SOCIAL WORK AND HOMELESSNESS

8th November 2019

REFLECTIONS
HOMELESSNESS
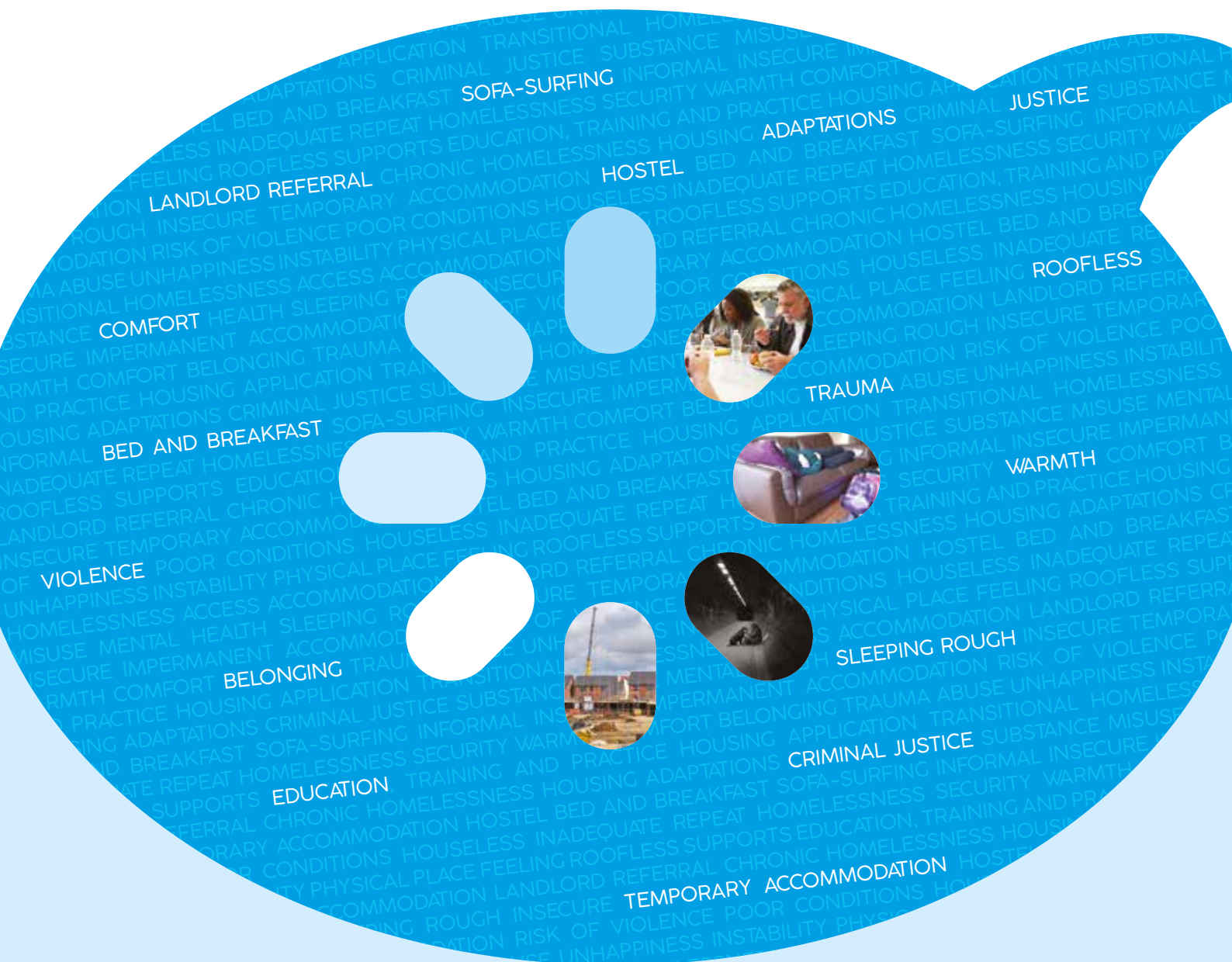
SOFA-SURFING
ADAPTATIONS
JUSTICE
LANDLORD REFERRAL
HOSTEL
ROOFLESS
COMFORT
TRAUMA
BED AND BREAKFAST
WARMTH
VIOLENCE
SLEEPING ROUGH
BELONGING
CRIMINAL JUSTICE
EDUCATION
TEMPORARY ACCOMMODATION

Office of Social Services

Improving and Safeguarding Social Wellbeing in Northern Ireland

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

"GIVING HOMELESSNESS A HOME IN SOCIAL WORK EDUCATION, TRAINING AND PRACTICE." [1]

"Simon staff helped Caine with cooking, budgeting, support with interviews to help prepare him for independent living. Staff also gave him opportunities to get involved in activities including the speak up project and drug awareness residentials..." [2]

Caine

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Foreword

How often have you said the simple words, "I'm going home". We tend to associate home with words like security, comfort, warmth and belonging and when those are the things that home provides, there is no place like it. Social workers know that home can also be a place where trauma, abuse and unhappiness happen. Home is both a physical place and the feelings we associate with it.

For a variety of reasons, people using social work services can face becoming homeless or living with the risk of becoming homeless. While there is no such thing as a typical experience of being homeless, being homeless will always make every aspect of your life harder. In terms of basic survival, being homeless may leave you without shelter and safety. It may also compromise your physical and mental health, make you both more likely to be a victim of crime and more likely to be arrested and make things like getting an education or employment incredibly difficult. Homelessness is certainly a social problem but for individuals, it is a personal catastrophe.

That is why social workers need to understand homelessness with its multiplicity of causes and consequences. Whatever the reasons for social work involvement in a person's life, social workers must always be prepared to use their expertise and skills, working collaboratively with others to respond to homelessness and the threat of homelessness.

I hope that this edition of Reflections will help social workers in that task and that it will be a useful resource for social work educators and trainers.

Sean Holland

Sean Holland
Chief Social Work Officer

Why do we need a framework?

Most social workers will have had some involvement with issues of home, housing and homelessness. Examples of practice in this area may include:

- Arranging a discharge plan for someone leaving hospital;
- Helping a young person plan for leaving care;
- Supporting someone leaving prison to access accommodation;
- Negotiating with a landlord about repairs;
- Assessing risk for someone living in a certain area;
- Making a referral to an OT for housing adaptations.

These issues and others like them feature in all programmes of care, in many different settings and in a variety of social work interventions.

Social workers may also support people who are at risk of homelessness and need to be able to recognise this and provide the right sort of support to prevent it.

There are also those people, often particularly vulnerable, who fall through the gaps in policy and services altogether. These people are often viewed through a succession of separate and un-coordinated professional lenses such as criminal justice, substance misuse or mental health, therefore failing to benefit from an integrated response[3].

Given the complexity of the issue and the multiplicity of factors at play, it is important that social workers have a good understanding of housing and homelessness in order to give effective support when necessary.

This practice framework aims to support social workers to develop this understanding and the skills necessary to provide this support.

The purpose of social work is to improve and safeguard social wellbeing[4]. Social wellbeing is a broad concept and applies to many areas in a person's life. It encompasses the quality of people's relationships and their sense of inclusion and belonging. It involves the choice and control people have about decisions affecting them and their lives. It also includes having purpose and meaning in life as well as feeling safe and secure. A place to call home or somewhere to feel at home is key to a sense of social wellbeing.

When social workers intervene to prevent or tackle homelessness, they are supporting people at all levels of Maslow's hierarchy of needs[5,6]. These needs include: the physiological need for shelter and warmth; the need for safety through reducing the risks of being a victim of violence on the streets, the sense of belonging provided by having somewhere to call your own; rebuilding the self-esteem which may have been damaged through experiencing homelessness related stigma and the opportunities for growth and development that a stable and secure home can bring.

> "SINCE MOVING INTO HER NEW HOME IN APRIL 2019, LOUISE HAS FLOURISHED, REENGAGED WITH HER CHILDREN AND BECOME AN ACTIVE PARTICIPANT WITHIN WITH THE LOCAL COMMUNITY." [7]
>
> **Louise**

SECTION A: UNDERSTANDING HOMELESSNESS

"AND YOU KNOW YOU SORTA GET USED TO THIS CHAOTIC LIFESTYLE, WHERE YOU KNOW NOWHERE IS PERMANENT..." [8]

Peter

1. What is homelessness?

Homelessness can be experienced in many different ways. It includes those living in temporary accommodation such as a hostel or bed and breakfast. It can also mean "sofa-surfing", that is, informal/insecure/impermanent accommodation with friends or family[9]. Sleeping rough or street homelessness is a very visible and probably the most easily recognised form of homelessness. Those at risk of violence if they remained in the home or experiencing poor conditions that are damaging to health or living in unsuitable accommodation could all also be described as homeless.

The Northern Ireland Housing Executive (NIHE) who hold a statutory duty to respond to homelessness use the European typology of homelessness and housing exclusion (ETHOS)[10,11] which describes four types of homelessness.

- **Roofless** – people sleeping rough or in emergency accommodation such as night shelters or crash facilities.
- **Houseless** – people staying in temporary accommodation such as homeless hostels, transitional supported accommodation, B&Bs, women's refuges and people who are due to leave institutions such as prison and hospital who do not have permanent accommodation to return to.
- **Insecure** – people living in insecure accommodation such as those who are "sofa-surfing" and who do not have any legal tenancy anywhere, people living under threat of eviction or living under threat of violence such as paramilitary threats.
- **Inadequate** – people living in temporary structures such as mobile homes, people living in dwellings unfit for habitation, people in accommodation that doesn't meet their needs, people living in situations of extreme overcrowding.

The NIHE also categorises the frequency of homelessness in order to provide the appropriate response that will provide a sustainable long-term housing solution.
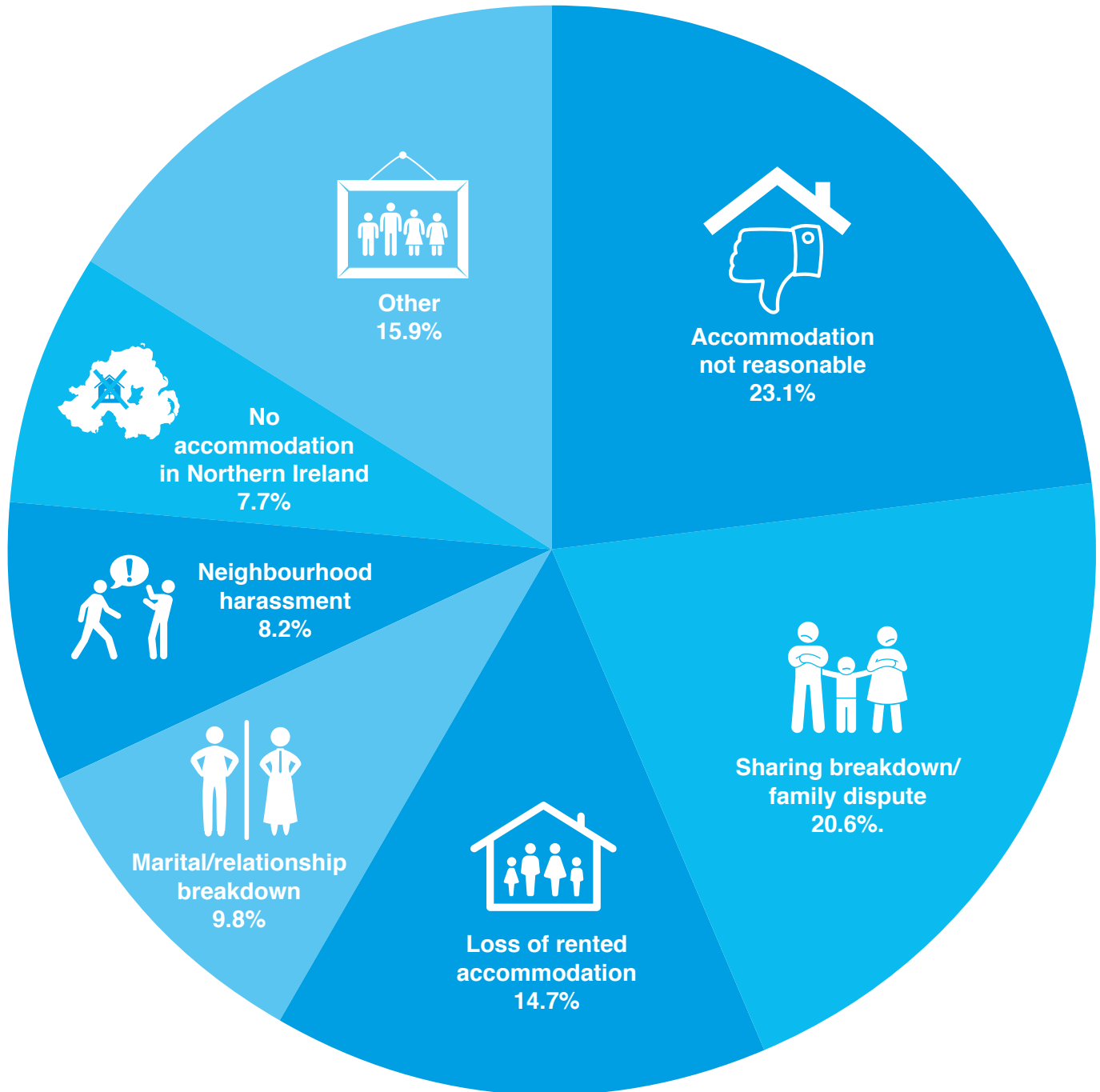
The categories are:

- **Transitional homelessness** – people who enter the process, are assessed, rehoused and do not return to homelessness;
- **Episodic or repeat homelessness** – brought about by ongoing changes in circumstances and events in the person's life;
- **Chronic homelessness** – people who have been homeless for a long period, rough sleepers and long-term users of temporary or emergency accommodation.

Despite the diversity in types of homelessness, it is generally caused by a complex interplay between someone's individual circumstances, life experiences and adverse situational and structural factors[12]. Poverty, unemployment, relationship breakdown, the benefits system, mental and physical health issues, substance use issues and leaving some form of institutional care can all be significant factors in a person becoming homeless. Relationship problems, substance use and mental health issues have also been identified as significant barriers to people exiting homelessness.

A total of 18,180 households presented as homeless to the Housing Executive in 2017/18[13]. Of these, 33% were single males and 32% were families. Sixty-five per cent were accepted as full duty applicants, the term used by the NIHE for people who meet their eligibility tests. The reasons for presentation as homeless were:

Other
15.9%

Accommodation not reasonable
23.1%

No accommodation in Northern Ireland
7.7%

Neighbourhood harassment
8.2%

Sharing breakdown/ family dispute
20.6%.

Marital/relationship breakdown
9.8%

Loss of rented accommodation
14.7%

Hidden Homelessness

Many people experiencing homelessness do not appear in official statistics. It is estimated that there are between 76,000 and 136,000 adults currently living as concealed households in NI who would prefer to live independently. Concealed households are family units or single adults living within other households, who may wish to live separately had they the opportunity to do so[14].

Rough Sleeping

A rough sleeper street count was carried out in Belfast, Derry/Londonderry and Newry on 28th November 2018. This count included any person about to bed down or actually bedded down in the open air, such as on the streets, in tents, doorways or parks. It also included people in buildings or other places not designed for habitation such as stairwells, barns, sheds, cars, car parks and stations. Other areas in NI were asked to notify anyone they were aware of sleeping rough on that night. This count identified 38 rough sleepers across Northern Ireland with 16 rough sleepers identified in Belfast[15]. A previous rough sleeper count in Belfast in 2016 identified an average of 6 people rough sleeping per night in Belfast with the numbers of people on each night ranging from 0-19 over this 12 week period[16].

Some of those counted did actually have registered hostel accommodation but were unable to stay in the hostel due to temporary exclusion.

Other people may have been unwilling to use hostel accommodation due to feeling frightened by the environment or by the behaviours of others in the hostel.

3. Legislation and Policy

The Housing (Northern Ireland) Order, 1988 is a key piece of legislation which imposes a statutory duty on the NIHE to respond to people who are homeless or threatened with homelessness, including the following:

1. The formulation of a homelessness strategy;
2. The provision of advice;
3. To make enquiries into cases of possible homelessness or threatened homelessness;
4. To notify applicants of decisions in writing;
5. The protection of property of persons who are homeless or threatened with homelessness;
6. To secure accommodation for an applicant and their household. This duty can arise immediately on consideration of an application, before the Housing Executive has completed its enquiries. In these circumstances it has an interim duty where there is reason to believe that the applicant may be homeless, be eligible for assistance and have a priority need for accommodation.

The Order establishes official legal definitions of what is described as statutory homelessness in Northern Ireland. If, following investigations and assessment of their circumstances, people are defined as statutorily homeless, the Order places a duty on the Housing Executive to provide interim and/or permanent accommodation for them.

In order to be accepted as statutorily homeless, an individual or household must meet the four tests of;

- **Eligibility** – *Someone may be ineligible because they are subject to immigration controls by virtue of Section 119 of The Immigration and Asylum Act 1999. Other persons may be ineligible because the Housing Executive has decided they are to be treated as ineligible because they are guilty of unacceptable behaviour and therefore unsuitable to be a tenant.* Ineligibility because of unacceptable behaviour may be something a social worker might wish to challenge if they feel something hasn't been properly taken into account.

- **Homelessness** – *to meet this test, a person must be homeless or threatened with homelessness. The Order states that a person is either homeless if they have no accommodation available or that they are legally entitled to occupy in the UK or elsewhere. It further states that a person shall not be treated as having accommodation unless it is accommodation which it would be reasonable for them to continue to occupy. A person may also be homeless if they have accommodation but it is probable that occupation of it will lead to violence or threats of violence from some other person residing in it.*

- **Priority Need** – *the person must be deemed to have a priority need. The priority need list consists of:*
  - *A pregnant woman or a person with whom a pregnant woman resides or might be reasonably expected to reside;*
  - *A person with whom dependent children reside or might be reasonably expected to reside;*
  - *A person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason, or with whom such a person resides or might be reasonably expected to reside;*
  - *A person who is homeless or threatened with homelessness as a result of an emergency such as a flood, fire or other disaster;*
  - *A person without dependent children, who satisfies the Housing Executive that they have been subject to violence and are at risk of violent pursuit or, if they return home, are at risk of further violence;*
  - *A young person, who satisfies the Housing Executive that they are at risk of sexual or financial exploitation.*

- **Intentionality** – *a person may be deemed intentionally homeless if they do or fail to do anything which causes them to cease to occupy accommodation which would have been reasonable for them to continue to occupy.* The intentionality test is also an area where social workers may need to advocate to ensure that someone's individual circumstances are taken into account. For example, a mental health issue could lead to someone failing to pay their rent or keep a house in reasonable condition. Unavoidable personal or financial issues such as illness or loss of employment may also be mitigating factors.

If these four tests are met, Full Duty Applicant (FDA) status will be awarded, along with 70 housing points and temporary accommodation and/or permanent rehousing will be offered.

Should a person fail to meet some of the tests, the NIHE still has the following duties:

- If an applicant is homeless, temporary accommodation should be provided while priority need is being assessed;
- If an applicant is not deemed to be in priority need after assessment and investigation, advice should still be offered;
- If an applicant is homeless, in priority need but intentionally homeless, temporary accommodation will be provided for a period of 28 days subject to review;
- If an applicant is homeless, in priority need but ineligible for assistance, again, temporary accommodation will be provided for 28 days subject to review.

Whilst these provisions offer a partial safety net, the priority and non-priority group distinctions embedded in this legislation means that most single people are only entitled to advice and assistance rather than settled housing[17].

Furthermore, any temporary accommodation on offer is often unsuitable and many people can find it noisy, cramped, uncomfortable or frightening.

The Housing Selection Scheme

This is a list of rules that the NIHE and housing associations use when deciding who should be offered social housing. People who are homeless or at risk of homelessness may be eligible to apply for housing under this scheme. Following an assessment, people applying for social housing will be placed on the "common waiting list" and "housing points" will be awarded according to their needs. Allocation of housing is dependent upon where the person is on the waiting list and how many points they have. Applicants can state areas in which they wish to live but some areas are in high demand and therefore require more points or will require a longer period of waiting. Eighty per cent of available social homes are allocated to households deemed as statutory homeless.

Some examples of available points are:
Full duty applicants – 70 points
Intimidation – 200 points
Interim accommodation for more than 6 months – 20 points
Complex needs – 20 points

When a NIHE housing advisor has an initial interview with a person experiencing homelessness, they should have a full 'Housing Solutions and Options' discussion to ascertain what the best course of action would be in each individual case. This should include such discussions as the demand in a particular area, the turnover of stock, an average length of time on a waiting list and how many properties of the type and size to meet the need of the individual there are.

This information is accessed from a dashboard "Housing Prospects" and its aim is to assist someone to make an informed decision on an area of choice once furnished with all the relevant facts.

The Housing First Model

The 'Housing First' model uses permanent housing as a starting point rather than an end goal. It seeks to provide immediate access to permanent housing for people who are homeless and have complex needs[18]. Ongoing support services are provided to help people successfully maintain a tenancy and integrate into the community[18]. Compliance with normal residential tenancy laws is typically the only requirement. While the 'Housing First' approach encourages its service users to receive treatment for drug or alcohol issues, it is not a condition of their housing support. This is because the model views access to housing as a human right and not

as an incentive for successful treatment or sobriety. The model is also founded on the belief that access to permanent accommodation provides stability and that this stability then improves the effectiveness of treatment that service users may choose to engage in[18].

In its 'Homeless Strategy for Northern Ireland 2012-2017'[19], the Northern Ireland Housing Executive made a commitment to further examine a 'Housing First' model to consider its applicability to Northern Ireland and funded a 'Housing First' pilot in Belfast. Depaul[20], supported by the NIHE, ran an 18-month pilot programme which engaged with homeless people with complex needs in Belfast. The pilot yielded positive results. An evaluation of the programme, commissioned by the Housing Executive, found that by the end of 2014, 19 out of the 24 service users were still in their tenancy. This amounts to a tenancy retention rate of 79%. Additionally, 63% of service users achieved a significant or moderate reduction in their use of drugs or alcohol.

'Ending Homelessness Together: The Homelessness Strategy for 2017-22' plans to further develop the 'Housing First' pathway model developed during the previous strategy.

The Supporting People Programme

This programme is designed to support people to live independently in the community and provides funding to over 850 housing support services for up to 19,000 service users in NI. Housing related support can include support with:

- Domestic skills;
- Establishing social contacts and activities;
- Managing finance;
- Maintaining safety.

The support may be short-term floating support, short-term accommodation based support or longer term support in order to maintain a tenancy.

Some housing related support services are delivered alongside care services provided by Health and Social Care Trusts.

The Chronic Homelessness Action Plan 2019

The Housing Executive's Chronic Homelessness Action Plan[21] seeks to respond to the needs of those experiencing chronic homelessness defined as those individuals with very pronounced and complex support needs who find it difficult to exit from homelessness. The plan aims to:

- Improve the measurement and understanding of the scale of chronic homelessness;
- Promote preventative and early intervention approaches;
- Support a rapid response with effective targeted interventions to chronic homelessness;
- Promote a cross departmental and interagency approach to addressing the issue.

There are a number of protocols which the Housing Executive is party to which should also be considered in the prevention and response to homelessness.

Meeting the Accommodation and Support Needs of 16-21 year olds; Regional Good Practice Guidance Agreed by the NIHE and the HSCTs, December 2014.

This Guidance recognises the shared responsibilities of the Housing Executive and Trusts to children and young people who are "in need", "vulnerable" due to homelessness, and are entitled to support under the Children (NI) Order 1995 and the Children (Leaving Care) Act (NI) 2002. This guides agencies on working collaboratively to appropriately and effectively respond to this group, irrespective of which agency is initially approached for help. The primary aims of the Guidance are to:

- Outline the respective responsibilities of the Housing Executive and Trusts when working with specific groups of young people where there are shared responsibilities in relation to housing and support needs;
- To promote the need to actively work together in the best interest of the young person;
- Establish a system to assist both agencies in carrying out their respective responsibilities to meet assessed needs;
- Develop an effective system which provides clarity as to the respective responsibilities of both agencies thereby ensuring relevant information is shared between them.

A Protocol for the Management of the Accommodation and Related Support Needs of People in Custody in Northern Ireland. June 2012.

This protocol aims to:

- To provide a formal framework for interagency co-operation for agencies involved in the delivery of accommodation and support services to people entering or leaving custody.
- To prevent homelessness by meeting the accommodation and support needs of those entering and leaving custody;
- To reduce the likelihood of reoffending by helping to establish stability in the lifestyles of offenders.

The Children (NI) Order 1995.

The Children Order makes a number of provisions for the accommodation of children. Of particular relevance are:

Art. 21 (1) Every authority shall provide accommodation for any child in need within its area who appears to the authority to require accommodation as a result of:

(a) There being no person who has responsibility for him;
(b) His being lost or having been abandoned; or
(c) The person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care.

Art. 21(3) places a duty on the Trust to "provide accommodation for any child in need within its area who has reached the age of 16 and whose welfare the authority considers is likely to be seriously prejudiced if it does not provide him with accommodation".

Art. 21(5) states that "an authority may provide accommodation for any person who has reached the age of 16 but is under 21 in any home provided under Part VII which takes children who have reached the age of 16 if the authority considers that to do so would safeguard or promote his welfare."

The Children (Leaving Care) Act (NI) 2002.

The Act places a duty on Trusts for certain groups of young people who are or have been looked after. If any of these young people become homeless, they will be eligible for assistance under the Act. To discharge this duty, Trusts will, as necessary, liaise with the Housing Executive.

The Chronically Sick and Disabled Persons (NI) Act 1978

Sections 1 and 2 outline the duty to share information and make such arrangements as are necessary for the provision of social welfare services to meet the needs of any person coming within the definition of chronically sick and disabled.

The Health & Personal Social Services (NI) Order 1972

Article 15 outlines the duty to;

i.) To make available; advice, guidance and assistance to such an extent as it considers necessary.
ii.) For that purpose shall make such arrangements and provide or secure the provision of such facilities, including the provision or arranging for the provision of residential or other accommodation as it considers suitable and adequate.

The Disabled Persons (NI) Act 1986.

Section 4 gives people with a disability (and their carers) the right to request an assessment of their community care needs for services. Community care needs may include residential and nursing care and some supported living placements. Aids and adaptations in someone's house are also included.

People First, Community Care in Northern Ireland for the 1990s

Paragraph 2.2 states that Health and Social Care Trusts will be required to assess the care needs of any person who appears to them to be in need of community care services, and to decide, in the light of that assessment whether they should provide, or arrange for the provision, of any services.

The Human Rights Act 1998.

Article 8 states that "everyone has the right to respect for his private and family life, his home and his correspondence.

4. Pathways into Homelessness

Although everyone's path into homelessness will be individual to them, there are some common themes and issues which very often contribute to homelessness.

Individual, interpersonal and structural factors all play a role and interact with each other.

Risk factors for homelessness include;

Adverse childhood experiences (ACEs) – ACEs are stressful experiences that a child may be exposed to such as parental addiction, parental mental health issues and sexual or physical abuse which affect the environment in which they grow up[22]. The experience of homelessness as a child could also be categorised as an adverse childhood experience. It is widely recognised that ACEs play a significant part in shaping many different life outcomes, including a serious detrimental impact on physical, mental and social wellbeing, all of which can contribute to homelessness. The links between experiencing ACEs and later homelessness has not been formally researched in NI but research in other parts of the world indicates a strong correlation between the two.[23-26].

Financial Difficulties

- **Poverty and the Economy**[27] – Twenty per cent of the population in NI live in relative poverty with poverty the highest amongst families with children and lowest in pensioners. Forty per cent of lone parents in NI experience poverty and 24% of single people without children live in poverty. Forty per cent of people living in social housing were in poverty during 2013-2016 and 34% of those living in Northern Ireland's private rented sector also live in poverty. Amongst owner-occupiers, the poverty rate is 13%. Poverty is not restricted to those who are out of work. Average weekly pay after inflation is lower in NI than a decade ago in 2008. Those in low wage and insecure employment often face housing difficulties.

- **Unemployment** is a significant financial issue that may lead to homelessness, particularly if it is sudden or unexpected. Individuals may find themselves unable to pay rent or their mortgages and other bills. If a person loses their permanent accommodation, they may face difficulties in finding alternative affordable accommodation. Unemployment can contribute to debt which can create further difficulties and risk of homelessness.

- **Debt** in itself, not as a consequence of unemployment, may also increase a person's risks of homelessness. Unmanageable debt can result in rents and mortgages not being paid, leading to repossession or termination of tenancy.

- **Bereavement** may also create financial difficulties if the person who has died was a significant contributor to household income.

"...IF YOU GO FROM A NORMAL, EVERYDAY HOUSE INTO A HOSTEL, YOU KNOW A HOSTEL IS GOING TO BE A COMPLETE SMACK AROUND THE FACE. BECAUSE YOU KNOW THERE'S GOING TO BE BOYS TAKING DRUGS, ONES COMING UP TAPPING YOU FOR FAGS." [8]

Peter

- **Welfare Reform** - Welfare reform measures including, Universal Credit, the Spare Room Subsidy Limit (the bedroom tax), benefits sanctions and the shift from Disability Living Allowance to Personal Independence Payments all have the potential to adversely impact on people's ability to access and maintain housing.

In NI, a substantial benefits mitigation funding package was agreed to ameliorate any financial losses experienced by people because of these reforms but this funding and agreement runs out in 2020.

Limits on housing benefit rates and the extension of the Shared Accommodation Rate to single people under 35 also limits options, particularly for young people.

NI has, however, retained the ability for claimants to have their housing benefit paid directly to landlords and the maximum sanction duration has been set at 18 months rather than the three year maximum applicable in Great Britain.

- **Housing Market** - Although housing affordability has fallen back to relatively modest levels since a peak in 2007, access to home ownership has become more problematic for would be first time buyers due to the reduced availability of low deposit mortgages.

The numbers of social sector lettings available to new tenants in Northern Ireland has also declined over recent decades, not least as a consequence of the Right to Buy scheme. In the 1990s, new lettings averaged a little more than 10,000 a year compared to a rate of 8,219 in 2014/2015[14]. This reduced supply and access to appropriate housing is particularly problematic for young people, single people and other groups who often struggle to gain access to social tenancies[14].

The private rented sector in NI has quadrupled in size over the last 14 years. While this has brought increased supply, it has also brought housing insecurity due to the limited regulation in private housing markets. The limited regulatory protection offered in private rented accommodation can lead to lower housing quality and increases in rent, which are all at the discretion of the landlord.

Relationship Breakdown - Relationship problems have been identified as having a significant association with entry to homelessness, and also as a barrier to exiting homelessness[12]. Issues such as domestic violence, substance use issues, changes in family circumstances due to bereavement and mental health issues can all cause the breakdown of relationships leading to homelessness.

Leaving the parental home after arguments is often a factor in young people becoming homeless. The LGBTQ community are particularly vulnerable to homelessness caused by family rejection and relationship breakdown associated with sexual orientation and/or gender identity. Trans people are particularly vulnerable to repeat episodes of homelessness and can experience frequent moves in accommodation because of regular and sustained transphobic abuse[28].

Physical and Mental Health Issues – people with additional and complex needs such as physical and mental health issues may be particularly at risk of homelessness.

Their accommodation may be unsuitable and there may be a lack of suitably adapted accommodation. They may experience financial difficulties because of problems gaining and sustaining employment. Some people with complex needs may also struggle to carry out the tasks needed to maintain a home or maintain a tenancy.

Substance Use – although studies vary, international research consistently indicates that over a third of individuals who are homeless experience alcohol and drug issues[29] and up to two thirds have a lifetime history of alcohol or drug use issues[30]. The relationship between homelessness and substance use is complex, with most research indicating that there may be a reciprocal relationship between the two in that substance use can be both a cause and consequence of homelessness[31]. Harmful and dependent substance use may create a range of difficulties for someone including, debt, employment difficulties, breach of tenancy requirements, community hostility, paramilitary violence or threats and family or relationship breakdown, all of which can all lead to homelessness.

Community Issues – community hostility such as disputes with neighbours or paramilitary and criminal gang activity can lead to tenancy difficulties and/or intimidation designed to make someone leave a house or area. Where homelessness is the outcome, a person can have difficulty obtaining housing support if they are deemed to be 'at fault' and therefore not meet the eligibility and/or intentionality tests.
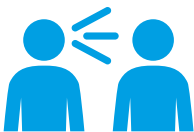
Other community issues may be of a sectarian nature where those who are perceived as having a different religious or political affiliation may be intimidated into leaving their homes. Housing in NI, particularly social housing, remains very segregated along religious lines. The potential for intimidation and/or community hostility can create difficulties and limit choice for some people in accessing housing in certain areas.

Gender – although research has been sporadic, the available evidence indicates that gender plays a role in people's experience of homelessness. Women's pathways into homelessness have been more consistently linked to domestic violence and poverty than the presence of the other factors outlined above. There appears to be a greater tendency for women to use and exhaust informal supports in the first place before approaching homelessness or other welfare services[32]. However, where welfare systems are involved, women with dependent children who are part of their household tend to be prioritised for support.

Leaving Institutional Care – Young people who have been in the care of social services experience a higher risk of becoming homeless on leaving care and reaching adulthood. Many of these young people lack stable supportive relationships and have reduced access to the safety net other people may have from families.

These young people will typically have experienced significant adverse childhood experiences and the impact of these may leave them less emotionally able to manage issues, which put them at risk of homelessness.

People who leave prison often experience similar disadvantages. Many will have had to relinquish their accommodation on entering prison and will need to present as homeless on leaving. Systems for accessing housing support are difficult to activate in advance of release, leaving many with no immediate supports. The lack of stability created by homelessness may be a contributory factor to further offending, thus creating a vicious circle. Some people find that a return to custody and institutionalised prison care offers better support and a housing solution.

People who have been patients in hospital may also experience homelessness on discharge. Often their previous accommodation is no longer suitable or they may have had to give up housing or tenancies because their finances and/or access to benefits is limited due to the length of their hospital stay. Other hospital patients remain in hospital for much longer than is clinically necessary because of the lack of appropriate accommodation to discharge them to.

Those leaving the armed forces are also at increased risk of homelessness with the same issues about lack of housing and support on leaving creating difficulties. As with young people leaving care, those leaving the armed forces may have experienced trauma, which has impacted on their ability to manage these issues[33].

The experience of institutionalisation in all its forms can mean that people struggle to learn independent living skills which they need to sustain housing.

People with no or limited recourse to public funds – there is a cohort of individuals who may experience homelessness, including rough sleeping, because they are ineligible for benefits or services in the UK that are paid by the State. This includes housing assistance. No recourse to public funds is a condition imposed on someone due to their immigration status under Section 115 of the Immigration and Asylum Act 1999. Social landlords and the NIHE have a legal obligation to ensure that they adhere to these rules.

People who have no recourse to public funds are entitled to free advice in relation to homelessness under Art 6(D) 1 of the Housing (Amendment) Act (NI) 2010. Such advice may involve referring someone who is destitute and has a pre-existing care need to social services under Arts. 7 and 15 of the Health and Personal Social Services (NI) Order 1972 or under Arts. 18, 35 or 36 of the Children (NI) Order 1995 for children in need. Social services also have responsibilities to prevent a breach of human rights.

If any of these legal provisions are relevant, then social services are required to carry out an assessment of need. Social services can provide housing and/or financial support where emergency assistance is needed whilst an assessment of need is carried out and can continue this where the person or family has been assessed as eligible for support.

People from the Travelling Community
The Northern Ireland Human Rights Commission reported that the nomadic lifestyle of the travelling community was being eroded by state housing policies[34]. It said that people from the travelling community faced the unpalatable choice of living in poor conditions to retain their traditions or moving into standard social housing at the expense of their way of living.

There is insufficient culturally appropriate accommodation available for the travelling community and the report notes poor conditions on some sites including: inadequate electricity, water, heating, drainage, sanitation and waste disposal. Poor conditions were particularly prevalent in sites intended as transient but operating as permanent in practice. There was evidence that people from the travelling community had been subject to discriminatory behaviour from public authorities and the settled community and the report also noted the impact of negative public opinion on planning applications in particular.
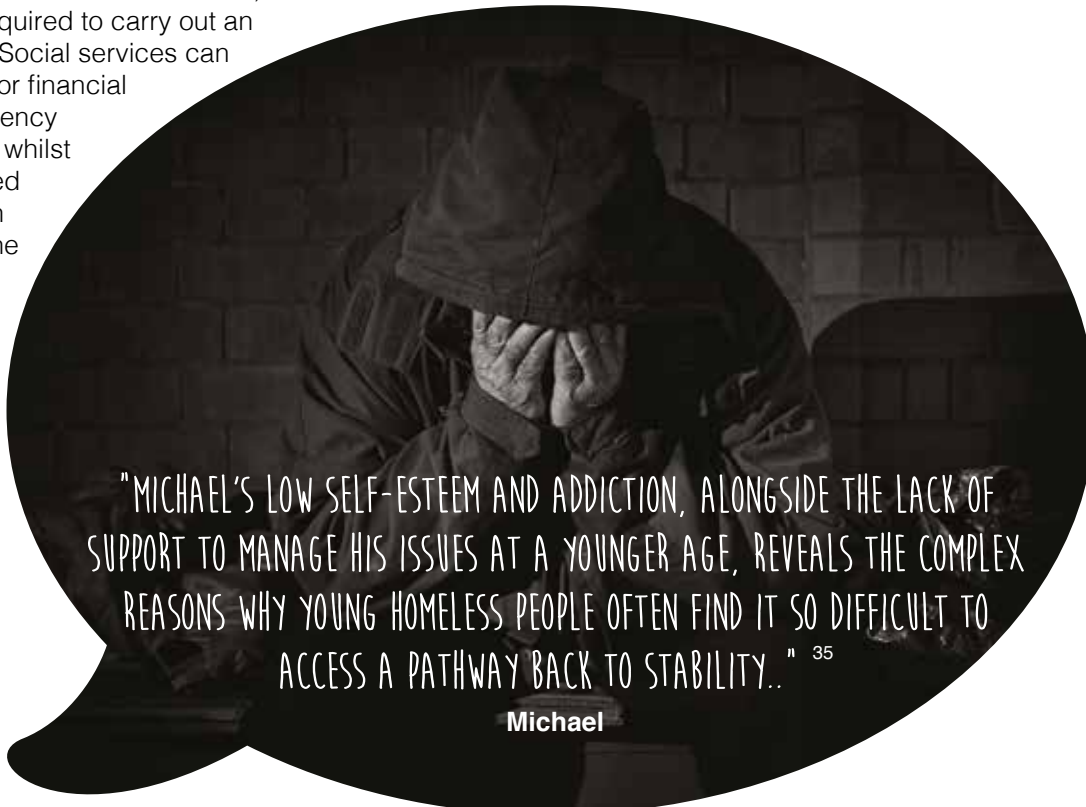
"MICHAEL'S LOW SELF-ESTEEM AND ADDICTION, ALONGSIDE THE LACK OF SUPPORT TO MANAGE HIS ISSUES AT A YOUNGER AGE, REVEALS THE COMPLEX REASONS WHY YOUNG HOMELESS PEOPLE OFTEN FIND IT SO DIFFICULT TO ACCESS A PATHWAY BACK TO STABILITY.." [35]
Michael
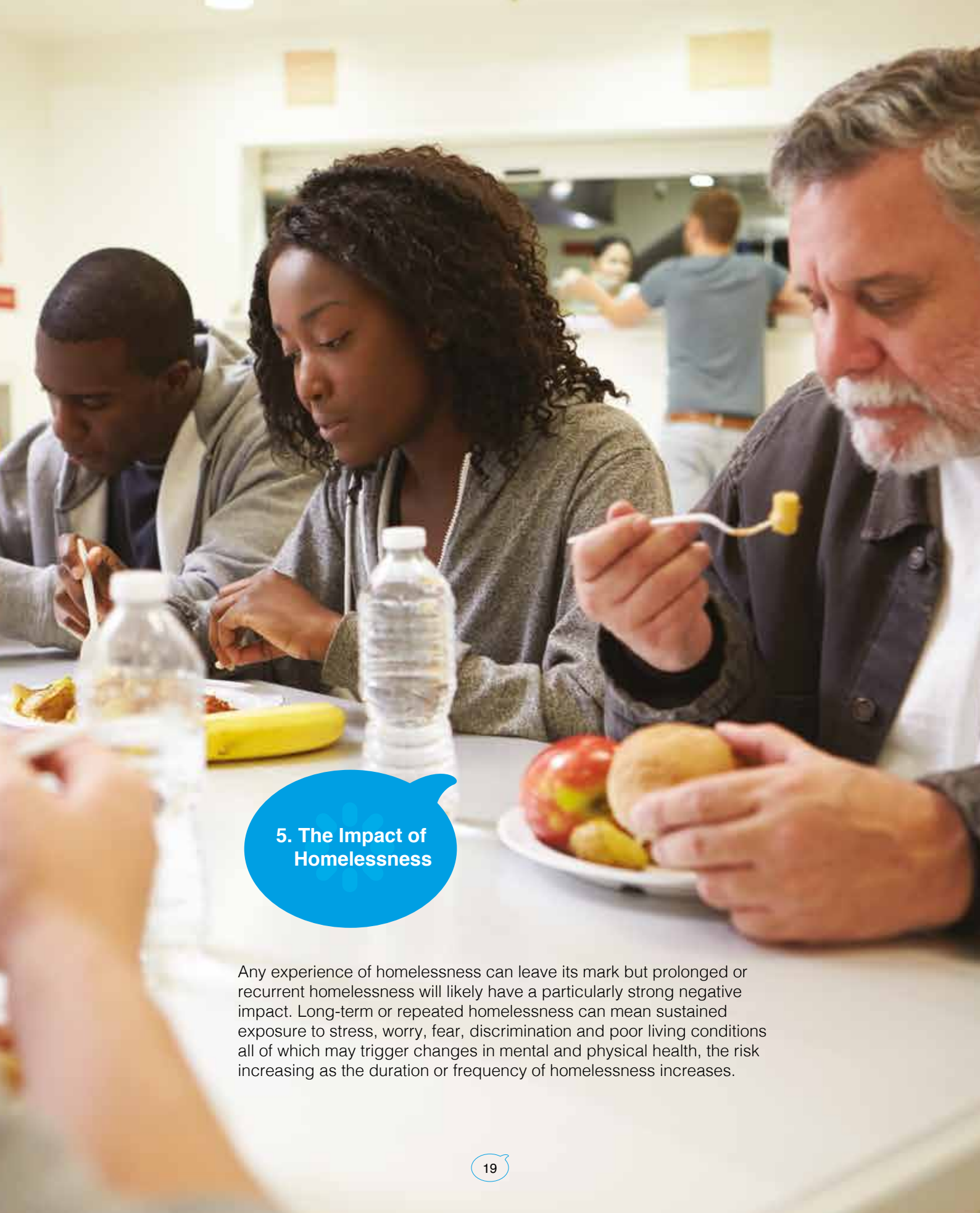
5. The Impact of Homelessness

Any experience of homelessness can leave its mark but prolonged or recurrent homelessness will likely have a particularly strong negative impact. Long-term or repeated homelessness can mean sustained exposure to stress, worry, fear, discrimination and poor living conditions all of which may trigger changes in mental and physical health, the risk increasing as the duration or frequency of homelessness increases.

Health – experiences of homelessness do not automatically trigger experiences of poor physical and mental health and nor do experiences of poor health and mental health automatically trigger experiences of homelessness. However, the best available evidence[12] does suggest a reciprocal risk relationship between the two, in that the risk of experiencing homelessness increases if someone has issues with their physical health and/or mental health and vice versa.

Without a settled adequate home, health and social care interventions are less likely to be as effective as they would be if someone had stable accommodation.

People who are homeless, particularly those who experience street homelessness, often have significant physical health problems. These include higher mortality rates than the general adult population, suffering disproportionately from infectious diseases including HIV, hepatitis, tuberculosis and from chronic diseases including higher rates of asthma, heart disease, stroke and epilepsy. People who are homeless tend to present late in their illness, stop treatment early, have low usage of primary-care, preventative and outpatient services, have high usage of emergency and inpatient services and poor compliance with medication[36].

Accessing GP services can also be quite problematic for people at the most extreme end of the homeless spectrum because they can lack the necessary identification and/or a permanent address to register with a GP. The transient nature of homelessness may mean that they need to re-register with another practice as they move in and out of areas. Any time-lag in transferring records between practices may lead to delays in the issuing of prescriptions. Health and social care services that are appointments based can also be difficult to access[37].

While research on deaths in NI is limited, there were an estimated 726 deaths of people who were homeless in England and Wales registered in 2018, the highest year to year increase at 22% since recording began[38]. This count targeted those sleeping rough or using emergency accommodation such as homeless shelters and direct access hostels at or around the time of death.

People who are homeless have significantly higher rates of mental health issues than the general population. Experiencing homelessness can be a challenging and traumatic experience[39].

Many of the factors that cause mental health issues, such as deprivation, sexual and/or physical abuse, institutionalisation in care as children and relationship problems precede homelessness[40]. The experience of homelessness with increased stress and a sense of instability and insecurity, can also cause or exacerbate these issues, with homelessness being identified as a significant predictor in the development of mental health issues[41-42].

A relatively recent large scale survey carried out in two large cities in the Republic of Ireland, Dublin and Limerick found anxiety and depression to be the two most common mental health issues prevalent in homeless populations, with 39% of respondents reporting that they suffered from anxiety and 52% reporting that they were suffering from depression[40].

Substance Use – substance use can be a pathway into homelessness but it is also important to recognise that being homeless can also lead someone into developing a problem with substance use. Social adaptation theory[43] discusses how some people start using substances as a way of adapting to their changed circumstances and coping with harsh conditions. Young people and women are particularly vulnerable to developing a substance use problem once they become homeless.

Discrimination and Oppression. People who are homeless are often the victims of stigma through negative stereotypes and prejudice. Stigma can affect a person's self – esteem and cause them to doubt their own capabilities. People who are homeless are also less likely to access services because of a perception or fear of hostility and discrimination[40].

Exposure to Risk/Adverse Experiences

People sleeping on the street are almost seventeen times more likely to have been victims of violence and fifteen times more likely to have suffered verbal abuse in the past year compared to the general public[44].
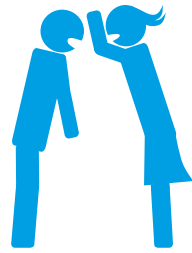
Life Chances

Life Chances – homelessness also represents a series of risks to life chances. These can include barriers to employment, training and further education arising from issues such as high support needs, stigmatisation by some employers, negative effects on children and young people's development from the experience of homelessness and practical barriers to accessing opportunities.
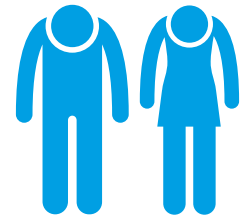
"SKIPPING SCHOOLS FROM THE AGE OF 12, DUE TO BULLYING AND THE POOR MENTAL HEALTH BROUGHT ON BY HIS PERSONAL LIFE, HIS BEHAVIOUR SOON BECAME TOO MUCH FOR HIS MOTHER AND HE LEFT HIS HOME AND SPENT TIME IN VARIOUS RESIDENTIAL CARE SETTINGS, A BRIEF PERIOD SPENT 'SOFA-SURFING' IN FRIENDS' HOUSES AND FINALLY ENTERING THE HOMELESSNESS SYSTEM..." [8]

Peter

SECTION B: TACKLING HOMELESSNESS

"After the birth of her second child, Fionnuala found it impossible to live in the spare bedroom of her mum's house as it has previously been putting a strain on her family relationship. With two children she had no other option than to present as homeless with the Housing Executive." [45]

Fionnuala

UNDERSTANDING

Social workers should seek to develop an understanding about the nature and extent of homelessness, the law and policy on homelessness and the resources available to support people so that their responses are knowledgeable and appropriate.

PERSON CENTREDNESS

Social workers should use relationship based and strengths based practice to support a person experiencing homelessness in a way that is guided by their preferences and pace. Social workers should seek to gain an understanding of each person's individual pathway into homelessness and their personal experience of homelessness. Responses to homelessness should recognise the multi-faceted nature of the issue and the need for a holistic response.

PREVENTION

Social workers should use their understanding of the risk factors for homelessness to be alert to the possibility of future homelessness for the people they support. They should support people at risk of homelessness to develop that same understanding and agree a plan with them to reduce the risk. Social workers should be particularly alert to transition points which place people at risk of homelessness. This might involve ensuring that a young person leaving care has sufficient support in their accommodation or it could be supporting a parent struggling with debt to seek financial advice at an early stage. Social workers might also be supporting someone with drug or alcohol use or helping them to avoid becoming involved in anti-social behaviour. Poverty aware practice is also extremely important and social workers should recognise the need to tackle poverty in all its forms. It is recommended that social workers should also read the Anti-Poverty Practice Framework for Social Workers in Northern Ireland[46].

VALUES BASED PRACTICE

Social workers should be very careful to avoid victim blaming narratives of homelessness. They should be respectful of those experiencing homelessness and afford them dignity in their responses and interventions. Social workers should become leaders in this regard and challenge attitudes and approaches which do not demonstrate respect. Social work should advocate for a value based approach to tackling the structural and systemic inequality which is a root cause of poverty and homelessness.
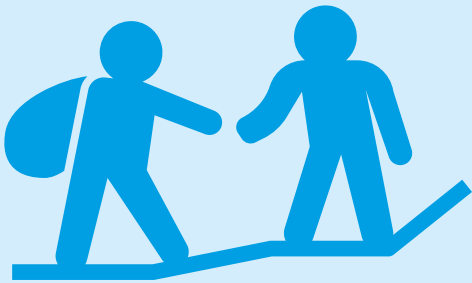
ANTI-OPPRESSIVE PRACTICE

Social work should be very alert to the possibility of discrimination against those who experience homelessness. They should guard against stigma, negative stereotypes and bias in their own practice and in the practice of others. Social workers should also attempt to reduce the levels of social exclusion that a person who is homeless may be experiencing. Many aspects of service provision are predicated on the service user having stability in their lives. Anti-oppressive practice might mean challenging methods of service provision which require responses to appointments sent by letter or discharge from services because of failure to keep appointments. It might be challenging a Housing Executive decision about intentionality because the impact of someone's disability or illness hadn't been properly taken into account. It might mean challenging a GP practice who refuse to register someone because of a lack of permanent address. In a child protection scenario, it might mean being careful not to make unreasonable demands of a parent about nutrition, hygiene, homework or stimulation when they are living in unsuitable temporary accommodation.
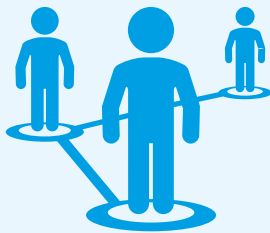
MULTI-DISCIPLINARY, INTER AGENCY AND MULTI-AGENCY APPROACHES.

Homelessness is often a very complex issue with responses needed by many different services and agencies. People experiencing homelessness often fall through holes in the net of service provision. A systemic social work approach is very valuable in ensuring that all aspects of someone's experience is considered. Social workers can also play a very important role between services and organisations. They may also need to negotiate access to services such as addictions or mental health services.
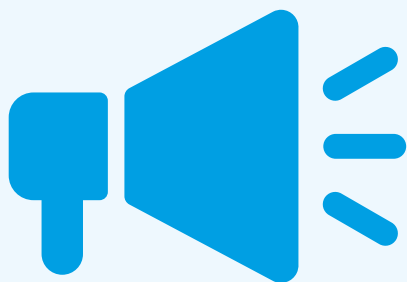
ADVOCACY

Social workers have an important role in advocating on behalf of those at risk of or experiencing homelessness. People in this position often find it difficult to be heard and social workers can use their position and influence to argue for a person's rights and needs. This might mean reminding a landlord about their obligations to carry out repairs. It might mean making a case with the Housing Executive for additional points or it might mean making a case for funding for extra support for someone to manage their tenancy.

PRACTICAL SUPPORT

Social workers are good problem solvers and the provision of practical help and support can be an important aspect of preventing and tackling homelessness. Social workers should consider practical support in the form of such things as benefits advice, debt advice, and financial support routes including the use of Article 18 of the Children's (NI) Order 1995 and Article 15 of the Health and Personal Social Services (NI) Order1972. It is important that social workers have a working knowledge of community, voluntary and faith-based services who could help with such things as furniture, rent deposit schemes, food, shelter provision, home insulation or warm clothing. Signposting and information websites such as those provided by the Council for the Homeless Northern Ireland (CHNI), the Northern Ireland Council for Voluntary Action (NICVA), the Citizens Advice Bureau and Housing Rights are all likely to be useful in this regard.

SOCIAL WORK EDUCATION AND TRAINING

Homelessness aware practice should be a feature in social work education and training. In particular, homelessness as a crosscutting theme in all aspects of social work should be emphasised. Student social workers should be introduced to this framework to support them in their learning and practice in this area. Post graduate training should integrate an understanding of homelessness into training on other topics such as child protection, mental health and disability.

PHIL'S STORY

Before 2014, Phil's life was perfect. He was married to his childhood sweetheart, living in a large four-bedroom house, had a close relationship with his children and adored spending time with his grandson. He never thought that he would one day be looking down on to a motorway ready to jump because of his homelessness.

When Phil's wife told him that she wanted a new start, he was heartbroken but supported her decision. However, her departure resulted in his previous depression reappearing. Only a few years earlier, he'd been pensioned out of the job he loved after an accident and had sought counselling to help.

His home seemed to give him comfort. It was filled with the happiest of memories. However, his wife had been in charge of the finances and, since the loss of his job, had been the main breadwinner. He recognised that he couldn't afford to keep the home and contacted the mortgage company to have the place repossessed – something that took four long years because of red tape. Four years of worrying each time the doorbell rang that it was someone ready to evict him. Four years of choosing to pay for food over heating as he couldn't afford both while paying as much as he could towards mortgage instalments. Four years where his mental and physical health deteriorated as he tried to keep everything from those he loved.

During this time, he went to the Housing Executive for help and was told that if he left his home, he would be making himself "voluntarily homeless", which only helped push him further into the darkness of homelessness. He found himself shunning from those who he loved for fear he would worry them. He began choosing to pay for petrol over heat or food so that he could go to places where no one knew him just to say hello

to strangers. He even visited graveyards to cry because no one judges a person for crying at a graveside.

One day, he snapped. He walked out of his home, posted the keys through the letterbox, and disappeared for a week living out of his car. One night, he ended up on a bridge looking down onto a motorway ready to jump before his son arrived and talked him around.

That day, he met Simon Community and his life completely changed. On his second visit to the Housing Executive, he was introduced to Simon's HOME team who found him a room at their Saintfield Road project. He lived there for 100 days exactly and loved the company and the kindness of staff. Knowing that he would receive knocks on his door twice a day, not for eviction but to ask how he was feeling, meant the world to him. The staff were there 24/7 for support, advice and humour.

During this time, his eyes and attitude towards homelessness changed forever. There were people there after marital breakdowns. Some because they lost their jobs. Even one father who lived there while his wife and child lived at another hostel. He came to realise homelessness does, and can, affect anyone.

IN THE SUMMER OF 2018, SIMON'S HOME TEAM CALLED PHIL TO SAY THAT HE HAD BEEN ALLOCATED A HOME IN A FOLD. HE COULDN'T BELIEVE IT AND WAS SO HAPPY. SINCE MOVING INTO HIS NEW HOUSE, HE HAS COME OUT OF HOMELESSNESS, VISITED HIS DAUGHTER AND GRANDSON IN NEW ZEALAND, SHARED HIS STORY WITH THE IRISH NEWS AND WELCOMED A NEW GRANDDAUGHTER.

EXTERN SERVICE USER

I was nominated to Extern Homes by a local homelessness charity. I had been living in a homeless hostel for a while and needed/wanted to move on.

Having come from a care background, I had little or no contact with my direct family and life in the hostel was making things more difficult, especially as I suffer with mental ill health problems and my drug use was beginning to have a really negative impact on my day-to-day life.

It's difficult for someone my age to find a place of my own. I don't have enough housing points to get re-housed and the private rented sector was too expensive for me. I know I could try and share a room with others – and I did try – but with so few social contacts, because of my past, this wasn't possible. To share with strangers was just too scary for me and the very thought just increases my anxiety and impacts more on my mental ill health.

The difficulties I have with my mental ill health and drug use haven't gone away, but I have more freedom now, in my Extern Homes tenancy, to look forward. I have started to meet with people who are helping me with this and started to take part in training programmes to help me plan for the future. Things are and can be difficult to cope with at times but Extern Homes has helped me focus on the good stuff and supported me to get the help and support I need to plan for the future.

Acknowledgements

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Brendan Whittle	South Eastern Health and Social Care Trust
Jim Dennison	Simon Community NI
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Declan Morris	Extern
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Gerry Marshall	Queen's University Belfast
Gerard Forrestal	Lived Experience of Homelessness
David Hotchen	Student Social Worker
Laura McNamee	Housing Rights NI
Jonathan Ming	Western Health and Social Care Trust
Nicola Walker	Western Health and Social Care Trust
Sam O'Neill	Northern Ireland Housing Executive
Mark Ingham	Northern Ireland Housing Executive

With project support provided by:

Lorraine McGimpsey	Office of Social Services, Department of Health NI
Grace Shields	Office of Social Services, Department of Health NI

Photography

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BREATHING OUT

Song lyrics written by Gerard Forrestal, a member of the steering group, about his experience of homelessness. Gerard describes the song as about focusing on the breath and getting out of a state of feeling useless which came as a result of ending up in a hostel. He says that music helped him turn desperation into inspiration.

*I'm breathing out a name what a mystery, what a mystery,
I'm turning over pages of history, my history,
I'm breathing out a name what a mystery, what a mystery,
I'm tearing out pages of history, my history*

*Enter the midnight of the strange, enter the way of many thoughts astray
Enter the vault unconstrained, rolling explosions a little scatterbrained,
Feeding of the essence I survived, to bold, to beautiful, to stay alive,
A twinkle of interest I fall against the wall
Go hammer and tongs watch it fall.*

I whisper a tune to the man on the moon, hoping he´d hear my song,
I´ve been in a rut now I feel in my gut, the night like the storm won´t stay long,
Feeding of my instinct I survived, to ugly or to good, to stay alive,
A tingle of interest, I yield against the wall
Stay the course as I´m guided to something just beyond

I´m breathing out a name what a mystery, what a mystery,
I´m turning over pages of history, my history
I´m beating down the beast and its misery, it´s misery,
Free from my tormenting shame,
Because I´m breathing out, I´m Breathing out, Breathing out.

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