

Northern Ireland Housing Executive Draft Homelessness Strategy 2011-2016

(Incorporating a review of the 2002 Homelessness Strategy)

Consultation Response

Belfast Healthy Cities welcomes the opportunity to comment on the Draft Homelessness Strategy 2011 – 2016.

About Belfast Healthy Cities:

Belfast Healthy Cities is a citywide partnership working to improve health equity and wellbeing for people living and working in Belfast. Our focus is on improving social living conditions and prosperity in a healthy way, through intersectoral collaboration and a health in all policies approach.

Belfast is also a leading member of the World Health Organization European Healthy Cities Network, with a strong track record of meeting WHO goals and objectives. Belfast Healthy Cities' office has a staff team dedicated to working with partner organizations to facilitate and support change. The office also acts as the link between the city and WHO, and Belfast currently provides the secretariat to the Network.

Health Equity in all Policies (HEiAP) is the overarching theme for cities participating in the WHO Phase V European Healthy Cities Network.

Role of Belfast Healthy Cities:

The main role of Belfast Healthy Cities is to work with organisations to facilitate change, and develop tools, strategies and ways of working which demonstrate the benefits of the approach and which organisations can integrate into their own practice to improve the population's health.

Our aim is to work with decision makers to develop innovative approaches to create a healthy city – a city which prioritises health and is committed to improving conditions for all its citizens.

Belfast Healthy Cities promotes equity and health improvement through intersectoral collaboration. We work closely with decision makers in government Departments and the public sector as well as the voluntary and community sectors to influence the development of healthy public policy.

Belfast Healthy Cities Working with Northern Ireland Housing Executive (NIHE)

Belfast Healthy Cities took part in consultation groups to support the development of the Supporting People Strategy. NIHE established three consultation working groups covering the following areas:

- Homelessness (covers domestic violence, young people, drugs and alcohol dependants and offenders)
- Bamford Groups (covers learning disability, physical disability, sensory disability and mental health)
- Older people

Belfast Healthy Cities was invited to join all 3 groups and input into these. An additional event was held by Belfast Healthy Cities in partnership with NIHE on the 2nd June 2011 for members from all three groups (Bamford, Homelessness and Older People). The purpose of this event was to jointly consider the key issues that arose from the separate consultation groups and assess the impact of these on the social determinants of health with a view to optimising the health gain and of the Supporting People Strategy. The social determinants of health are the conditions in which people are born, grow, live, work and age including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status.¹

The group was split into 3 thematic groups: Homelessness; Bamford and Older people. Each group was asked to assess the extent to which specific objectives contributed to overarching/high level Supporting People objectives. They were also asked to identify both positive and negative impacts that the key issues raised during consultation and/or draft objectives could potentially have on the determinants of health in each of the following domains:

- Lifestyle and personal circumstances
- Access to services, facilities and amenities
- Social factors
- Economic factors
- Environmental factors

Draft objectives were taken from the draft Homelessness strategy as it was felt there would be similarities within this that would be included within Supporting People.

Findings

Belfast Healthy Cities collated the feedback received to determine participants' views on the determinants of health that could be affected by the key issues/draft objectives raised during the thematic consultation group meetings.

Whilst completing the workshop exercise participants were asked to individually highlight the determinants affected by all of the key issues/objectives.

Some of the determinants of health identified by stakeholders as being important to consider in the delivery of homeless services:

Lifestyle and personal circumstances

- Level of income/including benefits
- Level of disposable income
- Housing tenure
- Housing conditions
- Mental health issues/stress/resilience/ability to cope

Access to services, faculties and amenities

- Employment opportunities
- Housing
- Healthcare
- Support services – drug & alcohol, CPN, BME support
- Access to housing support

Social factors

- Social isolation
- Sense of belonging
- Social support – emotional, technical, practical
- Social exclusion
- Social contact

Economic factors

- Opportunity to be economically active
- Affordability/level of disposable income
- Availability of employment opportunities
- Availability of education opportunities
- Availability of training and skills development opportunities
- Uptake of benefits

Recommendations:

Belfast Healthy Cities recommends that these determinants should be considered in the development, planning, monitoring and evaluation of homeless services.

Consultation Response for Northern Ireland Housing Executive Draft Homelessness Strategy 2011-2016

Below is a summary of comments and recommendations from Belfast Healthy Cities on the Draft Homelessness Strategy. The Strategic Objectives and proposed next steps are examined in more detail in the next section of this response.

Summary of comments and recommendations from Belfast Healthy Cities

- Multidisciplinary and multi-agency partnership working is crucial to working in the field of homelessness prevention. It is essential that pathways for referrals and other support services between agencies and professionals be transparent and accessible to maximise appropriate referrals.
- Methods used for tracking households in order to prevent repeat homelessness should be sensitive and non intrusive.
- Holistic assessment services should be available outside of Belfast to ensure equity of service for people across the province.
- All groups of people should be able to access user friendly, sensitive, appropriate and non-judgemental services either on the telephone, face to face or online.
- NIHE could consider Community Development and Health Network's (CDHN) Performance Management Framework for Community Development. This framework encourages statutory, community and voluntary organisations to come together to deliver services to improve health and wellbeing and to tackle health inequalities. It focuses on expected outcomes and outputs or measures of progress.
- Procurement of self contained private accommodation and also development of global rent deposit schemes are viable options as they open up housing options in the private rented sector. This linkage also supports health equity through access to adequate housing and may reduce time spent in temporary accommodation and thus reduce the negative impact that living in temporary accommodation has on health.
- In terms of working with rough sleepers good work undertaken in Derry could be replicated regionally.
- Belfast Healthy Cities supports improving services for all vulnerable groups in particular services for young people as homelessness can have long-term life implications.
- A best value approach in terms of developing and procurement all new services is necessary especially in today's financial climate.

Belfast Healthy Cities broadly supports the four Strategic Objectives and proposed next steps which are examined below:

Strategic Objective 1 - Homelessness prevention at the forefront of service delivery

Belfast Healthy Cities believes that Strategic Objective 1: 'To place homelessness prevention at the forefront of service delivery' should be a priority objective. It is evident that the detrimental impact of homelessness is felt across all aspects of people's health and wellbeing. Some of the effects of homelessness are disempowerment, isolation and poverty. The essence of working in the field of homelessness should primarily mean working to prevent it happening to individuals and families in the first instance. The wider impacts of homelessness and the costs to other services associated with them, such as health, education, social services and the police should provide good evidence for a preventative approach in terms of homelessness.

Assessment

Next Steps

- In conjunction with Belfast Trust, develop a method of tracking individual households to determine the effectiveness of the Multi-Disciplinary Homelessness Support Team (MDHST) service in preventing repeat homelessness
- Provide support to the PSI Health sub group to develop holistic assessment services outside of Belfast

Belfast Healthy Cities supports the development and believes that a tracking method is essential and would assist in the appraisal of the service and may allow gaps in implementation of service to be more readily identified and addressed. This in turn may result in a more robust service thus preventing repeat homelessness.

However, creating a useful tracking system is a challenging task there are issues to be considered when developing a method for tracking the homeless. Issues such as confidentiality and use of data - personal data, sharing client records, especially for victims of domestic violence, or people with HIV; resources – staff training costs and implementation of system; analysis – how data is analysed; and coverage – range of the programme. ² It is important that the tracking system shows sensitivity to the needs of people and is carried out in a supportive way rather than a probing or intrusive manner.

Belfast Healthy Cities also supports development of holistic assessment services outside of Belfast. An interagency and multidisciplinary approach is paramount to homelessness prevention. A holistic assessment of a vulnerable person can lead to a more personalised and effective approach. In terms of an equitable service for people across the province, it is essential that the

model and support mechanisms being implemented in Belfast is developed and available to everyone regardless of where they live.

Advice & Assistance: Internal

Next Steps

- Develop formal referral mechanisms to ensure specialist advice is made available for complex problems
- Increase opportunities in the private rented sector by linking Personal Housing Plans (PHP's) to rent deposit guarantee schemes

Advising a person at risk of homelessness on their housing options and other concerns, for example financial matters, is central to homelessness prevention.

Belfast Healthy Cities agrees that formal referral mechanisms should be established to ensure specialist advice is available for complex problems as no formal agreements have been developed to accept referrals at present. It is essential that transparent and accessible pathways to specialist advice are established and these are documented in the PHP's to ensure a holistic approach in addressing complex problems and providing vulnerable people with the help that they need. For example, a person with mental health problems may need assistance with tenancy sustainment, managing finances and accessing appropriate healthcare support.

Belfast Healthy Cities agrees there is a need to link PHP's to schemes which assist access to private sector housing. The rent deposit scheme could increase opportunities for accommodation in this sector as often private landlords are reluctant to let properties to people on Housing Benefit. Rent deposit guarantee schemes arise from the fact that many landlords require new tenants to pay some form of bond as security against possibility of damage or the abandonment of the property and this bond is paid in advance on behalf of the tenant/tenants. This is a viable system given the shrinking social rented stock but also because of the recent expansion of the private rented sector.³ In addition, such a linkage supports health equity through access to adequate housing.

Advice & Assistance: External

Next Steps

- The Housing Executive will continue to support the continuous development of online housing advice
- The Housing Executive will continue to support a service which ensures local advice agencies are kept up to date with legislative and policy developments

Belfast Healthy Cities welcomes the continuous development of online housing advice. Given that the site (<http://www.housingadviceNI.org>) has been very successful (from April to January 2011 over 180,000 visits,

representing an impressive 221% increase on the same period the previous year. In addition a recent satisfaction survey indicated that over 80% of respondents found a complete or partial answer to their query).⁴ Provision of the site means that people can begin to find out information and address concern independently and confidentially on topics such as avoiding homelessness, help in a crisis, help from social services, homeless under 18 and eligibility tests. It is positive that as well as the general public it focuses on other vulnerable groups including, prisoners and their families, young people to migrant workers. However, there are groups who may not be readily able to access a computer because of their personal circumstances for example affordability and living conditions. In addition, groups such as the elderly, people with literacy problems and people with learning disabilities may have limited or no skills in terms of using a computer or the internet. In these circumstances it is necessary that a comprehensive, user friendly and appropriate services is provided face to face or on the telephone.

Belfast Healthy Cities believes that there should be continued support for the Community Housing Advice Project to provide ongoing front line voluntary advice agencies with the capacity to provide uniform and consistent advice in terms of content and quality across a range of homelessness issues. This would help to ensure equitable, fair and reliable provision of information to service users.

Advice in prisons

Next Steps

- Provide specialist training and support services to enable prison staff to deliver an enhanced level of support
- Develop proposals for the expansion of the peer model beyond Maghaberry
- Monitor and review the agreed protocol in conjunction with relevant agencies

Belfast Healthy Cities supports the training of prisoners. It is essential that prisoners receive adequate housing information and support because when people leave prison, they are much less likely to re-offend if they have a home and a job⁵. Many prisoners are released with nowhere to go which increases the risk of health problems as well, in particular mental health issues, and support from friends or family is not always available. Finding somewhere to live can be difficult, and without an address and the necessary documents it can be hard to find work, or even to access services such as health care. All this can create a vicious circle, making people more likely to re-offend.

The proposal for the expansion of the peer model beyond Maghaberry is welcomed as it gives prisoners in other areas the opportunity to secure appropriate accommodation making them less likely to re-offend. This has obvious positive implications for the individual, local community and society as a whole.

As noted in the success section many of the achievements of this area of would not have been realised without the cooperation of statutory and voluntary sector partners. This reinforces that to be effective protocols require input, agreement and commitment from all agencies from development to implementation. Perhaps voluntary sector delivery is effective as it may be easier to build trust this way.

Tenancy Sustainment

Next Steps

- To work alongside identified voluntary sector providers to set performance targets and to monitor the impact of homeless prevention programmes

Belfast Healthy Cities supports the view that effective multi-agency partnerships from all sectors are vital in terms of tenancy sustainment. Tenancy sustainment services should be rigorously monitored in terms of incoming referrals, client engagement with the services and outcomes for those assisted. It is important to consider a wide evidence base and set performance indicators/targets for measurement of success. NIHE could perhaps look at the Community Development and Health Networks (CDHN) Performance Management Framework for Community Development.

Service users are likely to have diverse needs and preferences for engaging with services. Research suggests that there is further scope for improved routine statistical and qualitative monitoring to demonstrate service effectiveness, for example: the number of tenants engaging with the service (at initial stages, after 6 months, and after 12 months), the number of tenants making planned moves and whether tenants engage in meaningful occupation (e.g. pursuing educational courses of job related training, volunteering and entry into the workforce)⁶.

In addition, Belfast Healthy Cities recommends qualitative monitoring, in terms of feedback from services users. Thoughts and view of service users can be routinely gathered by surveys, open days, focus groups and one to one meetings. Service users should be increasingly involved in development of services given the importance of customer perspectives in shaping service development.

Setting performance targets and monitoring impact requires clear communication, transparency in working arrangements and procedures, effective quantification and sharing of appropriate data and information between various sectors and service providers.

Strategic Objective 2 – To reduce the length of time households experience homelessness by improving access to affordable housing

Belfast Healthy Cities believes that Strategic Objective 2 – ‘To reduce the length of time households experience homelessness by improving access to affordable housing’ should be a priority area. Temporary accommodation can include local housing stock; short-term housing leased from private landlords; council or registered social landlords’ hostels; or bed and breakfast hotels. These forms of temporary accommodation can prove a costly intervention.

A considerable amount of research has identified serious problems regarding the impact of living in temporary accommodation such as bed and breakfast hotels, particularly on children especially in terms of inequalities and life chances for children.

Temporary accommodation

Next steps

- Complete a fundamental review of the temporary accommodation portfolio following publication of commissioned research into its strategic relevance and financial viability
- Develop localised temporary accommodation and support plans in conjunction with Supporting People as part of the Area Homelessness Action planning process
- Examine options for the development of a structured “move on” strategy to reduce lengths of stay in temporary accommodation
- Complete a new procurement process for self contained private rented sector accommodation

An appropriate portfolio is needed to assess temporary accommodation available in today’s housing market. Some types of temporary accommodation are seen as financially not viable for example bed and breakfasts and private hostels. People are still staying long times in sometimes expensive temporary accommodation whilst waiting for a more permanent solution. Belfast Healthy Cities believes it is essential to explore options for a structured ‘move on’ strategy so that options for accessing affordable permanent accommodation are increased.

Belfast Healthy Cities believes that working in conjunction with Supporting People is vital as the Supporting People Strategy provides housing related support to help vulnerable people including those who may be at risk of homelessness to sustain independent living.

The main groups helped by the Supporting People Strategy are older people, people with mental health problems or disabilities; women fleeing domestic

violence, people with learning disabilities and young homeless people. Providing temporary accommodation and support plans for these groups is important in outlining specific needs thus the correct professionals and supports can be put in place.

Belfast Healthy Cities supports the procurement of self-contained private accommodation. Evidence suggests that some homeless households who could live independently are being placed inappropriately in higher supported accommodation. This is not cost effective due to unnecessary high support and staff costs. In order to address this it may be viable to look to the private sector especially in today's property market.

Permanent accommodation

Next Steps

- Develop a specification for the procurement of a global rent deposit guarantee scheme
- Develop a mechanism in conjunction with Supporting People for the delivery of a tenancy support service
- Closely monitor the impact of Housing Benefit reform on homelessness presentations
- Engage with Private Rented Sector (PRS) and relevant internal mechanisms to match supply and quality of Houses of Multiple Occupation (HMO's) to need
- Develop assessment tools to assist in appropriate HMO tenancies

Belfast Healthy cities welcomes the procurement of a global rent deposit guarantee scheme as it would increase opportunities in the private accommodation sector thus reducing the length of time, undesirable aspects of and cost associated with temporary accommodation. This type of scheme may also allow for greater type of house choice with respect to social housing.

Additionally, it is important to assess whether rent deposit schemes customers are likely to require support to maintain a tenancy and develop appropriate procedures to match. Belfast Healthy Cities supports working in conjunction with Supporting People for delivery of a tenancy support service as services provided under the scheme include housing management, independent living skills, home care and personal care all of which can affect a person's ability to sustain a tenancy.

It is essential to monitor potential problems as a result of Housing Benefit reform for example short falls in Housing Benefit and the knock on effect that could have. It is necessary to have contingency plans in place to address such problems.

Belfast Healthy Cities welcomes the engagement with PRS to match the supply and quality of HMO's to need. Engaging with the PRS could mean potential opportunities to increase numbers of HMO's. It is necessary to liaise with already existing HMO landlords to ensure they keep their licenses up to date and adhere to the commonly associated requirements of a HMO dwelling.

Assessment tools are necessary in terms of placing people in appropriate HMO's suitable to their needs for example age group, ability and gender. A thorough appreciation of need of the service user will result in a clearer picture of what they need to successfully sustain a tenancy.

Strategic Objective 3 – Remove the need to sleep rough

Belfast Healthy Cities Supports Strategic Objective 3 – 'Remove the need to sleep rough'. Sleeping rough is a dangerous and traumatising experience. Homelessness is a pressing health concern, rough sleepers experience serious health inequalities for example material hardship, social marginalisation and restrained relationships between homeless and housed people.⁷

Rough Sleepers: Belfast

Next Steps

- Commission an independent evaluation into daytime and night-time street outreach services and their links to accommodation and health services.
- Review and redraft the Rough Sleepers Strategy in light of the above and the need to:
 - Identify and track those who are repeat services users
 - Develop improved referral mechanisms to professional health services
 - Improve access and referral pathways between key services including temporary accommodation

Belfast Healthy Cities agrees with a review and redraft of the Rough Sleepers Strategy. This will be informed by the commissioning of an evaluation of outreach and daytime services which is particularly useful as these services have been in operation for a number of years without the effectiveness and strategic relevance of these services being scrutinised.

In re-drafting the Rough Sleepers Strategy there are also other factors to be considered such as identifying and tracking repeat service users. This would examine the continuum of care so that perhaps more effective and long-term solutions can be found. This also has the potential to save on cost of services as a more sustainable form of support is achieved.

It is important to develop improved and transparent referral mechanisms in terms of health and key services for example temporary accommodation or specialised care services such as addiction services or rehabilitation so that services become better coordinated and accessible reducing the frequency/need to sleep rough. In addition to an effective strategy it is important to have an effective action plan and to ensure that any identified improvements in services that require additional spends or reallocation of funds are taken into consideration.

Rough Sleepers: Derry

Next Steps

- Carry out a full evaluation of existing services and information sharing arrangements in relation to the needs of those with alcohol addictions
- Deliver agreed service changes to ensure effective interventions
- Carry out a project evaluation to measure outcomes against recommendations contained within the strategy

Derry is ultimately at a further stage in working with rough sleepers in comparison to Belfast having implemented a project implementation plan. The evaluation of the implementation plan will identify potential service changes for effective and improved interventions and Belfast Healthy Cities agrees that an effective evaluation should be outcomes based. Work undertaken in Belfast could potentially be informed by and learn from successes in Derry and also from what did not work as effectively.

Strategic Objective 4 – To improve services to vulnerable homeless households

Belfast Healthy Cities believes that Strategic Objective 4 – ‘To improve services to vulnerable homeless households’ should be a priority area. It is essential that the strategy is effectively implemented through appropriate action plans to address the inequalities and issues that vulnerable households and other specific groups face for example such groups as domestic violence, victims, sexual and violent offenders, women offenders, Black and Minority, Ethnic (BME) groups, rural homeless, and young people.

Domestic violence

Next Steps

- Continue to support the helpline service in conjunction with its funding partners
- Continue to support the Multi Agency Risk Assessment Conferencing (MARA process through the provision of accommodation and advice services
- Roll out the Sanctuary Scheme as a MARAC option across Northern Ireland

- Examine options for the expansion of the Sanctuary Scheme across all tenures

Belfast Healthy Cities supports the continued involvement with the helpline service. With approximately 25,000 calls being received every year it is vital that the service is maintained. Women can make calls for support when it is a safe and convenient time for them. In addition, the helpline also receives calls from men who otherwise may not feel comfortable accessing other services about this sensitive issue. At the moment men who call are signposted on, this is something that could be looked at further in terms of providing an adequate service focused on male callers e.g. strengthen funding for men's projects.

Belfast Healthy Cities believes in the continued support of the MARAC process. The fundamental aspect of the MARAC process is the collaboration of professional sectors and the sharing of information which is paramount to preventing homelessness. Similarly, as documented in the Draft Strategy, as an overall outcome of the process an evaluation of the pilot scheme carried out in 2007 by PSNI, found it to be a progressive step in tackling domestic violence in Northern Ireland.

The Sanctuary Scheme has proven to be a successful pilot providing families with adequate safety and security to stay in their own home. Belfast Healthy Cities supports the Sanctuary Scheme as families can stay in their own homes and maintain their social contacts which can support recovery/mental wellbeing. However, it is important to highlight the need for a combined support package of outreach services so that women and/all family members feel safe when they leave their home to go about every day activities.

Sexual and violent offenders

Next Steps

- Contribute to the pre and post release risk management process
- Develop a case management approach to move-on from temporary to permanent accommodation
- Assist in the development of appropriate temporary accommodation for high risk offenders with personality disorders
- Develop mechanisms for providing permanent housing solution through the private rented sector

This is a very specialist area not within the realms of Belfast Healthy Cities expertise. However, Belfast Healthy Cities supports contributing to pre and post release management process because if housing is seen as a factor in managing the risks posed by sex offenders, then the Housing Executive clearly has an important role. Housing is identified as key to chances of successful rehabilitation. The chance of a sex offender re-offending rises sharply if they lack stable accommodation.⁸ However, the provision of accommodation is only one part of the solution. Therefore, it is vital that multi-agency partnerships are formed to tackle the problem and offer solutions

jointly and this is paramount in terms of developing a case management approach to allow for progression into permanent housing.

Belfast Healthy Cities supports the development of temporary accommodation for high risk offenders with personality disorders as it has been recognised that most services give low-medium support however there is increasing demand to meet the needs of those with higher needs, including those with a dual diagnosis and personality disorders.

Exploring permanent housing solutions through the private rented sector is a viable option especially in today's housing market however socially rented homes are the most stable choice for ex-offenders. ⁹ A complete support package is necessary to strike a balance between providing safety and support for the offender whilst protecting members of the wider public.

Women offenders

Next Steps

The Housing Executive will assist in the analysis of the need for a bespoke accommodation facility for women offenders

The Housing Executive will assist Probation Board Northern Ireland (PBNI) in the development of its Accommodation Strategy for Ex-offenders

Belfast Healthy Cities supports the need of a hostel facility for women offenders. A facility of this kind is appropriate where women are approaching the end of a custodial sentence or an alternative to custody. Conversely, the number of women who may choose or need the facility is small and there are cost implications as the facility needs to be staffed 24 hours a day. In addition, as highlighted in the draft strategy there are issues of access for children and links to community as the hostel would have a fixed location.

In terms of the development of the Accommodation Strategy for ex-offenders the Housing Executive and PBNI could investigate the potential to replicate the implementation of a similar system to that used in Maghaberry in 2008 where prisoners are trained in to give low-level housing and accommodation information to other prisoners. (Refer to Advice in Prisons response)

Migrant workers/persons from abroad

Next Steps

- Deliver “ending hate in our communities” training in collaboration with other relevant agencies
- Identify the specific housing needs of BME groups and consider options for improvements to existing services
- Encourage BME participation in the general housing network
- Continue to contribute to the Department of Employment and Learning's Migrant Worker Thematic Group

Belfast Healthy Cities supports the delivery of training to tackle discrimination faced by ethnic minorities in the local community. There is evidence that some black and minority ethnic (BME) groups disproportionately face homelessness, poor housing conditions and overcrowded accommodation. Higher levels of unemployment, low incomes and discrimination all make finding accommodation more difficult. Harassment from landlords, neighbours and other local people in some areas are also problems for significant numbers of black people.¹⁰ By continuing to contribute to the Migrant Worker Thematic Group may help to identify and thus address issues/difficulties faced by BME groups. It is also important to address equity issues in terms of housing for BME groups and ensure that they are not always falling into the less desirable accommodation.

Rural Homelessness

Next Steps

- Develop a process to enable the measurement of the extent of rural homelessness
- Continue to liaise with the Rural Residents Forum on housing issues which affect rural communities
- Evaluate the possibility of enabling Young Farmers Clubs to act as a conduit for user feedback

Belfast Healthy Cities supports a process to measure the extent of rural homelessness especially as rural homelessness has received little attention until comparatively recently. Most published information and research has tended to focus on homelessness in urban areas where it tends to be more visible. Homeless people in rural communities face inequalities in terms of the shortage of affordable housing, job opportunities and homelessness services.¹¹ Poverty, social exclusion and lack of affordable housing combine to increase individuals' vulnerability to homelessness in rural areas.¹² In many rural areas, homelessness often remains 'hidden', with people staying with friends and relatives or living in overcrowded or poor housing.

Belfast Healthy Cities supports liaising with the Rural Residents Forum on housing issues which affect rural communities to engage with the community and hear their views. However, it is essential that this group is reflective of rural homeless people and of the areas throughout the province. It is unlikely that homeless rural people form part of this group so there needs to be some way of making sure their views are expressed through this forum. This is where the possibility of enabling for example Young Farmers Clubs to act as a conduit for user feedback may be an option. However, it must be considered that not all young rural people are from a farming background.

Youth Homelessness

Next Steps

- In partnership with relevant agencies, contribute to the development of preventative programmes that aim to reduce homelessness
- Review investment in current programmes and initiatives and ensure

resources are targeted at those young people most at risk and demonstrate improved outcomes

- In partnership with relevant statutory agencies, monitor and review existing joint working arrangements, with particular reference to the delivery of information, assessment and support
- Contribute to the development of a continuum of suitable supported accommodation services, which support clear and flexible pathways to independence
- Ensure access to regional floating support
- With relevant partner agencies agree and put in place joint working arrangements in respect of young people leaving prison
- Work in partnership with relevant statutory agencies to maximise access to employment, education and training opportunities
- Work alongside relevant partner agencies to develop clear, "Move on" pathways that assist young people to make the transition from temporary accommodation and sustain permanent living arrangements

Belfast Healthy Cities supports preventative programmes in terms of homeless young people. Homelessness compounds a number of the problems faced by young people. Young homeless people face many inequalities in comparison to other young people for example they have much poorer health such depression and other mental health problems; they are more likely to have substance misuse issues; they face great difficulties accessing and completing training programmes and they can have their employment prospects adversely affected ¹³ all of which can have long term life implications.

Many of the causes of homelessness such as unemployment, shortage of housing and family problems, affect young people across the spectrum. However, there are some young people who are more at risk of becoming homeless and Belfast Health Cities supports the review of current programmes in terms of positive outcomes and to ensure that resources are targeted at these groups namely care leavers, runaways, young offenders, black and minority ethnic (BME) young people, young refugees and asylum seekers and young people in rural areas.

Belfast Healthy Cities supports a multi-agency and multidisciplinary approach to working with young homeless people as they can have multiple needs and therefore a holistic and coordinated approach to help to address all of these issues is required in terms of delivery of information, assessment and support. Similarly, the development of a continuum of suitable supported accommodation services with clear and flexible pathways to independence is essential in planning a young person's progression from obtaining accommodation through to the ideal which is independence.

Belfast Healthy Cities believes that regional floating support is vital in addressing some of the inequalities that exist around service provision. For example rural young people may not have the same access to support in comparison to young people living in or near a large city or town.

Belfast Healthy Cities supports developing working arrangements in respect to young offenders this is because there is a strong link between offending and homelessness. Housing is increasingly being recognised as a serious issue for juvenile prisoners leaving custody.¹⁴ Research suggests that secure accommodation on release can reduce re-offending by over 20 percent.¹⁵ Thus housing can have a positive impact for the young person on release in terms of re-offending and therefore the local community as a whole.

Belfast Healthy Cities supports working in partnership with relevant statutory agencies to maximise access to employment, education and training opportunities. Homelessness has an adverse affect on young peoples educational progress because of problems relating to accessing schools/colleges, attendance and the isolation that young people can feel because of their circumstances. Similarly, many homeless young people have their employment prospects adversely affected by an extensive history of insecure accommodation. Furthermore many homeless young people lack the information on job availability, as well as experiencing discrimination from employers. In an attempt to tackle these inequalities it is important that all relevant and appropriate partners work together cohesively to help young people overcome such difficulties.

In addition, to this it is paramount that clear pathways are developed to encourage 'move on' from temporary to more permanent living arrangements. Often young people find themselves in temporary accommodation which is for a longer period than anticipated so arrangements need to be made to address this and help with the young person's positive progression.

References

¹ Commission on the Social Determinants of Health, *Closing the gap in a generation: health equity through action on the social determinants of health*. WHO, Geneva 2008, www.who.int/social_determinants/en/

² Roman, N. (2003) *Tracking the Homeless: An Overview of HMIS*, Shelterforce Online: Issue 132, Nov/Dec 2003: <http://www.nhi.org/online/issues/132/WNV.html>

³ Pawson, H, Netto, G & Jones, C. (2006) *Homelessness Prevention – a guide to good practice*, Departments for Communities and Local Government: London

⁴ Northern Ireland Housing Executive, *Draft Homelessness Strategy 2011 – 2016*

⁵ Wilson, W. (2010) *Housing Ex-offenders*, House of Commons Library, Social Policy Section: <http://www.ex-offender.co.uk/wp-content/uploads/2011/03/Housing-ex-offenders.pdf>

⁶ Pawson, H, Netto, G & Jones, C. (2006) *Homelessness Prevention – a guide to good practice*, Departments for Communities and Local Government: London

⁷ Hodgetts D, Radley A, Chamberlain K, Hodgetts A. *Health inequalities and homelessness: considering material, spatial and relational dimensions*. J Health Psychol. 2007 Sep;12(5):709-25.

⁸ Joseph Rowntree Foundation (1999) *Current practice in housing sex offenders*, Findings, October 1999

-
- ⁹ Inside Housing (2007) Taboo Subject - *Social landlords have a duty to house sex offenders. But how do they balance this with protecting residents?:*
<http://www.insidehousing.co.uk/journals/insidehousing/legacydata/uploads/pdfs/IH.070406.026-029.pdf>
- ¹⁰ Northern Ireland Housing Executive (2011), *Black and Minority Ethnic Groups*
<http://www.homelesspages.org.uk/terms/24041/tids/1087>
- ¹¹ Homeless Pages, *Rural Areas*, <http://www.homelesspages.org.uk/node/2258>
- ¹² Briheim, L. (2007) *Homeless Link Rural Homelessness Project, Supporting Homelessness Agencies to Deliver Services in Rural Areas:*
<http://homeless.org.uk/sites/default/files/Homeless%20Link%20Rural%20Homeless%20Report.pdf>
- ¹³ Quilgars, D, Johnsen, S, Pleace, N. (2008) *Youth Homelessness in the UK*, Joseph Rowntree Foundation: <http://www.jrf.org.uk/publications/youth-homelessness-uk>
- ¹⁴ Social Inclusion Unit: *Reducing re-offending by ex-prisoners*, London 2002
- ¹⁵ Shelter Fact Sheet (2005) *Young People and Homelessness*, www.shelter.org