that is accessible to people with learning difficulties and those with little or no comprehension of the English language. Accessibility of information should be sensitive to the needs and experiences of other groups (e.g. Section 75).

The provision of the above services should be planned and delivered by a partnership approach involving Statutory Housing, Health & Social Services and the Voluntary Sector.

In addition we would advocate the following:

- That there is a statutory obligation for Health and Social Service Trusts and Boards and NIHE to develop Homelessness and Health strategies
- Social services should undertake a ‘child in need’ assessment for all 16 and 17 who present as homeless.

Recommendation 10: In relation to the payment of welfare benefits, it is recommended that practical and effective examples of partnerships and interfaces between the statutory and voluntary sectors should be more widely shared and built upon, for example through an Inter-Agency forum covering anti-poverty issues, including homelessness. **(Agree)**

Question 13: What role can the welfare benefits system play in helping to prevent homelessness?

At an operational level a system responsive to the need of claimants is fundamental, particularly when they have financial problems that could result in them becoming homeless. This could be achieved by more effective use of community care grants as a short-term response to immediate problems.

The relationship between housing and benefits has a clear impact on homelessness. In order to tackle this issue it is important that low benefit levels are identified as the issue rather than the focus and the need for financial institutes to act more responsibly.

There are a number of specific problems with welfare benefits that need to be addressed:

- **Young people** – the adequacy of benefits payable to 16-24 year olds generally, and to young homeless people specifically (who are often the most vulnerable), need to be examined to determine whether their particular needs are being adequately met.
- **Social Fund** – this fund does not always meet the needs of homeless people due priorities set within a cash-limited budget.
- **Housing Benefit administration** – as previously indicated, there are concerns about the length of time taken by the Housing Executive to process some Housing Benefit applications. The administration of Housing Benefit can be insensitive to the needs of homeless people and some of the problems associated with it are contrary to best housing management practice in helping to sustain tenancies. It imperative that Housing Benefit is recognised as part of a wider anti-poverty strategy and that the Department for Social Development promotes and facilitates its effective administration. Additionally, the Housing Executive's Homelessness Strategy should incorporate standards for dealing with Housing Benefit claims and to ensure that tenancies are not put at risk as a result of ineffective administration.

Question 14: How can we ensure the most effective provision of benefit payment to people who are homeless?

Access to benefits has been a major problem and the change from order book to accounts has caused problems for many who are in hostels or other short-term accommodation. The use of budget accounts put forward by Credit Unions and the Post Office accounts are two examples of how this can be addressed in an effective and user-friendly manner.

The benefits system can discriminate against and, as previously highlighted, can be insensitive to the needs of homeless persons. Examples include the requirement to attend Social Security Office daily when no fixed abode and non-payment of severe disability premium when qualifying due to being homeless with no fixed abode or in certain hostels. Such practices need to be re-examined and, if necessary, regulations amended to remove any barriers to accessing benefits

Communication and information sharing between Social Security Agency, the Housing Executive and the Inland Revenue is problematic and needs to be addressed.

It is recommended that benefits payments and associated issues that directly affect homeless people be researched.

Question 15: How can we best ensure that people who are homeless have access to other financial services?

Those who are homeless have many problems gaining access to the financial services due to proof of identification and other recently requirements of various legislation. There should be equality of access to financial services for everyone: these barriers need to be removed.

While access alone would be a positive and progressive move, the effect of financial disadvantage is complex, multi-layered and greatly misunderstood. Steps acknowledging these facts are required in order to address this issue. Debt and the causes of that debt need proactive prevention-intervention (and education) policies at an early stage and this requires to be resourced and co –coordinated across the various sectors. Postvention procedures and supports represent another significant link in this chain. Housing providers have a key role in early identification and intervention rather than consideration of possible court action and eviction. This could be achieved by better partnership arrangements as identified in the report.

Question 16: How can responsible lending, particularly where low-income groups are concerned, best be promoted.

Many low-income households can readily access credit facilities – but at a high price. This can lead to serious debt problems, and sometimes repossession. Financial Institutions have a major duty to ensure that responsible lending is conducted at all times not just with low-income families. Better regulation of these companies and their marketing practices is required.

Home ownership has become very attractive to many low-income families but great dangers are built in to a very unstable system where the smallest change in interest rates has a disproportionate effect to those with little or no additional forms of finance. A legally enforceable code of conduct that ensures proper safeguards is in place at an early stage. We recommend that: Government engages with watch-dog agencies, such as the Northern Ireland Consumer Council and the Financial Services Authority, to ensure the practices of these companies are properly regulated.

PSI Recommendation 11 Employers should be encouraged to be pro-active in involving advice services or signposting employees to advice services in instances of unemployment or long-term sick leave.

Comment. In addition, employers should liaise with homelessness providers in this work. Encouragement alone may not be sufficient in changing practices where

companies are not concerned with good employment practices. Government should consider making this mandatory by amending employment law.

PSI Recommendation 12 Examples of good practice in helping homeless people find employment should be actively promoted among employees. **(Agree)**

Q17. How can employers assist in preventing homelessness?

A number of key areas were highlighted in response to this question, which included:

- A commitment from employers to staff development and training opportunities. It was felt that this would adequately equip employees to find alternative employment should they lose their jobs;
- The promotion of advice services if redundancies are planned to ensure employees know their rights and have timely access to benefits and financial advice;
- An enhanced role for Human Resources, to include counselling services;
- Flexibility of working hours should a crisis arise which could lead the employee to be unable to maintain normal working hours;
- More employers should offer work placements to homeless people to assist their progress towards independent living;
- Improved communications between New Deal and employers. It was noted that many employers did not acknowledge job applications from people actively seeking work. This could result in New Deal sanctions and thus to financial difficulties and other problems;
- There are particular problems around tied housing for both indigenous and migrant workers. There should be legislation and policy directives to address this issue a matter of urgency.

Employers can support their employees in times of crisis, e.g. long-term sickness, thus contributing to preventing homelessness. This may include signposting employees to relevant advice services, e.g. for information on benefits, debt management, relationship counselling etc.

Q18. How can business and community attitudes to homelessness be effectively challenged?

It was acknowledged that proactive work is needed, both by the business/community sectors and homelessness organisations. Homelessness agencies need to advocate on behalf of their service users, to challenge stereotypes and confirm that they are capable of being good employees. Inviting business and community representatives into hostels for awareness-raising sessions and to meet residents could achieve this.

There is also responsibility to encourage education and support training. Business and communities need to be reassured that support is available should problems arise. To this end accommodation providers should work with business partners to assess individuals and make the most appropriate placements. This would build confidence in both employer and employee.

Communities should be assisted by both employers and hostels to have active involvement in the promotion of job creation and training opportunities for homeless people resident in their area. Building mixed tenure developments, with businesses, generic housing and homeless move on accommodation would assist in the process.

Companies and firms can also develop their own initiatives to assist homeless people in their locality. For example, Barclays are supporting Foyers across the UK by funding Barclays WorkBank Bursaries, thus enabling young people to achieve the work skills they need to gain employment.

In addition, employers can get involved in initiatives such as Business in the Community's 'Business Action on Homelessness' Programme, which aims to support homeless people in their approach to getting ready for employment and actually taking up a job. Employers provide supported training, work placements and can recruit via an on-line job bank.

Those organisations such as M&S who have positive experience of employing homeless people should act as champions and promote good practice to the public sector. Large organisations are well equipped to offer job "tasters" and in house support to homeless people. Unfortunately New Deal placements can prove discouraging to participants in that often there no commitment to providing employment once the placements ends. Employers should create real jobs if individuals are to be offered a pathway out of homelessness. Successful long-term employment of homeless people would go some way to challenging negative attitudes.

Attitudes to homelessness can best be challenged when partnerships between all parties are forged. For example, when businesses team up with agencies working with people who are homeless, there is the opportunity to challenge and address misconceptions, barriers and a range of attitudes to homelessness. Working together enables the partners to better understand the difficulties experienced by homeless people and the fact that homelessness can happen to anyone.

Q19. How effective is the New Deal for people who are homeless?

All participants felt that New Deal in its current form was too inflexible, contained heavy sanctions should it breakdown, and needed to be adapted to meet the complex needs of homeless people.

It was suggested that there should be a New Deal specifically for homeless people as there are for other groups with special needs. Staff should be trained and have expert knowledge in the types of problems their clients are likely to have and of the benefit system.

A lead-in programme, to address literacy, numeracy and social skills, should precede New Deal for homeless people, recognising that not all homeless people are ready for work. There should be the opportunity for shorter work placements and part-time work.

Advocates should be available to assist in appropriate placements and negotiation with employers should the need arise. It was stressed that the financial incentives offered by New Deal are not sufficient for many lone parents.

The difference between payments to young people and over 25's was inequable slow payments and administrative problems with New Deal often led to employers coming out of the scheme.

Q20. What measures, if any, should be introduced in order to assist people who are homeless in obtaining employment?

Delegates stressed, once again, that employment is central to any holistic attempt to address homelessness. Work is a key route out of homelessness. Many homeless people can benefit from schemes that improve their employability by building confidence and self-esteem through education and training, leading to work opportunities. This can then support a permanent move to independence.

Hostels may need to be more flexible in their curfew hours to ensure that people working anti-social hours are not penalised. Similarly, more flexibility in current government training programmes is needed, enabling homeless people to stick with the programme while they deal with any other issues or difficulties

Individuals may need practical assistance, (for example, suitable clothing) to attend interviews or employment. It was recognised that there is often negative peer pressure if hostel dwellers gain employment. There is a responsibility on staff to raise awareness of the benefits of paid employment.

As previously described, concerns were expressed over the steep taper of benefits, which can trap people in poverty. It was also suggested that a resettlement allowance be made to secure a seamless transition from hostel to independent living before a person's first pay packet.

As the reduction in unemployment is beneficial to the state as well as the individual and communities, tax incentives should be offered to companies who offer employment to hard-to-reach groups including homeless people.

Q. 21: How should measures to assist homeless people into employment be funded?

It was noted that at present there is no mainstream funding available to provide education, vocational training or career and employability development work. The Department of Employment & Learning or its associated agencies should fund measures to assist homeless people into employment, including training schemes, volunteering and work placement opportunities, social enterprises etc, and perhaps private sector support, in terms of help with CV'S and back to work training.

The current dependence on time limited grants to fund employability projects can create expectations, which cannot be sustained when the period of the grant ends. It was emphasised by participants that there is a lot of talent being wasted due to the lack of self-esteem and basic skills. This could be utilised with appropriate and targeted education and training resources.

It was noted that working family tax credit disqualifies recipients from housing benefit. This can lead to arrears and tenancy breakdown and should be examined by central government in its proposed re-modelling of housing benefits.

PSI Recommendation 13 Consideration should be given to providing education on homelessness, leaving home and how to access advice services to children and young people who can be identified as being at risk.

Comment: CHNI agree with this recommendation, but believe that this should be provided to all children and not those "who can be identified at risk".

PSI Recommendation 14: Where families in temporary accommodation are paying taxi fares to allow their children to remain at the school they attended before the family became homeless, the education authorities should be encouraged to assist in funding these transport costs. **Agree**

Q. 22: Are there any further measures that education services could take to help prevent homelessness in the families of school aged children?

The citizenship element of the core curriculum does include statements with regard to homelessness. The Department of Education is committed to rolling out this part of the curriculum but acknowledges it will take time, as the agenda is huge.

It was agreed that while the curriculum contains broad areas of interest (for example human rights & responsibilities, equality & social justice) and gives global examples, there is a need to address specific areas and localised examples in the area of homelessness. This should help tackle stereotypical views of homelessness.

There is a need for extended teacher training, particularly in the areas of sign posting, pathways and pastoral skills, to aid in the identification and support of those children most at risk of homelessness.

Education should highlight the realities of adult living and teach children to cope with these. This should include leaving home and living independently. Education (content and provision) should be sensitive to the reality that a proportion of pupils are, in fact, from homeless families.

It was suggested that schools should employ counsellors and train peer counsellors. The workshop identified a need for clear information to enable teachers to access support for vulnerable children and young people

The following issues require consideration:

- Raising awareness on homeless issues amongst the teaching profession particularly on attitudes and approaches to those children who find themselves homeless
- The role of the Education Welfare Officers and services in assessing problems, sign-posting and referring individual families at risk of homelessness to appropriate services
- The topic of homelessness being integrated into the sections of the curriculum

- Contributing to the work of the Housing Executive in the development and implementation of its Homelessness Prevention Strategy that is part of its overall Homelessness Strategy.

Q. 23: Should education services target young people at risk with information on preventing homelessness? If so how could this be done most effectively?

The workshop acknowledged that the stigma associated with homelessness and some of the factors that may lead to it, for example poverty, may be a barrier to young people in approaching adults for the support they need. It was suggested that a “one stop shop” approach, a confidential advice service that was generic rather than specific, might help overcome this hurdle.

Printed information, while valuable, may not be the best way of reaching very disadvantaged young people and this one-to-one support may be more successful. Some delegates felt that it should not just be left to education services to assist the transition to independence. Parents, communities and voluntary organisations all have a part to play. There is still some research needs to be conducted to discover which approach yields the optimal benefit, but peer education has been found to be particularly relevant and useful.

It was suggested that schools should organise day release programmes to visit homeless agencies and those services could make awareness raising presentations to schools.

Further suggestions included:

- Homelessness having a greater (inter-subject) presence in the curriculum
- The promotion of specific programmes for those particularly at risk of homelessness such as peer education schemes
- The production of education materials that are attractive to young people such as websites, DVDs etc
- To ensure that information is accessible to those particularly at risk or who are homeless. This point has been reinforced by the experiences of young homeless people.

Q24. & Q25. – Not addressed at conference.

****Q. 24: What role could education services take in helping young people to make a successful transition to independent living?**

- The informal and formal presence of the training of independent living skills within the Northern Ireland Schools Curriculum.
- As previously indicated, training teachers and youth workers in homeless issues, resources and services.

Q. 25: How should such measures be funded?

Ideally the Department of Education and its associated agencies should fund these measures. However, in terms of developing new resources, a partnership funding approach between DSD/NIHE and Department of Education, CCMS and CCEA may be an appropriate funding / guiding mechanism. Concerns remain regarding funding for this important work remaining ad hoc and piece-meal as with current funding arrangements.

Q.26. How can we improve access to and continuity of education for homeless children and young people?

The Department of Education should provide transport costs to enable young people as far as possible can remain in their current school should the family be placed in temporary accommodation outside their local area. Where possible children should be enabled to have continuity of education and transport should be arranged to facilitate this. The cost of this transport should not have to be met by the parents/family.

The following points were also made:

- Awareness raising amongst education professionals;
- Role of Education Welfare Officer;
- Curriculum development;
- Peer Education;
- Resource development-DVD's web presence;
- Teacher & youth Service training;
- Dept of Education & associated agencies for core funding of measures
- Transport arrangements;
- Network of accommodation within communities so that people are not forced to move away, thus enabling them to remain close to their existing schools and social and family networks;
- After school clubs with a focus on both education and recreation activities should be available;
- Parental support to help with schoolwork. Coping with the experience of being homeless means that parents' ability to provide this assistance will be affected. Therefore, support for parents should also be considered. (Projects such as SureStart provide a model of good practice.)

Q.27. What further steps could be taken to prevent homelessness through intimidation or neighbourhood harassment?

It was noted that there were no recommendations attached to this area, and there was some discussion around the reason why. The group felt that as much intimidation and harassment has its roots in paramilitarism, and as this is endemic in NI society, it was too big an issue to be tackled in the report.

There was also concern expressed that some policies, such as, ASBO's, intentionality and eligibility for assistance have the potential to create homelessness rather than prevent it. It is felt that NIHE should use the guidance provided by the DSD to ensure that ASBO and eviction are only used as the last resort and not a housing management tool. Communities have a key role in preventing harassment and intimidation. They need to know that support is available for tenants, which could help moderate anti-social behaviour.

There should be better use made of Community Youth Workers. Homelessness needs to be part of their training. Young people respond to peer influences and these often are paramilitary figures.

The Scottish model of short tenancies with mandatory support was approved, plus introductory tenancies and Floating Support.

Dealing effectively with the reasons for neighbourhood disputes, intimidation and harassment is of significant benefit to all parties. Social landlords should adopt a holistic and balanced approach when dealing with allegations of anti-social behaviour and be committed to the principle of eviction as a last resort.

Anti-social behaviour is a multi-faceted phenomenon ranging from low-level nuisance to intimidation and assault. Research has shown that perpetrators often have particular vulnerabilities such as mental health problems or other disadvantages.¹⁴ The complicated nature of the problem requires different types and levels of response. The underlying social and personal problems that cause disputes and/or anti-social behaviour need to be addressed through the development of co-ordinated, multi-disciplinary responses that intervene at an early stage to support victims and both challenge and amend behaviour of perpetrators. Eviction and exclusion does not offer a realistic long-term solution to this complex problem. Reactive responses, using only punitive means, merely target the effects and simply perpetuate the 'problem' by moving it elsewhere.

Q. 28: What role could Government take in assisting people to resettle after homelessness, whether in segregated or integrated neighbourhoods?

Participants made a number of suggestions on how homeless people would be resettled more successfully.

These include:

- Community care grants issued before tenants move in.
- Widen entitlement to community care grants.
- Decorating allowances.
- Clear guidelines for discretionary fund awards.
- A change in the attitude of NIHE with regard to tenancy sustainment.

As the problem of homelessness has grown, so too has understanding of individual and structural risk and protective factors. In the past, resources were directed mainly

¹⁴ Joseph Rowntree Foundation: *Social landlords' use of legal remedies to deal with neighbour nuisance 2000*

towards the alleviation of homelessness, but recently, this growing understanding of the circumstances that place people at risk of homelessness has encouraged greater emphasis on preventative interventions. To date, however, little is known about preventative interventions and their effectiveness^{15,16}. Thus, it is important that the government ensures that the development of preventative/resettlement services continues to be based upon empirical evidence of effective and exemplar practice.

In terms of assisting people to resettle after homelessness, the Government should ensure that services and support are equipped to effectively provide/develop:

- Resilience and protective factors that enable people to better respond to risk situations. This should include the development of policy and services that tackle institutional barriers that may lead to repeat homelessness, as well as providing general support to those experiencing resettlement and crisis.
- Practical support in establishing and maintaining a suitable home – help, advice and support in finding and maintaining suitable accommodation, including preventing the reoccurrence of homelessness
- Support with daily living skills – help, advice and training in day to day living, including tasks such as budgeting and cooking; multiple and varied needs must be allowed for
- Assistance in establishing and maintaining social networks, social support and adequate quality of life. Rebuilding social networks can be very important in helping households / individuals avoid re-entering homelessness

Government policy should encourage the design of services that are accessible to homeless people, taking account of their varying circumstances and lifestyles. Importantly, responses to homelessness (whether at a policy level or at grassroots) should reflect the views of homeless people, who should be encouraged to contribute to the development of appropriate services and legislation.

It must be recognised that attempts to resettle people after homelessness, are likely to be complicated by the nature and structure of many neighbourhoods in Northern Ireland. Segregation is the de facto practice on the ground, with respect to education, housing, and the service delivery. The effect of such harassment and intimidation is to underwrite an individual's exclusion from wider society. It can act as a strong deterrent to many in terms of employment, accessing necessary services, and/or choosing to live in certain areas. It can severely restrict the type of social activities they feel comfortable in engaging in and, for some, can make them feel prisoners in their own homes. These are realities that may further compound attempts to resettle those who have experienced homelessness in secure accommodation. This may be of particular relevance where individuals are perceived to be members of disparate groups. Moreover, the everyday reality of sectarian geographies and sectarian violence constitutes 'an inescapable framework for the

provision and use of services', particularly for those engaged in providing services on the ground.¹⁷

Q.29 Are there other community safety measures that could be taken to address homelessness?

- Additional Floating support
- Speeding up of police reports
- Extend youth club opening times and encourage young people into education.
- Encourage parental responsibility
- Research into the accommodation and support needs of individuals and households who are excluded from social housing and/or intentionally homeless is carried out with consideration being given to how their needs are to be met

Recent research conducted by the University of Ulster for PBNI, NIHE and managed by CHNI, has highlighted gaps in information, advice and accommodation services for offenders, both pre and post prison release and for those serving sentences in the community. Furthermore, it suggests that offenders are more likely to re-offend if they are without adequate housing on release from prison or if they are homeless prior to committal.

Housing advice and advocacy within prison, delivered by either specialist agencies or trained peer advisors has impacted positively on housing status and re-offending where it has been tried in England, Scotland and Wales. Best practice in this area reflects the principles of multi-agency working, as often those within the criminal justice system have complex problems. Low support schemes offering befriending and practical assistance in community re-integration are at present inadequate and new services required. For those whose offending behaviour is linked to substance misuse, the provision of compulsory detox linked to early release has proved successful both in terms of rehabilitation and a reduction in crime.

The safety needs of rough sleepers and street drinkers also need to be considered. Rough sleepers and street drinkers are significantly more at risk of violent physical attack than the general public. However they can be perceived as threatening, particularly should they be intoxicated or showing visible signs of mental ill health. Improving understanding of homelessness will be necessary to affect a shift in attitudes, so training around homelessness should incorporate an element that raises awareness and challenges prevailing attitudes and prejudices. This, as demonstrated by research in other areas, has been best achieved through exposure to homeless client groups throughout training, in a manner that ensures (perceived) professional competency is not undermined.^{2,3}

While there are several projects working with rough sleepers in Belfast, provision is financially insecure and services are not available regionally. There is a need for comprehensive, co-ordinated and sustainable day centre facilities, street outreach

¹⁷ Dr. Shuttleworth, I. *Mapping the spaces of fear: socio-spatial causes and effects of violence in Northern Ireland*. Queen's University Belfast; Violence Research Programme, Royal Holloway, University of London,

services and 'crash' beds to address this most extreme example of homelessness and the community safety issues it presents.

PSI Recommendation 15: There should be a statutory requirement for the Housing Executive to secure that advice and information about homelessness, and the prevention of homelessness, is available free of charge to any person in Northern Ireland. **(Agree)**

Q 30: Do you agree that there should be a statutory requirement for the Housing Executive to secure that advice and information about homelessness, and the prevention of homelessness, is available free of charge to any person in Northern Ireland?

The role of timely and accurate advice is widely recognised in the prevention and alleviation of homelessness. Available research would suggest that the current level of provision of housing advice and information in Northern Ireland is inadequate and has developed largely in an ad hoc manner. A legal requirement would ensure relevant advice and information is readily available. In addition, we would recommend that detailed guidance on the form of advice and how it should be offered should be provided. This would cover issues such as the range of advice topics, the importance of impartiality and quality assurance of advice provision etc.

Yes, the key role of timely and accurate advice is widely recognised in the prevention and alleviation of homelessness. A statutory duty to ensure relevant advice and information is available is already in place in England, Scotland & Wales. This should also be a legal requirement in Northern Ireland.

Q31: If so, what kind of organisation would be the most appropriate provider of this advice?

Whilst the Housing Executive should have the statutory responsibility for ensuring housing advice is available, we believe it would be inappropriate for it to be the sole provider of such advice. A range of providers could be involved, for example, social rented landlords could offer basic information and onward referral. However, an important principle of advice is that the client perceives it to be impartial and independent. The voluntary sector has significant expertise in this area.

We would recommend the development of a Housing Advice Strategy for Northern Ireland. This would include an audit of existing advice services and the development of an adequately resourced needs based programme for the delivery of quality housing advice throughout Northern Ireland.

Q 32: How could the quality of this advice be assured?

It is essential that the advice providers can demonstrate they have the required level of expertise and knowledge to offer high quality and accurate advice to clients. An accreditation system should be developed as part of a Housing Advice Strategy. A number of organisations currently operate comprehensive quality management systems to ensure the quality of advice delivery. This includes accredited housing

advice qualifications, standards of service, file review procedures (including peer review) and client feedback mechanisms etc. A legal quality mark system may also be relevant. This should be based upon a solid foundation of continual and standardised evaluation and review.

PSI Recommendation 16: Taking account of social services' accommodation responsibilities to children in need and care leavers, the law should be amended to allow that all other 16 & 17 year olds who are homeless should have priority need status, without any requirement to prove vulnerability. **(Agree)**

PSI Recommendation 17: The law should be amended to ensure that all 18-21 year olds who are homeless and who, under the Children (Leaving Care) (NI) Act 2002, are found to be 'former relevant children' or 'persons qualifying for advice and assistance', should be accorded priority need status. **(Agree)**

PSI Recommendation 18 The priority need category of 'young persons at risk' should be amended to refer to 18 to 21 year olds, rather than 16-21 year olds at present. **(Agree)**

Question 33: Are the proposals for a change to the priority need categories sufficient?

The law should be amended to allow all 16 & 17 year olds (who are not social services responsibility) who are homeless priority need without requirement to prove vulnerability.

Participants wholly supported this recommendation and felt this legislative change was a matter of some urgency. Consensus was that this group was particularly vulnerable as a consequence of their young age.

There was also consensus that young people in Northern Ireland should not be treated less favourably than their peers in England, Scotland or Wales, where legislation has been expanded to include this vulnerable group.

There was discussion about the particular issues/needs of this group e.g. that they cannot hold a legal tenancy and recognition that their needs were likely to extend beyond the provision of standard accommodation. Many are without adequate support networks, in crisis, marginalised from mainstream services, requiring support and preparation for independent living.

Serious consideration should be given in Northern Ireland to expanding the definition of priority need to ensure that eventually all homeless people are entitled to temporary accommodation until a final decision is reached regarding their application.

Question 34: Should any other groups be considered for priority need status?

Participants supported the proposals as made. As indicated in question 33, it was felt imperative that priority need categories be extended to include 16 and 17 yrs, due to the vulnerability of being 'out of home' at such a young age. Participants felt that in

relation to young people, the current legislation surrounding priority need status, dilutes the clear responsibility statutory agencies have to this often highly vulnerable group, in effect it 'lets them off the hook': extension of priority need categories would more clearly define their responsibilities to vulnerable young people.

There was general discussion around the need to extend priority need categories for groups with particular support needs or vulnerability. *These included:*

- Young people released from young offenders' centres.
- Young people subject to or at risk of harassment or violence on account of religion, race, illness, sexuality, or ethnic or national origins
- Particular vulnerability of certain ethnic minority groups, including migrant workers (particularly those who do not speak English), was highlighted.
- (Young) People who have addictions / people with addictions, who are working towards rehabilitation are especially vulnerable and the existing legislation should be changed to account for this

The issue of resources implications of extending priority need categories to meet these groups were discussed. It was agreed that decision-making regarding such should be needs driven rather than resource-driven, acknowledging the practical boundaries and the need to be realistic.

PSI Recommendation 19: Guidance issued to Housing Executive staff regarding homelessness decisions should include:

- Codes of co-operation and good practice (between the Housing Executive housing associations and Health and Social Services Boards and Trusts)
- Guidance on when a property is 'unreasonable' to reside in
- Guidance on prevention of homelessness when people are not within 28 days of becoming homeless
- Guidance on vulnerability, acknowledging that:
 - Homeless care leavers aged 21 and over may be vulnerable, and hence in priority need, as a result of their time in care; and
 - Persons recently discharged from prison who are homeless and vulnerable should be considered for priority need status
- Guidance on the use of the intentionality and eligibility provisions, to ensure that each case is considered on its merits, particularly applications from ex offenders who are homeless, and that there is no automatic use of these provisions to exclude this group from accessing accommodation
- Advice on the use of temporary accommodation and in particular B&B accommodation. **(Agree)**

Q. 35: Do you have any comments on the issues recommended for inclusion in the guidance?

We agree with the recommendations.

Q. 36: Are there any other issues that should be recommended for inclusion?

In Scotland, England and Wales Government Departments prepare statutory Codes of Guidance to support the homelessness legislation. The Secretary of State issues this and local authorities must have regard to it when exercising their functions in relation to homelessness assessments and decision-making. The Code is an important tool to guide authorities through the legislative provisions and to assist in interpreting its complexities. There is no such Code in Northern Ireland. Instead the Housing Executive produces its own guidance that is not legally binding. The need for authoritative, independent guidance is highlighted by the experience of the people who use advice services, which suggests a lack of uniformity in the assessment, inquiry and decision-making processes between district offices within the Housing Executive. The DSD has issued guidance for social landlords on the implementation of certain aspects of the Housing (NI) Order 2003 which relate to anti-social behaviour. We would welcome the introduction of statutory guidance by the DSD covering the homelessness legislation.

PSI Recommendation 20 The right to a review of decisions made by the NIHE regarding entitlement to assistance under the homelessness legislation should be placed on a statutory basis, with a subsequent right of appeal to the county court. **(Agree)**

Q.37: Should the right to a review of a homelessness decision be placed on a statutory basis?

Yes. The right to a review should not be a matter governed by organisational policy and should be afforded statutory protection. Additionally, it is important that the review is fair and impartial and should not be conducted by officers of the same organisation.

Q.38: Should the right of appeal of a homelessness decision to the county court be placed on a statutory basis?

An effective appeal system must demonstrate the following characteristics:

- Fair;
- Independent;
- Time-limited;
- Distinct from the procedure for review of an earlier decision (e.g. due to change in circumstance);
- User-friendly;
- Comprehensive (i.e. able to deal with all disputes concerning homelessness).

The proposed use of county court as the arbiter does not satisfy a number of these criteria. There can be long delays waiting for a case to be considered in court and it is an expensive option. There are also accessibility issues. In our experience, people can be reluctant to proceed to court because of financial barriers and the adversarial culture. We believe that where possible, attempts to resolve disputes should take place outside court -this position also reflects wider Government policy in "Promoting

Access to Justice" which promotes mediation and arbitration services and views court as a last resort. Whilst it is essential that the right to appeal to an independent arbiter is included in the legislation we would strongly recommend that alternatives to the use of court also be considered e.g. the use of a specialist independent panel as exists in many other areas of public and social welfare law.

PSI Recommendation 21: Consideration should be given to the most effective means of ensuring a multi-agency approach to preventing and responding to homelessness. **(Agree)**

Q.39: How can we best ensure effective multi-agency working?

Whilst there are exceptions, the experience of homeless people shows that unless there is a legal requirement to do so there are many barriers that, in practice, mitigate effective multi-agency working. We are therefore firmly of the opinion that effective joint working will not take place unless agencies are required to do so by law.

- That a legislative requirement is needed to provide clear direction to the relevant agencies.
- There is a need to recognise homelessness as a cross departmental priority with both targets and performance indicators for joint working being set
- There is a need for the group overseeing the implementation of the PSI strategy and to consider the experience of other models of joint working both at a strategic and operational level, such as Health Action Zones
- There is also a need also to allocate financial resources to promoting and piloting innovative cross-departmental work.
- Realistic targets, based on sound research data (indicators; trigger, protective and risk factors); a combination of short-term and long-term targets; and a baseline against which progress be evaluated
- Clarity regarding responsibilities, roles and relationships

Q.40: Should existing legislation be amended in order to create a legal requirement for multi-agency work to address homelessness?

There is a need for individuals and organizations to act as champions of multi-agency working to address homelessness. Additionally, successful multi-agency work to address homelessness should be thoroughly evaluated and the results disseminated widely to promote belief in this approach. A Northern Ireland framework for evaluating this area of work would enable comparison of different approaches and projects.

Lessons on promoting multi-agency work to tackle inequalities in health can be learnt from the successful development and implementation of Investing for Health

Q.41: If the legislation should be amended, which agencies should be required to co-operate in this work? In what way?

Health, Social Services and Public Safety would be an immediate priority. Others would include, Education & Library Boards, registered housing associations, NI

Prison Service, Probation Board NI, Department for Education, the Department for Employment and Learning and DSD agencies such as the Social Security Agency.

It is imperative that homelessness is recognised as a cross-departmental priority with both targets and performance indicators for joint working being set. This would not only be essential for monitoring purposes, but also enable achievement in this area to be formally recognised and rewarded. There is a need to nominate key senior personnel within different departments/agency to have responsibility for joint working in this area and the possibility of appointing an overall Co-ordinator at a senior level also warrants further consideration.

There is a need also to allocate financial resources to promoting and piloting innovative cross-departmental work.

PSI Recommendation 22: There should be a statutory requirement for NIHE to produce a homelessness strategy, for preventing and alleviating homelessness, every five years. **(Agree)**

Q.42: Should a statutory requirement be placed on NIHE to produce a strategy for preventing and alleviating homelessness, every five years?

Yes. The Housing Executive's Homelessness Strategy was produced as part of Best Value. We believe that the interests of homeless people would be more effectively safeguarded if this became a statutory requirement. It is also equally important to ensure that the strategy is regularly reviewed and updated.

Q.43: Should other bodies be required to participate in the development of the strategy and if so, which ones?

Yes. The PSI document clearly states that homelessness is not just a housing problem. It is a serious social issue and requires multi agency commitment. It is obvious therefore that a comprehensive strategy to tackle it cannot be designed solely by a housing authority and in isolation from the other key players. The active engagement of Health & Social Services Boards/Trusts is an absolute priority. Others should include Education & Library Boards, registered housing associations, NI Prison Service, Probation Board NI, CCEA, CCMS, Department for Education, the Department for Employment and Learning and DSD agencies such as the Social Security Agency.

Q.44: Should other bodies be required to take the strategy into account and if so which ones?

Yes (see Q.43 above).

PSI Recommendation 23: Consideration should be given to the most effective means of ensuring a multi-agency approach to the development and implementation of the homelessness strategy. **(Agree)**

Q.45: Is there a need for legislation where other bodies are concerned, or could multi-agency working be carried out effectively without a statutory requirement?

We believe that effective multi-agency working is absolutely fundamental to tackling the issue of homelessness in Northern Ireland. As such it should not be left to chance. The government should recognise this and demonstrate the extent of their commitment to addressing the causes and effects of homelessness by making it a legislative requirement that these bodies take the strategy into account when discharging their functions.

Q.46: Are there any other legislative issues that should be addressed?

Yes. There are legislative issues and a need for research into the relationship between homelessness and the:

- Ineligible for assistance provisions (which enable the Housing Executive to exclude people from housing and homelessness assistance on the grounds of behaviour)
- House sales scheme; and
- Social security regulations, including housing benefit.

On a wider level it should be noted that the consultation paper “Making a Bill of Rights in Northern Ireland”, issued by the Human Rights Commission clearly recognised that poverty and social exclusion represented a denial of human dignity and that the protection of a range of social and economic rights is an integral part of the delivery of effective human rights in our society. In particular the document contained a specific proposal to establish a right to adequate housing, appropriate to a person's needs. CHNI believes the inclusion of such a statement in the Bill of Rights would offer an appropriate and important layer of accountability. In effect this would allow for judicial scrutiny if the Government and other public bodies failed to take reasonable and proportionate steps to tackle homelessness and deliver on this right.

Q47. Do you consider that any of the recommendations in this document will have a positive equality impact on groups within any of these nine categories? If so what is it?

The group considered the recommendations would impact on: -

- 16-17 year olds;
- Single people (by enabling better access to accommodation);
- Disabled people;
- Children of homeless families.

However, it was stressed that responsibility for monitoring the implementation and EQIA of the recommendations should be given to a specific statutory body. This would ensure they were carried out.

Q48. Do you consider that any of the recommendations in this document will have an adverse equality impact on groups within these nine categories? If so, what is it and how might we mitigate this adverse impact?

While the group did not believe the recommendations would impact adversely, they felt that there were omissions and also some recommendations did not go far enough. These include:

- Services specifically for women;
- The need for grant aid to provide disabled access in hostels;
- The need for changes to the Housing Selection Scheme which in itself adversely impacts on single people;
- Inadequate funding to provide play facilities for children in hostels. Often female who have experienced domestic violence go home because facilities are unavailable;
- Migrant workers status if they lost tied accommodation;
- It was acknowledged that there is a need for education and training for residents, staff and communities on equality issues;
- Hostels are often forced to discriminate against certain group because of community attitudes towards race, religion or sexuality.

Q49. Taking account of existing legislation, are there alternative approaches that would achieve the policy objectives set out in this paper in a more equality friendly way? If so, what are they?

Participants felt that existing legislation should influence the policy objectives of the report. These include:

- Human Rights- section 8 regarding access to children;
- U.N. conventions, Race/Women/ Children;
- International best practice;

It was felt that the document was not “user-friendly” for homeless people and more effect could have been made to ensure they were consulted. It was also strongly felt that homeless people should be accepted as a Section 75 groups as they do suffer discrimination in many areas of life.

Q.51 Are there any specific issues that should be considered for homeless people who are also members of the nine categories?

Delegates believed that homeless people who are also members of the nine categories are doubly disadvantaged.

Women and men suffer from similar causes and consequences of homelessness. However, women have an additional subset of health and social concerns. A female parent most commonly heads single parent families. Therefore, holistic training and support, including family planning, pregnancy and child-care are important issues. Other issues that affect both homeless women and men such as nutrition, substance abuse, and mental health have unique considerations for women and young people.

Homeless women may experience sexual assault while homeless; they may also be homeless as a result of domestic violence. Services with predominantly male users may not feel secure to them and they may be reluctant to use them.

Q52. How can Government most effectively engage with service user who are homeless when developing & evaluating policy?

The following methods were suggested

- Plain English: Consideration of the needs of other client groups, for example, minority ethnic communities and people who have little or no understanding of / difficulties with English;
- One to one communications. Similarly, it is recommended that users be engaged with, to ensure that any particular accommodation and support needs of the Section 75 groups are not overlooked. The government should explore ways in which this can be achieved by examining models of user engagement;
- Incentives.

CHNI endorses the recommendations of the consultation report, both for its practical and aspirational content. This approval is necessarily tempered by the insights and concerns expressed within this response paper, and by the fact that the strategy requires wholesale government commitment, support from sufficient and credible research, and realistic funding if to be successfully implemented.

Whilst the consultation report recommends the reduction of public expenditure on health and homelessness as an outcome, it would be unrealistic to expect such in the immediate to medium term, any strategy needs to acknowledge this and to set out where the funding will come from to support the initial implementation of the strategy. It is agreed that resources are a key issue in considerations of service delivery. For this reason, the focus on health promotion, education, early intervention to prevent health and well-being problems before they become more complex, and ultimately more expensive to manage and treat, will be more cost effective – both in financial and human terms. Equally, the real needs of a diverse population are of key issue. Meeting these can be achieved by providing services that are holistic and responsive to individual needs as opposed to crisis intervention services. CHNI wholly endorses the sentiment that “procedures to address the cause of problems and not just the symptoms can benefit both the individual and the service-provider, as well as saving money.” (Pg. 45)¹⁸

Attachments

1. **“Do you want to end up homeless? A 10-point manifesto for the next government.” Homeless link, 2004.** CHNI recommends this document for consideration by the Working Group, based on its content.
2. **PSI Consultation**, Summary of feedback from Service Users.

¹⁸ *Promoting the Social Inclusion of Homeless People, Addressing the Causes and Effects of Homelessness in Northern Ireland. Consultation document, PSI Working Group on Homelessness. November 2004*

PSI Consultation

Summary of feedback from Service Users

Background

- 66 service users from voluntary sector homelessness provision – including hostels, move-on accommodation, foyers and outreach services - completed questionnaires on the Promoting Social Inclusion (PSI) consultation.
- Nearly two-thirds of respondents were aged 25 and under with a quarter in the 16 – 18 age group. Only one respondent was aged over 60.
- The majority of female respondents (81%) were aged 25 and under, whereas more of the male respondents fell into older age groups, i.e. 19% aged 26 – 39 and 28% aged 40 – 59.
- Family conflict was cited as the reason for homelessness by one third of respondents (32%). When combined with relationship breakdown, family and relationship reasons accounted for homelessness in nearly half of these cases (46%).
- Alcohol and loss of accommodation were not insignificant causes of homelessness for 12% and 11% of respondents respectively.
- Four out of every 10 respondents had been homeless for more than a year (41%). A further 35% had been homeless for more than 4 months.
- The majority of service users were from Belfast (41%), one in five respondents was from the Derry area (21%) and only small numbers of service users came from elsewhere in Northern Ireland – this may be because the provision surveyed was mainly in Belfast and Derry. A not insubstantial number of respondents came from outside Northern Ireland – 12% from the Republic of Ireland and 9% from Great Britain.
- 18% of respondents had been homeless before and 21% had slept rough. There was also a direct correlation between these two issues – with one third of the total respondents (33%) having both been homeless before and having slept rough. Only a quarter (28%) of clients had never been homeless before or slept rough.

Prevention

- Nearly three quarters of respondents (73% - 48 respondents) indicated that at least one of a list of preventative services¹⁹ would have helped them and prevented their homelessness. Furthermore 26% thought that a combination of two or even three of these services would have been helpful.
- Over a third of respondents (36%) believed that mediation to resolve a conflict within their family or neighbourhood could have prevented their homelessness.
- More than a quarter of respondents (27%) indicated that a combination of services would have been helpful – in 5% of cases all three services were cited. This indicates that homelessness is usually the result of a combination of factors rather than one single issue.

Health

- The most popular mechanisms for the delivery of health services were via easier access to existing health services (29%) and in hostels (23%). Again the combinations of more than one service delivery mechanism points to the variation in clients needs and needs over time.
- Four in ten respondents (41%) wanted hospitals and health centres to deliver health services to them with a further 20% favouring provision by voluntary sector organisations.

Financial difficulties

- Nearly two-thirds of the 66 respondents (40 - 61%) had experienced financial difficulties before or since becoming homeless. These included difficulties getting benefits, opening a bank account and paying off existing debts.
- The majority of respondents to this question (29 out of 40) experienced more than one type of difficulty e.g. opening a bank account before becoming

Employment difficulties

- Just over half (36 – 55%) of respondents had experienced difficulties with employment – this related mainly to getting a job, with little difference in this experience before or after they had become homeless.

¹⁹ Debt counselling and/or financial advice, tenancy support services – help to maintain the tenancy you had, mediation to resolve a conflict – within your family or neighbourhood

Education

- Nine out of 10 of the respondents (89%) thought that young people at school should be educated about the realities of leaving home as a way of preventing future homelessness.
- Only 7 respondents said there was no point in educating young people about homelessness.
- Three quarters (51 – 77%) of respondents indicated that young people should be taught a range of skills at school in order to help them live independently. These included cooking and cleaning, budgeting and managing money and independent living skills.

Solutions to homelessness

- Over half (34 - 51%) of respondents suggested that the solution to homelessness was more houses (36%) and more hostels (15%).

Joint Working

- Just over a quarter of respondents (27%) said they had experienced no difficulties in joint working between government departments and agencies. However, 41% highlighted some issue or level of difficulty.

Analysis of Questionnaires from Service Users

A total of 66 completed questionnaires were received from service users of voluntary sector homelessness provision.²⁰ The breakdown of these in terms of the type of accommodation/organisation they were staying in/receiving support from was as follows:

Organisation	Type of accommodation	Number of respondents
Simon Community NI	Direct access hostels, move-on accommodation	22
Foyer Federation (3 foyers)	Accommodation and training for young people aged 16 – 25	22
Ormeau Centre	Night shelter	5
North & West HA – Springfield Road, Belfast	Direct access hostel	4
Rough Sleepers outreach team	Outreach team for those sleeping rough	4
Edward Street hostel, Portadown	Direct access hostel and move-on accommodation	2
Foyle Homeless Action & Advice Service	Family hostel	7
Total		66

Respondents were asked to provide some basic background information about themselves, and this is summarised in the following tables.

Age and Gender

Age	Male	Female	Total	Percentage
Under 16	-	-	-	-
16 - 18	6	11	17	25%
19 – 25	11	14	25	37%
26 – 39	7	2	9	13%
40 - 59	10	4	14	21%
60 – 75	1	-	1	1.5%
75 plus	-	-	-	-
Don't know	1		1	1.5%
Total	36	31	67	99%²¹

- Marginally more men returned a questionnaire compared to women;
- Nearly two-thirds of respondents were aged 25 and under with a quarter in the 16 – 18 age group;

²⁰ One of these related to a couple. In total therefore there were 67 respondents, however, unless otherwise stated the analysis relates to the 66 returned questionnaires.

²¹ Rounding means that in some cases the total is 99%

- The majority of female respondents (81%) were aged 25 and under, whereas more of the male respondents fell into older age groups, i.e. 19% aged 26 – 39 and 28% aged 40 – 59.
- Only one respondent was aged over 60.

Reason(s) for homelessness

Respondents were asked to outline their reason(s) for homelessness. 92% of respondents (61) provided a reason – while 8% (5) did not. The following table outlines the range of reasons and also indicates the number and percentage of people who noted each reason.

Reason for homelessness	Nr. of respondents	Percentage
Family conflict, including breakdown, problems and rows	21	32%
Relationship breakdown	9	14%
Drink/drugs	8	12%
Eviction/loss of accommodation	7	11%
Intimidation	2	3%
Leaving care	1	1.5%
Release from prison	1	1.5%
Other ²²	12	18%
No response	5	8%
Total	66	101%²³

For analysis purposes the reasons provided were catalogued into composite reasons.

- Family conflict was cited as the reason for homelessness by one third of respondents (32%). When combined with relationship breakdown, family and relationship reasons accounted for homelessness in nearly half of these cases (46%);
- Alcohol and loss of accommodation were not insignificant causes of homelessness for 12% and 11% of respondents respectively.

The following provides some of the direct responses written onto the questionnaire.

Had to leave flat because of bail conditions

Didn't get along with Mum

Mum picked boyfriend over me

Asked to leave flat by NIHE - too many parties

²² Including house fire, terrorist incident, needed my own space etc.

²³ Rounding means that in some cases the total is 101%

Length of homelessness

Respondents were also asked to indicate how long they had been homeless. This varied from one day to *off and on for 10 years*.

The following table provides an overview of the range and frequency of the time spent homeless.

Length of homelessness	Nr of respondents	Percentage
1 – 4 weeks	4	6%
1 – 3 months	7	11%
4 – 6 months	13	20%
7 – 12 months	10	15%
1 – 2 years	8	12%
2 – 3 years	3	5%
3 years plus	16	24%
No response	5	8%
Total	66	101%²⁴

- Four out of every 10 respondents had been homeless for more than a year (41%);
- A further 35% had been homeless for more than 4 months.

Area of origin

Respondents provided information about their area of origin – where they had originally lived, or lived prior to becoming homeless. The following table provides analysis of this information by County, and provides some indication of the number and range of towns/areas covered. Those from Belfast are also included separately from the counties.

- As indicated by the table below the majority of service users were from Belfast (41%);
- One in five respondents was from the Derry area (21%);
- Only small numbers of service users came from elsewhere in Northern Ireland – this may be because the provision surveyed was mainly in Belfast and Derry.
- A not insubstantial number of respondents came from outside Northern Ireland – 12% from the Republic of Ireland and 9% from Great Britain.

²⁴ Rounding means that in some cases the total is 101%

County of origin	Range of locations	Nr of respondents	Percentage
Belfast	Belfast, West Belfast, Ardoyne, East Belfast, Falls, North Belfast, Twinbrook	27	41%
Co. Antrim	Co. Antrim, Carrickfergus	2	3%
Co. Armagh	Lurgan, Portadown, Waringstown	6	9%
Co. Down	-	-	-
Co. Fermanagh	-	-	-
Co. Londonderry	Derry, Waterside, Coleraine, Garvagh, Carnhill	14	21%
Co. Tyrone	-	-	-
Republic of Ireland	Ireland, Dublin, Merville	8	12%
Great Britain	England, Scotland, Liverpool	6	9%
Northern Ireland	No specific location provided	1	1.5%
Don't Know	-	2	3%
Total	-	66	99.5% ²⁵

Previous experiences

Finally in terms of background information respondents were asked to indicate if they had ever been homeless before and if they had ever slept rough. 18% of respondents had been homeless before and 21% had slept rough. There was also a direct correlation between these two issues – with one third of the total respondents (33%) having both been homeless before and having slept rough. Only a quarter (28%) of clients had neither been homeless before or slept rough.

Previous experience	Nr of respondents	Percentage
Homeless before	12	18%
Slept rough	14	21%
Both homeless before and slept rough	22	33%
Neither homeless before or slept rough	19	28%
Total	67	100%

Main Questions

This section summarises the responses to the main questions in the questionnaire. Information is provided under the main headings utilised in the PSI report.

Prevention

Respondents were asked if they thought a range of services would have prevented them from becoming homeless. **Nearly three quarters of respondents** (73% - 48 respondents) indicated that at least one of the services would have helped them and

²⁵ Rounding means that in some cases the total is 99.5%

prevented their homelessness. Furthermore 26% thought that a combination of two or even three of these services would have been helpful.

The following table outlines their responses.

Services	Nr of respondents	Percentage
Debt counselling and/or financial advice	-	-
Tenancy support services – help to maintain the tenancy you had	7	11%
Mediation to resolve a conflict – within your family or neighbourhood	24	36%
Financial advice plus tenancy support	5	8%
Financial advice plus mediation	4	6%
Tenancy support plus mediation	5	8%
All 3 services	3	5%
Total responses	48	73%
Total respondents	66	100%

- Over a third of respondents (36%) believed that mediation to resolve a conflict within their family or neighbourhood could have prevented their homelessness;
- More than a quarter of respondents (27%) indicated that a combination of services would have been helpful – in 5% of cases all three services were cited. This indicates that homelessness is usually the result of a combination of factors rather than one single issue.

Health

Respondents were asked to indicate how they thought health services should be made available to homeless people.

Medium for health services	Nr. of respondents	Percentage
In Day Centres	7	11%
In Hostels	15	23%
Through easier access to existing health services	19	29%
Other	3	5%
In Day Centres and hostels	5	8%
In Day Centres and easier access	2	3%
In Hostels and easier access	2	3%
All 3	9	14%
No response	4	6%
Total	66	102%²⁶

²⁶ Rounding means that in some cases the total is 102%

- The most popular mechanisms for the delivery of health services were via easier access to existing health services (29%) and in hostels (23%). Again the combinations of more than one service delivery mechanism points to the variation in clients needs and needs over time.
- In terms of other it was suggested that this could be done via outreach teams.

The questionnaire also asked who should provide health services to the homeless clients. The following table outlines the responses made.

Provider of health services	Nr of respondents	Percentage
Hospitals/health centres	27	41%
Community nursing services	2	3%
Voluntary sector organisations	13	20%
Hospitals and community nursing	4	6%
Hospitals and vol sector	4	6%
All 3	12	18%
No response	4	6%
Total	66	100%

- Four in ten respondents (41%) wanted hospitals and health centres to deliver health services to them with a further 20% favouring provision by voluntary sector organisations.

Finance

Respondents were asked to indicate if they had had any financial difficulties before or since becoming homeless, and if so what these were. Nearly two-thirds of the 66 respondents (40 - 61%) had experienced financial difficulties, as outlined in the table below.

Financial difficulties	Nr of respondents	
	Before	After
Difficulties getting benefits	15	20
Opening a bank account	7	9
Paying off existing debts	22	23

The majority of respondents to this question (29 out of 40) experienced more than one type of difficulty e.g. opening a bank account before becoming homeless and paying off existing debts after becoming homeless.

Respondents were then asked to provide some suggestions around what type of services would have helped them with these problems. 21 respondents provided a response to this question, including the following:

Advice on debt or access to low interest loans

Greater access to information on benefits/easier forms. More controlled rents so shortfalls in rent are not financially crippling

Mediator to talk to the DHSS on my behalf

More information in hostels/day centres

Outreach - difficulty getting ID

Someone who can provide advice on what benefits are available

Employment

Respondents were asked to indicate if they had had any employment difficulties before or since becoming homeless, and whether this had been difficulty in getting or keeping a job.

The following information was provided by 36 respondents who had experienced difficulties with employment – this related mainly to getting a job, with little difference in this experience before or after they had become homeless.

Employment difficulties	Nr of respondents	
	Before	After
Getting a job	25	24
Keeping a job	11	13

Respondents were then asked to provide some suggestions around the type of help employers could offer to assist homeless people into employment. Half of respondents (33) provided a response to this question.

Back to work incentives i.e. lump sum payment

To get a house you need a job. To get a job you need a house. It's a vicious circle.

Offer basic training schemes to people. Not to be prejudiced against homeless people staying in a hostel

Link to advice agencies so problems can be sorted out and not affect things

Education

Respondents were asked to provide their thoughts/opinions about educating young people about homelessness and living independently.

- Nine out of 10 of the respondents (89%) thought that young people at school should be educated about the realities of leaving home as a way of preventing future homelessness.
- Only 7 respondents said there was no point in educating young people about homelessness.

The following answers were received to this question:

Definitely - if young people could actually see what it is like to be homeless

Definitely - nothing prepares you for living in a homeless hostel

Yes - it would help a lot - it could have helped me

Yes - I think they put it in to your head - it's easy - and it's not at all easy.

In particular more than three quarters (51 – 77%) of respondents indicated that young people should be taught a range of skills at school in order to help them live independently. These included the following:

- Cooking and cleaning
- Budgeting and managing money
- Health and safety and first aid
- Independent living skills
- Social skills
- How to find accommodation and furniture
- How to find a job

Good communication skills, social skills, cooking, home economics etc. and how to budget a wage or benefits

Information on drink and drugs and the downfalls. Money and how to handle it

Teaching monetary skills, basic common sense, teach to be proactive and not reactive

Social skills - budgeting - how to work at relationships and not just turn away

Awareness of homelessness, ways to prevent homelessness, life skills

Criminal Justice/ Community Safety

Respondents were asked to suggest what help could be given to people who become homeless because of intimidation. 40 respondents provided a response to this question. Answers included the following:

Treating intimidation as a special category

Try to keep them off the streets and put them in a hostel

Talk to someone - e.g. social worker/key worker

Support and advice on what to do next

Re-housed more quickly, neighbourhood watch, confidential phone-line to NIHE/PSNI

Help in finding safe accommodation

Solutions to homelessness

Respondents were then asked to indicate one thing that they thought would solve homelessness in Northern Ireland. 51 respondents (77%) provided an answer to this question. Again, the following table categorises their responses and full quotes of some of the answers are provided below.

Solution to homelessness	Nr of respondents	Percentage
More houses	24	36%
More hostels	10	15%
More finance/funding	4	6%
No drink/drugs	3	5%
Support and help	8	12%
No one thing could solve homelessness	2	3%
No response	12	18%
Don't Know	3	5%
Total	66	100%

Respondents made the following comments:

More houses/flats for people who really need them

More money towards housing homeless and support personally

More housing provided - pure and simple

Raise awareness of why people become homeless

Professionalism and joined up support

Less family disputes and more hostels if needed

Joint Working

Finally respondents were asked if they had experienced any difficulties since becoming homeless in obtaining information and advice from different Government Departments. 45 respondents (68%) replied to this question – just over a quarter (27%) said they had experienced no difficulties. However, 41% highlighted some issue or level of difficulty as outlined below.

Lack of information and contradictory information

No problems obtaining it but some information is not easy to understand i.e. benefit form which puts people off claiming benefits they are entitled to

Yes - I can hardly read and can't spell

Yes - I was unaware re my benefits and what I was due to get. The DHSS should have informed me.

Yes - not knowing where to go for help and accommodation.