

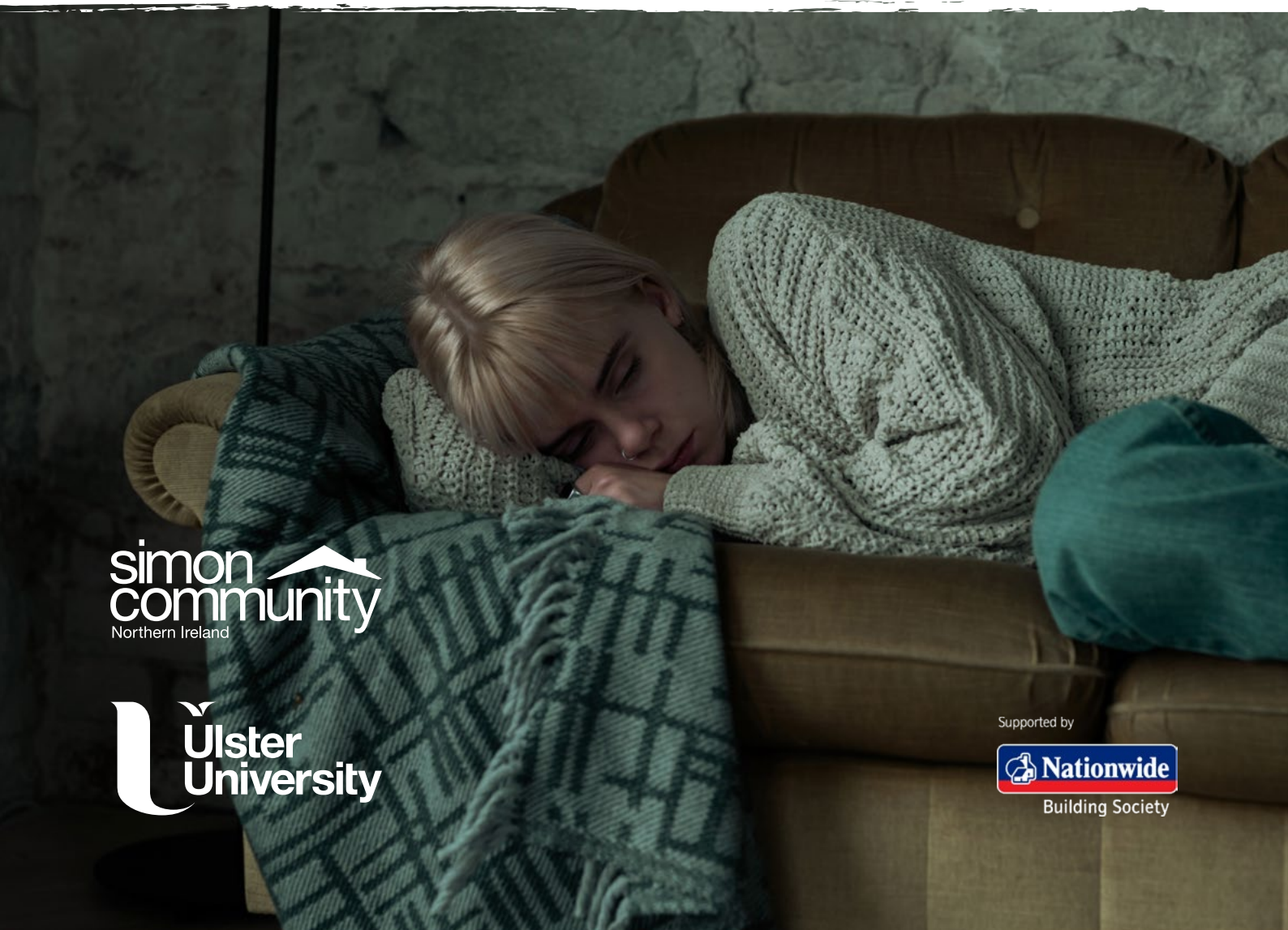
'Hidden' Homelessness in Northern Ireland

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1.0 Introduction

The ‘hidden’ homeless – that is, people who may be considered homeless but whose situation is not ‘visible’ either on the streets or in official statistics, continues to receive much less practical focus than other forms of homelessness which are more easily documented. Classic examples of ‘hidden’ homelessness would include, “households living in severely overcrowded conditions, squatters, people ‘sofa-surfing’ around friends’ or relatives’ houses, those involuntarily sharing with other households on a long-term basis, and people sleeping rough in hidden locations” (Fitzpatrick et al., 2016: 1).

The precise causation of homelessness in general is very complex. Existing data suggests that a convergence of socio-structural factors and particular life circumstances increase the chance of a ‘pathway’ into homelessness (Fitzpatrick, 2000), with the combination of factors and particular ‘trigger events’ varying from person to person (Anderson and Tulloch, 2000). All forms of homelessness also indicate negative trends upon mortality and morbidity rates, increased likelihood of contact with the Criminal Justice System, and a myriad of other physical, psychological and social impacts upon those living through it. Several studies, which have attempted to gather the experiences of those who have been ‘hidden’ homeless, have illustrated that people are faced with a state of ‘permanent impermanence,’ with constantly fluctuating living arrangements which can often become the conduit into other, even more precarious forms of homelessness (see Reeve, 2011; Clarke, 2016; Sanders et al., 2019).

As is the case in Great Britain, “Northern Ireland lacks clear data on hidden or concealed homelessness” (Boyle and Pleace, 2017: 63). Pleace and Bretherton (2013) suggested there were some 11,000 households who may be ‘hidden’ homeless in Northern Ireland, whereas Fitzpatrick et al (2020) estimate approximated that between 70,000 and 112,000 adults were living in concealed households. Quite simply ‘hidden’ homelessness is a much less recognised and understood phenomenon than other forms of homelessness (such as statutory and ‘chronic’); yet like other forms, it is also more than simply a lack of adequate housing. It also relates to the social, economic and emotional experiences of an individual or family which limit their ability to live safely within a home they may call their own.

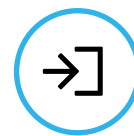
In late 2019, a research team from Ulster University was commissioned by the Simon Community to conduct a research study to examine and assess the extent, nature and impact of ‘hidden’ homelessness in

Northern Ireland. More specifically, this research sought to examine why individuals become more vulnerable to ‘hidden’ homelessness, the barriers and challenges they encounter in seeking help and support, and the most discernible impacts upon those affected by it. By enhancing our knowledge and understanding of ‘hidden homelessness’ and the factors which cause and perpetuate it, this research aims to inform policy makers, statutory/service provider organisations and the ‘homelessness sector’ more generally, in order to influence and shape policy development and effective responses.

The research upon which this report is based commenced in early 2020, and like all aspects of our lives, the emergence of the Covid-19 pandemic, associated lockdowns and public health regulations have presented a number of challenges, for what was already a sensitive research study. As such, the focus shifted to engaging primarily with service providers and other relevant personnel with experience of providing support and assistance to ‘hidden’ homeless populations, rather than engaging predominantly with those individuals with direct, personal experience. Over the course of this research, a number of case study testimonies from people with lived experience of this phenomenon were however gathered. Their narratives, presented in the findings section of this report, bring to the fore the tragic and often harsh realities facing those who have ended up ‘hidden’ homeless.

The main findings of this study are based on data gathered through a number of facilitated workshops attended by more than 35 youth workers from across Northern Ireland, including Belfast, Derry Londonderry and Newry (which were held in February 2020 just prior to the Covid-19 pandemic) and semi-structured interviews with 45 individuals from both statutory and community/voluntary sectors.

The evidence from an extensive review of the literature, coupled with our findings, suggest that ‘hidden’ homelessness is rarely viewed as a distinct phenomenon, separate from other forms of homelessness which are more easily measured, defined and studied. A number of implications stem from this, most notably in terms of how statutory, and community and voluntary sector providers identify and respond to ‘hidden’ homeless populations, and also how those experiencing it understand and view their own situation. This research study also demonstrates that ‘hidden’ homelessness tends to thrust people into situations which they are neither prepared for or able to navigate, perpetuating their existing support needs and often creating new ones. Whilst our



findings indicate that there are particular cohorts who seem to be more 'at risk' of becoming 'hidden' homeless across Northern Ireland, what is clear is that it can affect all ages, genders and demographics in society. Finally some of the most significant issues which must be addressed with regards to 'hidden' homelessness are those socio-structural factors associated with the economy, labour and housing markets and the social security system and the impact of the Covid 19 pandemic on poverty, (un)employment and homelessness.

This report demonstrates that while homelessness is about much more than housing in terms of 'bricks and mortar,' without an adequate supply of affordable and accessible homes, it will be very difficult to challenge all forms of homelessness. With that in mind, the report concludes by outlining a number of recommendations for policy development and practice in this area. These recommendations focus on addressing the definitional challenges associated with the term 'hidden homelessness' which could assist with identifying those living in these precarious circumstances and enhancing the potential for more accurate measurement. Further recommendations focus upon the need to increase housing supply, address issues with regard to the private rented sector and strengthen statutory duties in terms of prevention and relief support.

The report is structured as follows. Section 2 provides a review of the international literature on homelessness and 'hidden' homelessness in particular. Section 3 moves on to document our chosen methodological approach. Section 4 discusses the research findings from the facilitated workshops, semi-structured interviews and five case studies with individuals who have experienced 'hidden' homelessness. Section 5 concludes the report with a discussion of the implications of the findings and recommendations to hopefully assist in the process of addressing some of the key issues around 'hidden' homelessness in Northern Ireland.

The 'hidden' homeless – that is, people who may be considered homeless but whose situation is not 'visible' either on the streets or in official statistics, continues to receive much less practical focus than other forms of homelessness which are more easily documented.

2.0 Homelessness: A Review of the Literature

This section provides a critical review of the literature on homelessness (both grey and academic). While the focus of this research is upon ‘hidden’ homelessness within a Northern Irish context and the content of the review reflects this, it is also important to consider wider international work on various forms of homelessness.

The literature review is divided into nine sub sections. Section 2.2 provides an overview of the wider definitional context which attempts to conceptualise the various forms of homelessness while section 2.3 highlights the definitional context in Northern Ireland. Although the most visible forms of ‘chronic’ homelessness (such as rough sleeping) are often viewed by the general public as representing the totality of the experience of homelessness; ultimately, this is only one manifestation of homelessness (and statistically at least, accounts for just a small proportion of the overall number of people who are homeless at any given period). ‘Hidden’ homelessness (in terms of ‘sofa surfing’ or living in overcrowded or unsuitable conditions with others) is a much less recognised and understood phenomenon, although the literature suggests that at its core all forms of homelessness are more than simply a lack of adequate housing. It also relates to the social, economic and emotional support structures wrapped around an individual or family that enable them to live safely within a home they may call their own - a crucial component of human physical and psychological well-being which many of us take for granted. As the section will document, the fact that there is no single definition of homelessness makes quantifying and comparing data across national contexts a difficult process (which will be returned to in sections 2.5 and 2.6).

Section 2.4 moves on to consider which sections of the population are more ‘at risk’ or vulnerable to becoming homeless than others. While it is something of a truism, although rather an anodyne one, that anyone may theoretically fall victim to circumstances that sadly lead to them becoming homeless, the data appears to suggest otherwise and highlights that particularly disadvantaged groups in society are overwhelmingly more likely than others to become homeless at some point in their lives due to a complex interplay of structural and individual ‘risk’ factors. This is particularly the case for children who have been through the care system, former prisoners, those who have suffered adverse childhood experiences or who are suffering from other forms of trauma or abuse (including domestic abuse), individuals with mental health issues and dependency on alcohol and/or drugs, asylum seekers who have no recourse to public funds, and those from poorer socio-economic backgrounds more generally.

Section 2.5 builds on this discussion of the ‘risk’ factors and presents statistical data relating to statutory, ‘chronic’ and ‘hidden’ homelessness in Great Britain (GB) which reflects some of these trends, before more specific data is provided for Northern Ireland (section 2.6). The negative impacts of homelessness on physical and mental well-being are discussed in section 2.7 before more positively moving on in section 2.8 to a consideration of some instances of good practice which have helped support individuals move out of homelessness in Northern Ireland and beyond (such as *Housing First* programmes or wrap-around outreach and floating support services).

Section 2.9 concludes the literature review with a summary of the main issues. The core themes emanating from the literature review will be referred to later in the report in the discussion and conclusion section (section 5) when they are linked back to the findings emerging from our interview data which will be presented in section 4.

2.1 Defining homelessness

International conceptual frameworks

Access to adequate, safe and affordable housing is included in a number of international human rights treaties and conventions. The 1948 UN Universal Declaration of Human Rights affirmed housing as a core human right (with articles 1 and 22 enshrining the principle of human dignity). The International Covenant on Economic, Social and Cultural Rights (1966, Articles 11(1) and 12), the UN Convention on the Rights of the Child (1989), and the Istanbul Declaration on Human Settlements (1996) also refer to the importance of affordable, adequate and safe housing for both children and adults. Goal 11.1 of the UN’s 2030 Agenda for Sustainable Development is to ‘ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums.’ In June 2020, the Economic and Social Council of the United Nations adopted resolution 2020/7, on affordable housing and social protection systems for all which called for improved data collection, addressing family homelessness through gender sensitive policies, and for a requirement on states to combat negative stereotyping of people who are homeless.

Yet despite these international commitments, there is no single, universal definition of homelessness (Amore et al., 2011; UN-Habitat, 2020). Definitions tend to vary depending on country and context. As Casey (2020: 24) notes, “in South Korea, homelessness is divided into



‘vagrants,’ and ‘rough sleepers.’ In Russia, legislation defines the term as people without fixed abode or place of stay; Greece simply refers to ‘insufficient accommodation’ without defining what qualifies as insufficient; and Zimbabwe considers homeless anyone who does not own their own home in an approved residential area.” These definitional difficulties were acknowledged just prior to the Covid-19 lockdown in February 2020 in New York by the United Nations Commission for Social Development (and homelessness and affordable housing was the priority theme of the Commission in 2020) although, the Commission (which included former Irish President Mary McAleese) endorsed a May 2019 working definition of homelessness as:

‘... a condition where a person or household lacks habitable space with security of tenure, rights and ability to enjoy social relations, including safety.’ (UN-CSD, 2020: 2)¹

This definition largely builds upon the report by the UN’s Special Rapporteur on housing (2019), Leilani Farha, who was clear that the right to adequate housing is a fundamental human right linked to dignity and the right to life. Yet both the Special Rapporteur and the UN’s Office of the High Commissioner acknowledge, as the working UN definition does, that homelessness is much more than simply just a housing issue or the deprivation of physical shelter (‘rooflessness’); it includes social and economic exclusion and impacts significantly upon the physical and psychological health and well-being of children, adults and families (OHCHR, n.d.)

Aside from the relatively recent efforts of various departments of the UN to grapple with a working definition of homelessness, the University of Pennsylvania’s Randall Kuhn and Denis Culhane (1998), the Brussels based *European Federation of National Organisations Working With The Homeless* (FEANTSA), and the Chicago based *Institute of Global Homelessness* (IGH) should also be acknowledged for making an important contribution in attempting to clear the definitional muddy waters around homelessness. These are by no means the only, nor the first attempts at defining or conceptualising homelessness. But they are now amongst the most commonly accepted. Prior ‘four-stage’ models have been developed by Grigsby et al. (1990); Mowbray et al. (1993); and Humphreys and Rosenheck (1995). These models tended to focus on those experiences which would now be classified as ‘chronic’ homelessness

where there are significant addiction and mental health issues.

Kuhn and Culhane (1998) built upon previous work which sought to develop a typology of homeless experiences into chronic, episodic, and transitional patterns (see Fischer and Breakey, 1986; Sosin et al., 1990; Jahiel, 1992). Chronic homelessness refers to those individuals whose experience is entrenched in the shelter system; transitional homelessness describes those who are dependent upon the shelter system as a relatively brief stepping stone to find permanent housing while episodic homelessness describes individuals who cycle frequently in and out of homelessness over the life-course (Kuhn and Culhane, 1998). While useful in moving beyond the traditionally ill-informed and limiting stereotype of homelessness as restricted to those living on the street with alcohol/drug dependency issues (Bahr and Caplow, 1973; Rossi, 1989), the limitation of this typology is that the categories are closely connected with the experiences of people who have been homeless via shelters/hostels or temporary accommodation – it does not include those who may be experiencing other forms of homelessness, including ‘hidden’ homelessness. A more inclusive approach was developed in 2005 by FEANTSA in the form of their European Typology of Homelessness and Housing Exclusion (ETHOS). This was developed as a means of improving the understanding and measurement of homelessness. The framework was updated in 2017 when it became known as ‘ETHOS Light’. ETHOS Light is primarily aimed towards providing some form of standardisation for the purposes of improving data collection, rather than a rigid definition of the various forms of homelessness.

ETHOS classifies four main categories of living situation (constituting homelessness or housing exclusion):

- **rooflessness** (without a shelter of any kind, sleeping rough);
- **houselessness** (with a place to sleep but temporary in institutions or shelter);
- **living in insecure housing** (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence); and
- **living in inadequate housing** (in caravans on illegal campsites, in unfit housing, in extreme overcrowding) (Pleace and Bretherton, 2013).

¹ The concept note compiled by the UN’s Commission for Social Development further noted that: “Homelessness is not simply a lack of physical housing, but is also a loss of family, community and a sense of belonging. It is a failure of multiple systems that are supposed to enable people to benefit from economic growth and lead a safe and decent life” (ibid: 2).

These conceptual categories are further sub-divided into 13 operational categories as shown in Table 1:

Table 1: ETHOS Typology of ‘Homelessness’

Conceptual	No.	Operational	No.	Living Situation	Definition
Roofless	1	People living rough	1.1	Public/external space	Living in streets/public
Roofless	2	Emergency accommodation	2.1	Night shelter	Overnight or low threshold
Houseless	3	Accommodation for the homeless	3.1	Homeless hostel	Period of stay intended to be short-term
			3.2	Temporary accom.	
			3.3	Transitional supported accom.	
Houseless	4	Women’s Shelters	4.1	Women’s shelter accom.	Short-term intended stay for victims of domestic violence
Houseless	5	Accommodation for immigrants	5.1	Temp accom. Centres	Short-term due to immigration status
			5.2	Migrant accom.	
Houseless	6	People due to be released from institutions	6.1	Penal institutions	No housing avail.
			6.2	Medical institutions	Lack of housing – stay on
			6.3	Children’s institutions	No housing by 18th bday
Insecure	7	People receiving longer-term support (due to homelessness)	7.1	Res. Care for older	Long-stay accom. (usually more than one year)
			7.2	Supported accom. For former homeless	
Insecure	8	Insecure accommodation	8.1	Temp. with family & friends	Diff place of residence
			8.2	No legal (sub)tenancy	No legal tenancy
			8.3	Illegal occup. of land	No legal rights
Insecure	9	People living under eviction	9.1	Rented	Orders for eviction
			9.2	Owned	Repossession
Insecure	10	Threat of violence	10.1	Police recorded incidents	Victims of Domestic violence
Inadequate	11	Temporary structures	11.1	Mobile homes	Not usual residence
			11.2	Non-conventional building	Makeshift shelter
			11.3	Temporary structure	Semi-permanent
Inadequate	12	Unfit housing	12.1	Occupied but unfit	Defined unfit by regs.
Inadequate	13	Extreme overcrowding	13.1	Highest nat. norm for overcrowding	Exceed nat. density std.

While the ETHOS typology is the prominent global standard for measuring various forms of homelessness, there are several limitations of the approach which are particularly pertinent for our study. Pleace and Bretherton (2013) ‘tested’ the ETHOS typology in Northern Ireland and found that it was not entirely appropriate as a conceptual framework and

measurement tool, in part because ‘ETHOS has been criticised for not defining some groups, such as sofa-surfers (hidden or concealed homeless households) as being homeless. ETHOS is (also) incompatible with some aspects of the statutory definitions of homelessness in Northern Ireland’ (ibid: 7).



The *Institute of Global Homelessness* (IGH) have built upon the ETHOS typology and define homelessness more simply as “*lacking access to minimally adequate housing*”² and they propose a three-pronged framework for differing categories of ‘homelessness’: **people without accommodation** (which includes those sleeping rough); those living in **temporary or crisis accommodation**; and people living in **severely inadequate and insecure accommodation** (this latter category includes those ‘sofa surfing’ or staying with friends or family who may constitute some of the

‘hidden’ homelessness cohort said to be lacking in ETHOS). Table 2 documents a more detailed breakdown of the IGH framework. This was devised by Professors Volker Busch-Geertsema and Dennis Culhane and Dr Suzanne Fitzpatrick. The framework emerged after consultation with researchers and practitioners in 30 countries across the world, the prior work of these academics in the field, and the previous efforts of FEANTSA to proffer a workable definition of homelessness in a European context.

Table 2: IGH Typology of forms of ‘homelessness’

People without accommodation	People living in temporary or crisis accommodation	People living in severely inadequate and insecure accommodation
1a) People sleeping on streets or other open spaces	2a) People staying in night shelters	3a) People sharing with friends and relatives on a temporary basis
b) People sleeping in public roofed spaces or other spaces not fit for human habitation	b) People living in homeless hostels and other forms of temporary accommodation	b) People living under threat of violence
c) People sleeping in cars, rickshaws, open fishing boats and other forms of transport	c) Women and children in refuges for those feeling domestic violence	c) People living in hotels or bed and breakfasts
d) ‘Pavement dwellers’ – individuals or families who live in the street in a regular spot (usually with some form of makeshift cover)	d) People living in camps provide for ‘internally displaced people’	d) People squatting in conventional houses
	e) People living in camps/reception centres for asylum seekers, refugees and other migrants	e) People living in a house unfit for human habitation
		f) People living in trailers, caravans and tents
		g) People living in extremely crowded conditions
		h) People living in non-conventional buildings and temporary structures (including slums)

The categories in the table in bold text (1a-d and 2a-c) indicate those forms of homelessness upon which IGH prioritise their activity. Their rationale is twofold. Firstly, that these two broad categories tend to be how most forms of homelessness are understood across the globe. Secondly, since there are organisations and networks which already exist to work with IDPs and refugees, they will focus their efforts elsewhere. Thus, while the IGH conceptual framework is more rounded than previous efforts, they do not tend to work with those who could be defined as ‘hidden’ homeless within category three of ‘People living in severely inadequate and insecure accommodation’ (and 3a

highlights a category which is of core concern to this research in Northern Ireland).

But how is ‘hidden’ homelessness defined within the literature? It seems to be with the same definitional slippage that other forms of homelessness face. Centrepoint (2020: 11) refer to ‘hidden’ homelessness in the English context as “*the term used to describe those without stable accommodation but who do not show up in official figures, such as people sofa surfing or living in squats or other insecure accommodation.*” Shelter Scotland (2018: 3) refer to ‘hidden’ homelessness as people “*who would meet*

² See the organisation website for further information on their framework, including this definition: IGH Announces the First Global Framework on Homelessness – Institute of Global Homelessness (ighhomelessness.org) (accessed February 5th 2021).

the legal definition of homelessness if they were to make a formal application, but are not represented in the local authority homeless statistics.” Clarke (2016: 60) suggests that the ‘hidden’ homeless are those who “experience homelessness but are not in contact with any agencies, including sofa surfers and rough sleepers. These groups are hard to find and therefore to count.” Sofa surfing has been defined as, “... being forced to stay with a friend or extended family member on a sofa or a floor on a short term or insecure basis because there is nowhere else to go. It is an insecure and precarious arrangement” (Sanders et al., 2019: 4). The term is often used as shorthand for ‘hidden’ homelessness, but again this does not capture the totality of the experience for households who are sharing accommodation involuntarily or those who are living in overcrowded conditions (Fitzpatrick et al., 2020). While ‘sofa surfing,’ not accessing support services (and thus not being in the statistics) and the sheer precarity of the living arrangements appear to be three of the main indicators of ‘hidden’ homelessness within the international literature, the complexity of the term is highlighted by the fact that Clarke’s definition makes specific reference to undocumented rough sleepers as part of the ‘hidden’ homeless cohort - while other definitions do not make such inferences explicit (presumably viewing rough sleeping/‘chronic’ homelessness as a differing category).

Despite some of the subtle differences between the above approaches to conceptualising homelessness, most experts agree that definitions and frameworks need to maintain a degree of flexibility to account for the wide range of differing forms of homelessness which often intersect with one another at varying stages during the life-course (GSS, 2019). There is also consensus that in thinking about homelessness we should recognise it as a societal and structural failure rather than one of individual culpability, although social/familial factors and personal vulnerabilities may also play a role in many instances (see Fitzpatrick, 2005). This is an important point and this complexity within and between varying forms of homelessness has become increasingly recognised in Northern Ireland, where definitions for statutory, ‘chronic’ and ‘hidden’ homelessness have emerged to influence policy and practice.

2.2 Defining ‘homelessness’ in Northern Ireland

Statutory homelessness

The primary legislation which is used for defining homelessness in a statutory context in Northern Ireland is the Housing (NI) Order 1988.³ This legislation imposes a statutory duty on the Northern Ireland Housing Executive (NIHE) to “assess and

investigate homelessness applicants and, where appropriate, provide temporary and/or permanent accommodation” (NIHE, 2017a: 12). Applicants to the NIHE include those who are either presenting as currently homeless or are threatened with homelessness within 28 days. Northern Ireland is unique in this regard in a UK context, as in the other jurisdictions it is local authorities (councils) who hold the statutory responsibility to discharge this duty. The Northern Ireland Homelessness Bulletin, produced annually, and jointly, by the Department for Communities (DfC), the NIHE and the Northern Ireland Statistics and Research Agency (NISRA) states that in Northern Ireland a person may be homeless if they are:

- Staying with friends or family;
- Staying in a hostel;
- Staying in a bed and breakfast;
- Living in overcrowded conditions;
- At risk of violence if they stay in their home;
- Are living in poor conditions that are damaging their health;
- Are living in a house that is unsuitable for them;
- Are rough sleeping (DfC, 2019a: 2).

While this ‘checklist’ suggests a recognition of the complexity of differing forms of homelessness and the myriad ways and means that individuals and families may become homeless, these factors are only used as a guide. Someone presenting to the NIHE as homeless must pass a four-stage test before they are accepted for Full Duty Applicant (FDA) status as homeless and provided with offers of accommodation. The NIHE are only obliged to provide accommodation for those who fulfil the criteria, although under the Housing (Amendment) Act (Northern Ireland) 2010 they are obliged to provide free advice and support for anyone presenting as homeless (even if they are turned down for full FDA status or have no recourse to public funds). The subsequent Homeless Persons’ Advice and Assistance Regulations (NI) 2011 requires the NIHE to provide support for people who are either not in priority need or who have become or are threatened with becoming ‘intentionally’ homeless. This support must include housing advice, advice on social issues, financial advice, and advice on legal procedures and services. The four criteria which a household (defined as an individual or family unit) must pass to be accepted with FDA status and entitled to support with providing accommodation are:

³ As amended and updated by the Housing (NI) Order 2003 and the Housing (Amendment) Act (NI) 2010. Other supplementary legislation includes the Housing (Northern Ireland) Order 1981; the Housing (NI) Order 1983; the Housing (NI) Order 1986; the Housing (NI) Order 1992; the Housing (Amendment) (Northern Ireland) Order 2006 and the Housing (Amendment) Act (Northern Ireland) 2011.



- **Eligibility:** The applicant must be habitually resident in Northern Ireland and have a right to reside. This also assesses any prior anti-social behaviour issues (typically within the past two years) – which may make someone ineligible for assistance.
- **Priority need:** Those who automatically pass this element of the test are pregnant women, people with dependent children, people made homeless by a ‘natural disaster’ (such as fire), young people between 16 and 20 who are at risk of sexual or financial exploitation, people at risk of violence, other people who are vulnerable because of old age, illness, mental health problems or physical disability. Others outside of this checklist must demonstrate an underlying vulnerability to pass this element of the test. Importantly, as Fitzpatrick et al. (2016) observe, Northern Ireland is the only jurisdiction in the UK where those under 18 years old do not receive automatic priority need status – risk of sexual or financial exploitation must be proved which can be difficult.
- **Homelessness:** This is where an individual needs to demonstrate that they are either already homeless or at extreme risk of becoming homeless within the next 28 days. The NGO, *Housing Rights*, suggests this makes it difficult for those who are already in a home to state they are homeless, although the NIHE will assess whether it is ‘reasonable’ for someone to remain in their home (there may be issues relating to domestic violence or a paramilitary threat which would prevent someone remaining in their home. Or the property may no longer be habitable).
- **Intentionality:** This relates to those who according to the NIHE, may have made themselves ‘intentionally’ homeless. For example, by leaving their old home voluntarily or abandoning a property; or by being a tenant who was evicted from their former home due to breaking the terms of agreement (although if this was for financial and affordability reasons there may be leeway in this regard).⁴

If all four tests are passed, the household secures FDA status and ‘full housing duty.’ This means that the NIHE will have to make three offers of reasonable housing (and provide temporary accommodation

and storage of belongings in the meantime). The NIHE has two main accommodation duties – the interim duty to accommodate and the full housing duty. Thus, “*The first dictates that if a client is homeless and has a priority need, they can be accommodated pending the full investigation of their circumstances. The latter applies to clients who meet the four statutory homelessness tests*” (DfC, 2019a: 9). The criteria indicate an underlying complexity to the process where the burden of proof to ‘prove’ homelessness lies with the applicant. While Northern Ireland has retained the ‘priority need’ element to the statutory homelessness test, in Scotland it has been rescinded as of December 2012 (Fitzpatrick et al., 2016). It has been argued that dropping the ‘priority need’ category in Scotland has removed obstacles to young, single applicants applying for homelessness support and number of applications has increased as a result (Fitzpatrick et al., 2016; Shelter, 2016).⁵ However, during the interviews for this research, a number of expert interviewees pointed out that there is much greater shortage of housing stock in Northern Ireland than there is in Scotland. Therefore, Scotland is better placed to cater to increased applications from younger, single people for accommodation than Northern Ireland may be (at least at this point in time) This issue shall be returned to later in the report.

Statistics relating to statutory homeless trends in Northern Ireland will be discussed in section 2.6 of this report. Prior to this however, it is important to consider how two other forms of homelessness in Northern Ireland out-with statutory homelessness have been defined; namely, ‘chronic’ homelessness and latterly the focus of this study, ‘hidden’ homelessness.

Defining ‘Chronic’ homelessness

While charities and support organisations in the community and voluntary sector in Northern Ireland (such as the Simon Community) have been working for more than 50 years to support the homeless and campaign and lobby on their behalf, it took until 2002 for the first statutory Homelessness Action Plan to emerge. On paper at least, this commitment to a national strategy was ahead of the curve in a UK context (Watts and Fitzpatrick, 2017). Wales published a ten-year homelessness plan in 2009 but Scotland and England lacked national strategies until 2017 (Watts and Fitzpatrick, 2017). The Northern Ireland strategy is updated every five years with the current plan covering the period 2017-2022. One of the purposes of plan was to better coordinate interventions

⁴ According to Housing Rights, the NIHE typically make a decision within 33 days. See, <https://www.housingadviceni.org/four-homelessness-tests> (accessed February 20th 2021).

⁵ Via the Homelessness (Abolition of Priority Need Test) (Scotland) Order 2012. England and Wales assess priority need after households have flowed through prevention and relief duties and remain homeless while in Northern Ireland priority need is assessed upon application (ONS, 2019: 8).

between the statutory and community/voluntary sectors with a key area of early focus placed upon the most vulnerable cohort of the homeless population – rough sleepers. These efforts were bolstered by the establishment of the cross-departmental and cross sectoral Promoting Social Inclusion Group in 2004 and the development of strategies in the two main urban centres in Northern Ireland – via the *Belfast Area Rough Sleepers Strategy* (2004-2006); and the *Rough Sleepers/Street Drinkers' Strategy for Derry City* (2009). Further work on classifying, quantifying and supporting those suffering from street homelessness took place via a *Street Needs Audit* in Belfast in 2015/2016 (NIHE, 2016) which occurred just prior to the tragic deaths of five people who were living on the street in 2016. This led to the Simon Community convening an emergency summit between all relevant stakeholders resulting in the development of the Tri-Ministerial Action Plan (2016) This Plan “included a number of agreed service changes including an increase in hours in street outreach services, extension of crash (emergency) facilities in Belfast and an arrangement between NIHE and Belfast Health and Social Care Trust to ensure homeless people discharged from hospital are signposted to the correct services” (Boyle and Pleace, 2017: 51).

But while there was much positive engagement between sectors with regards to homelessness during this period, including the reprioritisation of the Homelessness Strategy and move towards prevention in 2014, rough sleeping is only one subset of chronic homelessness more generally:

“Rough sleeping is widely acknowledged as being the most visible form of chronic homelessness but those experiencing chronic homelessness extends beyond those who sleep rough. Characteristically, individuals who are experiencing chronic homelessness tend to have multiple support needs which leads to their inability to sustain a permanent tenancy, or a temporary accommodation placement, and can result in episodes of non-engagement with support services” (NIHE, 2020: 5).

Most recent work in terms of tackling rough sleeping has therefore occurred under the wider definitional parameters of ‘chronic’ homelessness provided by the first Chronic Homelessness Action Plan in Northern Ireland which was published in January 2020 (NIHE, 2020). This plan covers the three-year period between April 2019 - March 2022 and the document aligns with the previously published Homeless Action Plan (2017-2022). ‘Chronic’ homelessness is at the more severe

end of the homelessness continuum and someone experiencing ‘chronic’ homelessness is defined as:

1. An individual with more than one episode of homelessness in the last 12 months
- OR**
2. An individual with multiple (three or more) placements/exclusions from temporary accommodation during the last 12 months.

And two or more of the following indicators also apply:

- An individual with mental health problems;
- An individual with addictions (such as drugs/ alcohol);
- An individual that has engaged in street activity, including rough sleeping, street drinking, begging within the last three months;
- An individual who has experienced or is at risk of violence/abuse (including domestic abuse) - risk to self, to others or from others;
- An individual who has left prison or youth custody within the last 12 months; and
- An individual who was defined as a ‘looked after’ child (in residential and non-residential care) (see NIHE, 2020: 5).

The 2020 action plan notes that such criteria are useful for measuring and benchmarking purposes and acknowledges the importance of differentiating between different types of homelessness to assist with identification, intervention and support. More shall be said on these ‘risk’ factors for homelessness generally in section 2.4; but if rough sleeping can be said to be the most visible manifestation of ‘chronic’ homelessness, then how are those forms of invisible or ‘hidden’ homelessness defined in Northern Ireland?

Defining ‘hidden’ homelessness

The coverage given to ‘hidden’ homelessness in policy documents in Northern Ireland has increased in recent years to the extent that reference to it in the current Homelessness Strategy (2017-2022, see NIHE 2017a) suggests a “clear commitment to proactively address it,” and “marks Northern Ireland out from its UK



counterparts” (Watts and Fitzpatrick, 2017: 124). But it still receives much less practical focus than other forms of homelessness which are more easily measured. Core to statutory references to ‘hidden’ homelessness in Northern Ireland are those individuals who may be sharing accommodation or staying with family or friends:

“Hidden homelessness includes people living in a range of circumstances, for example, households that may be staying with friends or sharing with family because they have no accommodation of their own. Those households may be unknown to the Housing Executive.” (NIHE, 2017a: 7)

“Hidden homeless refers to people who could be considered homeless but are not visible on the streets or in official statistics, for example, households staying with friends or sharing with family members or squatting” (Northern Ireland Audit Office, 2017: 19).

The difference in definition can be noticed here once more as the Northern Ireland Audit Office (NIAO) offering makes specific mention of ‘squatting’ while the NIHE definition in the Homelessness Strategy is less explicit. The most comprehensive definition of ‘hidden’ homelessness in Northern Ireland has been formulated by Professor Suzanne Fitzpatrick and her research team, in their work on the ‘Homelessness Monitor’ series of reports in Northern Ireland:

“‘Hidden homeless’ households – that is, people who may be considered homeless but whose situation is not ‘visible’ either on the streets or in official statistics. Classic examples would include households living in severely overcrowded conditions, squatters, people ‘sofa-surfing’ around friends’ or relatives’ houses, those involuntarily sharing with other households on a long-term basis, and people sleeping rough in hidden locations” (Fitzpatrick et al., 2016: 1).

This definition is similar to that of Clarke (2016) referred to in the previous discussion on the international literature, as undocumented rough sleepers are included – but so too are a much wider, and specified group – including squatters, those in overcrowded conditions, those involuntarily sharing accommodation or those who are indeed ‘sofa surfing’. Once more, the defining factor for being ‘hidden’ homeless is being undocumented and not showing up in the official statistics. This is an important point which will be considered in greater detail in sections 2.5 and 2.6.

2.4 ‘Risk’ factors and vulnerabilities to homelessness

As referred to at the beginning of the report, macro-level social, economic and housing issues invariably have a significant impact upon levels of homelessness within any one country at any point in time (Busch-Geertsema et al., 2010). A historically weak labour market combined with the highest rates of economic inactivity in the UK and lower average earnings have resulted in a precarious economic landscape (Horgan et al., 2020). The most disadvantaged have been the most impacted upon by the Covid-Pandemic 19 and lockdowns (Department for the Economy, 2020) and further economic uncertainty surrounding the UK’s exit from the EU could increase economic hardship.

Welfare Reform from 2015 onwards including the introduction of Universal Credit in 2017 and changes to Housing Benefit and Employment Support Allowance has been linked to increasing poverty and housing precarity across the UK. Research has shown how the economic context in Northern Ireland, larger families and higher levels of disability and poor mental health mean that the measures would have a disproportionately negative impact (Beatty and Fothergill, 2013; NIAO, 2019). The social sector size criteria whereby Housing Benefit is restricted based on the number of bedrooms a household is deemed to require (the ‘bedroom tax’) had particular implications for Northern Ireland given the low availability of smaller properties and social housing stock largely segregated along ethno-religious lines. It was estimated that the ‘Bedroom tax’ would impact upon 34,000 households in Northern Ireland who would lose an average of £12.50 a week each, an amount that equates to a loss of £22 million per year (Fitzpatrick et al., 2020; Carter and Flood, 2019). A report for the NIHE in 2018 found that while tenants had a lack of knowledge and understanding of the proposed reforms, they would have difficulties paying shortfalls in rent if and when it was introduced (NIHE, 2017b, 2019c). Such concerns were exacerbated by some of the evidence emerging from GB which suggested that Welfare Reform was significantly increasing levels of homelessness (Watts and Fitzpatrick, 2017), including those who either lost their benefits or were heavily sanctioned (Fitzpatrick et al., 2016).

The Northern Ireland government did develop a time limited mitigations package based on the findings of the ‘Welfare Reform Mitigations Working Group’ (for more information see Evason and Higgins, 2019). This included a facility for Universal Credit to be paid

twice monthly and for housing payments to be made directly to landlords, payments to compensate for the 'bedroom tax' and a Contingency Fund whereby discretionary grants could be made to recipients suffering from financial hardship as a result of transition to Universal Credit. However, there remain serious challenges with Universal Credit. Simpson and Patrick's (2020) study with people claiming Universal Credit revealed a lack of awareness and patchy take up of discretionary financial support schemes. It concluded that experience of claiming Universal Credit was a largely negative experience which pulled people deeper in poverty and debt and forcing reliance on foodbanks and families (where such support was available). There is a direct relationship in this regard to housing debt. Fitzpatrick et al. (2020) note that NIHE commissioned research found that in 2018/19, the average arrears for NIHE tenants on Universal Credit were approximately £700 compared to less than £300 for those on Housing Benefit.

The ending of the mitigation measures was prevented by the onset of Covid-19 in March 2020. However, there were serious concerns that the ending of mitigation in the aftermath of Covid-19 and lockdown would push many low-income families further to the economic and social margins. The Work and Pensions and Northern Ireland Affairs Committee (2019) recommended that the mitigation package for Northern Ireland should be extended for four years beyond March 2020. The Expert Panel report on an Anti-Poverty strategy for Northern Ireland (Horgan et al, 2020) recommended that the government should legislate to abolish the social sector size criteria (the 'Bedroom Tax') as a matter of urgency and that the mitigations package needs to be in place until it is superseded by UK policy changes. In November 2021 the Northern Ireland Executive agreed the extension of the welfare reform mitigations for three years.

The COVID 19 Pandemic and economic climate is certainly deeply concerning with regards to potentially significantly increasing homelessness. Centrepoint (2020) found that 78% of council staff surveyed across England saw an increase in homelessness in their area since the start of the pandemic. Calls to Centrepoint's Helpline have increased by almost 50% since the beginning of lockdown, mostly due to young people facing homelessness as a result of family and relationship breakdown. However, it is important to note that the housing market tends to have an even more direct impact upon homelessness than the labour market (Fitzpatrick et al., 2016). Given the challenges with the market in Northern Ireland, lack of affordable social housing, and increasing numbers of households in housing stress, the future post-Covid and Brexit is a

most uncertain one. Yet these macro-structural issues are only one, albeit crucial component, of some of the main 'risk' factors which can lead to some people being more vulnerable to becoming homeless than others. The remainder of this section discusses other inter-related factors, and the specific vulnerabilities associated with becoming 'hidden' homeless, including those who end up 'sofa surfing'.

What are the 'causes' of homelessness?

The Northern Ireland Audit Office report (2017: 10) on homelessness drew upon a relatively well-worn cliché when it stated that "*Homelessness can affect anyone in society.*" While there is certainly an element of truth in this statement, it is too reductionist and takes inadequate account of the growing body of evidence which suggests that there are factors which result in particular demographic cohorts being more 'at risk' of becoming homeless than others (Neale, 1997; McMordie and Watts, 2017; Bramley and Fitzpatrick, 2018). There has been a move away from choosing either one of the personal/individual versus structural dichotomy (Fitzpatrick, 2005), to one which accepts that "*... the causation of homelessness is complex, with no single 'trigger' that is either 'necessary' or 'sufficient' for it to occur. Individual, interpersonal and structural factors all play a role – and interact with each other – and the balance of causes differs over time, across countries, and between demographic groups*" (Fitzpatrick et al., 2016: 2). Precise causation in terms of homelessness is therefore very complex; although the data suggests that particular life circumstances increase the chance of a 'pathway' into homelessness (Fitzpatrick, 2000), with the combination of factors and particular 'trigger events' varying from person to person (Anderson and Tulloch, 2000). This emerging body of work suggests that potential causal factors contributing to homelessness may include:

- **Individual-level factors:** (including demographic characteristics; personal vulnerabilities such as mental or physical ill health); and 'behavioural' issues (substance misuse and involvement in the Criminal Justice System);
- **Social support factors:** (such as household and family structure); and
- **Structural factors:** (labour and housing market conditions, levels of poverty in the family or community) (Bramley and Fitzpatrick, 2018: 100).



This multi-factor analysis (as highlighted in table 3) suggests that ‘causes’ and ‘risk’ factors will also present themselves in subtle variations for differing forms of homelessness. For example, someone who has been ‘chronically’ homeless for most of their adult life is likely to encounter a far greater number of causes, vulnerabilities and trigger factors than someone

who has been made homeless for the first time due to failure to keep up with mortgage repayments, the death of a loved one or the end of a relationship (see McGilloway and Donnelly, 2001). Table 3 must be viewed with this more nuanced understanding of causation, vulnerabilities and trigger points in mind.

Table 3: Potential Causes and Triggers for Homelessness

Cause	Factor of Vulnerability	Trigger
Structural	Economic processes (poverty, unemployment)	Rent or mortgage arrears Eviction from rented/ owned home
	Housing Market processes	Loss of tied accommodation Change of place for job search
	Social protection/Welfare	New arrival Change of status
	Immigration/Citizenship	Access to affordable housing and social protection blocked
Institutional	Shortage of adequate mainstream services and lack of coordination Between existing services to meet demand/need	Support breakdown or no adequate support in case of emerging need
	Allocation mechanisms	
	Institutional living (foster and child care), prison, long-term hospital	Discharge
	Institutional procedures (admissions/discharge)	Loss of home after admission
Relationship	Family status	Leaving family home
	Relationship situation (abusive partners or parents)	Domestic violence
	Relationship breakdown (death, divorce, separation)	Living alone
Personal	Disability, long-term illness, mental health problems	Illness episode
	Low educational attainment	Support breakdown or problems getting adequate support
	Addiction (alcohol, drugs, gambling)	Increased) substance misuse

Source: NIAO (2017)

Aside from the body of work on the vulnerabilities of those who become 'chronic' homeless, there is growing evidence that young people under the age of 25, in certain circumstances, may be particularly vulnerable to homelessness (Clarke, 2016; Ross et al., 2018; Centrepoint, 2019; Sanders et al., 2019).⁶ Family breakdown or friends no longer willing to accommodate appear to be a key driver of homelessness amongst the 16-24 year-old cohort (Clarke, 2016), accounting for 49% of the prime reasons given for homelessness in one study (Webster and Wairumbi, 2018).⁷ This appears to be supported by later data which found that almost two-thirds of young people accommodated by Centrepoint in England and Wales became homeless as a result of family breakdown (Centrepoint, 2019). These studies suggest there is a continuum of experience for young people between differing forms of homelessness at different points; for example 73% of homeless young people surveyed had 'sofa surfed' while more than 60% reported having to sleep rough (Centrepoint, 2019; Buzzeo et al., 2019).

It has also been shown that private landlords often have stringent conditions on letting houses and are prejudiced against particular groups of young people, which can contribute to levels of youth homelessness (Harding, 2018). A survey of more than 1,000 private landlords in England and Wales found that:

- 48% required a cash deposit of a full month's rent and
- 32% required more than this;
- 51% required evidence of employment from a prospective tenant;
- Only 17% would be happy to let to someone on a zero-hours contract; only 21% would let to someone on Housing benefit; and only 19% would let to a young person on Universal Credit;
- 66% would not rent to a homeless young person due to concerns around rent arrears and their ability to keep up with payments;

- 29% would not let to a young person moving on from homelessness (due to low housing rates);
- Only 21% would be willing to let to a young person moving on from homelessness accommodation;
- Only 17% would be happy to let to a young care leaver (Harding, 2018).

These barriers to private renting, coupled with the fact that many young homeless people are unaware of their rights in terms of housing or employment issues (Buzzeo et al., 2019) are likely to increase the vulnerability of certain young people to becoming homeless.

Recent research with young homeless people in Northern Ireland suggests that the trends are similar to those identified in GB, albeit with some contextual specifics related to local context, including paramilitary threat in some instances. Ross et al.'s (2018) research with 18-22 years olds identified six key areas which influenced the pathways of young people into homelessness in Northern Ireland. These were:

- Individual Profile; Characteristics and Identity;
- Family Background and Relationships;
- Education, Training and Employment;
- Drug and Alcohol Use;
- Agency Support; and
- Future Hopes (Ross et al., 2018).

Young care leavers (43%), those from lone parent families (84%), the unemployed (62%) and LGBTQ young people were overrepresented (18%)⁸ within the homeless cohort. This is consistent with wider international research which, for example, suggests that LGBTQ young people are more likely to end up

⁶ In Northern Ireland the Simon Community have run a homelessness prevention programme in schools since 2013/14 (Boyle and Pleace, 2017). START 360 also run the Edges programme for 13-17 year olds which focuses on family mediation and early interventions to prevent homelessness and reduce offending and improve educational outcomes (ibid.).

⁷ This data is from an analysis of Centrepoint's data collected for the 2017/18 Youth Homeless Databank. 15% cited relationship breakdown (9% violent and 6% non-violent) while 12% cited loss of rented accommodation. Centrepoint estimate that 103,000 young people in the UK presented to their council in 2017/18 as they were homeless or at risk (84,000 in England, 7,000 in Scotland, 7,600 in Wales, 4,400 in Northern Ireland) (Webster and Wairumbi, 2018).

⁸ Compared to 1.9% of the general population identifying as LGBT in a 2015 ONS survey (ibid.).



homeless as a result of experiencing family rejection, abuse and violence (Abramovich, 2012; AKT, 2014; HRW, 2015).

Ross et al. (2018) further found that the experience of school for most young people was negative with bullying a core theme and almost half of young people (49%) suggested that drug/alcohol use had either caused conflict within the home or played a direct role in their homelessness. Significantly, 34% had also been involved with Child and Adolescent Mental Health Services (CAMHS), and 63% of young people had been working with statutory/social support services prior to turning 18 years of age. As Ross et al. suggest, this should lead us to question what processes and procedures were set up with young people (or not as the case may be) before reaching adulthood to try and prevent homelessness? Given some of the difficulties identified thus far it is perhaps not surprising that some young people do slip through the support net and end up amongst the 'hidden' homeless cohort, particularly those who cannot access statutory support or the private rented sector (see Ellison et al., 2012) – and therefore have no option but to 'sofa surf' with family or friends.

Vulnerability to 'hidden' homelessness?

A survey of more than 2,000 16-25 year olds in England revealed some interesting trends with regards to potential vulnerabilities for 'hidden' homelessness and in particular 'sofa surfing' (Clarke, 2016). This study found that one-quarter of young people (26%) had slept rough at some point in their life and 35% had 'sofa surfed' with friends or family. Four key factors were identified as increasing the likelihood of having 'sofa surfed': **Gender; Disability; Care/social services experiences;** and **Citizenship**. While young men were more likely to have 'sofa surfed' than young women, the single biggest 'risk' factor was having been in care (with 90% of young people who had been in care having experience of 'sofa surfing'). The median length of time that young people spent 'sofa surfing' in the last 12 months was 25 days, although 18% had 'sofa surfed' for over three months. Of those who had 'sofa-surfed,' non-British citizens, men and those with disabilities were more likely to have done so for longer (Clarke, 2016).

More recent work in a UK context by Sanders et al. (2019) with 114 young people found that 'sofa surfing' is often difficult to move out of and that young people end up 'sofa surfing' both before and after experiencing rough sleeping and other forms of 'chronic' homelessness. The average period for those

'sofa surfing' was between six months and a year (much longer than in Clarke's study). Additional findings include:

- 54% said housing affordability was a factor in them starting to 'sofa surf';
- 22% said that not being able to afford a deposit impacted on their need to start 'sofa surfing';
- 68% stated that they 'sofa surfed' immediately after living in a private rented property or social tenancy;
- 46% said that lower rents or support paying rents through a Discretionary Housing Payment would have prevented them from 'sofa surfing';
- 60% stated that some form of welfare issues impacted on their 'sofa surfing' (the most common reason was the gap between LHA and Housing Benefit or Universal Credit);
- 40% said they were unable to move out of homelessness because they were not able to find a landlord who accepted Housing Benefit/Universal Credit;
- 41% said that needing somewhere safer to stay was one of the primary reasons behind their 'sofa surfing' (particularly those who had been rough sleeping);
- 25% said that mental health issues played a role their 'sofa surfing'; 27% highlighted relationship breakdown either with a partner, or with friends or family as a cause of sofa surfing, whilst 17% cited loss of employment (Sanders et al., 2019).

Sanders et al. (2019: 12) suggest that, "Currently sofa surfing exists as a lynchpin between prevention and relief, acting as a gateway into homelessness for those forced to leave their home, and as a personal relief option for those experiencing rough sleeping." Although 93% of participants had visited a local authority before they began 'sofa surfing' 42% said they did not have their change in housing situation acknowledged or recognised by the local authority. As is the case with regards to the Ross et al. (2018) research in Northern Ireland, it is concerning that there are instances where young people are presenting to statutory authorities – and are still becoming homeless after this contact.

2.5 Quantifying homelessness

As Boyle and Pleace (2017) have cogently argued, statistical data on various forms of homelessness is not a measure of the scale of the issue; but *rather a measurement of the contact that people have with the statutory system*. There will be many undocumented cases wherein households, for various reasons, are not presenting to local authorities for support and they constitute the ‘hidden’ homeless as they will not be included within these official statistics (alongside those who perhaps make contact with the statutory system and are then rejected). Thus, while the statutory system produces statistics on households that seek assistance from NIHE, these are not a measurement of homelessness in Northern Ireland. Any household or individual that is homeless, but who does not present themselves to NIHE, is not recorded by these statistics (Boyle and Pleace, 2017: 16). It is also important to bear in mind that while the statistics are useful for indicating trends within and between the devolved regions of the UK, the fact that homelessness and housing are devolved matters means there is no uniformity in legislative frameworks, definitions or data collection (ONS, 2019). In terms of data collection, case-level data is drawn upon in England and Scotland (via the H-CLIC system), outcome-based data is the focus in Wales, while data in Northern Ireland is aggregated (see ONS, 2019). As a result, statistics in Northern Ireland are not all directly comparable to the other jurisdictions and it is not possible to provide an exact figure of the numbers of people in the UK generally who are homeless at any one time.

That said, it is still important to analyse the available data as it may bring to attention trends in terms of who is presenting as homeless, the reasons why they are presenting, and which demographic cohorts tend to be more likely to be accepted as statutory homeless. In the latter instance, failure to secure accommodation via statutory homelessness support may provide some indications of a housing precarity which could ultimately lead to some households being at higher risk of becoming ‘hidden’ homeless. The following subsection seeks to briefly draw out some of the main trends over time in levels of statutory homelessness for England, Scotland and Wales (as well as some rudimentary data on levels of rough sleeping and estimates upon the scale of ‘hidden’ homelessness) before section 2.6 focuses in greater detail on the

statistical data on statutory, rough sleeping and ‘hidden’ homelessness relating to Northern Ireland. The impact of the Covid-19 pandemic and associated lockdown and economic situation is not reflected in these statistics (other than some of the rises in the use of temporary accommodation as part of the UK Government’s ‘Everyone In’ campaign which found accommodation for approximately 37,000 people experiencing homelessness).

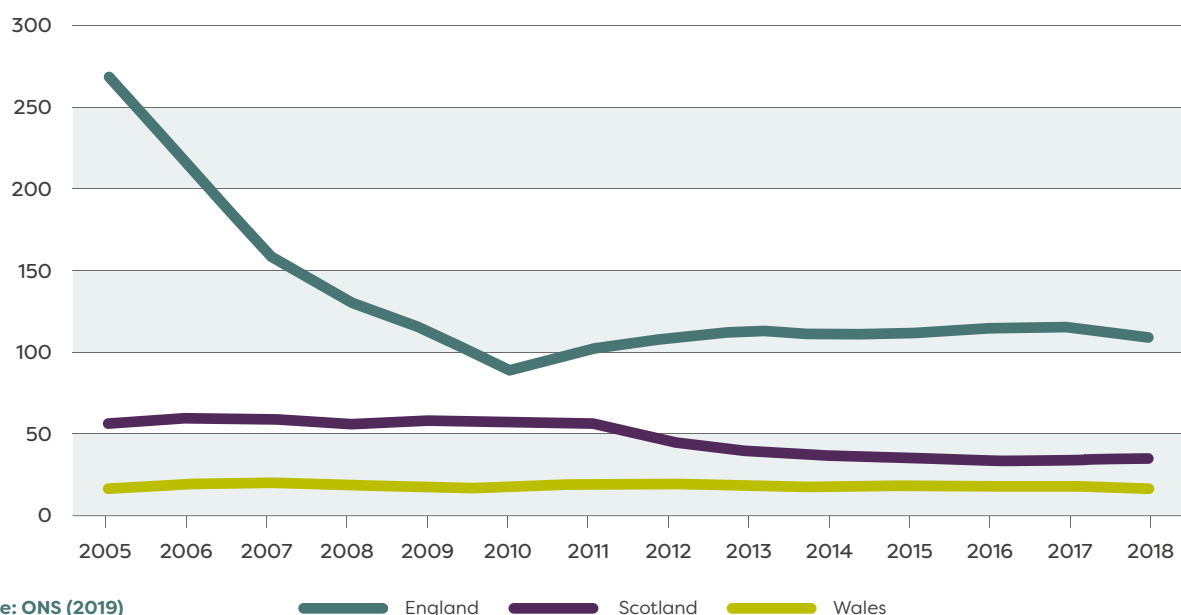
Homelessness trends – Statutory homelessness statistics in Great Britain (GB)

As Figure 1 below indicates, England experienced a sharp drop in the number of decisions made upon homelessness applications⁹ from around 2003/4 onwards following the implementation of the Homelessness Act (2002), which placed extra prevention duties on local authorities (ONS, 2019: 7). Statutory homelessness decisions in England fell from 266,000 in 2005 to 89,000 in 2010, rising again to 109,000 in 2018. The data presented here in Figure 1 ends in 2018 – when the Homelessness Reduction Act (2017) became law. This legislation placed much stronger preventative statutory requirements upon local authorities in England. Homelessness data beyond this point is therefore not directly comparable to before this point. In Wales while there was also a drop post 2002, this was less pronounced than in England, and levels of statutory homeless decisions have remained relatively steady from 2005 onwards (between 17-18,000 per year). Legislative changes in Wales from April 2015 led to a key focus on housing advice and assistance and prevention of homelessness, and increasingly duties were discharged via the private rented sector. This resulted in *an increase in the number of applicants for whom new accommodation is found and the number of applicants supported to remain in their own homes* (Boyle and Pleace, 2020: 43; Welsh Government, 2020). Scotland experienced a drop in the number of decisions made on statutory homelessness applications from 2010 following the increase in prevention activities introduced to prepare for the abolition of priority need in 2012 (from 57,000 in 2010 to almost 35,000 in 2018, a near 40% decline). The data would appear to indicate that the increased focus upon prevention focused strategies across GB has helped reduce the number of households requiring full-duty support for homelessness (ONS, 2019).

⁹ The data in figure 1 is based on GB wide data from the ONS (2019). The data refers to ‘decisions made’ upon homelessness applications. This figure includes those who have applied for homelessness support and who may be signposted into prevention or relief support as well as those who are owed a full housing duty. ‘Decisions made’ does not therefore simply equate to those only accepted for full housing duty and is numerically more reflective of the scale of applications for statutory homelessness support.



Figure 1: Decisions on statutory homelessness applications made by local Authorities in England, Scotland and Wales, 2005-2018



Source: ONS (2019)

England Scotland Wales

Further interrogation of the UK wide data highlights that while there are subtle variations depending on the

region, there are a number of indicative trends in terms of statutory homelessness presentations. These include:

- The largest categories of households seeking help with homelessness are single person households without children; of lone parent households seeking assistance, 90% are female headed; those aged 25-49; and males;¹⁰
- Households seeking assistance with a main household member aged 60 or over have increased while those aged 25-49 have decreased;¹¹
- There appears to be an increasing complexity to homeless households in relation to physical and mental health issues;¹²
- Relatives or friends no longer willing or able to offer accommodation, relationships breaking down, and disputes within households are the primary reasons for loss of home across the UK (although this varies slightly in each jurisdiction);
- More than one in four homeless households in England state loss of private sector rented accommodation as a reason for homelessness. This can be compared with an average of 1 in 7 across Wales, Scotland and Northern Ireland;¹³
- In England the use of temporary accommodation increased significantly until mid-2020, while it has remained relatively stable across the other three regions;¹⁴
- In Northern Ireland and Scotland, homelessness presenters are overwhelming rehoused in the social rented sector while in England and Wales the private rented sector is the main sector for rehousing
- Domestic abuse is reported in around 1 in 10 cases as a reason for homelessness across the UK (ONS, 2019).

¹⁰ However, there are differences in how and when gender is recorded. In England, authorities report the gender for single-adult applicants and single-parent applicants. In Wales, reports are for the gender for all homeless applicants and there is no differentiation between single-adult or multiple adult households. As in England, the NIHE in Northern Ireland only report the gender for single applicants. Local authorities collect gender data on all applicants and for single adults and single parents (ONS, 2019).

¹¹ In England, main housing duty acceptances among 16-24 year olds decreased 29% between April 2012 and March 2018. Conversely, England has seen an increase in the number of main housing duty acceptances for those aged over 60 years, from 1,800 to 2,500 during the same period. There has also been a slight increase in older homelessness applicants in Scotland, though to a lesser extent than in England and Northern Ireland, from 1,278 to 1,391 during the same reporting period (See ONS, 2019: 32).

More recent data for England suggests that there has been an upturn beyond 3rd April 2018 in households presenting to local authorities for support – primarily as a result of the strengthened statutory requirements provided for by the **Homelessness Reduction Act (2017)**. A central change within this legislation has been to provide statutory prevention and relief duties for those threatened with homelessness at an earlier stage – within 56 days of being made homeless as opposed to the previous 28 days (with the latter still the statutory requirement in Northern Ireland).

The data seem to suggest that this legislative move has significantly increased the numbers of people owed the new prevention/relief duties as well as increased the numbers of single households (those without children) coming forward to seek support for homelessness. In 2019/20, 288,470 households were owed the new prevention or relief duties in England, four times the number of households owed the main duty in 2017/18 prior to implementation of the new legislation (MHCLG, 2020). In 2019/20, the most common reason to be owed a prevention duty was due to the loss of a private rented tenancy (29% of all cases). In 54% of these cases, this was due to the landlord wanting to sell the property, while almost one-quarter (24%) were for rent arrears. The second most common reason (24%), was ‘friends or family no longer willing to or able to accommodate’ (MHCLG, 2020: 8).

While households with children made up the majority (72%), of those owed a main homelessness duty in England prior to the Homelessness Reduction Act; in 2019/20, this household type represented only 34% of those owed a prevention or relief duty (ibid: 6). The majority of those owed a relief duty in 2019/20 in England upon initial assessment were single households (76%), with almost half of all relief duties owed to single adult males. The most common employment status for lead applicants of households

owed a prevention or relief duty were registered unemployed (88,030 or 31%) an increase of 25% on the previous 12 months. In terms of type of tenure upon approach for support:

- Those in the Private Rented Sector accounted for 57,430 or 39% of households owed a prevention duty;
- The second largest accommodation type at the time of approach was living with family (26%);
- Other notable groups include those living in social housing (14%) and living with friends (9%).

There are some interesting trends in the data. For households whose case was either closed or had reached a main duty decision by March 2020, 55% secured accommodation for six months or more, 26% left the system for ‘Other’ reasons (either contact was lost or their application was withdrawn), 13% were owed a main duty, and 6% were homeless and not owed a main duty following relief (MHCLG, 2020). The data in relation to those who ‘left the system’ is particularly pertinent in relation to those who may be vulnerable to becoming ‘hidden’ homeless. Young, single males (18-34) are more likely than others to leave the system for ‘Other’ reasons (36% versus 26% overall) and not be owed a main duty following prevention and relief stages, mainly due to not having a priority need. This “suggests a difficulty maintaining applications for this cohort” (MHCLG, 2020: 2).

What is not clear is what happens to those who fall out of the statutory system – do they end up having to resort to sleeping rough or staying in sheltered accommodation? Or do they enter into transitory and

¹² Physical health needs accounted for 14% of total support needs in England between October to December 2018 and 20% in Scotland between April 2017-March 2018. Mental health accounted for 22% of total support needs in England and 31% in Scotland during the same period (ONS, 2019).

¹³ Between April 2017 and March 2018, 27% of households accepted for a main housing duty in England stated loss of private sector tenancy as a reason for homelessness. During this same period, 11% of applicants in Scotland cited landlord termination of tenancy as a reason for homelessness. The corresponding figures for Wales and Northern Ireland were 16% and 15% respectively during the same period (ibid: 41).

¹⁴ The eligibility for temporary accommodation differs across the UK: in England, Wales and Northern Ireland, it tends to be focused upon applicants who are in priority need; whereas in Scotland, all applicants are entitled to temporary accommodation (ONS, 2019: 13). England has seen a steady increase of 60% in the number of households in temporary accommodation, from 50,430 in 2012 to 80,720 in 2018. At September 2020 the number of households in temporary accommodation in England was 93,490, up 7% from 87,390 on the previous year. This increase is largely due to single adult households who have increased by 43% over the twelve-month period. These increases in temporary accommodation have been linked to the response to the Covid-19 pandemic (MHCLG, 2021). During the same period (2012-2018), temporary accommodation placements in Scotland have been relatively stable; rising only slightly from 10,750 in 2012 to 10,933 in 2018. However, there were 11,665 households in temporary accommodation in 2019/20, an increase of 6% from 2018/19 (National Statistics, 2020: 7). Wales experienced a drop in the number of households in temporary accommodation, from 2,770 in 2012 to 1,875 in 2016, though this increased again to 2,052 in 2018 (as a result of legislative changes focusing upon prevention being enacted in 2015 as a result of the Housing (Wales) Act of 2014) (ONS, 2019: 14). This figure increased again to 2,234 households on 31st March 2020 (an increase of 4% on the previous 12 months and the highest since the April 2015 introduction of the new legislation) (MHCLG, 2021).



insecure living arrangements with friends, family or acquaintances and become 'hidden' homeless? While in certain instances the answers to these questions are liable to be in the affirmative, we do not have the statistical information available to quantify to what extent this is the case for either scenario. Indeed, what is clear is that while the data is relatively robust with regards to levels of statutory homelessness (except for what happens to those who either remove themselves or are rejected by the system), the data on rough sleeping and 'hidden' homelessness is much harder to come by and much less reliable.

Rough sleeping statistics in GB

Once more different methodologies in data gathering between each of the jurisdictions precludes much in the way of direct comparison in terms of rough sleeping. In England, since 2010 annual data has been gathered via street counts (usually on a single night in October or November) or council estimates. Only those who are visible on the night will be included in the count. A similar method (with similar limitations) has been used in Wales since 2016 with local authorities collecting information over a two-week period in October and a one-day street count in November. However, in Scotland those applying for statutory support are asked whether they have experienced rough sleeping either the night before their application or at any point within the previous three months. Winter shelters also provide some information on rough sleeping. Unsurprisingly, such differing methods record very differing information with regards to the scale of rough sleeping.

Rough sleeping has increased sharply in England since 2010 (1,768 people) with a significant increase from 2014 onwards to a peak in 2017 of 4,751 (an increase of more than 165%). Numbers fell again to 4,677 in 2018 and 4,266 in 2019 and down to 2,688 in the autumn of 2020 (a decrease of 37% on the previous 12 months, most likely a result of the 'Everyone In' campaign and increased provision of temporary accommodation', see Homeless Link, 2020). England is the only jurisdiction in GB to report demographic information for rough sleepers (ONS, 2019). Of the

4,266 individuals deemed to be sleeping rough via street count in England in 2019:

- 3,534 were male (83%) 614 were female (14%) and 118 were gender unknown (3%). It has been argued that women are more likely to stay with friends or relatives and 'sofa surf' rather than take to the street – which may make women more vulnerable to being among the 'hidden' homeless cohort (Crisis, 2004).
- 83% were 26 years of age or older and 64% were UK nationals (Homeless Link, 2020).

Street count data supplied by the Combined Homelessness and Information Network (CHAIN) indicates a much higher figure of rough sleeping than these figures would indicate. These counts by outreach workers are conducted over a much longer period and recorded 10,726 people on the streets of London alone in 2019/20, a 21% increase on the previous 12 months (CHAIN, 2020). This figure is more in line with the 8,260 households (6%) who were owed a statutory relief duty in England in 2019 and who were designated as sleeping rough prior to completing their application for assistance (MHCLG, 2020). Responses to FOI requests to the BBC in England showed that this is also likely to be a significant under estimation of the extent of the problem, as the FOI returns revealed that more than 28,000 people were recorded sleeping rough at least once in England during the latest year on record (BBC, 2020).

In Wales, the one-night rough sleeper counts and estimates based on available emergency shelter beds have risen from 240 people in 2015/16 to 405 in 2019/20.¹⁵ In Scotland, it has been estimated that some 700 people sleep on the streets on any single night (Fitzpatrick et al., 2019b); but the self-reported data by statutory homeless applications is also of note. The proportions of statutory homeless applicants reporting rough sleeping have remained relatively constant since 2010/11, although the figures are much

¹⁵ See: Rough Sleepers by local authority (gov.wales) (accessed February 26th 2020).

lower than the peak in 2003/2004 when almost 6,500 households included a member who had experienced rough sleeping within three months before their application and more than 5,000 who had slept rough the night before (National Statistics, 2020). In 2019/20, 2,884 applicants had slept rough within the previous three months (8% of all applications compared to 13% in 2003/04) and 1,643 had slept rough the night before applying for support (4% of all applications) (National Statistics, 2020). The CHAIN and Scottish survey data would appear to indicate a much higher level of rough sleeping than that picked up via street count.

At present, Northern Ireland follows the street count model of England and Wales and these figures will be discussed shortly. Thus far attention has been focused upon those who are visibly homeless or who have applied for assistance with homelessness – and therefore are known to the authorities. What of those people in GB who are not picked up within these data sets and are not accessing support? To what extent is ‘hidden’ homelessness a problem?

‘Hidden homelessness’: GB and UK estimates

Attempts to quantify ‘hidden’ homelessness are inherently problematic given that “*the very nature of hidden homelessness dictates that it is impossible to properly measure the scale of the problem*” (Shelter Scotland, 2018: 4). Any statistics noted within this sub-section are therefore only referred to as estimates, although even these figures differ depending on the source and methodology used.

Back in 2004, Crisis (2004) estimated that there may be as many as 380,000 people living in situations of homelessness in the UK. Shelter (2018) have more recently estimated a figure of 320,000, the vast majority of whom are living in forms of temporary accommodation (92%). This number was calculated by adding together the numbers of people in temporary accommodation, those rough sleeping, single hostel spaces and those in children and families’ homes temporarily under the Children’s Act. Shelter argues these figures are ‘only the tip of the iceberg’ as they do not include those potentially ‘hidden’ homeless who cannot be counted.

The Crisis and Shelter figures for homelessness roughly correspond with those produced by the New Policy Institute, who estimated the scale of single

homelessness in the UK to be between 310,000 and 380,000 at any one time (NPI, 2003). Although it has been estimated that 170,000 families and individuals may be living in some of the worst forms of homeless conditions across the UK (those experiencing rough sleeping, staying in night shelters or unsuitable temporary accommodation), as noted previously in the literature, the data points to the particular vulnerability of single (and younger) households to becoming ‘hidden’ homeless. This may be a result of either not accessing support from local authorities or because younger, single adults are more likely to be turned down for assistance due to lack of priority need (Reeve, 2011). Estimates on levels of ‘hidden’ homelessness are much more spartan within the literature, although Mack and Lansley (2012) suggested that 15% of UK adults may have experienced ‘hidden’ homelessness at some point in their life.

Alongside the macro-estimates there have been a number of small-scale studies which have tried to approximate the scale of ‘hidden’ homelessness amongst the homeless population to extrapolate the data upwards. A mixed methods study by Crisis found that of 437 single homeless people surveyed (see Reeve, 2011), 62% could be classified as being ‘hidden’ homeless. The study adopted the definition that this was when the local authority had no statutory duty to house them and they were living outside mainstream homelessness provision, staying with friends, in squats, sleeping rough or were in other marginal accommodation. Work by Sanders et al. (2019) has further suggested that a significant proportion (42%) of those living in the most precarious circumstances are ‘hidden’ homeless as they are ‘sofa surfing’ and staying with friends or family.¹⁶ Clarke’s (2016) survey data of 2,011 16–25 year olds found that 26% had experienced rough sleeping and 36% had ‘sofa surfed’, which the author suggests on a UK wide scale would correlate to 39,557 rough sleepers and 216,000 ‘sofa surfers’ on any given night (ibid: 63 and 70). There are however inherent difficulties in trying to extrapolate the findings from what are contextually small numbers up to the national scale.

There are also some more specific estimates within each of the GB jurisdictions. The ‘Homelessness Monitor’ series of reports funded by Crisis and the Joseph Rowntree Foundation are particularly useful in this context. For the purposes of this work, ‘hidden’ homelessness is defined as “...people who may be considered homeless but whose situation is not ‘visible’

¹⁶ This is 71,400 of the aforementioned figure of 170,000 – hence 42% (see Bramley, 2018; Sanders et al., 2019). Figures published by Crisis estimated that there may be 3,250 households in Wales ‘sofa surfing’ on any given night. See: <https://www.bbc.co.uk/news/uk-wales-50983244> (accessed February 27th 2021).



either on the streets or in official statistics. This includes concealed households, sharing households and overcrowded households” (Fitzpatrick et al., 2019a: xiii).

The data in England suggests that around half of all concealed households would prefer to live separately; thus Fitzpatrick et al. (2019) estimate that in England “*there are 3.74 million adults in concealed households who would prefer to live separately, including nearly 300,000 couple/lone parent family groups*” (ibid: xii-xiv). In addition, the household statistical data indicates that there has been an increase within the past decade of 700,000 20-34 year olds living with their parents due to declining affordability in relation to the housing market and decreased real income standards in the aftermath of the 2008 financial crisis (particularly in London and the South-East). This again highlights the particular vulnerability of young, single adults to being ‘hidden’ homeless where they perhaps cannot afford to live out on their own, particularly if relationships within the family home break down.

Similar trends are also visible in Scotland and Wales. The most recent ‘Homelessness Monitor’ report for Scotland suggested that based upon available household survey statistics, there are 236,000 instances which contain ‘concealed households’, who would live separately if they were able to. This amounts to approximately 10% of all Scottish households (Fitzpatrick et al., 2019b).¹⁷ In addition, the research found that 67,750 households aged 20-34 had been unable to form separate households, most likely as a result of the post-2008 economic crisis and cuts to benefits (ibid.).

In Wales, Fitzpatrick et al. (2017) estimated that there were 2.3% of households sharing compared to the then UK wide average of 2%.¹⁸ Sharing is most common again amongst single households (and most particularly so in private rented accommodation). It is estimated that there are 120,000 households in Wales containing at least one concealed household – which amounts to 154,000 individuals. There are also an estimated 13,000 concealed lone parent/couple families, amounting to approximately 30,000 people (ibid.).

While it would be too simplistic to aggregate this data together to give a total figure for GB in terms of estimates of ‘hidden’ homelessness (particularly given the differing datasets used in different jurisdictions); nonetheless the ‘Homelessness Monitor’ series of

reports provide useful information with regards to those levels of concealed, sharing or overcrowded households who could be classified as potentially amongst the ‘hidden’ homeless cohort. It is of particular note that increased numbers of young people aged 18-34 are staying at home longer as a result of lack of access to the housing market. If relationships break down within the family home, this cohort is liable to be particularly vulnerable to falling into even greater housing precarity (particularly where priority need cannot be demonstrated). Indeed, the statutory homelessness data highlights one of the main reasons for people presenting to local authorities for assistance is relationship breakdown within the family home.

As interesting as these GB trends in homelessness data are, the circumstances in Northern Ireland are somewhat unique and it is important therefore to understand the data on its own terms. It is to the task of analysing the Northern Ireland statistics on varying forms of homelessness that the report now turns.

2.6 Homelessness statistics in Northern Ireland

Although the data on statutory homelessness in GB is detailed and relatively robust, historically Northern Ireland has been critiqued for “*very poor data availability, which hampers both efforts to track trends over time and comparisons with Great Britain*” (Fitzpatrick et al., 2016: 67). Datasets in Northern Ireland have tended to have been less detailed than those published in GB (NIAO, 2017). For example, official statistics on homelessness prevention activity in Northern Ireland are not readily available within the public domain although they still provide much more information than those in the Republic of Ireland, which only publicly provides monthly data for the numbers of people in temporary accommodation (DHLGH, 2021). The NIAO (2017: 5) recommended that expanding the number of published datasets and statistics will improve comparability and benchmarking of data with other jurisdictions, enhancing transparency and accountability.

Improvements have been made in Northern Ireland in recent years and as of March 2019, the DfC Analytical Services Unit has worked alongside the NIHE to publish biannual statistics on homelessness to improve the range of available data. Recent research has also been published by the NIHE which took into consideration

¹⁷ In February 2020, Public Health Scotland held a conference to debate various facets of ‘hidden’ homelessness. See: Hidden Homelessness Conference - Plenary Presentations - Publications - Public Health Scotland (Accessed February 27th 2021).

¹⁸ In 2020 the Welsh Government launched a campaign to tackle ‘hidden’ homelessness amongst young people. For further information, see: <https://gov.wales/its-never-too-late-or-too-early-get-help-youth-homelessness-campaign> (accessed February 27th 2021).

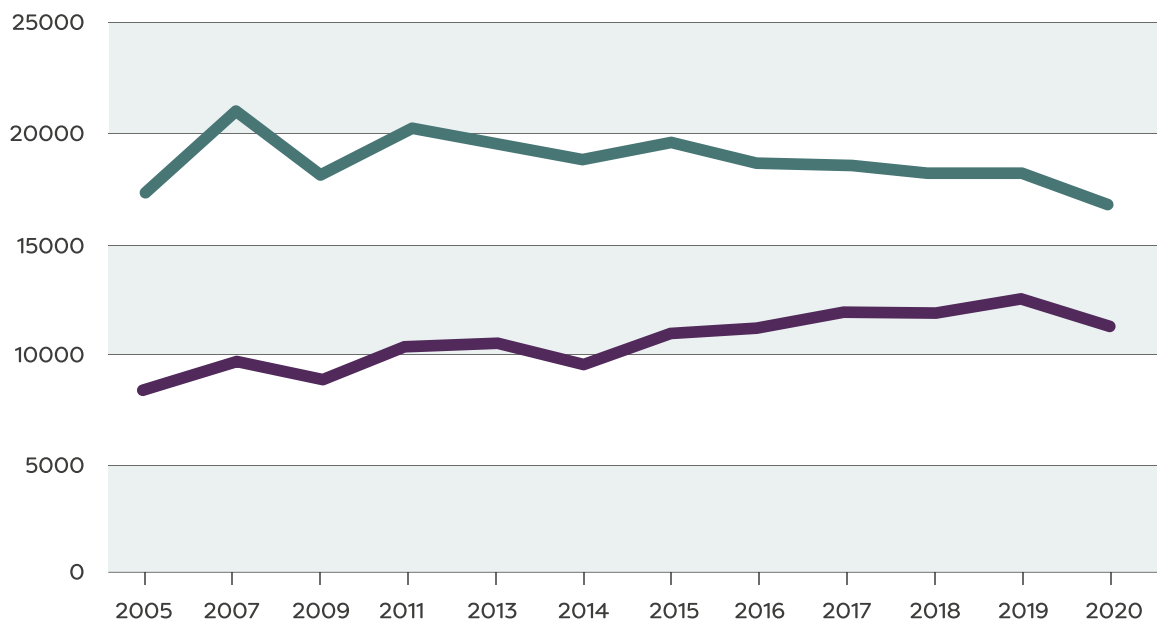
the NIAO (2017) recommendations on improving the knowledge base on trends over time in the Northern Ireland data, particularly with regards to analysis of homelessness presenters and acceptances (Boyle and Pleace, 2020). Section 2.8 will highlight the moves to implement the *Housing Solutions* preventative approach in Northern Ireland from 2018 onwards as it was anticipated that such an approach would assist in the collation of higher quality data on specific cases and their outcomes.

Statutory homelessness statistics in Northern Ireland

Statutory homelessness increased considerably in Northern Ireland during the early 2000s, “and since 2005/6 statutory homelessness has been at historically

high levels” (Boyle and Pleace, 2018: 17). The peak number of households presenting to the NIHE in Northern Ireland was in 2007 (21,013) and numbers of presenters tended to be within the 18-20,000 range until 2020, when the numbers fell to their lowest level in more than 15 years (at 16,802, a decline on the previous year of just under 8%). While Northern Ireland has tended to lag behind the other UK regions in terms of homelessness policy implementation (Fitzpatrick et al., 2016) – and in many respects still does with regards to legislation underpinning statutory prevention and relief duties – the lessons learnt from other jurisdictions and the increased focus upon prevention within the 2017-2022 Homelessness Strategy are liable to be among the explanatory factors accounting for the decline in statutory homelessness presentations in 2020, compared to previous years.¹⁹

Figure 2: Household presenting and being accepted as Statutory Homeless in NI, 2005-2020



Source: NIHE (2017a); DfC (2019a, 2019b, 2020a, 2020b)

Homeless Presenters Accepted FDA

There are subtle differences in trends when compared to the data in GB. As Figure 2 indicates, despite the recent decline in the number of households presenting to the NIHE, there has been a significant increase in the numbers of people being accepted as FDA since 2005, albeit there was a slight decline in 2020 from the previous 12 months.

¹⁹ It should be noted however that declining numbers of individuals presenting as homeless does not necessarily mean that there are fewer people who are homeless – although this is obviously the desired outcome.



Table 4: Statutory homelessness presentations and FDA acceptances in NI, 2014-2020

Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Presentations	19,621	18,628	18,573	18,180	18,202	16,802
Acceptances	11,016	11,202	11,889	11,877	12,512	11,323
% of applications accepted	56%	60%	64%	65%	68%	67%

Source: NIHE (2017a); DfC (2019a, 2019b, 2020a, 2020b)

This data presented in Table 4 highlights that since 2017/18 approximately two-thirds of applicants to the NIHE have been accepted for FDA status on an annual basis. This is higher than has tended to be the case in England and Wales, and while the data is not directly comparable given the additional prevention and relief duties incumbent upon local authorities since 2018 and 2015 respectively, in 2015/16 when Northern Ireland's FDA rate was 60% it was only 50% in England (Fitzpatrick et al., 2016).²⁰ Recent research conducted with NIHE staff found that there were four key reasons cited for the increasing levels of FDA acceptances. These include:

- The nature and increasing complexity of presenters (particularly increased vulnerability);
- Changes to the administration of homelessness presentations (and introduction of the *Housing Solutions* approach);
- External advocacy and support increasing knowledge of the statutory homelessness process; and
- The distribution of housing tenure and availability of suitable/affordable accommodation (Boyle and Pleace, 2020).

An additional rationale provided for the higher FDA acceptance rate in Northern Ireland was argued to be the tendency to rehouse older people who are no longer able to maintain a family home via the statutory homelessness route (Fitzpatrick et al., 2016:

51). Northern Ireland is in the rather unique position in the UK in that a category 'Accommodation not reasonable' has been the single most popular reason given for presenting as homeless since 2015 - and it is also one of the main reasons for being accepted with FDA status. This classification can involve one or more of seven issues: financial hardship; mental health; overcrowding; physical health/disability; property unfitness; violence; and 'other.' The evidence suggests that more than 60% of 'accommodation not reasonable' applicants were deemed to be FDA because their accommodation is not reasonable in relation to their disability or health (including mental health) condition (DfC, 2020a, 2020b). In 2018/19 this classification was the single largest reason given for homelessness and between 2009/10 and 2018/19 this cohort grew from, 2,490 to 3,674 - an increase of 59% (Fitzpatrick et al., 2020). This corresponds with the significant increase in pensioner households presenting which increased by 22% between 2009/10 and 2018/19 (ibid.) comprising 13% of overall presenters in 2018/19. While the proportions of older people presenting have increased in recent years, applications from younger single adults in 2018/19 declined by 30% (-1,030) from previous years, although single adults, aged 26-59 remain the most numerically dominant single category (Fitzpatrick et al., 2020). This has largely been driven by the increase of single women applicants in this category (up from 1,447 to 1,874, a 30% increase; as compared with a 4% increase in males - from 4,196 to 4,353) (Fitzpatrick et al., 2020: 68).

²⁰ More recent data for the six-month period January-June 2020 suggests that FDA acceptance dropped to 58% for that period (DfC, 2020b); although the downward trend here has been linked to fewer presentations and more households being placed in temporary accommodation as a result of the Covid-19 pandemic (ibid: 4). It is difficult therefore to read too much into these statistics at this stage in terms of indicating a longer-term downward trend. Of those applications assessed between January and June 2020, 56% were accepted as homeless, 2% were duty discharged within the same period, and 18% were rejected (DfC, 2020b: 5). It is also interesting to note that in March 2020 the decision was made to make the two biannual reporting periods reflect the calendar rather than the financial year (thus January - June and July - December rather than April - March). The data in table 1 refers to financial year information before this change was made.

Table 5 highlights the trends in reasons for presentation for statutory homelessness support in Northern Ireland between 2014 and 2020:

Table 5: Households presenting as homeless by reason in NI: 2014-2020

Reason	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Sharing Breakdown/Family Dispute	3,891	3,671	3,971	3,744	3,890	3,650
Marital/relationship breakdown	1,849	1,531	1,739	1,776	1,804	1,683
Domestic violence	956	845	865	917	1,174	1,147
Loss of rented accommodation	2,841	2,480	2,668	2,679	2,778	2,327
No accommodation in NI	1,458	1,212	1,406	1,404	1,245	1,304
Intimidation	590	544	661	558	481	335
Accommodation not reasonable	3,663	3,922	4,119	4,201	4,588	4,239
Release from hospital/prison/institution	471	431	435	402	339	361
Fire/Flood/Emergency	84	93	72	132	54	44
Mortgage default	387	216	188	181	123	89
Civil disturbance	27	36	53	44	44	46
Neighbour harassment	1,516	1,357	1,519	1,494	1,448	1,415
Other reasons	791	638	668	528	174	88
No data	1,097	1,652	209	120	60	74
Total	90	18,628	18,573	18,180	18,202	16,802

Source: NIHE (2017a); DfC (2019a, 2019b, 2020a, 2020b)

The main three reasons for presentation in Northern Ireland since 2014/2015 have been 'Accommodation not reasonable,' 'Sharing breakdown/family dispute' and 'Loss of rented accommodation.' In 2019/20 these three reasons alone accounted for 61% of all presentations (25% for 'accommodation not reasonable,' 22% for 'Sharing breakdown/family dispute,' and 14% for 'Loss of rented accommodation'). Of the 7,911 households who presented as homeless between January-June 2020, the most commonly quoted cause was 'Sharing breakdown/family dispute' with 1,922 (25%), followed by 'Accommodation not reasonable' with 1,745 (22%), 'Loss of rented accommodation' with 884 (11%), and 'Marital/relationship breakdown' with 851 (11%). It is interesting

that for the first time since 2014/15, more people in the first six months of 2020 were presenting with 'Sharing breakdown/family dispute' – and it is possible the stresses of lockdown as a result of Covid-19 played a role in this. It should also be noted that the impact of Covid-19 has resulted in fewer households presenting as homeless when compared to the same period in previous years (DfC, 2020b). This data has not been included in these tables as it only covers a six-month calendar period (rather than a financial year) and the trends are not directly comparable to previous years due to the response to Covid-19.



Table 6 indicates the statistics on FDA acceptances by presentation reasons in Northern Ireland:

Table 6: Homeless households accepted as FDA by reason 2014-2020

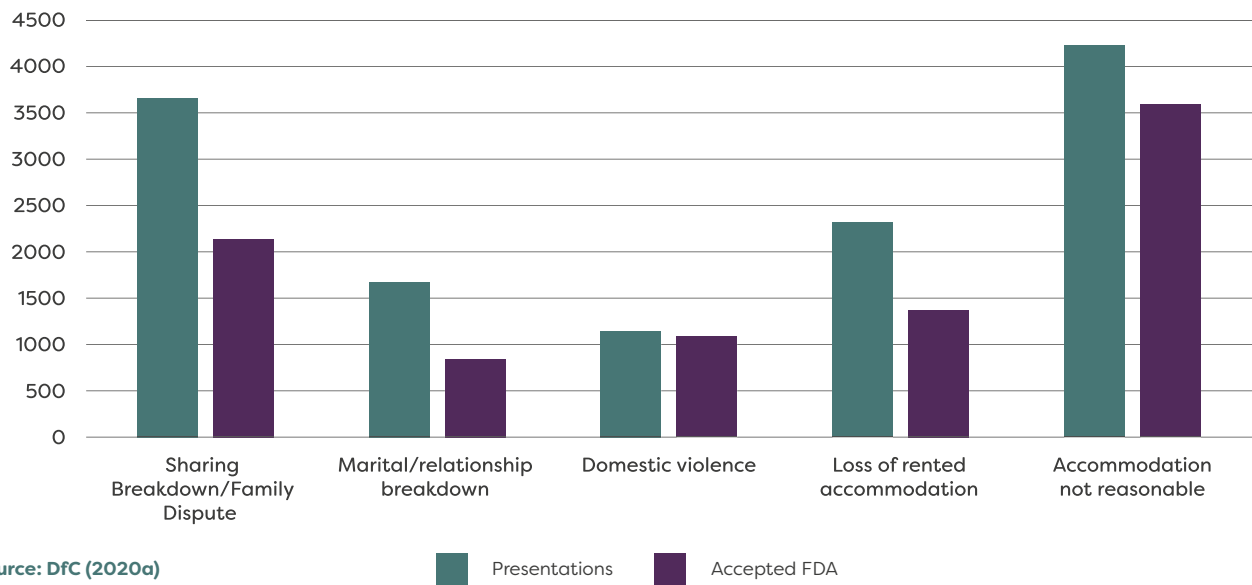
Reason	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Sharing Breakdown/Family Dispute	1,912	2,084	2,140	2,106	2,307	2,135
Marital/relationship breakdown	778	706	796	867	929	846
Domestic violence	832	750	852	904	1,124	1,088
Loss of rented accommodation	1,479	1,460	1,546	1,502	1,681	1,375
No accommodation in NI	584	582	708	764	710	707
Intimidation	405	414	387	355	374	255
Accommodation not reasonable	3,117	3,413	3,652	3,674	3,955	3,606
Release from hospital/prison/institution	288	293	295	286	236	240
Fire/Flood/Emergency	59	65	63	77	38	24
Mortgage default	199	122	102	99	65	51
Civil disturbance	18	30	29	27	31	27
Neighbour harassment	952	902	988	952	931	899
Other reasons	393	381	331	264	131	70
Total	11,016	11,202	11,889	11,877	12,512	11,323

Source: NIHE (2017a); DfC (2019a, 2019b, 2020a, 2020b)

As illustrated in Figure 3 below, there are reasons for presentation which are more likely to be accepted than others. In 2019/20, 85% of presenters for 'Accommodation not reasonable' were accepted for FDA status – compared with only 58% of those presenting for 'Sharing breakdown/family disputes,' 59% of applicants for 'Loss of rented accommodation' and 50% of applicants for 'Marital/relationship

breakdown.' This does pose the question, as is the case with the GB data, about what happens to those individuals presenting with 'Sharing breakdown/family dispute' or 'Loss of rented accommodation' who are more likely to be rejected for FDA status – are they availing of advice and support provided by NIHE beyond the statutory system?

Figure 3: Reasons for Presentations and Acceptances for Statutory Homelessness in NI 2019 / 20



Source: DfC (2020a)

While we do not know the extent to which these presenters end up 'hidden' homeless the fact that those presenting for particular reasons, as well as those who are younger and single applicants with no priority need status (see table 7) are less likely to be accepted

as FDA suggests that they may be more vulnerable to falling through the gaps in the statutory homeless sector. Indeed, in 2019-20, 20% of applications were rejected (3,378) (DfC, 2020a), but we are unaware of what happens to these households after this point.



Table 7: Households presenting as homeless by household type

Household type	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Single males (16-17)	185	139	102	69	66	68
18-25	2,013	1,868	1,606	1,552	1,429	1,322
26-59	4,663	4,336	4,479	4,350	4,353	4,245
Total	6,861	6,343	6,187	5,971	5,848	5,635
Single females (16-17)	176	160	122	106	89	90
18-25	1,436	1,388	1,366	1,274	1,252	1,195
26-59	1,934	1,822	1,843	1,749	1,874	1,722
Total	3,546	3,370	3,331	3,129	3,215	3,007
Couples	874	794	813	827	794	751
Families	6,194	5,887	5,851	5,805	5,843	5,093
Pensioner households	2,146	2,234	2,335	2,445	2,502	2,237
Undefined	-	-	56	3	-	79
Total	19,621	18,628	18,573	18,180	18,202	16,802
Total	11,016	11,202	11,889	11,877	12,512	11,323

Source: NIHE (2017a); DfC (2019a, 2019b, 2020a, 2020b)

In 2019/20, 34% of presenters were single males (three-quarters of whom were aged 26-59), 30% were families, while 18% of presenters were single females. The available data for the previous year (2018/19) indicates that particular age cohorts are more likely to be accepted for FDA status than others. The least likely to be recognised as statutory homeless are single presenters under the age of 25. Conversely those aged 70 and above are most likely to be accepted due to the likelihood of increased 'vulnerability.'

Table 8: Age Cohorts and FDA Acceptance in NI, 2018-2019

Age	Presenters	Acceptances	% Accepted
16-17	65	22	34%
18-25	3824	2401	63%
26-39	6395	4232	66%
40-49	2887	1919	66%
50-59	2315	1640	71%
60-69	1391	1095	79%
70-79	856	779	91%
80+	469	424	90%
Total	18,202	12,512	68%

Source: NIHE (2019a, 2020)

Further analysis of the data suggests that there are regional variations, both in terms of homelessness presenters and acceptances. In 2018/19, Belfast was the region with the highest number of homeless presenters (6,693 households), while North had 5,932 and South 5,577 (NIHE, 2019a). There are also micro-regional variations in acceptances. In 2018/19 local authority FDA rates were as high as 79% in Antrim and Newtownabbey but 66% in Belfast, and 63% in Derry and Strabane and Armagh, Banbridge and Craigavon (ibid.). Boyle and Pleace (2020) have argued that the extent of regional variations in FDA allocations have been declining since 2012/2013, although there remain some fluctuations associated with local particularities and context (including the availability of housing stock which tends to be lower in parts of North and West Belfast and Derry/Londonderry). Rural homelessness is also measured on a quarterly basis by NIHE and represents approximately 11-13% of the total homeless population in Northern Ireland (Boyle and Pleace, 2017: 63). There are some concerns that the extent of 'hidden' homelessness in Northern Ireland may potentially be higher in a rural context given the distance to/lack of homelessness service provision and the fact that most social housing provision is concentrated in towns and cities (ibid). Additional challenges facing those living in rural areas in Northern Ireland relate to lack of transport, social isolation and the potential stigma attached to homelessness within small communities (Boyle et al., 2016).

The overwhelming majority of applicants owed a full housing duty in Northern Ireland are rehomed in the social housing sector (despite the private sector doubling in size between 2007 and 2017). Yet while Northern Ireland has a similar sized socially rented sector to England and Wales (17%), in 2017/18 lettings to homeless households in Northern Ireland accounted for 88% of all NIHE lettings to new tenants (compared to 39% in Scotland and only 21% in England) (ibid.). This points to significant challenges with housing supply in the social rented sector. A number of factors contribute to these including a continuing 'right to buy policy' which has diminished stock, the sectarian divide which restricts the number of viable areas an applicant may feel safe/comfortable living in, and the lack of public sector building. This has placed severe pressure on the housing system (Fitzpatrick et al., 2020) and supply of social housing in Northern Ireland is unable to keep up with demand, as evidenced by Table 9.



Table 9: Social Housing Applications/Allocations in NI: 2014-2020

Year	Total Applicants	Applicants in Housing Stress	Number of allocations	Number of allocations to NIHE/Housing Assoc. transfers	Total allocations
2014/15	39,338	22,097	8,129	2,763	10,892
2015/16	37,586	22,645	7,805	2,897	10,702
2016/17	37,611	23,694	7,672	2,768	10,440
2017/18	36,198	24,148	7,373	2,625	9,998
2018/19	37,859	26,397	7,696	2,748	10,444
2019/20	38,745 ²¹	27,745	6,654	2,647	9,301

Source: NIHE (2017a); DfC (2019a, 2019b, 2020a, 2020b)

While the waiting list for social housing has remained relatively constant since 2014, the numbers of households in housing stress in 2019/20 are at an all-time high, while allocations are also at their lowest levels. As a result of the long waiting list for social housing in Northern Ireland and challenges in rehousing in the more volatile and less secure private rented sector, increasing numbers of households presenting as homeless are being placed in temporary accommodation (even prior to Covid-19) - mainly private single lets; voluntary sector hostels and NIHE hostels (NIHE, 2020). Temporary accommodation placements are at a decade-long high at approximately 3,000 households (Fitzpatrick et al., 2020). The most recently available data for July 2020 indicates that of the 2,930 households in temporary accommodation, the majority (63%) had been living there for less than 12 months. However, 3% had been living in temporary accommodation for five years or more (DfC, 2020b). This latter statistic is certainly indicative of the main challenge facing policy makers in Northern Ireland in terms of tackling homeless; that is having the requisite stock of well-maintained, secure and affordable homes into which applicants can be housed. As Boyle and Pleace (2017: 40) note: “A key lesson from other homelessness strategies is the importance of affordable, adequate housing in delivering homelessness prevention and in reducing homelessness. Interagency coordination can be enhanced, preventative systems put into place and new, innovative models of service delivery developed,

but any homelessness strategy ultimately fails or succeeds by whether or not sufficient housing can be found.” Yet as Fitzpatrick et al. (2020) documented, a comprehensive survey of NIHE stock in 2014/15 estimated that more than £6 billion is required over a 30-year period to bring the housing up to modern standards. Thus, not only are there challenges with the low number of new builds available but the older stock will require significant refurbishment.

Rough sleeping statistics in Northern Ireland

As noted previously, Northern Ireland follows the rough sleeper count model deployed in England and Wales. More shall be said on this shortly. Following the tragic deaths in 2015 in Belfast of five people who were homeless, there was a renewed focus upon widening the remit of service provision to ‘chronic’ homelessness (as defined in section 2.3) to take into account the multiple and complex needs of this cohort which go beyond housing – such as mental health issues, histories of family breakdown and trauma, complex addiction needs, lack of social support structures and high levels of socio-economic deprivation (see McMordie, 2018). The inter-departmental Action Plan (DfC, 2017a, 2019c, 2019d) was devised to focus on these non-accommodation factors relating to homelessness in Northern Ireland in tandem with the housing focus of the Homelessness Strategy (2017-2022).

²¹ In terms of the waiting list in 2019/20 of 38,745, 10,819 of these applicants were in Belfast and 4,661 in Derry City and Strabane. The lowest demand was in Fermanagh and Omagh (1,676) and Mid-Ulster (1,907) (NIHE, 2019a).

The NIHE (2020a) have followed Kuhn and Culhane's (1998) template of 5-10% of the homeless population being identified as chronic homeless and suggested that this may mean there are between 1,100-2,200 individuals or households experiencing 'chronic' homelessness (NIHE, 2020a).²² Utilising the new definition of 'chronic' homelessness in Northern Ireland, the NIHE asked each of their offices to estimate the number of individuals experiencing chronic homelessness who are currently engaged with them. This resulted in 473 individuals being identified (NIHE, 2020a). While the NIHE acknowledged this as a mere estimate and it cannot be used for baseline purposes, nevertheless it certainly suggests that the proportion of the homeless population with very complex support needs is more sizeable than that garnered by conducting a single night street count.

As part of this widened focus on 'chronic' homelessness a street needs audit was carried out in Belfast in 2016 over an 84 day period. This audit observed 361 different individuals engaging in some sort of 'street activity' on one or more occasion (NIHE, 2016, 2019b). The three main types of street activity observed were 'rough sleeping' (35%), 'street drinking' (39%) and 'begging' (14%). The most common areas associated with street activity were Donegal Place, Royal Avenue and High Street. In terms of demographics:

- The majority (82%) described themselves as either British, Irish or Northern Irish; 14% were from Eastern Europe; Those in the 'Other' category (4%) included individuals from African and Middle Eastern countries;
- 85% of individuals were male and 15% were female.
- The average age was 36 years old, but 20% were 25 years old or younger (NIHE, 2016).

These statistics indicate that males and those from outside Northern Ireland were disproportionately represented on the street (in comparison to the

proportion of these nationalities according to the 2011 Census). A group of 42 individuals were observed more than once per week and for 43% of this cohort, their last known accommodation was a homeless hostel. More than one-quarter (26%) had been living in their own home prior to becoming homeless and 7% had been recently released from prison (ibid.).

The main barriers identified to accessing service provision were:

- Problems with other residents (drug and alcohol use, violence, theft, bullying, noise and arguments and feeling unsafe);
- Substance users making it difficult for other individuals to tackle their own substance misuse.
- Overcrowding and lack of bed spaces appropriate to the needs of the clients.
- Rules in hostels (for example, curfews were viewed as restrictive) (NIHE, 2016).

Alongside this data on street activity, several counts have been conducted of rough sleepers; the most recent of which occurred on 26th/27th November 2020 which counted 18 rough sleepers in Northern Ireland (NIHE, 2020b). As is the case in other jurisdictions however, these numbers only count those who are visibly 'seen' on the street and therefore are likely to be a significant underestimation of the scale of the problem (Boyle and Pleace, 2017). This is highlighted by the Joseph Rowntree Foundation findings using the UK wide Destitution Study in 2017, which estimated that the typical number of rough sleepers per night in Northern Ireland may be closer to 250 (see Fitzpatrick et al., 2020). Despite the differences in methodologies and counts, what is generally agreed upon is that levels of rough sleeping are generally lower in Northern Ireland than elsewhere in the UK or the Republic of Ireland (NIAO, 2017).

²² In terms of the waiting list in 2019/20 of 38,745, 10,819 of these applicants were in Belfast and 4,661 in Derry City and Strabane. The lowest demand was in Fermanagh and Omagh (1,676) and Mid-Ulster (1,907) (NIHE, 2019a).

²³ The Welcome Organisation, Queens Quarter Housing, Depaul, Salvation Army, Hosford House, Belfast Health and Social Care Trust, the PSNI and NIHE staff were all involved in the street count. While there may be some overlap there are also differences – not all of those engaged in street activity will necessarily sleep rough and similarly not all rough sleepers will be engaged in the street activities referred to.

²⁴ While a count in 2016 in Belfast city centre suggested there were six people sleeping rough, in 2017 there were five counted (Fitzpatrick et al., 2016), the 2018 counts in Belfast, Newry and Derry Londonderry (and estimates for Coleraine) found 38 people sleeping rough on a single night. Of these, 16 were in Belfast, nine were in Derry Londonderry and the remainder in Newry and Coleraine (Fitzpatrick et al., 2020). In 2019, 36 people were counted sleeping rough across Northern Ireland, 28 of whom were counted in Belfast (NIHE, 2019b).

'Hidden' homelessness estimates in Northern Ireland

As is the case in GB, “Northern Ireland lacks clear data on hidden or concealed homelessness” (Boyle and Pleace, 2017: 63). However, there are two estimates which have been provided in an attempt to begin to quantify the extent of the issue.

Pleace and Bretherton (2013) conducted an analysis of the viability of the ETHOS model and utilised Census and cross-sectional NIHE homelessness application data to provide a limited picture of the extent of ‘hidden’ or at the very least, concealed homelessness in Northern Ireland. This study estimated that there were some 11,000 households living temporarily with family or friends (and who had no alternative living arrangements). More recently, the ‘Homelessness Monitor’ report in Northern Ireland, drawing primarily upon the UK-wide Labour Force Survey (LFS) and the UK Household Longitudinal Survey (UKHLS) suggested a much higher figure of between 70,000 and 112,000 adults living in concealed households (9-15% of all households in Northern Ireland, see Fitzpatrick et al., 2020).²⁵ Indeed, although levels of overcrowding tend to be lower in Northern Ireland than other jurisdictions, levels of sharing and concealed households would appear to be higher (ibid.).

Boyle and Pleace (2017), referring to the similar estimates produced by Fitzpatrick et al. in the 2016 edition of the ‘Homelessness Monitor,’ note that the differences in figures are largely a result of different definitions of ‘hidden’ homelessness, and that the ‘Homelessness Monitor’ figures include non-dependent children and households who would prefer to live independently. Boyle and Pleace contend that these measures in the Monitor are more indicative of a *housing need* rather than homelessness per se; although these are caveats which are recognised by Fitzpatrick et al. (2016) in presenting the approximate nature of their statistics.

Although these estimates provide useful baseline information, it must be borne in mind that “*hidden homelessness remains difficult to quantify and there are inherent challenges in tracking populations that are not visible and whose living situations are fluid, because they are characterised by precariousness*” (Boyle and Pleace 2017: 33). The very fact that the two estimates on ‘hidden’ homelessness levels in Northern Ireland vary so widely demonstrates these difficulties. Accurately estimating the scale of the problem is

further compounded by the lack of more specific data in the current statutory recording systems, the tendency by some groups to not present as homeless to the NIHE, and the lack of knowledge as to what happens to those households who either drop out of the application process early – or who do not achieve FDA status. These challenges will be returned to in later sections of the report – although it is important to note that without more accurate data on the nature and scale of ‘hidden’ homelessness it is more difficult to target work to reduce the instances and their severity (Boyle and Pleace, 2017).

2.7 Impact of homelessness

This penultimate subsection in the literature review turns to assess the impacts of homelessness. What is clear from the data is that while there are varying degrees of severity of impact within the homelessness continuum (depending on which type of homelessness is being experienced), nonetheless, all forms of homelessness indicate negative trends upon mortality and morbidity rates, increased likelihood of contact with the Criminal Justice System (and for young care leavers disproportionately so), and numerous other physical, psychological and social impacts upon those living through it.

Physical and Psychological impacts of homelessness generally

Physical and mental ill-health are often among the causes and consequences of homelessness (Rafferty and Shin, 1991). It is with this complex view of causation in mind that homelessness must not be viewed simply as a housing issue. “*For some households provision of a home does not fully address their homelessness and other support needs. In such cases, homelessness may be linked to mental health problems, drug and alcohol dependencies, street lifestyles and institutional experiences, including prison and the care system*” (NIAO, 2017: 46).

In the United States, the National Coalition for the Homeless found that 38% of people who are homeless are alcohol dependent and more than one-quarter (26%) are dependent on drugs.²⁶ It has been suggested that at least 10-20% of the homeless population fulfil the criteria for dual diagnosis (Rees, 2009) and associated challenges with dual diagnosis only exacerbate the complexity of the issues facing the most vulnerable, which in the context of the United

²⁵ Fitzpatrick et al. (2016) suggested four years previously that the figure was between 76,000 and 136,000.

²⁶ See, <https://www.addictioncenter.com/addiction/homelessness/> (accessed March 10th 2021).

States includes higher rates of mental ill-health and higher use of opiates (including heroin and the far more lethal synthetic opiate - fentanyl) amongst chronically homeless women.²⁷ These statistics are not unique to North America. Almost one-third (32%) of all deaths among people who were homeless in England in 2017 were as a result of drugs; this is compared with 1% for the general population (ACMD, 2019). Similarly, research commissioned by Crisis found that 27% of their clients between 2013-2015 reported problematic drug/alcohol use (Pleace and Bretherton, 2017). It is a stark but perhaps unsurprising statistic that the average age of death of someone who is homeless in the UK is around 47 (43 for women and 48 for men) – which is more than 30 years lower than the average life expectancy (Leng, 2017: 15).

Such drug/alcohol dependencies have been linked with mental health issues. Findings from McGilloway and Donnelly's (2001) study of the prevalence of mental ill-health amongst Belfast's 'chronically' homeless population show that while mental health problems may have been experienced prior to homelessness they were also greatly exacerbated by it. Rees (2009) found that mental health issues tend to be at least twice as prevalent amongst people who are homeless than the general population with levels of psychosis are between four and 15 times higher amongst those who are homeless than the general population (and between 50-100 times higher for those who are 'chronic' homeless). A recent survey of 227 young people experiencing homelessness in England and Wales also found that:

- 50% said that homelessness had a negative impact on their relationship with friends and 64% said that homelessness had a negative impact on relationships with family;
- 40% said that homelessness had a negative impact on ability to access/sustain education;
- 27% felt pressured to drink alcohol and 26% to take drugs;
- 67% felt lonely and 55% felt there were times they could not tell anyone they were homeless;
- 68% of respondents felt unsafe while homeless;

- 15% took part in illegal activity for somewhere to stay;
- 21% felt pressured to commit a crime while homeless; and
- 6% committed a crime in order to be arrested for somewhere to stay (Centreport, 2019).²⁸

In terms of physical health (which is of course linked to mental health), a face-to-face survey of 458 people who were homeless in England and Wales found that for rough sleepers:

- They are 17 times more likely to be a victim of violence than a non-homeless member of the general public;
- 59% had been verbally abused;
- 48% had been intimidated or threatened with violence;
- 35% had been hit or kicked by a member of the public;
- 34% had something thrown at them;
- 9% had been urinated on;
- 7% had been the victim of a sexual assault while homeless; and
- 53% of these incidents went unreported, mainly as the expectation was the police would not/could not do anything about it (Sanders and Albanese, 2016).²⁹

British sociologist Anthony Giddens (1984) has referred to the importance of 'ontological security' for human beings which is based upon the psychological reassurance derived from repetition and routine in everyday life – in the structure of the day and activities which are familiar, comfortable, safe and fairly mundane (school/university/work/leisure, and a home life where there is a clear divide between public and private spheres). Clearly this psychological security is lacking for those people who are homeless, and for whom there is little routine or private sphere in which they can fully relax. This is particularly so for

²⁷ See, <https://www.addictioncenter.com/addiction/homelessness/> (accessed March 10th 2021).

²⁸ This was also found by Reeve (2011) in a study of single people who were homeless in England. More than one-quarter (28%) said they had committed a crime in the hope of being rearrested - as at least they would have a roof over their heads, with 18% presenting to Accident and Emergency Departments for the same reason.

²⁹ In the Centreport survey of young people referred to above, 30% of the 227 young people had suffered physical assault, 27% theft, 15% had been mugged and one in five young women said they had been sexually assaulted while homeless (Centreport, 2019).



those living on the street who live with fear, isolation, uncertainty and a constant sense of risk or threat (Rafferty and Shin, 1991). But it is not just those who are rough sleepers who face such challenges, although their experience may be the most acute. Research by McMordie (2018) with stakeholders and eight services users aged 25–58 in Northern Ireland found that hostels were perceived by a number of service users as a negative environment, with instances of actual physical harm accompanied by a constant risk of potential harm. The research identified concerns around four key issues:

- **Material well-being** (conflict, violence, exploitation);
- **Psychological well-being** (lack of privacy, choice, control);
- **Social well-being** (isolation, marginalisation, institutionalisation); and
- **Emotional well-being** (loss of dignity, feelings of low self-worth) (McMordie: 2018)

In this context at times rough sleeping was viewed as an ‘escape’ from the challenges and risks associated with the hostel environment;³⁰ and rough sleeping itself was, “...an aspect of a continuously shifting array of homelessness experiences: here, service users spoke of extended periods of cycling between sofa surfing, squatting, rough sleeping and emergency shelter accommodation, with custodial sentences or hospital admission often serving as a form of respite” (ibid: 13).

Northern Ireland Public Health Agency (PHA) research in 2018 with 258 client surveys and 56 service providers, focusing on physical and mental health amongst people who are found that:

- 57% of clients said their health had worsened when they were homeless;
- 26% of clients were receiving help for substance use (Including novel psycho-reactive substances (formerly referred to as ‘legal highs’);

- The top three physical health problems identified by providers were COPD (27%), respiratory problems (23%) and diabetes, weight problems and disability (21% each);³¹
- The top three physical problems reported by clients were poor diet/nutrition problems (47%), stomach digestive problems (37%) and dental problems (36%). More than one-third reported chest pains or respiratory problems;
- The top three mental health problems identified by providers were depression (80%), anxiety disorders (89%) and suicidal ideation (88%);
- The top three mental health problems identified by clients were depression (80%), stress (78%) and sleep problems (77%). More than 90% of the client sample had been diagnosed with depression and psychiatric co-morbidity was common. Four in ten were receiving support but felt they needed more help.

The specific impacts upon children who are homeless (and transgenerational issues) must also be considered. While the overlap between poverty and homelessness is detrimental to a child’s well-being, development and transition into adulthood (Buckner, 2008), Digby and Fu (2017) more specifically suggested that school age children experiencing overcrowding, temporary accommodation or ‘sofa surfing’ were more likely to encounter practical, emotional and behavioural challenges from childhood which lasted into their adult years. Core to this was an ‘overwhelming’ sense of displacement which led to emotional trauma and impacted upon their schoolwork, which in turn meant they were always playing ‘catch up’ compared to other more settled children. These forms of homelessness were also found to impact on pupils’ clothing and possessions, health and hygiene, self-esteem and their social relationships with their peers and teachers (ibid.). Similarly, the PHA (2018) documented that service providers felt that behavioural problems (76%), being bullied (67%), missing school, aggression, and lack of fitness (62% each) were the main challenges facing children who were homeless. More than one-quarter (28%) of clients who had children felt that their health had worsened since being made homeless.

³⁰ Expulsion or banning from hostels for behaviour or not conforming to ‘rules’ (such as drinking alcohol in a ‘dry’ hostel) is also a difficulty which can increase the risk of rough sleeping (see Johnsen and Teixeira 2010).

³¹ More than one category could be ticked and therefore totals do not add to 100%. People who are homeless are also more likely to get more general chest and breathing problems, colds and flu, have skin, eyesight and dental problems alongside ulcers, dehydration and hypothermia amongst others (PCC, 2015; DoH, 2018).

There have however been a number of positive developments in terms of health and social care service delivery in Northern Ireland for people experiencing homelessness. These included the development of the Enhancing Health Care for the Homeless (ECHO) project in 2011 to improve access to GPs in the Northern Trust area (with a pilot GP registration programme in 2014/15), the Inter-Departmental Action Plan (DfC, 2017a) which aimed to better coordinate work on non-accommodation issues (and health and well-being is one of the five priorities) and the establishment of the Task and Finish group by the Department of Health which aims to improve access to primary health care and health and social services more generally (see DoH, 2018). Additional positive developments in this area include the development of the Extern Multidisciplinary Homelessness Support Team and the Homeless Public Health Nursing Service (Belfast Trust). A key developing practice within homeless services in Northern Ireland and across the UK over the past number of years has been the development of *Psychologically Informed Environments* (PIE). This approach was developed in response to the recognition that the homeless population have and continue to experience a range of complex needs, including mental health issues, chaotic lifestyles, trauma and rejection. The drive of a PIE “*is to help staff understand where these behaviours are coming from and therefore work more creatively and constructively with challenging behaviours*” (No One Left Out, 2015:2).

Despite these developments, challenges in accessing and receiving health and social care continue to be very evident (RQIA, 2014; Echo, 2015; PCC, 2015; Aldridge et al., 2017; Sutton et al., 2017; DoH, 2018; PHA, 2018). More than half (55%) of homelessness service providers surveyed in one study in Northern Ireland suggested that they had a GP registration refused for a client (DoH, 2018: 26).³² In their cross-sectional analysis of data pertaining to 2,505 people who were homeless in England, Sutton et al. (2017) found that rough sleepers, in particular, were much less likely to be registered with a GP than single people staying in a hostel or those who were ‘hidden’ homeless. This in turn impacted upon the likelihood of being admitted to hospital. Those who are ‘chronic’ homeless are much more likely to present to Accident and Emergency rather than a GP which again will raise the economic costs to society (PHA, 2018). Also, there continue to be challenges around protocols on hospital discharge for those who are homeless which can mean people either are discharged too early or discharge themselves – even if they are in a very vulnerable position (DoH, 2018).

While they may have higher levels of access to GP registration than the ‘chronic’ homeless, the ‘hidden’ homeless face a series of challenges which, in and of themselves, clearly have a detrimental impact upon their levels of mental and physical health.

‘Hidden’ homelessness: The impact of ‘sofa surfing’

Several quantitative and qualitative studies have attempted to gather the experiences of those who have been ‘hidden’ homeless in terms of having to stay with others; sometimes euphemistically known as ‘sofa surfing’ (see Reeve, 2011; Clarke, 2016; Sanders et al., 2019).

Sanders et al. (2019) suggest that those, predominantly young people, who are ‘sofa surfing’ face a state of ‘permanent impermanence’ associated with constantly fluctuating living arrangements (which they often have little or no control over). In this context ‘sofa surfing’ often became the conduit for young people to move into other, and even more precarious, forms of homelessness. Poor mental health and alcohol/substance misuse were commonly reported amongst those ‘sofa surfing’. Many young people surveyed suggested they had little control over what time they could go to bed or what time they woke up at. The main findings of the research were that those ‘sofa surfing’ live with:

- **Insecurity:** with no right to remain in accommodation and arrangements can come to an end without notice;
- **Poor living conditions:** many must live without access to basic necessities;
- **Abuse and exploitation:** financial or otherwise;
- **Risk to personal safety:** dangerous living conditions can increase exposure to violence and sexual abuse/exploitation;
- **Health impacts:** poor living conditions and stress of insecurity can worsen physical and mental health;
- **Intensifying multiple needs and exclusions:** long experiences of ‘hidden’ homelessness can exacerbate existing support needs or create new ones making it harder to move out of homelessness (Sanders et al. 2019).³³

³² A key issue here relates to registering someone who has no fixed abode/address.

³³ Clarke (2016) found that while there were negative experiences of ‘sofa surfing’, some young people paradoxically viewed it as a positive experience – as it was a ‘better’ option than being on the street. This was predominantly the case for young people surveyed who came from a care background and to a lesser extent, those who felt they needed some time away from the family home after an argument.



The ‘permanent impermanence’ of ‘sofa surfing’ was typified by the fact that more than 40% surveyed had to leave the house during the day when their host had visitors; almost 20% had nowhere to wash themselves and more than 50% had nowhere to store their own personal items (ibid.). More than half (56%) said that looking for work, securing or maintaining a job was very difficult while ‘sofa surfing’. Almost one-third (32%) also said that it was harder to seek support while ‘sofa surfing’. Getting help was also difficult. Not all of those who were already engaged with a local authority before they started ‘sofa surfing’ had their new situation recognised. This meant that opportunities to prevent ‘sofa surfing’ were missed. Instead, the most common form of assistance was signposting or referral to other services rather than active attempts to relieve or prevent sofa surfing” (Clarke, 2016). Considering these issues coupled with the sense of ‘shame’ and of being a ‘burden’ to others, it is unsurprising that 75% and 80% suggested that their physical and mental health respectively had deteriorated after ‘sofa surfing’.

While there is obvious overlap in terms of the physical and mental health issues experienced by those within all forms of homelessness, there are subtle differences with regards to the challenges faced by those who are ‘sofa surfing’; particularly in relation to feeling a burden upon others, having to leave the house at certain times; and being at risk of sexual or financial exploitation by their hosts as ‘payment’ for letting them stay with them. Such experiences appear to be at sharp odds with the rather benign language which is at times used to describe ‘sofa surfing’ – wherein having to live with others is referred to as ‘sharing’ (which implies some form of equality/reciprocity in the relationship). What is apparent from the literature is that other than those cases where the ‘hidden’ homeless live with loved ones or friends with whom they have a good (and equitable) relationship, this is not necessarily the case. In this regard Fitzpatrick et al.’s (2016) inclusion of the phrase ‘involuntarily sharing’ when referring to forms of ‘hidden’ homelessness is important to bear in mind. This is an issue which will be raised in the findings section and returned to once more in the concluding section of the report.

2.8 Support structures and pathways out of homelessness

If thus far the discussion has tended to focus upon gaps and challenges, then this final subsection of the literature review, perhaps more positively, highlights some areas of good practice which suggest that if there are pathways identified into homelessness, then there most certainly are also pathways out. Across

many jurisdictions (including GB) there have been moves in recent years towards prevention and relief as a priority, although Fitzpatrick et al. (2016: 66) offered a rather damning critique of how homelessness has been dealt with as a policy issue in Northern Ireland: “*The overriding impression one forms in studying homelessness and related policy developments in Northern Ireland is that of stasis combined with frantic activity – ‘running on the spot’ as one of our key informants characterised it.*” Northern Ireland has certainly been much slower than other jurisdictions to adopt a preventative focus, although in 2014 the Homelessness Strategy (2012-2017) was reprioritised to focus upon prevention and since then there have been a number of support programmes implemented which shall shortly be discussed.

There has been a renewed focus in the international context on the sustainability of housing provision and wraparound support to ‘break the cycle’ of episodic homelessness, particularly in terms of those staying in temporary accommodation such as hostels. The Housing First model is an example of international best practice in this regard in terms of improving the physical, mental and long-term housing needs of the most vulnerable amongst the ‘chronically’ homeless cohort (see Johnsen, 2013).

These initiatives are primarily targeted at those who are presenting to statutory or service providers and who are therefore technically not ‘hidden’ homeless; but such initiatives and an overall focus upon prevention and relief hold the potential to reduce the number of households falling into an undocumented (and therefore ‘hidden’) homeless status without support. This is particularly important given that Clarke’s (2016) large scale survey of young ‘sofa surfers’ found that help to access safe, secure and affordable housing and addressing key needs (mental health, addiction issues, job-seeking, financial advice) were the core support areas which participants felt would have prevented them having to ‘sofa surf’ in the first place.

International best practice and the Housing First model

Finland has been regarded in recent years as one of the world leaders in tackling homelessness (Boyle and Pleace, 2017). Homelessness there has been reduced to a ‘functional zero’ – which does not mean there is no homelessness, but rather that it tends to be prevented or relieved quickly. Generous social welfare policies in Finland coupled with the adequate provision of social housing and an accessible public health system have led to very low levels of homelessness. Between 2008 and 2014, Finland reduced the numbers of people experiencing long-term homelessness by 26% (Boyle and Pleace, 2017).

Since 2008, *Housing First* has been central to Finland's attempts to reduce homelessness. The concept first emerged in the early 1990s in New York and is now the prime homelessness policy at federal, state and city levels in the United States (Boyle et al., 2016). It is an approach within the 'harm-reduction' paradigm which targets rough sleepers and the 'chronically' homeless to provide, "permanent housing for homeless people who are dependent on alcohol and drugs or who have mental health issues, with the support, social care and health services they need provided to them in their own homes or locally in their community. The intention is that housing should be available even if a homeless person refuses treatment for their substance misuse or mental health issues" (ibid: 16). The concept was a move away from more traditional approaches of 'staged recovery' for the 'chronic' homeless – by placing them in temporary accommodation and when they were 'ready' (and perhaps asked to abstain from alcohol/drugs) trying to find them a permanent home (Ellison et al., 2012). Yet such approaches have been critiqued on the grounds that access to adequate housing is a human right which should not be predicated upon abstinence or sobriety (Pleace and Bretherton, 2017).

Boyle et al. (2016) have identified the benefits of the *Housing First* approach within the international literature. In projects in New York, Amsterdam, Copenhagen, Lisbon, Dublin and Glasgow, service users reported:

- Improved health, mental and physical well-being;
- Higher levels of social and community participation;
- Lower levels of crime and anti-social behaviour;
- Reduced substance misuse; and
- High levels of tenancy sustainment (Boyle et al., 2016).³⁴

However, *Housing First* is a resource intensive model which requires an adequate supply of affordable and well-maintained housing. Where this supply is lacking, as in Northern Ireland, there will be difficulties in full implementation of the model (Boyle et al., 2016; NIAO, 2017). That said, in 2013 a *Housing First* pilot was

developed by DePaul in Belfast and later extended to Derry Londonderry. This was funded via the *Supporting People* programme. A fully commissioned programme began in 2014 and remains in place in 2021. An independent evaluation of the first year of the programme found that out of 24 service users:

- 79% maintained their tenancy for a significant period of time;
- 63% reduced their alcohol/drugs intake;
- 79% reported improved self-care and living skills;
- 100% improved their money management skills (100%);
- 63% felt their physical health had improved;
- 67% reported improved family relationships;
- 50% reported reduced use of A&E; and
- 39% said their mental health had improved (Boyle et al., 2016).³⁵

The programme was found to be good value for money compared to other service provision. Although the start-up costs are higher, in the medium and longer term the service can save money – the cost per service user was £89 per week compared to £247 in accommodation-based services (Boyle et al., 2016). A social return on investment analysis by Boyle et al. found that for every pound invested in the service in 2014, there was a social value created of £15.06.

The data suggests that even this somewhat more limited version of *Housing First* which mainly focuses on wraparound support has positive impacts. Yet *Housing First* is only one of several initiatives which have been introduced in Northern Ireland in recent years to prevent and reduce the scale and severity of homelessness.

Other Developments in Northern Ireland

The shift within the Homelessness Strategy in 2014 towards prevention led to the development of several key priorities in Northern Ireland to enhance the prevention of homelessness (and statutory prevention duties in terms of offering advice and support were strengthened by the **Housing (Amendment) Act**

³⁴ Boyle et al. (2016) highlight that 88% of service users were still housed after five years in the original New York project; the rate was 90% in Amsterdam and Copenhagen, and just below 80% in Lisbon. After the first year in the Dublin project, more than 67% of service users were in stable housing compared to just 5% of Control Group members (Greenwood and Broomfield, 2015).

³⁵ Sadly, a further five service users died during the period the evaluation took place – indicating the chronic vulnerability facing many of the participants.



(Northern Ireland) 2010). These developments to prevent homelessness have included:

- The strengthening of the *Supporting People* programme to sustain tenancies for vulnerable clients, the *Smartmove* initiative to help sustain tenancies in the private rented sector and the establishment of the *Homelessness Prevention Floating Support Forum* to assist prevention and tenancy sustainment;³⁶
- The development of a Common Assessment Framework and Central Access Point to allow statutory agencies and service providers to better coordinate and target assistance (including the allocation of beds in temporary accommodation);
- The development of the *Beyond the Gate* programme led by Housing Rights, (it offers tenancy debt advice, mortgage debt advice and prisons advice among other forms of support to those who are homeless or at risk of becoming homeless); and
- The rolling out of the *Housing Solutions and Support* model by the NIHE (NIHE, 2017a, 2018).

Supporting People aims to help vulnerable individuals and families live more independently in the community, and support services are provided for up to two years and linked to need rather than accommodation type. Unlike in the rest of the UK, the *Supporting People* budget in Northern Ireland was protected from 2008 onwards – with the 2015 review conducted by DfC recommending that *Supporting People* continues to prioritise ‘floating support’ approaches to tenancy sustainment (such as *Housing First*) (DfC, 2020a). The ongoing ringfenced funding for *Supporting People* in Northern Ireland has been welcomed and the efforts at tenancy sustainment are argued to be a cost-effective means of reducing homelessness (NIHE, 2020).

Smartmove was established in 2014 and included a needs-assessment to help clients secure and maintain private rented accommodation, which is particularly important in Northern Ireland given the limited turnover of social housing stock. There were however early mixed responses with regards to the initiative, one criticism being that it initially focused solely on those who were statutory homeless before being broadened out to include a wider cohort of those who were homeless (see Boyle and Pleace, 2017).

The *Beyond the Gate* initiative began in 2015 and provides support to newly released prisoners in housing need. An evaluation of the programme in 2016 found that more than 20% of service users had been in their tenancy for more than six months – and given that it costs approximately £60,000 to incarcerate one adult for a single year in Northern Ireland, the social return on investment is likely to be significant for those service users who do not reoffend and manage to remain living in the community (see DfC, 2020).

The *Housing Solutions and Support* model was piloted in three areas in 2015 (Causeway, South Down and Belfast) and finally rolled out across all NIHE offices from April 2018. It is based upon the *Housing Options* model of homelessness prevention which had been previously developed in GB (Scotland and England).³⁷ This ‘problem-solving’ and ‘one stop shop’ approach provides frontline staff with training so they are able to assist an individual explore their best options and choices to prevent homelessness (with all tenure types assessed, see Boyle and Pleace, 2017). Households are supposed to be supplied with just one point of contact who takes ‘ownership’ of their case (DfC, 2020). This was in response to previous criticisms by households seeking advice for homelessness as being passed ‘from pillar to post’ (see Fitzpatrick et al., 2016). Advice stretches beyond housing into debt related advice, family mediation, support with physical and mental health issues; and support in terms of seeking employment/financial advice (Fitzpatrick et al., 2016). Data relating to March 2016 in the pilot phase found that more than 10,000 individuals had been provided with support; more than 10% were helped to sustain their tenancy, 37% were rehoused in the social housing sector and over 13% were supported to access the private rented sector (NIHE, 2017: 20).

Simon Community NI, alongside partners, the Northern Health and Social Care Trust and the Northern Ireland Housing Executive, have developed *Housing First for Youth: A preventative approach to reduce homelessness and promote stability within a chaotic Looked After Children population*. This model was established in 2018 and focuses on early intervention, providing a flexible housing and support solution to Looked After Children aged 16-18 years, who without such would enter adult homelessness. Due to the success of this service, it is expanding for young people in Belfast and South Eastern Trusts. The success of the Housing First Model is not in the bricks and mortar but in the *permanence* of the support they receive. Compassionate and trained staff, each with their own bespoke experience, support the young people and are

³⁶ The latter is chaired by NIACRO and EXTERN.

³⁷ The statutory duty placed upon the NIHE to assess any household that may be homeless or threatened with homelessness still applies regardless of the Housing Solutions approach.

the lynchpin of an effective service, providing 24-hour support. Needs are identified and delivered within urban settings where the individual has an opportunity to remain anonymous, access additional support services effortlessly and begin the next chapter of their life into adulthood. Importantly, support moves with the client should they relocate – somewhat of a new experience for individuals who may likely have changed services and key contacts multiple times throughout their childhood.

The Tenancy Sustainment Programme was initially funded by Nationwide with some additional financial and corporate support from Simon Community NI. Since October 2020 the NIHE's Homelessness Prevention fund has funded the programme. The programme and postholder are based within Simon Community's Housing Solutions team. As such it is part of the partnership programme between the Simon Community NI and the NIHE Housing Solutions teams. The Scheme was created by the Simon Community NI to support homeless people into their own tenancies by overcoming access barriers for clients who are otherwise 'tenancy-ready' and marketing the benefits of working with homeless people to the private rented sector. There are two strands of work: *Financial Support* assisting clients by making a deposit payment into a statutory protected scheme on their behalf and *Housing Support* providing advice, guidance and practical support in the transition. This is responsive to the client needs and lasts as long as is reasonable. It is specific to the transition and not an alternative to floating support or other housing support provision.

The programme is open to anyone who is homeless or at risk of homelessness. Referrals can come from any source although we encourage referrals from professional on behalf of their client/customer/service user. The programme has had a high success rate. Since 2019 it has supported 160 people into their own homes, 129 of these in 2021 alone. Of these:

- 159 lasted beyond 3 months* (99.3%)
- 157 lasted beyond 6 months* (98.1%)
- 150 tenancies remain in place

The numbers include shorter tenancies which are ongoing.

The support service is tailored to needs and reduces with time as people regain their independence or

no longer need support. At the end of the tenancy the tenancy deposit is 'owned' by the tenant and is available to use as a future deposit.

The Shared tenancy model is funded by the NIHE. It was developed to support young people experiencing homelessness who want to explore shared living. Problems accessing affordable housing have impacted significantly on young people but in addition to the benefits of cost sharing there can be additional benefits including peer support. MACS work with young people interested in sharing to match them to a like-minded person and prepare them for shared living through a tenancy ready programme.

While some initiatives are longer term and have been evaluated it can be difficult to be clear about the longer term success and sustainability.³⁸ This is not helped by the short term and precarious nature of much of the funding.

2.9 Summary

The review of the literature has found that there is no single definition of any form of homelessness, including 'hidden' homelessness, although there are core indicators which tend to apply to those who are 'hidden.' This includes those who are not visible on the streets and those not applying for support from statutory or community/voluntary service providers and who are therefore not included in official statistics (as statutory homeless). Those who do present for assistance, but either withdraw from the process or are rejected for FDA status, are also at greater risk of falling through the gaps in the system and becoming 'hidden.' Fitzpatrick et al.'s (2016) definition of 'hidden' homelessness is the most nuanced as it moves beyond using 'sharing' and 'sofa surfing' as synonyms for 'hidden' homelessness to highlight the complexity of the issue.

There are 'risk' factors and pathways into all forms of homelessness (statutory, 'chronic' and 'hidden'), with individual, social and structural factors interlinking at differing points in an individual's life to increase their vulnerability to homelessness. Structural issues relating to poverty, the impact of Welfare Reform, housing supply and the more recent impact of Brexit and the lockdown associated with the Covid-19 pandemic increase the housing precarity of low-income households alongside meso and micro level causal factors which vary for each person. While theoretically it is correct to suggest that 'anyone' can become

³⁸ Thus, in the relatively recent Chronic Homelessness Action Plan, these statistics from the pilot in 2016 are the latest referred to (see DfC, 2020).



homeless, the data is clear that some groups are more vulnerable including care leavers, former prisoners, asylum seekers with no recourse to public funds, young LGBTQ people, victims of domestic abuse, those with mental health, drug and/or alcohol dependency and those from low-income households. These factors are both causes *and* consequences of homelessness and indicate that homelessness is about much more than ‘bricks and mortar’ and is often related to a wider range of intersecting vulnerabilities. Those who are defined as ‘chronically’ homeless (including rough sleepers) tend to be those with the most acute needs in terms of mental and physical health and potential alcohol/drug use. Young people would appear to be particularly vulnerable to ‘hidden’ homelessness and, in particular, ‘sofa surfing’ mainly as a result of the economic impacts of Welfare Reform and/or the breakdown of relationships in the family home (Clarke, 2016).

The data from GB indicates that the increased focus on prevention strategies has had some impact. Two of the key legislative developments included the 2012 decision in Scotland to revoke the criteria of priority need and the 2017 Homelessness Reduction Act in England. The former has widened access to statutory homelessness support and led to an increase in the numbers of young and single applicants who would hitherto have not applied or most likely been rejected as they lacked priority need. The latter legislation in England increased the timeframe within which statutory authorities must provide assistance to households threatened with homelessness from 28 days to 56 days. Priority need remains part of the four-stage statutory homelessness test in Northern Ireland, and the timeframe within which statutory support and advice which must be provided to those ‘at risk’ of homelessness in Northern Ireland remains at 28 days.

Across the UK, the largest category of applicants to the statutory system seeking help with homelessness are single households without children. Relatives or friends no longer willing or able to offer accommodation, relationships breaking down, and disputes within households are other primary reasons for loss of home across the UK. In Northern Ireland there has been an almost year on year increase in the numbers of people accepted for FDA status – standing at 67% in 2019/20. The category of ‘Accommodation not reasonable’ is a category unique to Northern Ireland which reflects the local practice of rehousing older citizens with physical/mental health vulnerabilities via the statutory homelessness route (and is more reflective of a housing need rather

than homelessness per se). ‘Accommodation not reasonable,’ ‘Sharing breakdown/family dispute,’ and ‘Loss of rented accommodation,’ accounted for 61% of reasons for statutory homelessness presentations in 2019/20. But the data indicates that those presenting with ‘Accommodation not reasonable’ are more likely to be accepted as FDA (85%) compared to ‘Sharing breakdown/family dispute’ (58%) or ‘Loss of rented accommodation’ (59%). The older an individual is in Northern Ireland, the more likely they are to be accepted for FDA status – ranging from around 34% of 16-17 year olds to more than 90% of the over-70s.

Quantifying the levels of ‘chronic’ homelessness is also difficult. Flawed street count methodologies for counting rough sleepers in the UK based upon visibility only mean that many of those who are likely to be rough sleeping are not included in the statistics and end up ‘hidden.’ There are two approximate estimates of the scale of ‘hidden’ homelessness in Northern Ireland which vary due to different definitions and methodologies.

Since 2014 there has been increased focus in Northern Ireland upon prevention related activity. However, challenges relating to the availability of prevention related outcome data in Northern Ireland means that it is difficult to assess the effectiveness and sustainability of these measures. Housing supply is a critical issue. With a social housing waiting list of almost 39,000 and almost 29,000 households in housing stress, the provision of affordable and accessible housing limits progress on tackling ‘hidden’ homelessness.

The themes identified in this section will be returned to in sections four and five when the findings and discussion sections further interrogate their relevance for the Northern Ireland context. The following section outlines the methodological approach which underpinned the fieldwork for the research.

3.0 Methodology

As a result of the COVID 19 pandemic changes had to be made to the methods employed. The research approach originally agreed with the Simon Community involved a two-stage process:

Stage One:

- Literature and Policy Review; collation and analysis of relevant statistical data and secondary data analysis;
- Completion of Ethical and other protocols;
- Engagement with public institutions and NGOs to establish a qualitative framework.

Stage Two:

- Fieldwork and Discussion;
- Interviews with NGOs and Statutory Stakeholders;
- Interviews with people experiencing 'hidden' homelessness;
- Production of draft report;
- Focus group to discuss draft findings and recommendations;
- Production of final report and policy brief; and
- Final dissemination and impact event.

This is a qualitative research design that includes a comprehensive literature review, scoping of current practice and robust primary data collection through semi-structured interviews with service providers and key stakeholders from the statutory and community and voluntary sectors. The indicative research framework also provided for a number of in-depth case studies to explore some specific cases of 'hidden' homelessness in greater detail. The initial project design aimed to collate this data via interviews with service users.

Our approach has been concerned not only with methodological rigour but also sought to maintain flexibility and responsiveness to the changing nature of the research and external circumstances. Ethical approval was obtained from Ulster University for

the study. In terms of case studies, researchers were cognisant of the difficulties both service users and service providers were experiencing during the Covid-19 pandemic. As such, engagement with service users for the case studies was dependent on relationships being developed with service providers and by extension service users. Due to the emergence of the Covid-19 pandemic, associated lockdowns and public health guidance and regulations it was only possible to secure discussions with five individuals who had had direct experience of 'hidden' homelessness.

These discussions were arranged with service provider staff who sought the prior informed consent of the participants with whom they worked. Ulster University staff followed up upon this initial agreement with a telephone call. For ethical purposes, the focus was upon those people who had experienced 'hidden' homelessness in the past – but who were now in a much improved and more secure housing position. These case studies have been anonymised and are interspersed amongst the discussion of findings within section four of the report. They case studies cover a myriad of issues that are intended to be illustrative of, rather than exhaustive, of the factors that can contribute to and worsen the impact of 'hidden' homelessness.

Overall, the methodological approach of a small number (n=5) of case study interviews was dovetailed with two additional methods:

- Semi-structured interviews with 45 interviewees in the statutory and community/voluntary sectors. While four participants were interviewed face to face pre-Covid-19 pandemic, the remainder were held online beyond March 2020 via secure platforms such as Zoom (requiring meeting room codes and passwords); and
- Three facilitated workshops were held in Belfast, Derry Londonderry and Newry with more than 35 youth workers in attendance. These workshops were held in February 2020 just prior to the Covid-19 pandemic.

Semi-structured interviews were chosen as the most appropriate means of gathering data, rather than the structured or open life-history interview which tends to be unstructured (Rubin and Rubin, 1995). The



benefits of semi-structured interviews are that they retain enough structure to allow comparison across the data, while at the same time are flexible enough to allow interviewees to steer the conversation towards topics that they believe to be relevant, as opposed to solely discussing what the interviewer feels is important (Sarantakos, 2013).

With the prior informed and written consent of interviewees interviews were digitally recorded (or via the record facility on Zoom) to enable attention to be devoted to listening rather than writing notes (Bucher et al., 1956), as well as allowing for an in-depth transcription and more robust analysis of verbatim comments from both interviewer and interviewee (Gordon, 2012). With regards to the use and storage of data, all interview recordings and transcripts were kept on password protected computers and anonymised transcripts were kept separate from the information key, which provided actual demographic information on participants (UU, 2015). To protect anonymity, no individuals or organisations have been named in this report and all interviewees have been assigned a code and number depending on whether they are a service provider (SP), a worker in a charitable organisation (CH), an employee of a statutory organisation (ST), a member of a community and voluntary sector organisation (CV), or other stakeholder (O). In addition, the five case study participants have been assigned a pseudonym to protect their identity.

Computer Assisted Qualitative Data Analysis software (CAQDAS) in the form of NVivo 12 was utilised to code, organise and analyse the interviews (Bazeley and Jackson, 2014). While it is still up to the researcher to input, interpret and analyse the data themselves (Silverman, 2013), the software allows for a more efficient coding of themes into differing categories (nodes) which can then be analysed vis-à-vis one another to explore possible connections between the data (Bazeley and Jackson, 2014). This concept of coding and exploring linkages between emerging themes via constant comparison is a key concept within grounded theory (Glaser and Strauss, 1967), and helps guard against an overly prescriptive and deductive approach wherein the researcher is imposing themes upon the data rather than 'listening' to it (Denzin and Lincoln, 2005).

The use of CAQDAS such as NVivo improves the rigour of data analysis which can assist in countering some of the accusations of 'anecdotalism' which are often levelled at qualitative research (Silverman, 2013).

Some qualitative researchers have responded to these accusations by suggesting that the concepts of data validity and reliability, which are employed primarily within quantitative studies, are inappropriate in qualitative research (LeCompte and Goetz, 1982). Instead, it is argued that trustworthiness and authenticity should be used when assessing the validity of qualitative work (Guba and Lincoln, 1994). We have attempted to improve data reliability and validity by cross-analysing the NVivo dataset across the research team (Bryman, 2012), although we acknowledge that the context dependence of case-studies impacts upon their external validity and transferability to other contexts (Yin, 2009).

4.0 Research Findings

Findings are outlined in two sections. The first section pertains to three facilitated workshops conducted by the Ulster University research team in February 2020 as a pre-cursor to interviews with key stakeholders. The second section covers the data collected and analysed from the semi-structured interviews with 45 participants and five case studies. This second findings section has been divided into five sub-sections based upon the emergent themes that were identified through a comprehensive NVivo analysis of transcripts of recorded interviews with research participants. The five themes are:

- Definitions of ‘hidden’ homelessness;
- Factors contributing to ‘hidden’ homelessness;
- Barriers or challenges to helping or meeting the needs of people who are ‘hidden’ homeless;
- Impact of experiencing ‘hidden’ homelessness; and
- Impact of the Covid-19 pandemic.

The themes are not intended to be exhaustive of the data collected, rather they are indicative of the experiences of service providers (SP), statutory sector workers (ST), charity workers (CH), community and voluntary sector workers (CV), and other stakeholders (O) interviewed who work in the homelessness sector.

Facilitated Workshops

In spring 2020 before the introduction of Covid-19 measures limiting face-to-face meetings, the research team, in conjunction with YouthAction NI, facilitated three workshops across Northern Ireland. The purpose of the focus groups was three-fold. Firstly, to identify key stakeholders; secondly, to elicit emergent themes; and thirdly, researchers were determined to ensure the research study incorporated stakeholders from across Northern Ireland and the rural/urban divide. The workshops were held in Belfast, Newry and Derry Londonderry respectively. More than 35 youth workers attended the events. The views of youth workers were believed to be particularly important given the focus within the literature on the vulnerability of young people to becoming ‘hidden’ homeless (and of relying on ‘sofa surfing’ in particular).

At each workshop, two members of the Ulster University research team were present to facilitate the discussions and to take anonymous, hand-written notes. Analysis of the notes revealed emergent themes; factors that contribute to ‘hidden’ homelessness; and the impact of being ‘hidden’ homeless. The key findings across the three workshops have been summarised in Figures 4, 5 and 6.

Figure 4: Emergent Themes

Emergent Themes
<ul style="list-style-type: none">• ‘Hidden’ homelessness traverses all aspects of society;
<ul style="list-style-type: none">• Comparable issues between rural and urban settings but distinct differences which will be explored in interviews with key stakeholders;
<ul style="list-style-type: none">• Gender breakdown: ‘hidden’ homelessness in NI is a particularly acute issue for young women (aged 15-21) and young males (18-23) as well as older men (35+);
<ul style="list-style-type: none">• Hidden’ homelessness is a manifestation of personal and societal issues: poverty, some criminogenic lifestyles, gambling, relationship breakdown, drugs and alcohol, mental health issues;
<ul style="list-style-type: none">• Approaching housing organisations can bring rules and regulations that limit a young person’s individual freedom and independence, as such, they may then refuse to engage and will remain homeless;
<ul style="list-style-type: none">• “Is it about providing houses or enabling people to create a home?”



Figure 5: Factors identified by attendees that contribute to ‘hidden’ homelessness in NI

Factors that contribute to hidden homelessness	
<ul style="list-style-type: none">• Gambling	<ul style="list-style-type: none">• Debt
<ul style="list-style-type: none">• Paramilitary threat	<ul style="list-style-type: none">• Scared to go to social services because of the stigma/perception
<ul style="list-style-type: none">• Family Breakdown	<ul style="list-style-type: none">• Overcrowded homes and societal expectation of leaving the family home at a certain age
<ul style="list-style-type: none">• Sexuality of young people – LGBTQ – can cause friction with family members	<ul style="list-style-type: none">• Unexpected pregnancy
<ul style="list-style-type: none">• Prisoners released from prison but rejected by family (and society)	<ul style="list-style-type: none">• Welfare Reform and Universal Credit
<ul style="list-style-type: none">• No home = no abode = no eligibility for welfare	<ul style="list-style-type: none">• People don't know where or how to access support services
<ul style="list-style-type: none">• Drugs and Alcohol issues	<ul style="list-style-type: none">• Some people often don't realise how difficult it is to get and then manage a home/house so can end up in a cycle of being in and out of housing/homelessness
<ul style="list-style-type: none">• Young people are susceptible to being misinformed by peers and often then do not take the advice from professionals, instead believing their friends/peer group	<ul style="list-style-type: none">• Estate agents and landlords can be selective and refuse to offer accommodation to certain people because of profiling.
<ul style="list-style-type: none">• Homes are uninhabitable yet someone can be classified as having a house but become ‘hidden’ homeless because of the state of disrepair of their house.	

Figure 6: Impact of being ‘hidden’ homeless

Impact of being hidden homeless	
<ul style="list-style-type: none">• Feeling lonely and isolated	<ul style="list-style-type: none">• Certain tasks can feel challenging or insurmountable
<ul style="list-style-type: none">• Lack of self-worth and confidence	<ul style="list-style-type: none">• Unable to convey the impact of ‘hidden’ homelessness on their overall health and well-being
<ul style="list-style-type: none">• Sense of hopelessness and inability to view life in a positive manner	<ul style="list-style-type: none">• Detrimental effect on relationships and ability to maintain employment, hobbies or other social activities
<ul style="list-style-type: none">• Emergence or deterioration in mental health issues	<ul style="list-style-type: none">• Prevailing sense of fear and uncertainty.
<ul style="list-style-type: none">• Awareness of being stereotyped, stigmatised and demonised by the wider community	

Interview Data

This section presents the main findings to emerge from interviews with 45 individuals across a range of sectors. The section also includes presentation of the case study information from our five interviewees who have personally experienced 'hidden' homelessness.

4.1 Conceptualising 'hidden' homelessness – the problem with definition

Participants were asked a range of questions pertaining to their conceptualisation and understanding of the term 'hidden' homelessness. In particular, they discussed how they would define 'hidden' homelessness, what the term meant to them, to whom it applied, and whether it was a term they used or came across regularly. There was great disparity in the responses with a significant number of interviewees linking 'hidden' homelessness to more broader constructs of homelessness. 'Hidden' homelessness was rarely viewed as a distinct phenomenon, separate from other forms of homelessness which, despite the statistical limitations, are more easily recorded. Moreover, there was a prevailing consensus that society has little understanding of the scale, nature and extent of 'hidden' homelessness, nor the individuals affected by it. As such, many acknowledged the need for further discussion and consideration of defining 'hidden' homelessness and raising awareness of the factors which cause and perpetuate it.

'Homelessness is seen as this thing apart from everything, whereas it's one part of poverty. It's one aspect of poverty, and it's connected to poverty, and it doesn't get solved without changes in terms of the levels of poverty, and it doesn't change without changes to housing.'
[SP1]

'I also think there's all these stereotypes about homeless people having addiction problems, and mental health issues, and that's not necessarily always the case. It literally could just be a relationship breakdown, and then the young person not knowing where to go. So, yeah, I think society, generally, doesn't really understand what hidden homelessness is.'
[SP2]

Those participants involved in providing direct assistance to people presenting as 'hidden' homeless were keen to emphasise that whilst there are various definitions or ways of conceptualising it, it is imperative that those who have a home but are unable to live there with security are included in any definition, particularly as:

'Somebody can actually be in a property but be deemed homeless. In other words, they're as good as homeless because their accommodation is not providing security and support.' [CV2]

Interesting discussions took place about how the lack of security attached to a person's housing or the unsuitability of housing was often particularly acute amongst older people and those with disabilities. This was largely, it was argued, due to the lack of accessible and adaptable housing (as suggested within section 2 by those older residents presenting to the NIHE for homelessness due to 'accommodation not reasonable').

'Another group of interesting hidden homeless people are older people, because one of the types of homelessness in the legislation is, 'deemed homeless.' It basically means you've got a roof over your head, but it doesn't meet your needs, and it's not reasonable for you to continue living in it. So, a lot of older people, especially homeowners are living in houses that are falling down around them because they can't afford to maintain them. They're maybe living in one bedroom in the house and, kind of, hobbling up to the toilet a couple of times a day, and you say to them, would you think about presenting as homeless? They're just like, "I'm not homeless."' [CH1]

'As we know, you can own your own home. I've a lady that can't return to her home because it's all stairs, and steep hills, and whatever else. It's not suitable for her to return to. She's in a nursing home now at the minute. But she would think, "But I'm not homeless, I've got a home." But no, your home is not suitable for you to live in, and she doesn't want to go back to it anyway. There's too many bad memories and all this kind of stuff, but she wouldn't class herself as homeless because she's got a home. So, it's about changing people's perceptions. Just because you've a roof over your head doesn't mean to say it's your home.' [CV1]



'The other thing which is regarded as homeless for us is working in the disability sector, and it is classed as the house being not fit for purpose and people would be classed as homeless, that is people with a disability that are living in accommodation but say for example, all their kitchen equipment, it might be fantastic and in good order but everything is out of reach of that individual. The person may be a wheelchair user, they may have mobility issues, they can't get to plug sockets, they can't reach cupboards and maybe there could be things like people might need adaptations in terms of some adaptations to the home itself to live in and they can only sleep in a small part of the house. We have people who have a good reasonable two-bedroom property or one-bedroom property and they can't go up the stairs simply because they can't access it or there's certain parts of the house that they can't access.' [SP3]

Many made the point that 'hidden' homelessness must not be viewed simply as a housing issue. Fundamental issues were therefore raised about whether every house of residence is actually a home, and what factors must be considered in order to enhance our understanding of 'hidden' homelessness. On that basis, it was suggested that 'homelessness is the absence of good housing,' and the lack of 'warmth, security, sufficient space and permanency.' Accordingly, those living in overcrowded conditions, within homes that are unsuitable for their needs, or those who are residing in accommodation where they feel insecure and unsafe, were considered as part of the 'hidden' homeless population.

'The word home is in homelessness, it's being place-less it's something different to being homeless. That sort of language. Before we get anywhere near getting people to recognise 'hidden homelessness,' we need to help people understand.' [ST2]

'There's no child in Northern Ireland who is without a home. It's what is a home that's the question? Is a home a roof over your head or is a home warmth and security and sufficient space, and permanency? But it is security, it is warmth and it is sufficient space for me and permanency. So, I suppose homelessness is the absence of good housing, for me, for children and young people.' [ST1]

Many interviewees also questioned the viability of the private rented sector as a suitable long-term alternative for those who are homeless, particularly given the lack of security of tenure within the sector, with tenants vulnerable to being made homeless at short notice should landlords decide to sell the property.³⁹ Additional challenges included the requirement to usually pay at least a month's deposit up front (and possibly also requiring a family member or friend to act as a guarantor), and potential attitudinal issues amongst landlords to renting out to particular groups of people; including young people, former prisoners, the unemployed and/or people receiving supplementary benefits. For vulnerable individuals, and particularly for those who have been through the care system or who have become homeless as a result of family breakdown, they may lack social support networks to help them access the sector:

'...our tenancy sustainment programme..., but one of its key focusses is to move people into the private rented sector as an alternative, if you like, for social housing. So, there are a lot of challenges accessing private rental, lots of challenges, and the financial challenges are often the least of those challenges. Being able to access your rent in advance, being able to access your deposit, it's a huge issue...' (CH7)

³⁹ As section two highlighted: this in fact tends to be the single biggest reason for loss of accommodation in the private rented sector in England – more so than rent arrears

'Margaret's' story, below, illustrates what can happen in the more extreme cases of landlord exploitation in the private rented sector, wherein despite having a roof over one's head, one may still feel without a home.

Case Study 1

Margaret, a woman in her mid-60s with complex disabilities, was recently re-housed with her teenage daughter in a rural community in the North West. Although Margaret explained that her time on the waiting list for social housing was relatively short, both her and her daughter consider themselves as being the 'hidden homeless' for almost a decade. Their ordeal, which Margaret describes as 'a living hell', was brought to an end due to the intervention of a homelessness charity which advocated on behalf of this family, helping them to navigate what was described as "a complicated system" which made them feel unworthy.

Margaret's story is one of hardship and despair, a life that was made 'unbearable' as a result of the behaviour and actions of her previous landlord. Initially, Margaret and her husband, who passed away a few years ago, had a 'good relationship' with the landlord, yet that quickly changed when the family had settled into their home. Although the rent and rates were covered by housing benefit, Margaret explained that the landlord placed a 'huge financial burden' on the family:

"It started about 4 months after we moved in. The landlord called by one evening and said that he thought he should get more money for the house. He demanded an extra £20 a month and said that we shouldn't go through Housing Benefit as that only complicated things. My husband didn't want any more stress, at this stage he was terminally ill. Despite my reservations, I handed him the money. This increased to £40 a month, and after my husband died it went up to £80 a month. He called regularly and demanded extra whenever he wanted."

In addition to the financial pressures, Margaret also stated that the landlord failed to carry out repairs, and despite receiving a grant to adapt the home to suit her complex needs, this work was never completed. Rather, the family had to live without a bathroom for over a year and were told repeatedly by the landlord that they were problematic, and 'would never get another house.' For Margaret, his actions equated to 'coercive control.' In fact, she claimed that although he was 'manipulative and physically abusive towards her,' her complaints to local authorities, including the police and council, were never taken seriously.

"I called the police a number of times. One time, he was waiting for me coming home in the dark and pushed me up against the wall demanding money. The police told me that it was a civil matter and wouldn't let me make a statement."

As such, Margaret continued with the tenancy due to "the fear of standing up to a man who is considered a pillar of society" and her lack of knowledge about the social housing system. Throughout this period Margaret and her daughter had to find money on demand, which left them without the basics at times. They also lived in fear of being evicted from the house as they had nowhere else to go.

"Quite simply, we had a roof over our head, but it was never a home. We lived in fear for our safety as this man is aggressive. He would come into the house whenever he wanted, using his own key. He would take photos of me and say that he was reporting me to the social security office as I wasn't really disabled. He left us with no money and caused so much heartache that I can't put it into words."



Margaret is now relieved that she has a place to call home and is grateful to a housing advice organisation who have supported her and her daughter, after her social worker set up a meeting with a support worker from the charity. By telling her story, Margaret wants to raise awareness about the actions of what she refers to as ‘rogue landlords,’ who capitalise on those who are vulnerable.

“I don’t want anyone else to go through this. I was trapped in this private rental. I couldn’t see any way out. I couldn’t make myself intentionally homeless, and no-one would believe me when I spoke about his (landlord’s) behaviour. I was brushed aside by the Housing Benefit office when I tried to explain that I was paying extra rent, and the police didn’t take the abuse seriously. I really think that the law needs to be changed or made more effective. The landlord abused his position and got away with it. I was essentially homeless in what was meant to be my home.”

The majority of participants struggled to convey a clear understanding of ‘hidden’ homelessness and how it is or should be defined. Subsequently, it was viewed in an abstract manner, set apart from other forms of homelessness which are considered more visible. As a result, some claimed that those experiencing ‘hidden’ homelessness were often considered as ‘bringing it on themselves.’

‘That is hard - how to conceptualise it. I suppose, people’s traditional understanding, or a stereotype of homelessness, is people sleeping on the streets, but we know that’s not the case. There are so many different types of homelessness, and whether that’s sofa surfing with friends, or even in hostels and supported accommodations. Those young people are still homeless. Those places are temporary accommodation, and they can’t stay there indefinitely. So, there’s always that temporary element of it, and that lack of security. So, that would, kind of be hidden homelessness for me and how I would understand it.’ [SP2]

‘A lot of people would think they just brought it on themselves. How can they have rent arrears? Why aren’t they paying their rent? Why don’t they get a job? Just go and get a job. So, I just know from the perceptions, and maybe different wee snippets of conversations you’ve had with people,

it could be friends, family members, or whatever, and a lot of them won’t believe that there is homelessness, because they don’t physically see it so much on the streets.’ [CV1]

Some participants suggested that the personal/individual and structural dichotomy, coupled with the dominant societal image of a ‘traditional’ homeless person, makes it problematic for people to comprehend how someone may be considered homeless, despite having accommodation.

‘I still think that there is a very, like, an archetypal vision of what a homeless person is, that it’s a street drinker sitting on benches, that they’re rough sleeping, that maybe they’re in hostels, but I think the idea of people being homeless with a roof over their head is hard for people to get their heads around it.’ [CH1]

In a similar vein, some interviewees sought to differentiate between temporary housing solutions and ‘hidden’ homelessness. What emerged was a suggestion of a ‘hierarchy of ‘hidden homelessness’, with those who are ‘sofa surfing’ deemed to be the most disadvantaged amongst this population.

‘I think it almost needs, for me, in my head, it needs to be seen in two blocks. There’s the temporary accommodation, which is temporary support of housing, and then there is an aspect of hidden homelessness around sofa surfing,

staying on people's floors, going from place to place, not even having a placement in a hostel. And I think whilst they both come under the category of hidden homelessness, I think they're two very different populations.' [CH3]

'I would even argue that people living in hostels, or temporary accommodation are homeless, because they don't have their own front key, basically. They have to abide by rules. It's not just freedom and safety of having a house and having a private home. So, in many ways the people treated more like houselessness rather than homelessness, and homeless takes in a lot more values.' [O1]

Whilst quite a number of interviewees provide support and advocate on behalf of people they saw as amongst the 'hidden' homeless population, many stated that the term itself is rarely used in their everyday dialogue with colleagues and service users. For some interviewees, the lack of discussion and focus on 'hidden' homelessness as a distinct phenomenon also has a significant impact on how those experiencing it understand and view their own situation. This, coupled with the fact that Northern Ireland is portrayed as a society of close-knit communities, characterised by large family networks and altruistic tendencies, feeds the perception that all needs are met, and can heighten the shame and stigma of seeking support beyond informal networks. Such sentiments are captured in the following statements:

'We are very hidden homeless in Northern Ireland, because we don't have the rough sleepers, because we don't have the cardboard cities. If you go to London, or go to any of the big cities, or Dublin. So, sometimes I do believe I live in a wee bubble living here. So, I'll speak specifically for Derry, because it's the second biggest city, and I don't be in Belfast that often, but our unhidden homeless are street drinkers, but they're not even homeless. So, our hidden homeless, because Derry is such a young, young demography, it is these wee young people that are sofa surfing, and it is the young single parent families, and I'm not just talking about women, I'm talking about men as well, that are single parents, that are basically living from relative, to relative, to relative, and that is our hidden homeless, and that's very, very hard to capture.' [CV3]

'Unless we see it through the prism of Northern Ireland, we won't understand what the issues are. The same is true I think of homelessness as well because what I said about communities, people want to live in certain communities, also the hidden bit is the family strength. Even if you do have a family member that's homeless, the chances are that somebody will put them up, unless there is the paramilitary ostracism and all that, and they're too scared. That's why it's so hidden and we understand it differently here.' [ST1]

'I think Northern Ireland is very precipitous in its own issues of homelessness, because we are very colloquial, even as a province we are very colloquial. We don't like people to know our situations. We are meant to have these massive extended families that look after each other, but we don't, but then it is still an embarrassment, and it is still something...if somebody would ring me and say I'm living with my...I'm not breaching confidentiality, but I got a self-referral yesterday from a single mum, three children, living with her sister, no other family support, and you think, if anybody read that they'd think, "No, this is Derry, this is Northern Ireland, surely she has a mass of family around her that can take her in?" but we don't. So, to me, the crux of hidden homelessness in Northern Ireland, and I can speak from the likes of Derry, Limavady, Strabane, it is that hidden embarrassment of, "Oh my God, I'm actually homeless, but do you know what, I'm not really because I'm living with my sister."' [CV3]

4.2 Factors contributing to 'hidden' homelessness

The potential causal factors contributing to homelessness have been discussed at length in the literature review (section 2.4). It is important to note that whilst many interviewees referred to the well-worn cliché that 'homelessness can affect anyone in society,' it was agreed that particular life circumstances increase the chance of a 'pathway' into 'hidden' homelessness, and ultimately make the journey back out of it more challenging and even insurmountable for some. Interviewees therefore discussed a range of individual, interpersonal and structural factors which they perceive to be the prominent issues affecting the 'hidden' homeless populations. These factors include



trauma, mental health issues, addiction, relationship/family break down, employment status and the ability to navigate the statutory processes in place to meet their needs, amongst others.

First and foremost, many interviewees discussed the link between trauma, poor mental health and addiction, as being significant contributory factors that result in people becoming ‘hidden’ homeless. Moreover, it is this combination which makes people more vulnerable to becoming ‘chronically’ homeless or unable to maintain a property as alluded to in the following statements.

‘A significant trauma in the past, a history of trauma, often going back to childhood, would be a big common factor, and then connected to that, addictions, and mental health have such an impact. So broadly speaking, for us, those would be the big factors.’ [SP1]

‘If you’ve someone sitting in a house, but their addiction is way off the scale, then that’s going to impact on their home, and they’ll end up then losing their home. Everything feeds in. So, it’s not just a matter of having a house. It’s having the whole package around that to make it successful. We will accompany people to support appointments, initially, because our whole thing is about promoting independence too. We don’t want the person becoming dependent on us.’ [CV1]

‘You will see people with dependency issues and enduring mental health issues. They’re heavily represented in the numbers we see coming through. Obviously, we have people who are homeless due to family breakdown, relationships, financial reasons, but the significant number of the people we work with have underlying mental health, substance use, trauma. Childhood trauma is huge for us in terms of physical abuse, sexual abuse and bereavement at a young age.’ [CH2]

Relationship breakdown was repeatedly cited as a significant causal factor of ‘hidden’ homelessness (and as highlighted by the statutory homelessness presentation statistics in Northern Ireland in section 2.6). Interviewees explained that relationship breakdown went beyond spousal breakdown to include, breakdown in relationships with parents and siblings which was particularly evident amongst younger people.

‘I do think what the two key commonalities of a lot of presenters, well maybe even three commonalities, one would be some sort of a relationship breakdown, should it be a partner, family, whatever it may be, there’s some sort of relationship breakdown, or maybe they’ve no-one to stay with and that kind of thing. So, there’s a relationship of some sort of breakdown. But the other two key areas that are nearly always involved are drug issues and mental health issues. So, I see that as a common thread to nearly everybody that comes our way.’ [CV1]

‘It is related to family breakdowns, young people have felt trapped maybe in unsafe circumstances, you know, physical or sexual abuse, for example, within a family setting. Then when they get to a certain age, I think they feel a bit more independent that they can leave that situation. Sometimes it can just be a fight with their mother, and they throw the head up and off they go. But a lot of them would have been in very unstable relationships prior to them leaving home, you know, maybe in foster care, living with step-parent that they don’t get on with, young men especially in the step-parent situation seem to find a clash with the step-father.’ [CV4]

‘In terms of our family services, generally it is to do with family breakdown. We would have a lot of young mothers that would come to us, who have maybe been living at home with their generations above them, so the grandparents, or great-grandparents, and as the family increases the stress and pressures within that house will increase and makes it almost unbearable for them to live there, and so they end up needing to seek accommodation. I think that’s sort of almost a cultural thing within Belfast, that you find that with a lot of families, that they do tend to remain within the family home, particularly single parents. So, technically, they are homeless, because they don’t have their own home to bring up their own child. So, that does come in under hidden homeless, and then as things start to break down then they reach out to look out for accommodation for themselves.’ [CH8]

Evidently, there are a number of issues which make it difficult for those who are already in a home to state that they are homeless, and as such, they remain ‘hidden.’ Explaining that the NIHE will assess whether

it is reasonable for someone to remain in their home, interviewees noted domestic abuse as another major factor which prevents someone remaining in their home. Examples of individuals staying in temporary accommodation for long periods or adopting a transient lifestyle whereby 'they move from place to place to avoid being found by the perpetrator,' or 'because they fear being stigmatised or ostracised by family and friends, if they disclose their circumstances to them,' were raised by interviewees.

As the statistics presented in section 2 of this report suggest, approximately one in ten of those presenting in the UK as statutory homeless are doing so as a result of domestic abuse. Most of these victims are women. However, 'Roger's' story highlights that there are also some men who have also become 'hidden' homeless as a result of domestic violence and 'coercive control.'

Case Study 2

Roger is now in his mid-70s and settled in his own apartment in Belfast after a tumultuous few years. He lived with his wife and step-daughter but shortly after his 70th birthday his wife was diagnosed with multiple sclerosis. She became physically and mentally abusive towards Roger whose family knew nothing about what he was going through. Roger has since realised that the abuse had been ongoing throughout their marriage, and he just hadn't acknowledged it. Roger has three children and five grandchildren from a previous marriage, but his second wife refused to allow him to see his family. Consequently, he had spent years sneaking out to celebrate things like Christmas and his grandchildren's birthdays. Roger admits he was careless with his money and all his money went into his wife's bank account and she would give him a weekly allowance to spend.

"I've worked my whole life. Since I was 15 and in the shipyard with my uncles I have been grafting. For 50 years I have been a carpet and floor layer. I have travelled all over Europe and earned a bucket load, but I haven't a dime to my name. You see, working class men like me, we just were brought up to hand over our wages to the head of the house. First it was my mum and then it was my wives. It sounds stupid saying it now but that's just the way it was. As long as we had a few 'bob' for the pub of a Saturday after the match that was grand. But it destroyed me not having cash in my hand to buy presents for my kids and grandkids. You just feel so worthless. Like when you call in to see them, you'd slip them some money to get themselves a treat. I did that and then hadn't a penny until she (his wife) would let me have some more. She never worked a day and neither did her daughter - it was my money they were living off!"

When the physical abuse started Roger knew he had to get away, but he didn't know where to go. He was embarrassed and he knew his family and friends detested his wife. He was worried they would tell him that he should never have married her and he only had himself to blame. Roger felt his only option was to get a mattress for the back of his work van and he would drive around at night before parking up near the house of a family member, usually his younger sister, and then call into see them first thing in the morning and make out he was just passing.

"I am in chronic pain with my knees after all those years laying floors. I am waiting for two knee replacements. I can barely walk half the time. I was scared to admit to people that I had ruined my life. I see all my mates and they show me pictures of them with their grandkids smiling and enjoying life. That should be me, but instead I was going home to be told I was worthless. She (his wife) bought a massive new TV, yet I was sat with a blanket round me to keep warm sitting in the garage listening to my wee radio. She wouldn't let me in the house after I'd been working as I would make it too dusty apparently. I am not a wimp, I mixed it on a football pitch with the hardest of hard men back in the day. But you don't hit a woman. Never, ever. I just took it. What option did I have?"



Things came to a head for Roger when a close relative died in England and his two sisters booked for the three of them to fly over and stay in a hotel to attend the funeral.

“I couldn’t afford it. I sat and cried in my van as they are my younger sisters, and I was letting them and my parents down by not looking after them. I was laying my sister’s floor at the time and my brother-in-law just knew I wasn’t right. He sat me down when my sister was at the shops and I told him I was broke. He paid for the whole trip and then when we were leaving to fly over he slipped £300 into my hand to buy drinks for the family over there. He told me to say it was all from me. He will never know what that meant to me.”

Roger was sharing a room in the hotel in England with his cousin who overheard his wife screaming abuse at him down the phone. His cousin told Roger’s sisters and he decided to tell them everything. It was then that his life got back on track.

“My sisters are strong Belfast women. Hard, but loving. They give me what for, and the moment we got back to Belfast I decided I wasn’t going back there. My sisters took me in. I smile about it now, but for days I worried about what would happen if either of my sisters ran into my ex-wife, all hell would have been let loose.”

Roger didn’t know where to turn to in terms of statutory agencies for support. His sisters approached an organisation specialising in accommodation for older people. Due to Roger’s diligence in paying taxes and national insurance throughout his life he was entitled to an apartment back in Belfast at a nominal rent. Roger is happier than he has ever been. He lives within walking distance of his sister, his cousin and two of his children. He gets to see his grandchildren most days, as his apartment is on their route home from school. Following legal action to get access to his bank accounts he found out he had enough money to buy a boat and return to sailing with his son. Something he had longed to do. However, he is keen to highlight that he still doesn’t know how he ended up in this position of having his own apartment and being able to live happily.

“I don’t know what forms I signed or what I was getting. My sister was with me, thank God, and she knows about all this kind of thing. The nice young fella at the housing place asked loads of questions, but to be honest I didn’t know what he was talking about. Then when I moved in, I couldn’t get the gas or electric or TV sorted. I had a bunch of documents but every time I phoned and sat on hold, they would tell me to go online or give them my email address. I don’t have a computer and don’t want one. I just wanted a card or something so I could dander up to the shop and top up my heating when I needed it. The nephew sorted it though and it is all in his name. I just leave the money in an envelope and he lifts it when we go to the match. That keeps me right.”

Detailed analysis of interviewee transcripts revealed a multi-faceted and cyclical nature of factors contributing to ‘hidden’ homelessness, whereby many suggested that ‘a house is simply one part of the equation.’ As such, some service providers alluded to examples of supporting individuals, in terms of finding accommodation and addressing the ‘trigger’ or causation of their homelessness, only to find that in certain cases, solutions were short lived or unable

to resolve the complexity of their situation. Factors such as isolation, unsuitable housing, unemployment, lack of family and support networks were noted as contributing to long experiences of ‘hidden’ homelessness and exacerbating existing support needs or creating new ones.

“We know that our young people are socially isolated when they move into the community.”

A lot of young people are moving on from these environments if they manage to get a property. They're moving into a house by themselves, and it's really lonely, and there are issues around managing a tenancy that they've haven't had to come across before. So, they can struggle with that, understanding it, and even just being aware of what their responsibilities are.' [SP2]

'There are people out there with that very transient lifestyle, and they're doing themselves no favours, because everybody is trying to get them the support that they need, and then as soon as they're got, they're away again. So, they're running away from their problems, or whatever it is, and getting no support.' [CV1]

Employment status was also raised as a key factor which creates and often perpetuates 'hidden' homelessness. One example cited was that those on zero-hour contracts are particularly vulnerable as they are often unable to secure private rental accommodation or acquire the financial resources which may help them to find a path out of 'hidden' homelessness. The ramifications of labour market precarity and the impact on maintaining a tenancy or mortgage, it was felt, had been highlighted to a greater extent during the periods of lockdown introduced in response to the Covid 19 pandemic. However, the point was often made that these more recent events had exacerbated and illuminated but not created the problems.

'It's incredible to see the numbers of people we have, and even people along the surface may seem to have come into homelessness as a result of an event like losing a job, or financial, often have something in the background there as well, that makes an event like losing a job become catastrophic, rather than being able to manage it, as many others do.' [CH2]

'It just renders them completely vulnerable. It's impossible to sustain a job or go for training. So, if a person is in that position for a long period of time, it's unlikely they're going to be working. Or if they are working, that they will go off sick because it's not possible to live on somebody's sofa and continue to maintain your daily life.' [CV2]

Service charge arrears can also leave some individuals more vulnerable to becoming 'hidden' homeless:

'We've had people come to our services that have been asked to leave social housing, that they were put in by the Housing Executive, because they haven't kept up with their additional rent payments, and then once they move into our service that debt that they have with the Housing Executive follows them. So, when we're claiming housing benefit for those individuals, we don't get the full housing benefit for them. So, we increase their personal charge, and then they can't meet that payment, and there's only so long we, as an organisation, and I'm sure any other homeless providers, can sustain that for... that can result in us having to ask somebody to leave, because this debt is mounting and mounting which then means that somebody, they're back on the streets, or just moved around to another provider for them to carry some of that debt for a period of time, and that's how sometimes that revolving door happens.' (CH8)

Several interviewees also spoke of how an individuals' inability to acknowledge that they need help and support and how to access it, was also a contributing factor for 'hidden' homelessness. It was claimed that individuals are often unable to navigate the procedures within the NIHE and other statutory organisations, in terms of conveying their complex needs and circumstances, as well as completing the forms or engaging with 'officials.' One interviewee also mentioned that language barriers can result in people becoming 'hidden' homeless, due to their inability to communicate effectively with service providers.

'Those people that are having language issues, like people who from the Somali or Sudanese community. They need some sort of language support in some of these areas where they need to look at, that maybe they are putting themselves at risk, or out there because they are not able to be supported in the speaking of the language. So maybe in terms of filling the forms properly, or knowing the language, what to say on these forms, it puts themselves out.' [CV4]

'A lot of people who potentially end up hidden homeless are in the situation because some of them just didn't know what to do, especially people maybe economically homeless who haven't come from a background where it's been familiar to them.' [CH4]



Many participants returned to the role of structural factors and the need to address these to tackle 'hidden' homelessness.

'Homelessness, it's not just the result of one thing, there's individual factors. But there's also structural factors, there's Government policies and stuff. The housing supply, the affordability of properties, poverty, inequality, welfare benefits, income policies. All those things as well affect... there is a structural element of homelessness which people don't acknowledge. Yes, there are individual factors, but they're big factors, like abuse, family estrangement, all that family dynamic stuff is really, really difficult. And when people haven't been parented and can't parent, then issues arise, combined with the structural factors, it's huge.' [CV2]

'So, the same kind of structural problem is there as well. It's the lack of consideration for how policies are implemented and how it impacts on different groups in certain ways. There's also a lack of sufficient training for the people engaging with people in need, so that they're able to respond to their needs in an appropriate way, without that person feeling that there's a barrier placed between them and what they're entitled to.' [CV5]

Drawing on their professional expertise in working in the homelessness sector, interviewees identified specific groups, whom they consider as being particularly vulnerable to becoming part of the 'hidden' homeless population, including:

- Young people;
- Over 55s;
- Members of the LGBTQ population;
- Those with no recourse to public funds (including those seeking asylum);
- People leaving prison;
- Single parents.

With regards to young people, there was a consensus that they were acutely vulnerable to 'hidden' homeless as they are often an already marginalised and isolated demographic, who may lack the awareness or confidence to access support (see also Sanders et al., 2019). On that basis, many interviewees acknowledged

the vital role of youth organisations and their ability to affect change in the lives of their young service users.

'As a marginalised group within society, young people often lack awareness of services. They often lack confidence to challenge a service provider, if they feel they're being led up the garden path by being passed from pillar to post and becoming a pinball. It's a chronic crisis within hidden homelessness, because at least when you're an adult and you're homeless, it's not always the case, but you may just have that wee bit more of a knowhow, more maturity. You might have some social systems that young people don't have. Like, you might have stronger ties to your political reps (sic) in your community because you grew up with them, I don't know. But young people seem to be further marginalised due to their lack of ability to communicate their issues clearly, which is where I think youth work came in and played a great role in this process because we were able to actually say, "Look, tell me what your problem is."' [ST2]

For those young people in care or leaving care, the likelihood of becoming 'hidden' homeless was considered as being 'especially pronounced'. It is also worth noting that a few interviewees expressed the view that children in care are essentially the 'hidden' homeless throughout their lives, as 'their circumstances mean that they may have a roof over their head, but too often, it is not necessarily a home.' It was argued that one of the main issues for young people aged 16-18 within the care system was the fact that they 'fall into a gap within the system,' given that neither social services nor the NIHE are able to engage or be legally responsible for providing accommodation. Interviewees were keen to stress that this is not the fault of either statutory organisation, rather it is a fault in the system as a whole. Coupled with this, some also explained that in many instances their young service users (aged 16-18) are often unwilling to engage with social services, which serves to compound their situation.

'We would have a number of 16 and 17 year olds. At the moment, I can think of a couple that I'm working with that won't engage with social services, as they don't trust them. So they choose to sleep on any sofa they can find, or any street they can find, because the Housing Executive don't have an obligation to house them at that age, it's down to social services. So until they're 18, the Housing Executive can't do anything. And sometimes it feels like a waiting game until they

are 18. Then you can also have the factor that they may be deemed to be intentionally homeless because the parents are maybe saying, "Oh, they're welcome back here." But maybe things have happened that they can't return.' [SP4]

Finally, interviewees, explained that when these young people reach adulthood at the age of 18, 'they automatically become homeless.' What follows is often a prolonged period of instability and insecurity, whereby they enter the 'hidden' homeless population, often relying on friends and acquaintances for accommodation, which tends to bring its own set of problems and challenges. According to some, this lack of stability can lead to negative influences, such as drug and alcohol misuse, leaving them more vulnerable to abuse. This impacts on their ability to find a pathway out of 'hidden' homelessness, or to maintain a property should they find one. Interviewees were keen to stress that it is vital to advocate for change in what may be seen as 'a somewhat pre-determined path for young people in care.' In other words, given that 'they are already known to social services and relevant statutory agencies,' 'young care leavers should not be destined to such insecurity and instability when they reach adulthood' (see also Ross et al., 2018).

'I suppose people coming out of care is a big one. As soon as they turn 18, they come out of care, they maybe have no family, but straight away they are just going to a homeless hostel, or some supported living.' [CH5]

'Imagine that a young person has been living in a children's home for 10 years, or have been living in a foster placement, or even in and out of care. Well on their 18th birthday, because by law, as they are now an adult, they have to go and present themselves as homeless. If you look at all the statistics in the research, it shows that for young people that have an experience of care, there's a higher likeliness (sic) of homelessness continuously throughout their life. As well as a higher likelihood of drug use and alcohol.' [CH6]

'The other thing is that we have a care population in Northern Ireland, that actually on their 18th birthday, especially children in residential care, their natural pathway is to become homeless on their 18th birthday. So, for me, there's a range of reasons why this population continues to be an issue, but these children just didn't wake up at 18 and become homeless. They have been known to a multitude of services. They have been known to school, probably to Special Educational Support. They may have an interface of CAMHS, the Youth Justice System. So, these young people aren't unknown so that they get to 18 and become homeless, and I think that's what we've got to look at.' [CH3]

'Amy's' story is one which was impacted upon by complex and overlapping issues (including domestic violence, experience of care, mental health issues and addiction) which led to her becoming 'hidden' homeless from a very young age.

Case Study 3

'Amy', a young woman in her early 20s, is optimistic about her future as she talks about enrolling in University and building a home for her and her daughter. Having recently started a new job supporting young people at risk of becoming homeless, Amy is determined to affect change in housing policy, and in the lives of those who are heading down a path of 'chronic homelessness and instability,' a path that she knows all too well.

Explaining that she has been 'the hidden homeless' throughout her life, Amy reveals that her childhood 'was plagued by domestic violence,' with her and her mother constantly fleeing their home to escape her abusive father. Staying in hostels, 'granny's sofa,' or 'being in and out of care' was her normal. In an attempt to escape reality, Amy began taking drugs, engaging in harmful behaviours and missing school. At the age of fourteen she became a mother and was subsequently separated from her child, when they were both placed into the care of social services. Moved from place to place, including B&B's and a two year stay at a women's refuge, Amy was finally allocated a NIHE home at the age of 18.



“The NIHE were reluctant to give me a house before I was 18. They (NIHE) just assumed that I was in a safe place (refuge) and had a roof over my head. Like how can a hostel be a safe and secure place for a teenager, on her own? They never spoke with me directly, I don’t think they knew how to, they dealt with my social worker – making decisions about me. That’s how my life was, I had no say in anything and just had to accept wherever I was put for a roof over my head. I have no trust in social services whatsoever, it was all about making sure I had a bed rather than everything else that I was going through.”

For Amy, the greatly anticipated home of her own brought with it a new set of problems and challenges.

“I had no idea of how to maintain a home, I had never had one before, I had nothing to go by. Social services had been speaking for me for years, no-one ever asked what I needed, how I felt or what I wanted. I didn’t know how to budget, how to top-up gas and electric, or what was acceptable behaviour. I was so lonely and lost.”

Amy’s tenancy was short lived as ‘history repeated itself,’ and she herself became the victim of domestic violence. Yet again, Amy struggled to find stability and a place to call home.

“I should have known the signs of domestic violence, what to look out for, but the fact is that I didn’t. I wish that someone had explained certain things to me when I was younger, like what factors can lead to homelessness, whether it be domestic violence or anything else. Even the basics, like how to maintain a tenancy or even where to turn to for help, would have helped me.”

Determined to break the cycle of homelessness, Amy achieved 30 qualifications through the Give and Take project. Although she states that she ‘went off the rails’ at times, she attributes her success to the project staff ‘who went above and beyond’ to ensure she completed the course. Following this, Amy participated in programmes at a local youth organisation, and she believes that this has opened up a world of opportunity. Therefore, despite her continued struggle to feel settled, she is keen that others are supported to overcome similar challenges to those she has faced during her young life.

“I still find it hard to manage a home at times and I often get the feeling that I need to move on, I suppose that’s because I have been doing that my whole life. Unlike before though, I now know when I need help and how to ask for it. Young people are often dealing with a range of issues and it’s about making the help and support accessible and bespoke to them. I don’t think anyone really understands what it’s like to be in and out of care, and to be homeless for much of your life. Even something as simple as a tenancy handbook which explains their rights could make a real difference. It’s about time that we stop seeing homelessness as one issue, a roof over our heads, and make sure that young people have a chance at a decent life.”

Community and voluntary sector organisations representing the needs and interests of the LGBTQ community also discussed the fact that a significant majority of their service users could be considered as the ‘hidden’ homeless, simply due to their sexuality. This was largely attributed to individuals ‘coming out’ to their family and friends, which can often leave them more susceptible to experiencing isolation,

marginalisation and relationship breakdown; ultimately leading to ‘hidden’ homelessness. The fact that they remain ‘hidden’ was due in part to the lack of capacity within the services for the LGBTQ community and the challenges and barriers they face in accessing statutory support.

'20% of all homeless young people are LGBT. That's really, really concerning, and in terms of statistics, this is only the people that we know of. You're talking about hidden homelessness, and hidden statistics, and hidden stuff. A lot of our people don't want to be identified. They're too afraid. There are issues directly related to sexual orientation and gender about why women will become homeless. For instance, coming out could leave them isolated from their communities, geographical community where they live, or from their family and friends. And then there's another one. Many people travel to big cities. I suppose, if there's someone that lives in Omagh, and they've thought I'll go to the bright lights of Belfast, I'll be okay there because they've got an LGBT infrastructure there, but the fact is, we don't have the capacity here. And it's the same as across the water, in cities like Brighton or Manchester. People can become invisible in larger cities, and may not know where to know to access help and support.' [CV6]

In addition to not knowing where or how to access support, practitioners working with members of the LGBTQ community were concerned about what was described as the 'negative or ignorant attitudes of housing providers and other statutory agencies.' In fact, it was suggested that this 'perceived hostility' towards the LGBTQ community, not only acts as a deterrent for people to seek help and support, but it can also force people in the process of coming out, to retreat back to domestic situations which may be unsafe and insecure.

'I think we would generally consider that any LGBT person whose experience of homelessness or housing is probably hidden. And all the housing that we deal with is hidden because it's either people who are not going to the Housing Executive and they're sofa surfing instead because they don't want to risk a hostile interaction with a housing officer.' [CV5]

'There's never been a better time to be LGBT here. We have a lot of work to do, but things have improved. So, people are gaining the confidence to come out, and I've had numerous people come to me when they come out, some of whom are in a heterosexual marriage, and maybe even have children. So, they've come out, and as a result, they've lost their family, they're maybe signed off sick in their job, they're told they have to get out of the house with nowhere to go. And on top of

all that emotional distress, they're still digesting "I'm gay, I'm coming out." I've come across many women, but it's where do they fit, and do they have confidence with service providers actually? This is most from my community. Another worry is that some people have to go back into the closet if they access, not just maybe just to get a roof over their head, and that could be so traumatic, but especially, I'm just thinking for a trans person that's maybe in the middle of transition, or they started their medication, unfortunately, some people, they have to do that to protect themselves.' [CV6]

It was suggested that those leaving custody also face a particular set of problems and challenges in accessing help and support, in terms of access to housing, welfare support or securing employment which meant they were vulnerable to 'hidden' homelessness. Despite the fact that there are policies and procedures in place to assist offenders prior to their release, some interviewees claimed that many within homelessness services and the statutory sector, have a limited understanding of the complex challenges people face when leaving prison. Therefore, whilst many former prisoners require a tailored package of support to assist with their reintegration, it was noted that this is often disjointed or slow to materialise. Subsequently, 'prison leavers are renowned for being a population which experience chronic and often prolonged 'hidden' homelessness,' with 'sofa surfing' and temporary accommodation becoming the norm for many.

'The Outreach team, that I manage, will come across these guys who have been in and out of prison at times. They have been through some temporary accommodation, but they tend to be the classic sofa surfing, staying with friends or acquaintances, and those are quickly exhausted. They make decisions, I suppose, when someone is dependent. Their accommodation is necessarily top of their list when they're trying to get money to buy whatever substance it is they're dependent on, and the accommodation thing comes as, "Okay, can I crash here?" and they will. I suppose, they're in and out of different so-called friendship groups, and they're being moved on, pushed back into family at times. That quickly becomes exhausted.' [CH2]



'A lot of guys would talk to us about having nowhere to live but they never register as homeless and they float about from sofa to sofa, friend to friend, family member to family member. I suppose for a lot of the guys I would work with, their criminal activity would fund the fact that they can move about a good bit, so they can move about from person to person, they can pay someone for a few weeks to live here. I think quite a lot of sub-letting would go on as well where they don't have anywhere to live but someone is letting them stay for a few pound a week at their property.' [CV7]

An issue also discussed was that there are often long delays in providing services and support to former prisoners, in terms of addressing mental health issues, addiction or alcohol dependency, amongst other issues. As a result, many are drawn into a cycle of re-offending, imprisonment and 'hidden' homelessness. What is more, those who secure a tenancy are often unable to maintain it, as there is a lack of consistent, sustained and tailored support from both statutory and charitable organisations.

'Being released from custody is a big issue. There's ones that I would have that have a tenancy, and if they're in custody more than six months they lose their tenancy, or if they come out, they might have a lot of rent arrears, and have got eviction notices and stuff. So, that would be a big cause with my ones. Obviously, the mental health, drug use, where they can't sustain a tenancy... They are kind of in this cycle, where they'll move a lot, they'll continue sofa surfing, and then they'll be in and out of custody, and then they'll go back to sofa surfing. There's no kind of cut-off point, even until they get a tenancy. Once they are allocated a tenancy those issues remain, because they are not getting dealt with, especially if there's no consistent support. So, there's ones coming out of custody again, it takes maybe weeks and months before they get back into support for addressing drug and alcohol, and mental health, even GPs. At that stage they're still homeless.' [SP5]

Several interviewees also highlighted, sadly, that for some, prison offers a 'warm bed' and 'three meals' a day which they may not get on the outside:

'A lot of our guys try and get into custody because they know that they're going to sleep safely at night, as opposed to sleeping rough, and potentially falling into difficulties in the community. So, yeah, it is really tragic, and it is heart-breaking whenever you hear these stories from guys, because I think it all comes back to family as well. I mean, if you don't have the support there, and you really are struggling, what are you to do, and a lot of guys do turn to crime because of that, because they just don't see any way out.' (CV8)

'Robert's' story is illustrative of the difficulties facing those coming out of prison and their heightened vulnerability to homelessness.

Case Study 4

'Robert', a young man in his early 20s, was recently released from Maghaberry Prison. After another period of 'sofa surfing' and staying in hostel accommodation, Robert has now moved into a private rental, due to the help and support he received from a local youth organisation. Robert claimed that he was literally given taxi fare to Belfast and arrived in the city in the midst of the pandemic and lockdown.

"There was nothing open. Nothing at all. I literally had nowhere to go. The NIHE told me that they would put me up in a B&B miles away and pay my taxi fare to get there. I was like, "Why would you spend all that money in a taxi when you could find something for me in Belfast?" Anyway, I wasn't getting anywhere, so I stayed with mates, one night here and one night there. But no-one was really wanting anyone in their house. There is a pandemic after all. I went to the (name removed) and I was like, 'I am literally staying on the streets tonight.' They helped me and they've continued to help me."

This help and support also gave Robert the confidence to start a full-time, albeit temporary, job in a supermarket. Explaining that he now feels 'more settled' and is even starting to think about his future, the worry about losing his job, which was created to cope with the demand in online shopping during the Covid-19 pandemic, is always at the forefront. Unemployment for Robert would mean that he would have to leave his flat, which would throw him back into the cycle of homelessness that he has experienced since he was a teenager.

Robert explained that he first became part of the 'hidden' homeless population at the age of 16, after he received a death threat from paramilitaries.

"I had to leave my parent's house, they didn't want any trouble coming to their door. At first, I stayed on friend's sofas and stuff, and I went to some family who lived out of the way. But people were scared and I knew they didn't want me hanging about. I was just left to myself. I went to a few hostels. It was so hard staying in them, it's not the kind of place you want to be. There were drug addicts and all sorts in it. I didn't get on with the manager in one place, so I left."

Speaking of the many challenges he faced during this time, Robert stated that the most detrimental thing for him, was that there was 'no end in sight.' Quite simply, he could never envisage having a home and enjoying the sense of security that would bring, which left him feeling hopeless.

"Even at 16 I was working. I don't know how I done it, but I always managed to hold down a job. It was really hard, cause (sic) I never knew where I would be from one day to the next. And there were times when I was thinking, 'I would be better off not working.' When I was in one hostel, they asked me for money for staying there. I was like, 'I am on minimum wage as it is, how am I ever going to save to get out of here, if I have to pay to stay here?' It was madness, I was really trapped."

Feeling totally isolated and alone, Robert began to engage in negative behaviours which ultimately led to his imprisonment. Whilst he takes responsibility for his actions, he does feel that things could have been different for him, had he received the help and support he needed when he first became part of the 'hidden' homeless population. Moreover, upon leaving prison, Robert was again vulnerable, lacking the confidence and resources to rebuild his life, starting with the fundamental basics of having a roof over his head.



“I’ve went to the NIHE many times over the years. I just can’t speak to these people, I ended up getting thrown out one time. I was so angry cause I just need a home. They don’t know how to speak to young people. It’s madness being so young and having nowhere to go. Even when I got out of prison there, it was like, ‘Away you go.’ I just hope that I can stay in this flat now, I need to get my life together. I know that a house is just so important, that’s why I’m just getting the head down in work. Maybe even one day I can get back to education or something. It’s just crazy to think that my life has been upside down for so long. I just wish things had’ve (sic) been different. I don’t want this to be life, I don’t want to be passed from pillar to post and in and out of prison. I just need to keep things right.”

One interviewee spoke at some length about the vulnerability of single parents becoming ‘hidden’ homeless. They pointed out, that it was generally assumed that women would be ‘taken in’ by family, ‘as no-one would want to see children without a home.’ However, a number of interviewees claimed that whilst this may be the case, too often female single parents are living in overcrowded conditions with three, or sometimes four generations of families under one roof, which therefore renders them ‘hidden’ homeless. A number of participants stressed that men who are estranged from the mother of their children, are not regarded statutorily as a priority need. As a result, they often become, and indeed remain, ‘hidden’ homeless, as they are less likely to secure social housing, or in many cases, are unable to afford the type of accommodation they require for them and their children, should they have access to them. Therefore, single fathers may be less likely to benefit from family and support networks to the same extent as single mothers, but their ‘homelessness status’ also means that gaining access to their children can become problematic. The statements below illustrate the particular vulnerability of single parents and their experiences of ‘hidden’ homelessness.

‘I was working with a family a couple of years ago where they had been in the private rented sector and had a young daughter. She was pregnant again, and her private rented property did suit her and there were no major issues with it, but she preferred to be in social housing and she wanted that security of social housing. So, she terminated her tenancy and moved in with mum and dad, and had thought, “Well, I can just present as homeless to the Housing Executive,” but she was found to be intentionally homeless because she’d

had somewhere and she’d given it up. And it was really difficult, because then she had her baby prematurely and she was very poorly in hospital, and the social workers were saying, “We can’t discharge the baby until you’ve got a more stable living environment.”’ [CH1]

‘From my experience, quite often it will be men between the age of 25 and 35 will be the ones that will be coming through frequently just tearing their hair out because they can’t access any accommodation, and they don’t have priority need. One of the big issues with that is the way the access to children is dealt with. We’ve had a lot of dads who are desperate for somewhere to live so they can have access to their children, but they won’t meet that priority need criteria unless they are, I hate the term, but they are the “responsible parent.” But, like literally the way they decide it is the parent who claims child benefit, and even if you can establish that there is 50/50 split, or even if dad might even have the kids more, if mum is claiming child benefit, then they won’t be seen as the responsible parent and they won’t get priority need.’ [CH1]

Finally, this section has shown that there a number of factors cause and perpetuate ‘hidden’ homelessness. Whilst many of the issues discussed were considered as commonplace, prevalent and featuring heavily in the daily working lives of those interviewed for this study, other factors which can thrust individuals into ‘hidden’ homelessness were also raised. Some interviewees explained that paramilitary threat and intimidation as a causal factor of homelessness has largely dissipated, but a few claimed that ‘it still occurs,’ and that it can leave a lasting impact on individuals.

'Michelle's' story below highlights the devastating and lasting impact that such paramilitary threats can have.

Case Study 5

Michelle, a woman in her thirties, lives in Belfast with her husband and son. A number of years ago Michelle lived with her parents and had what she described as 'a decent job,' managing a city centre store. Her biggest concern was where she was going at the weekend. Yet that changed when paramilitaries arrived at her door and ordered her family to leave the area.

"It was a nightmare. I arrived home to find a crowd of men in my garden, banging down our front door. Many of them wore balaclavas, others didn't as they knew they could do whatever they wanted. A number of shots were fired. I can remember my parents screaming, trying to hold the front door closed. I don't know how they weren't killed."

Michelle's father suffered a heart attack and was taken to hospital when the police arrived on the scene. The removal vans arrived the following day, leaving Michelle and her traumatised mother to pack whatever belongings they could in the midst of the chaos. Michelle explains that she 'literally left with a few essentials,' nothing else. Her parents went to stay with relatives outside Belfast, however Michelle found it difficult to find accommodation.

"I was working, I had some cash and I stayed in a hotel for a while. I had to keep my job, I always worked, so I needed to stay in Belfast. I stayed with friends, anyone who would have me, but I knew that they were afraid of the paramilitaries, so I didn't stay in one place for long. I was terrified, I couldn't settle, and I felt like I was imposing on everyone."

Michelle explained that she had to cut her hours in work as her mental health had deteriorated significantly. As such, she was not in a position to secure a private rental, nor was she in 'the right frame of mind' to seek assistance from charities or other authorities.

"I really felt stigmatised. I thought that people would think my family had done something to deserve this, that we brought it on ourselves in some way, which wasn't the case. I did speak with the Housing Executive, but they told me that my only option was to go to a hostel as I didn't meet their criteria. That terrified me. At the time, my perception was that hostels were for addicts or people with real problems. Not somewhere that I could survive in."

Michelle continued to 'sofa-surf' for over a year, until she returned to live with her parents when they eventually found a private rental in an area where 'they felt safe.' Whilst this chapter in her life has affected her significantly, Michelle explains that being homeless and 'trying to function,' was the greatest challenge she has ever faced.

"I remember going to work, afraid to tell my colleagues what had happened. I had a toothbrush in my handbag, and I had no idea where I was staying when my shift ended. I had never imagined what it would be like to not have a home, to not have a base from which to live your life. Everything deteriorated, my health, mental health, relationships, everything. I didn't know where to turn, and because I had no kids, was young, healthy and some would say, successful, I really felt that I was on my own."



Michelle was keen to tell her story as she feels that there is no real understanding of the extent of 'hidden' homelessness or the factors which lead to it. Quite simply, Michelle believes that:

"Anyone could find themselves in this position, not necessarily at the hands of paramilitaries, but there are a number of factors that could leave you homeless. Getting a house again was only a small part of rebuilding my life. I felt so vulnerable and worthless for many years, it was degrading lying on people's floors and practically begging people for a shower or to wash my clothes. If I could suggest one thing, I would say that the relevant agencies and authorities really need to understand the paths that people have travelled, and the impact that being homeless has on every aspect of their lives. I needed more than someone to help me fill out a form, I was totally broken at the time."

4.3 Barriers/challenges to helping people who are 'hidden' homeless

There was a clear determination amongst all interviewees to respond to the complex and multi-faceted needs of people experiencing 'hidden' homelessness. Yet, many practitioners revealed that they often encounter significant barriers and challenges in their efforts to do so. Some of these factors were described as being 'directly related to systemic issues with statutory organisations,' whereas for others the challenges were more aligned with the social and personal circumstances of those presenting as 'hidden' homeless. These factors, some of which will be discussed in this section, include:

- Lack of funding for service providers;
- Accessibility and capacity of the Northern Ireland
- Housing Executive;
- Lack of availability of suitable accommodation;
- Criminal record of individuals applying for housing;
- Multitude of factors that contribute to 'hidden' homeless, for example drug and alcohol addiction or relationship breakdown;
- Stigma of being seen as homeless or 'hidden' homeless;

- Isolation and loneliness;
- Inability to maintain employment or budget for maintaining a house.

Firstly, in terms of systemic issues, many felt that the lack of funding within the homelessness sector is having a detrimental impact on the ability to respond to the diverse needs of clients in a sustained and robust way. For one service provider, the main issue was that insecure funding means that it is difficult to recruit and keep staff, which can increase the workload for others, leaving staff feeling overwhelmed and under-valued. Many also noted that the funding context often makes it difficult to provide the appropriate help and support to service users, particularly in terms of accessing health and well-being professionals with the capacity to explore some of the root causes which have ultimately led to individuals being 'hidden' homeless, such as poor mental health or addiction.

"The funding thing is huge. That's the other thing. For me, the two biggest things by far are housing and the funding of the homeless sector. The homeless sector is in dire straits because of funding. It's very hard to fill posts. It's hard to get the standard of staff. It's impossible for anyone to make a long-term career of it because the pay is so low. So, that's huge. I mean, the funding for the sector has been frozen for a decade. In real terms it's a cut of whatever it is, 20% or more. At the same time, the problems are all getting worse."
[SP1]

‘So, someone who is in need of support, endured a mental health issue, and if they are using drugs, or drinking, they will be often told, “Well, you need to get your dependency issue under control before we can manage your mental health,” or they’d be told, “Well, your poor mental health is as a result of your drinking or drug use, come back to us when you’ve got that dealt with.” They’re referred then to the substance use services. Substance use services will struggle to deal with them because of the mental health issues. So, they’re not getting a service anywhere, and they’ll quickly vault with their feet. They realise that they’re not getting any service at all.’ [CH2]

‘It would be broader stuff, money for the voluntary sector and the public sector. So, access to counselling, and access to childcare for people, more flexible access to mental health services, increased benefits for people who are on JSA. It’s almost impossible to live, and they’re on it for years and years, and then access to routes into employment, and into a more structured activity as well, and then also probably a more targeted approach to routes into homelessness.’ [SP1]

One interviewee also claimed that those within the homelessness sector tend to rely heavily on certain medical and other health professionals within the community, once they have established a rapport between them and their organisation. However, this can be problematic as outlined in the following statement.

‘Unfortunately, then what happens is that if you have someone who’s recognised as being positive, being flexible, they get overwhelmed. We’re sending everyone there, weighing in. That can, kind of, backfire a little bit as well. We see that with GPs sometimes. We’ve real difficulty with getting some of our guys even registered locally, because someone who is homeless, immediately they’re seen as being problematic, they’re seen as being more hassle than they’re worth. So, a lot of the surgeries won’t want to take them on. Then when we get a surgery who is willing, we fire everyone at them, and then they can become overwhelmed, and then they withdraw. So, we quickly, kind of, exhaust some of those positive sources, whether it’s the housing, or whether it’s, kind of, health, or whether it’s mental health, whatever it is.’ [CH2]

With regards to other statutory providers, many interviewees referred to what they perceive as the ‘systemic problems’ within the Northern Ireland Housing Executive (NIHE), particularly in relation to the process of assessing homelessness. It was therefore argued that the ‘all-or-nothing’ approach to the four-stage process engendered ‘hidden’ homelessness (the NIHE process for assessing homelessness is outlined in section 2 of this report). Some interviewees felt that ‘the rigidity of the system precluded people from accessing support if they had their application to be declared homeless by the NIHE rejected.’

‘Because the homelessness, kind of, assessment, it’s like a four-hurdle thing. You pass one, you jump to the next. So, it’s basically all or nothing. You get all four, or you get nothing. So, there will be an awful lot of people who will pass the first test as homeless, but they don’t meet one of the other three tests. They don’t appear on the figures anywhere, and there’s no duty on anybody to provide them with any assistance. So, what we can practically do for people in those circumstances is limited if there’s no statutory duties to call on.’ [CH1]

Additionally, it was also argued that the system does not sufficiently provide resolution or support for those who do not pass the four-stage process. Therefore, when an application is rejected, those experiencing homelessness ‘simply continue on the pathway they are on,’ not knowing where or how to access help and support.

‘When you present to the Housing Executive and you get a negative decision, it’s a big three-page letter that is quoting all this legislation, and maybe only one line of it refers to you. People are like, “I can’t deal with that” and chuck it in the bin. And on the back of the third page it will say “Contact Housing Rights,” and for the ones that do that we can help with challenging the decisions. But there’s just so many people, they just don’t have it in them at that point in their life to tackle it, and they just carry on the way they are, the best they can.’ [CH1]

A statutory worker posited that the form used in Northern Ireland to assess homelessness was overly bureaucratic and inaccessible, whilst pointing out that there is ‘no comparable form is used elsewhere in the United Kingdom.’ Several interviewees also claimed



that the process fails to adequately consider the complex needs and experiences of migrants, which leaves them unable to navigate the system, which they are unfamiliar with or frightened of.

‘Some of them actually got rejected for their homelessness on the basis that they didn’t fill the form in correctly, because the form is bureaucratic and the form is excessive and the process is outdated and it’s not used, for example in England, where there’s an even bigger homelessness crisis. It’s not used there.’ [ST2]

‘What we have learnt is that to get points for housing, sometimes people have to explain their situation in the right context. But if they do know what it requires, nobody would be letting them know, “Okay, you need to say that you are having a racist incident. You report it to the police and this sort of incident, the police report will end up giving you your points, that you are able to move.” It may be that they are afraid of the police themselves, maybe because they have a fear of the police from their own country. They just say, “Okay, we’re not going to go to the police, we going to...” But they cannot move from where they are. So, all these other issues that are there as well. It is just trying to navigate the environment of housing and know how to be able to work with that.’ [CV4]

‘The Housing Executive’s official line is that even if a person is not eligible, if they don’t have recourse to that service because of their status here as a migrant, they would like them to present as homeless, because the only statutory body reporting to the Home Office on homelessness in migrants is the Housing Executive, and that reporting comes from the amount of people that present as homeless, and it’s a negative decision, because they’re not eligible. But on the coalface, when we’re working with people, the Housing Executive will cancel an application and refuse to process it if they know that the person is not eligible. So, the actual people there at the counter, they’re not processing these applications. So, it’s not providing any statistics to the Home Office. So, there literally is no way of knowing how many homeless migrants there are.’ [CH1]

Drawing on a specific case which they had worked on, one interviewee maintained that there was an imbalance in the priority need assessment criteria

which ultimately failed to consider those who were employed but were unable to afford their own home.

‘I had a case. Now, this was under 55, and it really bugged me, and I never got it resolved. It was a wee girl and she’d all these health problems, and she was living in her family, her parents’ home. She wanted out in her own place. She was home. She had her own place, that was it, the tenancy, or whatever, broke down. Somebody moved out and she couldn’t afford the rent or whatever, and she moved back home. She wanted a wee Housing Executive flat or something, and she was working, and I can honestly, do you know what, I actually do think that the Housing Executive should maybe give more credit to people who are working. It’s a cheaper rent for them to pay. I think it’s unfair that people who’s working have nearly a lesser priority for social housing, when really, they should be the ones that’s having to pay a lesser rent. She was not going to be given priority need because she was working, she was obviously able to manage a job, but I was saying, that’s not the point. She’s got health issues. She was on PIP as well. But no. So, she was a hidden, she was true hidden homelessness.’ [CV1]

Another factor which makes it challenging to find accommodation for people, temporary or otherwise, was the allocation of points by the NIHE to those in temporary accommodation which can ultimately make individuals reluctant to move on. In other words, interviewees explained that some are ‘willing to wait for social housing’ as this is often the preferred option, viewed as more stable, secure and affordable than the private rental sector. Yet given that there is a lack of social housing and affordable homes more generally, many remain in temporary accommodation, increasing pressure on an already heavily burdened system.

‘I’ve put people in temporary accommodation for years, four years or something, because the problem is they get their points built up to a certain level, and they can’t go any further, and they might be sitting maybe with 150 points, which is not enough in Derry for some areas. In some areas you’re looking at high 180s to 200 for some areas in Derry. So, if you’re sitting with 150, you’ve no chance. But at the same time 150 points is too many to throw away to move into private rental accommodation, and then all the risks with private rental, because you’ve landlords that won’t do repairs, you’ve the extra rent you

pay, you've all these problems associated with private rentals. So, if you're sitting with 150, you're not going to want to let them go, but at the same time you're going nowhere. So, you're sitting in temporary accommodation blocking...' [CV1]

'If you speak to any of our staff, the biggest problem is the lack of housing, lack of social housing, and the fact that private rental accommodation isn't really suitable, and people can't access it. But yeah, I'd say at least 60/70% of our hostel at the minute could move into a house tomorrow. They might still need support, but they don't need to be in a hostel. At least that amount. So, I mean, for me, the single biggest, because the support issue is in a way separate. You could give somebody the support when they're in their own house and, in fact, the fact that they're in a hostel probably makes the majority of them less likely to engage with the support anyway, and more likely to get involved in trouble.' [SP1]

In terms of the four-stage process within the NIHE, some participants argued that the 'intentionality' element of the homelessness assessment must be removed given that people can become 'hidden' homeless for an wide array of reasons. It was therefore felt that the 'need to demonstrate and prove that you have not made yourself homeless' was unfair, unjustified and unsupportive for those experiencing various problems.

'At the end of the day, young people don't want to be homeless. There's something that has forced them into that situation, whatever that is in their family background. So, to say to someone, "Did you intentionally make yourself homeless?" Well, if you're saying that to someone whose father beats them, or whose mother is an alcoholic that they can't live with any longer, then they are making themselves intentionally homeless because they can't live in that situation any longer - I don't think that should even be part of an assessment for someone presenting as homeless.' [CV4]

Finally, an interviewee who works with prisoners and ex-prisoners argued that having a criminal record created an intractable barrier to applying for homelessness status and being housed by many service providers. Their criminal record was seen as perpetuating not only 'hidden' homelessness, but also

servicing to increase the likelihood of former prisoners re-engaging in criminality upon their release from prison due to an inability to access secure housing.

'Definitely their criminal record - that's a huge one and especially if there's arson or there's sexual offences - that's huge. I've worked with a few guys who have arson and they'll basically say to me, "I'm just leaving here, nowhere will take us in, we don't have anywhere to go." It can be really difficult. The other thing as well is that their reputation often precedes them, so especially if there's drugs or alcohol it can be quite difficult to get them placed somewhere, especially if they're very, very risky drug or alcohol users. They will say to me, "We can get a place in a hostel but that will usually break down quite quickly," it's those specialised beds. Those DASK beds and stuff, there's not enough of those for the client group that I work with, so their hostel accommodation or temporary accommodation would break down quite quickly probably within days of leaving custody.' [CV7]

On a more positive note, it should be highlighted that several interviewees welcomed the move towards Housing First and more recently the Housing Solutions preventative approach that the NIHE rolled out across Northern Ireland in 2018 - albeit with the caveat for both approaches to be successful in the longer-term there needed to be an adequate supply of social housing.

'Housing Solutions, you know, it has minimised the number of points of contact. So, in the past, someone coming into our services would have had to register with the Housing Executive and, if you like, go through a separate, almost a registration process with us, and maybe have gone to another provider, and maybe another provider above that. So, it's very challenging. With Housing Solutions, we have managed to minimise that and just cut out some of the admin, some of the rehashing and re-telling of people's stories, and we can co-ordinate better... but Housing Solutions, Housing First approaches internationally are tied to accommodation. So, we are hamstrung in Northern Ireland where we don't have the supply for people to move into. A whole host of reasons for that, and we're not here to complain about historical issues, but there's a huge supply issue, that people have nowhere to go on to.' (CH7)



Finally, the stigma, prejudice and ignorance associated with homelessness in general, was for many interviewees, a ‘critical challenge.’ In other words, the prejudicial stereotype of a homeless person facilitates ‘hidden’ homelessness, as people are unwilling to come forward and access support at the earliest opportunity. Interviewees posited that this delay in accessing support serves to exacerbate existing support needs, and often creates new ones, which puts further pressure on service providers. Ultimately, it becomes more problematic for those experiencing ‘hidden’ homelessness to navigate their situation and to maintain a home in the long term.

‘I think we stigmatise it a lot and I think that’s going to need to change because it’s going to affect more and more people. So, there’s stigma associated with it and maybe reinforcing how it is to have your own home rather than talking about being homeless and thinking of it as a positive thing, the importance of going to get your own home as opposed to the negativity that comes with the word homeless which everyone in society just makes assumptions about. That’s not helpful to people. Which is why people probably don’t see themselves as homeless. The challenge with people who are hidden homeless is they’re not getting the support they need. I think there is research that has said in the past that if they get intervention very quickly they can get back into housing and be more stable. But the difficulty is the longer you have that temporary fix where you’re staying with friends, sofa surfing, the more problems and the more challenges develop for you.’ [CH4]

‘I mean, it’s very difficult on a low income, it’s very difficult to manage a house if you’re on job seeker’s allowance, incredibly difficult. So, if you’ve any issues whatsoever with budgeting, you cannot be able to furnish the house, or pay for heating, electric, and so on, that has an impact on mental health. And then if you’re in a private rental accommodation you’ll hardly ever, your benefits will hardly ever meet the rent, so you’ve got this gap. So, if you don’t link in and get support, if you’re not highly functional, you’ll again not - miss a few payments, and then you can become homeless. It’s all those that are issues. Isolation is another big one as well.’ [SP1]

4.4 Impact of being ‘hidden’ homeless

Interviewees were asked to consider what they had observed as the most discernible impacts of ‘hidden’ homelessness on those who experience it, on wider familial networks or on society. Overall, interviewees found this a difficult question to answer, given the gap in our knowledge and understanding about the true extent, scale and nature of ‘hidden’ homelessness. There was a consensus that the true extent and impact would be impossible to measure but some were willing to share their views and perceptions of the impact of ‘hidden’ homelessness, based on their professional experiences.

Many felt that ‘hidden’ homelessness perpetuates existing support needs, and often creates new ones. On that basis, many were keen to stress the urgency for early intervention and tailored support, given the potential for added stress and burden on various statutory and service providers down the line. Interviewees discussed examples of where those subjected to ‘hidden’ homelessness for a period of time were exposed to negative influences and harmful relationships, faced exploitation and unprecedented hardship, and ultimately experienced a deterioration in their mental and physical health. Many also claimed that ‘hidden’ homelessness can lead to or intensify addictions, whether that be alcohol, drugs or other substances which can have ramifications that will last a lifetime.

‘But with regard to the sofa-surfers, I think they’ve just been placed in positions for longer than has been good for them. There is a general movement around different houses. They have just had to stay put, so there’s been an increase in exploitation there and a huge decrease in mental health, in situations like that. So, a decrease in mental health, and an increase in substance abuse.’ [CV2]

‘I think it definitely leads them into risk taking behaviours, whether that’s to numb the pain of it, or as an escape mechanism, or whatever that is. A lot of them would get heavily involved in alcohol or drug misuse. So, we have found that with quite a lot of them.’ [CV4]

'In the longer term, it can have negative impacts on their lives, because they're exposed to things. They're maybe making friendships and developing relationships with people that they wouldn't ordinarily do so, but because they're in that environment that's what they're doing. Obviously, young people, well, anyone I suppose, can be easily influenced, or easily led, especially if there's access to substances that they wouldn't normally maybe seek out.' [SP2]

It is worth noting that one service provider suggested that moving into a hostel offers some form of respite for many, with some even enjoying their stay. Nonetheless, it was widely acknowledged that this particular experience is rare, and that the elation of being placed in temporary accommodation soon dissipates.

'It's great craic for some people moving into a hostel. It's like the equivalent of going on a gap year. I've had it said to me, like it's brilliant, there's a party every other night, and someone's always got a bit of money, and there's the common room, and sometimes there's pool rooms, and it's a bit like a youth centre, and that's every day. Up in the morning and smoke out the back, loads of banter, and lots the craic. So, some people, for a period, they do enjoy that.' [SP1]

Perhaps the most significant impact, and one which warrants appropriate policy attention, was the discernible impact on children and young people who are subjected to prolonged periods of 'hidden' homelessness and long stays within temporary accommodation (see also McMordie, 2018). Many interviewees found it disconcerting and unacceptable that 'significant numbers of children and young people across Northern Ireland are without good housing.' This lack of security and stability not only puts children and young people at risk, but many argued that it has ramifications for their mental health, life chances and general well-being, the impact of which will last throughout their lives.

'That kind of transient lifestyle isn't good for anybody, particularly children. Obviously, children thrive on routine and boundaries, and structure. How can you maintain a structure or routine for a child, when you're sleeping in a bedroom with maybe three or four others? And sharing a double bed with numerous children? And maybe trekking halfway across the city to get to school every day? Then children end up not attending, their

attendance slips, their education suffers. That has an impact later on. Maybe that they head towards addictions, or they just don't get the education, or the work they need. It goes round and round.' [SP4]

'We would look at young people's housing, their health, which includes mental health, physical, and we would look at their employment, so their levels of comfort or their levels of safety. What we've found is you're talking multiple issues, but generally it's employment, its family, it's health and it's housing. They would be the four main areas that I think amongst other things are linked to, your confidence, your self-esteem, your ability to communicate properly. We would see that homelessness impacts on all of those areas negatively. Essentially, homelessness is a multifaceted issue which can impact on people to the point where they commit suicide.' [ST2]

'I think it affects every area of their life and will do for the rest of their life.' [CV4]

4.5 Impact of Covid-19 Pandemic

As discussed in the methodology section earlier in this report, the Covid-19 pandemic impacted upon the methodological approach taken by the research team. Following initial face-to-face conversations with four stakeholders and three facilitated workshops with youth workers, researchers were forced to conduct all remaining interviews online. Additionally, the pandemic stretched the already limited resources of service providers in the statutory and community/voluntary sectors. This final sub-section of the research findings focuses on the impact of the Covid-19 pandemic in terms of those experiencing 'hidden' homelessness as well as the impact of changes in legislation and how that may have affected service providers.

Some interviewees noted that Covid-19 may have had a positive impact on certain aspects of their work. In particular, the restrictions of face-to-face meetings forced a change in the operating practices of certain statutory organisations, meaning that applications were completed either online or over the phone, and were subsequently processed more quickly.

'Do you know what, I actually think now even since Covid nearly the homelessness application has got a bit easier, because, well, they're not



calling out to the people. They're just doing an interview over the phone, and I would have a few people that has had their phone interviews, and they were actually happy enough with the whole process, and they got on the list.' [CV1]

This change in practice was not solely limited to statutory organisations. One service provider for example, stated that the internal changes within their organisation has resulted in a more streamlined service, in terms of how they engage with service users and others. Quite simply, many argued that Covid-19 has 'forced organisations and individuals to think differently about their own roles,' which many believe could have a lasting positive impact.

'I think Covid has taught me maybe that we can deliver support a little bit more smartly with the service users where it's possible to do that. We can deliver support maybe slightly quicker and any waiting lists that we might have we can kind of reduce those waiting lists. We can start moving people through the scheme a lot quicker. So, I think it's taught me that and that people are happy enough maybe getting the phone call from you or getting the email from you.' [SP3]

For others however, the ongoing public health restrictions were noted as having a detrimental impact on their work and on those experiencing all forms of homelessness.

'Certainly, for our singles accommodation... that is single bedrooms with communal living, which has been very restricted with Covid. So, people are having to sort of live within a bedroom and having to try and minimise that contact with others, and within our family services it's been very difficult to manage visitors on site. So, if you have maybe a single parent that has support coming in from other family members, or from friends, but we've had to restrict the visitors coming on site. So, you can definitely see the impact that that's having on the clients, and the support needs then are increasing, which is then all going onto our support staff.' [CH 8]

Due to the sensitivities and complex nature of much 'hidden' homelessness, it was suggested that this vulnerable demographic have faced additional challenges in accessing support and conveying their complex needs via telephone or email. Some also claimed that this may deter people from coming forward, or from disengaging from their processes.

'I could think of plenty of negatives, not that many positives. For us, it is about actually going out and visiting the person, and we can't do home visits. The thing is with my age group (over 55's), that's a very vulnerable age group, and they're always told not to be giving out your details to people on the phone, and now, the only way we can access people is through a phone call, and you're expecting people to tell you their personal information over the phone? But what can you do, because you want to find out what's going on with the person to support them as best you can, and you can't go and see them face to face. So, that has been a very negative impact.' [CV1]

'You're getting referrals through for people who are in need of support now, and we're trying to do that remotely. But that experience for them isn't of support as it could or should be, we're only able to do as much as we can do. Again, if that's their experience now of supporting services, will that colour their experience from this? It's not what they sought.' [CH2]

The Covid-19 social distancing measures have also significantly reduced the availability of temporary accommodation.

'So, most of the hostels are now not running at full capacity. There are empty rooms to facilitate social isolation and social distancing. So, at the beginning there was quite a lot of that. Some of those people were hidden homeless, and were looking for housing, that we couldn't give, no other hostels could either. The Housing Executive had a system of putting people directly into hotels, and train pods, and private rentals, and so on.' [SP1]

The NIHE introduced a Covid-19 response protocol of taking homeless people directly off the streets, and placing them into temporary accommodation such as hotels, hostels and private rentals. In addition, they suspended the issuing of eviction notices on those people with severe rent arrears in rented accommodation. Whilst appreciative of the measures introduced in light of the Covid-19 pandemic, several interviewees expressed concern that by re-instating many of any measures post-Covid, this could serve to increase the levels of both homelessness and 'hidden' homelessness.

‘There’s going to be an onslaught very soon now. I imagine, the Housing Executive did the thing whereby if you were in serious rent arrears they wouldn’t be issuing the eviction proceedings, and that was for maybe three months or whatever. But there will come a time when that leniency will disappear, and these people will still be sitting with their arrears. It’s not that they have been living rent free for three months during lockdown. Those arrears will still be accumulating, and these people will be hit with big, massive bills then.’ [SP5]

‘There will be a massive hit on homelessness when the furlough schemes come to an end, and again it’s going to hit migrant workers worse because they won’t necessarily have any entitlement to Universal Credit. They will feel the pinch first. Most people will be able to apply for Universal Credit, but there’s a six week wait before you get your first payment. That’s just going to ruffle some landlords’ feathers.’ [CH1]

Whilst there was a significant level of concern about the likely increase in ‘hidden’ homelessness, many interviewees were keen to stress that those already experiencing ‘hidden’ homelessness will have been severely impacted by the onslaught of the pandemic. Questions were therefore raised about the impact on those who have been ‘sofa surfing’ or staying with friends and family, being forced to move on elsewhere, and the affect this will have had on their overall well-being.

‘People have been sleeping on sofas for months with friends, and family members, and now the family members are saying, “We need to look after our own at this stage because of Covid, you need to leave.” So the hidden homeless were always there, but now it’s come to the fore with Covid.’ [SP4]

An interviewee also suspected that Covid-19 may have pushed a significant number of young people into ‘hidden’ homeless, given that their own organisation has seen an increase in young people trying to escape their circumstances at home, or to elude the restrictions on movement more generally.

‘There’s been a few of our young people who have ran away during Covid, and have been sofa surfing, but there’s a couple of reasons for that. One, they didn’t want to stay in. Their parents were trying to make them abide by the rules, and

they wanted to be out drinking with their mates. So, there’s that aspect of it. But the other more serious aspect of it is that these young people have been living in abusive homes, and their only outlet was maybe going to Tech, or going to school, to get away from that, and then they were locked down with their abuser 24/7. So, we have heard of young people that have left home, and that’s what’s happened, that they’ve had no escape, basically. So, the only escape was to run away. We’ve had a few of those young people. That has been fed back to us, and we have been dealing with those young people individually, but it was really hard, because we can’t meet them face to face. It was dealing with them on the phone, and phone calls, and trying to get stuff sorted out for them in that way. But I think once this starts to settle down, the Covid thing, the impact on young people’s mental health is going to go through the roof.’ [CV3]

4.6 Summary

Participants struggled to define and conceptualise ‘hidden’ homelessness (a point also well reported within the broader literature). The most oft-cited conceptualisation was to define ‘hidden’ homelessness in an abstract manner, which was rarely defined as a distinct phenomenon. A number of interviewees suggested that the societal stereotype equating homelessness with rough sleeping and chronic drug/alcohol dependency was overtly prejudicial and affected people’s willingness to see themselves as ‘hidden’ homeless, or to seek support because of the stigma associated with homelessness more generally.

As evidenced in the case studies throughout this report, ‘hidden’ homelessness can affect all ages, genders and demographics within society. Yet it is also fair to say, as also highlighted in the literature review, that there are some groups and individuals who are more ‘at risk’ of becoming ‘hidden’ homeless. Service providers who took part in interviews said that merely providing accommodation, temporary or otherwise, is often futile in combating ‘hidden’ homelessness as the underlying issues that lead someone to be hidden in the first instance are not met.

Interviewees pointed to systemic challenges and barriers within the statutory housing system in Northern Ireland that were regarded as a strong contributory factor that increased the prevalence of ‘hidden’



homelessness with particular reference made to the four-stage process used by the NIHE to assess whether a person is legally classified as homeless. Interviewees identified, from their professional standpoint, a number of key issues with the process, including: the ‘all or nothing’ approach to meet each of the four-stage process is unworkable in practice; categories of priority need and intentionality were perceived as particularly problematic; and, there was a view that the points criteria does not provide appropriate consideration of people in employment who may be unable to afford their own homes. *A core challenge underpinning all of these issues is that there is a lack of social housing provision across Northern Ireland and there were in fact 5,000 more households in housing stress in 2019/20 than was the case just five years ago.*

The long-term impact of being ‘hidden’ homeless was unknown, but interviewees posited that both the research and their own experience of working with people who are ‘hidden’ homeless indicates that the insecurity negatively impacts on their physical and mental health. Interviewees speculated that as we emerge from the Covid-19 pandemic, levels of ‘hidden’ homelessness will increase (as will all other forms of homelessness). It was felt that Covid-19 will merely escalate the prevalence of the factors identified as contributing to ‘hidden’ homelessness across society (particularly poverty, relationship breakdown, mental ill health and addiction), thus increasing the number of people who will become ‘hidden’ homeless. What is required is a policy response which takes cognisance of this potential homelessness ‘cliff edge’ and how to best protect those low-income and most ‘at risk’ groups in society from its worst effects.

This issue is one of a number considered in greater detail in the following and final section of the report where several discussion points and key observations are proffered with regards to progressing work on addressing the issue of ‘hidden’ homelessness in Northern Ireland.

5.0 Discussion and Recommendations

This following and final section of the report provides some observations on thematic areas that have emerged from a synthesis of the literature, the interview findings, and the powerful testimonies based upon the lived experience of Margaret, Michelle, Amy, Roger and Robert. It is one thing to analyse the trends in the statistics indicating underlying vulnerabilities/‘risk’ factors or to read about the impact of homelessness as conveyed by survey data and retold by service providers on behalf of their clients. It was quite another thing to listen to the stories from our five case study participants which brought to the fore the often harsh realities facing those who have experienced ‘hidden’ homelessness.

As this report has highlighted homelessness is about much more than housing in terms of ‘bricks and mortar’, yet without an adequate supply of affordable and accessible homes, it will be very difficult to stop marking time and move to what the UN has outlined as a universal human right – *the right of everyone to live in dignity and safety in somewhere they can call their home*. Any discussion of hidden homelessness needs to be placed in a broader context, not just of housing policy but Social Policy more generally. Major changes to housing tenure in Northern Ireland in recent decades and, in particular, the decline in NIHE tenure and growth in housing association and especially private sector rental tenure has impacted disproportionately on some of the most vulnerable groups and has undoubtedly contributed to hidden homelessness. The lack of social rented housing, especially in areas where there is greatest need, has meant that often only those deemed to be in the highest priority need category have any hope of being able to rent in this sector. An Expert Evidence Review completed for the development of an anti-poverty strategy in Northern Ireland (Horgan et al, 2021) has identified housing as one of the cross-cutting issues for a new anti-poverty strategy. It draws attention specifically to the vulnerability and precarity of low income households in the private rented sector due to higher rents and poorer conditions (including less security of tenure) than in the public sector, a point made by participants in this research. The panel also notes the intersection with social security policy and how housing precarity and vulnerability to poverty has increased with cuts to housing benefit, resulting in a gap between housing benefit and local housing allowances. In November 2021 the Northern Ireland Executive agreed to extend temporary mitigations introduced to reduce the impact of welfare reform, including the ‘bedroom tax’, for a further three years. While this is welcome it is a temporary assistance to what is essentially a long term problem of housing affordability.

In 2021 the Department for Communities and the NIHE published a number of strategies on or related to homelessness including a draft Homelessness Strategy (NIHE, 2021a), a draft Strategic Action Plan for Temporary Accommodation (NIHE, 2021b) and a consultative Housing Supply Strategy (Department for Communities, 2021). The Draft Homelessness Strategy contains a brief reference to ‘hidden’ homelessness noting that it will ‘...seek to ensure that relevant actions are developed around increasing awareness alongside the development of protocols for partner public services which will be delivered in order to engage with those who are considered as hidden homeless’ (p.8). Of course, the strategy does contain reference to measures which, if effectively implemented, could help prevent and address ‘hidden’ homelessness. Its three key objectives – focusing on a ‘prevention first’ approach, supporting households who become homeless and support with sustaining settled accommodation – relate to evidence in this report about the actions and initiatives required to address ‘hidden’ homelessness. As noted earlier, a number of the innovations in service delivery which have been introduced have been very promising but funding has often been short term and/or allocated at very short notice. This limits longer term and more strategic planning and service development.

The draft Temporary Accommodation Strategy refers to the need for a ‘systemic and cultural shift towards homelessness prevention and rapid rehousing’ (p.15) while noting that *this is contingent on broader supply options*. The draft Housing Supply Strategy published in December 2021 aims to deliver 100,000+ homes over 15 years, a third of which are to be in the social sector. One of the strategy’s five key objectives is to create ‘affordable options across all tenures to meet housing need and demand’. The strategy contains welcome measures to address problems in the private rented sector including a commitment to new legislation aimed at improving the security and quality of the sector such as proposals to restrict rent increases to once in a 12 month period and extending the notice to quit period. The objectives of the strategy are laudable but without specific detail, including on funding and implementation, it is difficult to comment on the adequacy of some of the proposed measures. There is however no reference to protecting the stock of increasingly scarce public sector houses by ending the mandatory sale of NIHE houses under the ‘right to buy’ – despite the fact that Northern Ireland is the only devolved region which has not done so (NIHRC, 2021).



As the case studies illustrate, ‘hidden’ homelessness can impact upon people at different stages in the life-course. The case studies illustrate the individual, social and structural factors which can act as ‘trigger’ points precipitating ‘hidden’ homelessness. In the cases of Margaret and Roger, who were in their 60s and 70s respectively when they experienced ‘hidden’ homelessness for the first time, abuse and exploitative relationships were at the heart of the problem. For younger participants such as Amy there were also issues in the home relating to domestic abuse, but this extended to include mental health, teenage pregnancy, the care system and addiction issues. In Robert’s case there were mental health and addiction issues associated with prison experience and paramilitary threat; while for Michelle there was a paramilitary threat and the mental health consequences of trying to hold down a fairly ‘normal’ job whilst living in a hotel and being too afraid and ashamed to tell anyone.

While some of the manifestations of ‘hidden’ homelessness varied slightly depending on individual circumstance – Roger slept on a mattress in the back of his work van; Michelle stayed in a hotel; Amy was in and out of temporary accommodation such as Bed and Breakfasts; Robert went between prison and hostels to ‘sofa surfing’; and Margaret and her daughter rented their own house but felt it wasn’t their home due to the actions of an abusive landlord; the feelings of fear, anxiety, shame, worthlessness and not knowing who or where to turn to were experienced by all five participants. The clock is ‘always ticking’ for those who are ‘hidden’ homeless – they feel a burden on others, and even when their hosts are courteous and generous, there is always a sense that the welcome has a shelf-life before they must make new arrangements.

As the work of Anthony Giddens (1984) on ‘ontological security’ would suggest – when there is little routine or structure to everyday life, no distinction between public and private sphere (no home to truly call your own) and someone lives with a constant sense of anxiety or fear due to housing precarity, lack of finances, domestic/ financial abuse, or the impact of mental health and addictions; then it is perhaps of no surprise that all five participants spoke of the traumatic impact being ‘hidden’ homeless had upon them.

Fortunately, all five are neither ‘hidden’ nor homeless any longer and they are all in a much better place in 2021. In Roger and Michelle’s case this is largely thanks to family support. Margaret praised her social worker and support staff for assistance, while Amy and Robert were very grateful to a local youth organisation for helping them find permanent accommodation and

employment. Unfortunately, we do not know with any reasonable degree of accuracy how many more people in Northern Ireland are currently living in similar conditions to how our participants did.

5.1 Definitional issues

It is evident from the review of the literature and analysis of interview data that there is no single, accepted definition of ‘hidden’ homelessness in Northern Ireland which impacts on understanding of what it means to be ‘hidden’ homeless and severely limits accurate measurement. While the complexities around ‘hidden’ homeless render this somewhat understandable, it is imperative to improve approximations of ‘hidden’ homelessness.

Service providers interviewed in the course of the research referred to clients that they worked with who slept on the floor or sofa in the home of a friend or a family member – but did not see themselves as homeless because they associated homeless with rooflessness and rough sleeping. There needs to be a better understanding of the vulnerability and precarity linked to ‘hidden’ homelessness which is not conveyed by some of the definitions. This can range from being asked to leave the house if guests come round, having to go to bed or wake up on the routine of their host rather than themselves to being subjected to sexual or financial exploitation in return for the ‘favour’ of having somewhere to live (see also Sanders et al., 2019). The definition provided by Fitzpatrick et al. (2016) within the ‘Homelessness Monitor’ series of reports is the most comprehensive and robust as it refers to five differing forms of ‘hidden’ homelessness (undocumented rough sleeping, squatting, those living in severely overcrowded households, those ‘sofa surfing,’ and those involuntarily sharing with others). The phrase ‘involuntarily sharing’ better captures the challenges associated with staying with others than the more generic phrase ‘sharing.’

R1. It is recommended that a definition of ‘hidden’ homelessness is agreed amongst statutory and community/voluntary agencies in Northern Ireland and suggest that the definition by Fitzpatrick et al. (2016) would be a useful starting point. They define ‘hidden’ homelessness as:

“‘Hidden homeless’ households – that is, people who may be considered homeless but whose situation is not ‘visible’ either on the streets or in official statistics. Classic examples would include households living in severely overcrowded conditions, squatters, people ‘sofa-surfing’ around

friends' or relatives' houses, those involuntarily sharing with other households on a long-term basis, and people sleeping rough in hidden locations" (Fitzpatrick et al., 2016: 1).

5.2 Data Collection

Data collection on homelessness generally in Northern Ireland has improved in recent years (having been critiqued by Fitzpatrick et al., 2016 and the NIAO, 2017). The now biannual 'Homelessness Bulletin' produced by NISRA, DfC and the NIHE from 2019 onwards provides regular updates on three core categories; numbers of statutory homelessness presenters, numbers of presenters accepted FDA and numbers of people in temporary accommodation (by type of accommodation). Yet, linked to the point above, in the absence of an agreed and appropriate definition, the statistical data to measure the scale of 'hidden' homelessness is limited. However, in this Northern Ireland can learn lessons from other jurisdictions which suggests that data can be improved by focusing on two key sources in particular. Firstly, data collected on first presentation to the NIHE and secondly, seeking to obtain household survey data on homelessness. In Scotland, asking the question of statutory homeless presenters if they have slept rough either the night before their application or at any point within the previous three months has certainly improved the available data on rough sleeping there. It has also highlighted the inadequacy of the one-night snapshot counts of rough sleepers. Similar questions on rough sleeping and on 'hidden' homelessness in terms of 'sofa surfing,' squatting, involuntarily sharing etc. would provide useful data from which to develop our knowledge base. NIHE regional offices are now able to provide approximate data on 'chronic' homelessness as a result of having a definition to work from (within the Chronic Homelessness Action Plan in 2020) and similar moves with regards to 'hidden' homelessness would be beneficial. In this regard:

R.2 By agreeing and utilising an agreed definition of 'hidden' homelessness, questions asked of statutory homelessness presenters on first contact could provide valuable information.

R.3 Household surveys, such as the Continuous Household Survey,⁴⁰ could be reviewed to assess the potential for additional questions on prior experience of various forms of 'homelessness' (including rough sleeping and 'hidden' homelessness).

There was evidence from the interviews that the shift towards the *Housing Solutions and Support model* adopted by the NIHE across Northern Ireland in 2018 was a positive development and was – to some extent – 'working' in terms of providing prevention and relief for a number of households. However, it was very difficult to quantify the extent to which this has been the case. By way of contrast, statistical data on outcomes with regards to prevention and relief duties is much easier to access in GB. In this regard:

R.4. It would be beneficial for prevention/support related outcomes data from Housing Solutions interventions to be included within future iterations of the 'Homelessness Bulletin' to improve the scope of the freely available data on homelessness.

5.3 Housing Supply and Housing Tenure

Tackling 'hidden' homelessness in Northern Ireland requires addressing the long standing housing supply problem. Housing supply was repeatedly raised by research participants, including those who had experienced 'hidden' homelessness with the lack of social housing frequently cited as the 'biggest problem'. Analysis by the NERI (2018) has shown that there is a considerable shortage of supply of social housing in regions where demand is highest.

The lack of supply in the social housing sector has contributed to increasing private sector rent. Recent and current challenges with regard to home ownership are likely to extend into the long term and the cost of private rented housing is not proportionate to wage and benefit levels of many households. There is strong evidence from the literature and interview data relating to the problems caused by the increasing reliance on a poorly regulated private rented sector. These are wide ranging. While there are obvious issues relating to affordability, there are also attitudinal and practical barriers which can prevent those on low-incomes accessing the private rented sector. This is particularly significant given that the private rented sector has been increasingly viewed by policy makers as a major provider of rented housing.

⁴⁰ There are some useful questions already with regards to overcrowding and sharing, for example how many 'Persons per room by tenure.'



R.5. There is a clear need for a rebalancing of housing provision in Northern Ireland with a much stronger focus on publicly owned housing. The focus on social housing in the draft Housing Supply Strategy is to be welcomed but should include the end of the mandatory sale of NIHE properties which would bring Northern Ireland into line with other devolved jurisdictions.

R.6. Stronger legislation is required to protect the rights of vulnerable tenants and reduce their housing precarity in the private rented sector. The loss of rented accommodation is one of the top three causes of homelessness in Northern Ireland; low income households in the private rented sector are among those most likely to live in poor quality housing. There is a need for rent regulation. The Expert Panel Review for the antipoverty strategy also proposes that rent regulation be used as a lever to bring substandard private rented sector properties up to standard. Provisions contained in the Private Tenancies Bill will be a welcome development if legislated for. However, questions remain as to the likely effectiveness of restricting rent increases to once in a 12 month period to addressing affordability issues. Policy innovations in other jurisdictions should be reviewed as proposed by Housing Rights (2021, para 24).

5.4 Priority Need

While the 2010 Housing (Amendment) Act (Northern Ireland) strengthened statutory prevention and relief duties, Northern Ireland continues to lag behind other UK jurisdictions in legislative developments with regards to homelessness (Bramley, 2018). There have been two very significant shifts in GB in recent years: the decision in Scotland as of 2012 to drop priority need as part of the statutory homelessness test; and, the increased time-frame within which local authorities are required to provide support to those threatened with homelessness via the Homelessness Reduction Act (2017) in England. This has increased from 28 days to 56 days (while it remains 28 days in Northern Ireland). Interview data from service providers and stakeholders suggests that a longer period in which to seek and provide support, guidance and signposting to services would most likely assist in preventing some households from becoming homeless. The data would certainly appear to suggest this has been the case in GB.

With regards to priority need, the data from elsewhere (particularly GB) and also from the statistics in Northern Ireland indicate that those most likely to fail on priority need criteria are younger applicants, particularly younger males. Evidence from Scotland suggests that the presence of this criteria in and of itself is a barrier to younger, single applicants applying for support in the first place. The ending of priority need in Scotland saw an increase in the numbers of young and single applicants applying for support with homelessness or threatened homelessness. While the differences between the two contexts must be acknowledged, including less precarity in terms of housing stock in Scotland, there is the opportunity for policy learning for Northern Ireland. In this regard:

R.7. Statutory duties should be strengthened with regard to prevention and relief support along the lines of the Homelessness Reduction Act (2017) which increased the period within which support can be sought if threatened with homelessness from 28 to 56 days.

R.8. A review of the implementation of priority need should be conducted to establish the impact upon those demographic cohorts which tend to fall down on this element of the test.

5.5 Support (Economic and Emotional)

There can be economic barriers to accessing the private rented sector for those who are either homeless or threatened with being homeless. The requirement for at least one month's rent as a deposit and in some cases the need to have a guarantor can be a significant challenge. This issue was raised by service providers who were interviewed and featured prominently in the literature.

R.9. Consideration should be given to the implementation of a bond scheme which could help support those seeking to live in the private rented sector with access to small grants to cover deposits. Such a scheme could be publicised via service provider websites (as is the case in GB with the Crisis 'Help to Rent' database).

For some, the ability to maintain a tenancy requires ongoing support. This was illustrated to us by Amy who spoke about how she needed assistance as she didn't know how to budget, top up gas or electric or run a home. Since 2005, the *Supporting People* programme has provided funding to organisations to provide 'floating support' and help for vulnerable tenants to stay in their homes. It is positive that the *Supporting People* budget has been ring-fenced in Northern Ireland and thus it has not been subject to the level of cuts made in England and Wales (where rates of homelessness from the private rented sector increased at the same time). However, year on year the budget has declined in Northern Ireland in proportion to relative costs. In light of this:

R.10. The positive impact of the *Supporting People* programme in helping sustain tenancies for vulnerable people at risk of homelessness should be recognised. It is important to note that the loss of such provision for tenancy and 'floating support' in GB occurred at the same time as evictions from the private rented sector increased.

The research has identified groups and individuals who are particularly vulnerable to 'hidden homelessness' and who find it challenging to find secure accommodation without significant support. This can include care leavers, LGBTQ young people, those with previous engagement with child and adolescent mental health services, non UK or Irish nationals and ex-prisoners.

R.11 Strengthened identification and assistance should be provided to these vulnerable groups and individuals who are at greater risk of 'hidden' homelessness as a result of their circumstances and lack of social/family support. Section 2 of the report contains information on a range of initiatives developed and implemented in Northern Ireland which address many of these challenges and highlight the benefits of inter-agency collaboration. However, such opportunities need to be more widely accessible and promoted. This requires longer term and more stable funding.

5.6 Education/Awareness Raising

The research suggests that education and awareness raising work on 'hidden' homelessness is required. The lack of a clear and agreed definition of 'hidden' homelessness in Northern Ireland is not conducive to increasing awareness of 'hidden' homelessness and the varying forms it may take. Awareness raising campaigns on what constitutes 'hidden' homelessness are important, including as a means of challenging stigma but perhaps even more important is the need to increase awareness of the statutory and community/voluntary support that is available for those who are 'hidden' homeless or are threatened with becoming homeless. As can be said from the case studies, Roger had 'no idea' of who or where to turn to and required the help of family members to advocate on his behalf. Robert, Amy and Margaret spoke in similar terms of not knowing what help was available and having to rely on support organisations. Earlier identification of when someone is at risk of becoming 'hidden' homeless (either via self-referral or by support organisation) provides more time for a resolution before the individual or household reaches crisis point. This point dovetails with recommendation x on increasing the timeframe within which statutory prevention and relief duties must be provided to 56 days.

R.12. Awareness raising campaigns should be used highlight the forms that 'hidden' homelessness can take and also, to draw attention to the support structures (statutory and community/voluntary), that are there to assist those who are either in or at risk of such forms of 'hidden' homelessness.

Resources have been developed to be used in schools at Key Stages 1-4 on the theme of homelessness. While this is to be welcomed, if such curriculum materials are optional as opposed to a mandatory part of the curriculum there is no guarantee that the resources will be utilised in lessons – or how standardised this will be. In this regard:

R.13. There should be exploration of how current materials on homelessness can be further developed and more widely utilised within the classroom as part of the curriculum in Key Stages 1-4. Consideration should also be given to disseminating information on hidden homelessness to youth organisations who, while not directly involved in providing housing advice or support, frequently find that the young people they work with have housing difficulties.



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