

# Chronic Homelessness and Temporary Accommodation Placement in Belfast

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# Chronic Homelessness and Temporary Accommodation Placement in Belfast

The research sought to explore the nature and design of temporary accommodation services in Belfast, their use by those who have experience of chronic homelessness and their impact and efficacy in resolving homelessness for those with more complex needs.

## Key Points

- The existence of a sub-group within the Northern Ireland homeless population whose experience is marked by cyclical temporary accommodation placements, episodes of rough sleeping and other forms of homelessness, has led to increasing concerns regarding the efficacy of current service provision in the resolution and mitigation of homelessness for those with more complex needs.
- Existing evidence suggests that the marginalisation of homeless people with complex needs can occur at every stage along the continuum of service provision – at point of access, placement, and stay - and that this process of marginalisation is further compounded by each “failure” to achieve independent living.
- Service users described multiple experiences of actual harm and loss within the temporary accommodation setting – including violence, intimidation, theft, and exploitation – and described hostel and shelter accommodation as holding a constant risk of *potential* harm.
- Service users adopted a range of coping strategies to mitigate the stresses of hostel living, including: covert, muting and avoidance behaviours. They suggested that living in hostel accommodation necessitates and enables the use of these strategies, yet also punishes people for adopting them via eviction and refusal of access.
- Service users described the consequences of exclusion and eviction as being highly impactful; most often leading to episodes of rough sleeping, with an associated deterioration in physical and mental health, increased contact with the criminal justice system, and significant experiences of victimisation and self-harm. These experiences were described as compounding existing traumas and - by extension - as amplifying the factors which render hostel living problematic and distressing in the first instance.
- Re-entry to the hostel system following a period of rough sleeping, was often described as being crisis-driven, interim in nature, or caveated with additional rules and expectations. As such, each “failure” to sustain a temporary accommodation placement exacerbates the circumstances associated with that failure in the first instance, effectively creating a self-perpetuating cycle of repeat placement breakdown.
- The experience of prolonged and cyclical homelessness was described as reducing the potential for tenancy sustainment where more permanent forms of accommodation are accessed, with the institutionalising impact of hostel and shelter accommodation often diminishing independent living skills, eroding support networks, and increasing feelings of isolation at point of move-on.
- Although key informants and services users both suggested that the key contributory factors to chronic homelessness are most often to be located in operational, strategic and structural dynamics, many suggested that responses to these failures often attach responsibility to the individual service user: as such placement failure is viewed as inevitable; the individual is perceived as being unwilling or unable to gain and sustain accommodation; housing solutions are viewed as illusive and approaching impossible; and, cyclical homelessness becomes an almost accepted given.

## Research Design and Methods

The research sought to explore the nature and design of temporary accommodation services in Belfast, their use by those who have experience of chronic homelessness<sup>1</sup> and their impact and efficacy in resolving chronic homelessness and associated support needs. In doing so, it explored the following research questions:

- Which models of temporary accommodation are currently being used in Belfast, and how are they accessed?
- What are people's experiences of serial placement in and exclusion from temporary accommodation, and how do experiences of serial placement in temporary accommodation impact upon outcomes (including placement sustainability and movement to permanent accommodation)?
- From the perspective of chronically homeless individuals, what role does temporary accommodation play in perpetuating or halting the cycle of chronic homelessness?

The study began with a review of existing literature and research findings in relation to temporary accommodation (TA) and chronic homelessness, alongside a review of responses to homelessness in Northern Ireland. It mapped current models of temporary accommodation in Belfast and the pathways for accessing the same, exploring the nature and form of available services and associated eligibility and exclusion criteria. Semi-structured interviews were completed with eleven voluntary and statutory sector key informants - including senior managers and frontline workers - who provided insight into chronic homelessness and temporary accommodation in Belfast, alongside perspectives on key strategic and policy developments within the sector. Semi-structured interviews were also completed with eight services users, all of whom were male and aged between 28 to 58. Participants were selected purposively from among those with history of repeat homelessness and serial temporary accommodation placement and/or rough sleeping. At point of interview, service users were either residing in temporary accommodation, sleeping rough, or living in settled accommodation after a prolonged period of homelessness. Service users are distinguished throughout the findings by their age and *current* living arrangements.

Service user interviews sought to establish a physical timeline of each participant's housing and homelessness history. To facilitate this, the interview made use of prompt-cards listing the various temporary accommodation services in Belfast, other forms of homelessness (such as rough sleeping and sofa surfing), types of institutional stay (such as prison and hospital), and other forms of accommodation (such as private and social lets). Having constructed a housing and homelessness timeline, the interview made use of a second set of prompt-cards listing a range of "experiences" arising from, or contributing to, the experience of social exclusion (such as being the victim of a violent crime or having used hard drugs). Using a number of in-depth qualitative questions, the first occurrence of each applicable "experience" was located in its relevant position in the homelessness timeline. This approach facilitated the development of a clear understanding of complex housing histories and allowed for an in-depth representation of service user experience and perception. In the process of construction, service users spoke at length about their experience of homelessness, providing a rich and detailed narrative of the extent and nature of their housing history and its impact on their physical, social and emotional wellbeing.

## Scope of Research

- The focus of the study is on a specific sub-group within the general homeless population who, for the most part, have access to a relatively restricted range of temporary accommodation services: namely, congregate style hostel accommodation and emergency shelter provision. As such, the findings cannot be extrapolated across

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<sup>1</sup> For the purpose of this report, 'chronic homelessness' refers to the experience of homeless people - often with more complex needs - whose housing history includes repeat temporary accommodation use, acute homelessness/rough sleeping and/or serial breakdown of temporary and settled accommodation placements.

the general homeless population or the full continuum of temporary accommodation provision, although they may have wider implications in terms of how and why access is restricted in the first instance.

- The sample group focused on eight service users, exploring - in depth – their individual housing and homelessness histories. The findings of these interviews are considered in the context of a robust literature review and multiple key informant interviews; however, the small sample size presents some limitations in terms of the applicability of findings across all experiences of chronic homelessness. Of note, service user interviews were completed with males who have experience of chronic homeless and, as such, this study cannot comment on the specific experience of females in temporary accommodation.
- The study maintains a focus on the impact and efficacy of temporary accommodation in the mitigation of chronic homelessness, but the factors contributing to the occurrence and exacerbation of chronic homelessness extend beyond the sphere of housing and require determined inter-departmental and cross-sectoral action. As such, the findings should be understood as a contribution to wider debates regarding the occurrence and resolution of chronic homelessness.

## Background to Study

Evidence has demonstrated that living in temporary accommodation can impact negatively on social and emotional well-being (Credland 2004; Mitchell et al. 2004; Boyle and Pleace 2017). It is widely accepted that these impacts are felt most acutely where the form of TA is poor-quality, large-scale, or congregate in nature (Credland 2004; Mitchell et al. 2004; Bush-Geertsema and Sahlin 2007; Boyle and Pleace 2017; Mackie, Johnsen and Wood 2017). Where TA is of good-quality, self-contained, and close to established support networks, these impacts may be lessened; however, the lack of permanence and sense of instability associated with temporary accommodation may continue to have a negative impact on emotional well-being, irrespective of TA quality or type (Credland 2004; Mitchell et al. 2004; Pleace et al 2008; Ellison 2012; Boyle and Pleace 2017). Despite these concerns, recent research would suggest that the general public support increased provision of congregate accommodation as a solution to homelessness (O’Neil et al. 2017). This is perhaps unsurprising given its established role in the perceived mitigation and resolution of homelessness: the development and use of congregate style accommodation in general - and hostel and shelter accommodation in particular - has long been justified based on addressing the needs of those desperate for physical shelter (Bush-Geertsema and Sahlin 2007; O’Neil et al. 2017). Yet, although congregate accommodation may provide immediate shelter, evidence would suggest that it can also exacerbate the impacts of homelessness and may, in fact, function as an organisational barrier to permanent housing, rather than the intended purpose of facilitating exit from homelessness (Granberg and Eagle 1990; Bush-Geertsema and Sahlin 2007; Homeless Link 2010; Johnsen and Teixeira 2010; Mackie, Johnsen, and Wood 2017).

In this context, the development of smaller-scale or self-contained TA is viewed as an improvement in provision (Bush-Geertsema and Sahlin 2007). Yet, such accommodation is often set within a transitional continuum of provision where access is determined by “housing readiness”. The “treatment first” philosophy which underpins such provision, emphasises stability and/or recovery as a prerequisite of movement toward independent living (Johnsen and Teixeira 2010; Ellison, Pleace, and Hanvey 2012; Mackie, Johnsen, and Wood 2017). However, available evidence indicates that the staircasing of services around a transitional pathway can function to divide the homeless population into two distinct groups: those who can evidence change and progression and those with more complex needs who become entrenched within, or excluded from, the transitional pathway (Homeless Link 2010; Johnsen and Teixeira 2010; Mackie, Johnsen, and Wood 2017).

Against this background, there is a robust body of evidence which supports the efficacy and cost effectiveness of Housing First and housing-led approaches to homelessness, where rapid provision of permanent housing coupled with access to flexible support, bypasses or significantly reduces the need for TA in the first instance

(Woodhall-Melnik and Dunn 2015; Boyle, Palmer and Ahmed 2016; Padgett, Henwood, and Tsemberis 2016). There is significant political and strategic interest in the expansion of Housing First across all United Kingdom jurisdictions, but this interest is often muted - framed in the context of “piloting” or “exploring” housing-led options - as opposed to an unequivocal commitment (Fitzpatrick et al. 2015; Fitzpatrick et al. 2016; Fitzpatrick et al. 2017; Fitzpatrick et al. 2017a; Watts and Fitzpatrick 2017). The national debate on the role of TA in the alleviation and resolution of homelessness, and by extension the role of Housing First and housing-led approaches, is hampered by a deficit in knowledge regarding the various forms, functions and impacts of TA across the United Kingdom. It is of particular importance that a clearer understanding is developed, particularly in light of the growing impacts of welfare reform, austerity and the looming uncertainty of Brexit. Busch-Geertsema and Sahlin (2007) have argued that in the past, combined economic uncertainty and housing supply pressures have contributed to an increase in hostel and shelter provision based on a reactionary response to crisis. While it is widely acknowledged that an element of temporary and emergency accommodation is a requirement of any successful approach to homelessness, it is of vital importance that the inclusion of such provision is not crisis-driven, and that it works to halt - rather than contribute to - cycles of serial housing failure (Ellison, Pleace and Hanvey 2012; Boyle and Pleace 2017).

## The Northern Ireland Context

Since the launch of Northern Ireland’s first homelessness strategy in 2002, *Making a Difference to People’s Lives*, advances in homelessness service provision for those with more complex needs have been significant, and positively so. This is particularly evident in the work arising from the *Rough Sleepers Strategy for Belfast*, which created impetus for the formation of a range of specialist services designed to address the issue of rough sleeping. The efficacy of these services has been consistently demonstrated in the low number of rough sleepers within the Belfast area (NIHE 2016). More recently, the development of a Housing First service has been widely lauded as advancing effective and appropriate housing outcomes for those with more complex needs, albeit on a relatively small scale, and the introduction of the Housing Solutions and Support (HSS) model has likewise been welcomed for its focus on the prevention and mitigation of homelessness, including its more acute and chronic forms (Boyle, Palmer, and Ahmed 2016; Boyle and Pleace 2017; Watts and Fitzpatrick 2017).

Notwithstanding these notable advances in provision, the long-recognised existence of a sub-group within the NI homeless population – one whose experience is marked by cyclical temporary accommodation placements, episodes of rough sleeping and other forms of homelessness - has led to increasing concerns regarding the efficacy of current service provision in the resolution and mitigation of homelessness for those with more complex needs and, in particular, the efficacy of traditional, transitional models of TA (NIHE 2005; Ellison, Pleace, and Hanvey 2012; NIHE 2012b; Boyle, Palmer, and Ahmed 2016; NIHE 2016; Boyle and Pleace 2017; NIHE 2017). Available literature would suggest that the marginalisation of this group occurs at every stage along the continuum of service provision – at point of access, placement, and stay - and that this process of marginalisation may be further compounded by each “failure” to achieve independent living (Ellison, Pleace, and Hanvey 2012; Boyle, Palmer, and Ahmed 2016; Boyle and Pleace 2017; NIHE no date).

Mapping of eligibility and access criteria across TA services within the Belfast area reveals that access to temporary accommodation presents particular barriers for homeless people with complex needs, with offending history, physical ill-health, mental ill-health and substance use each decreasing the probability of access to services (NIHE no date). This exclusionary impact is exacerbated where an individual presents with multiple needs, with increased complexity often equating to further decreases in access (NIHE no date). Even where an individual is found to be eligible with respect to formal access criteria, the completion of a “background check” often acts as an additional barrier, with access to TA narrowing in response to historical exclusions and reputational notoriety (Ellison, Pleace, and Hanvey 2012; Criminal Justice Inspection 2013; NIHE 2016).

Service users who were surveyed as part of a 2016 *Street Needs Audit* (commissioned by NIHE to enhance

understanding of street homelessness and rough sleeping in Belfast) highlighted an additional barrier to access: namely, reluctance to use TA services on the basis of negative peer effects, violence and abuse, poor quality accommodation, and rules of occupancy (NIHE 2016). Here, service user concerns echo wider research findings which suggest that users often perceive hostel and shelter accommodation as presenting significant risk of harm (Homeless Link 2010; Johnsen and Teixeira 2010; Ellison, Pleace, and Hanvey 2012; NIHE 2016; Mackie, Johnsen and Wood 2017). The negative impacts associated with congregate accommodation use are further compounded in the Northern Ireland context, by four interrelated factors:

- First, the current portfolio of TA has remained fairly static while service user need has evolved and changed over time, giving rise to widely acknowledged gaps and misalignment in service provision (NIHE 2012a; Boyle and Pleace 2017; NIHE 2017).
- Second, a lack of clarity regarding the nature and extent of need within the homeless population has hampered ability to align services at a strategic level and - by extension – the ability to make appropriate placements at individual service user level (DSD 2015; Boyle and Pleace 2017).
- Third, a lack of affordable and appropriate permanent accommodation prevents timely move-on for those deemed “housing-ready”, effectively stymying the system and enhancing the probability of placement based on availability rather than need (NIHE 2012; NIHE 2012b; CHNI 2013; DSD 2015; Boyle and Pleace 2017; NIAO 2017).
- Finally, a paucity of data regarding the extent of planning for move-on from TA, and the efficacy of these plans where they do exist, impedes actions intended to ease this “congestion” (North Harbour Consulting 2011; RSM McClure Watters 2015; Boyle, Palmer and Ahmed 2016; NIAO 2017).

Misalignment of placement to need can have an immediate impact on service user well-being in that it greatly reduces the likelihood of access to appropriate and timely support – the impact of which is felt most acutely by those with more complex support needs - and, of course, a stymied pathway means that placements must also be sustained for considerable periods of time (Ellison, Pleace and Hanvey 2012; RSM McClure Watters 2015). Crucially, though, misalignment also has a significant longer-term impact. Failure or inability to comply with the requirements of a given placement can lead to eviction or exclusion and, as noted above, service users may choose to avoid or abandon placements where that placement is perceived as either compounding or failing to address their needs (Homeless Link 2010; Johnsen and Teixeira 2010; Ellison, Pleace and Hanvey 2012; NIHE 2016; Mackie, Johnsen and Wood 2017). Evidence would suggest that this exclusionary effect may be experienced acutely in the NI context, where practices regarding accommodation rules and exclusion processes are recognised as being restrictive and deserving of urgent action (Ellison, Pleace, and Hanvey 2012; NIHE 2012; Boyle and Pleace 2017).

Exclusion and avoidance have a particularly pernicious impact in the context of a transitional model of service provision in that they displace the individual from the very continuum which might facilitate planned and sustainable exit. In so doing, they greatly increase the risk of acute homelessness, including squatting, rough sleeping and street activity (Homeless Link 2010; Johnsen and Teixeira 2010; Ellison, Pleace and Hanvey 2012; Mackie, Johnsen and Wood 2017). Evidence has shown that acute homelessness has a detrimental impact on individual wellbeing, often both precipitated by and leading to, a deterioration in mental and physical health, increased substance use, and/or traumatic instances of violence and exploitation: experiences which are, in turn, recognised as having a marginalising and exclusionary effect in and of themselves (Mackie, Johnsen and Wood 2017; Theodorou and Johnsen 2017).

## Key Informant Perspectives

Most key informants described the existing continuum of homelessness service provision as contributing to and perpetuating cyclical placement failure for homeless people with more complex needs. Here, existing mechanisms for access and placement, the current portfolio of temporary accommodation, conditions of stay, and exclusion and eviction practices, were described as functioning to displace more vulnerable service users from the very continuum which might facilitate move-on. They noted that displacement often occurs at an operational level – within individual services - but their responses suggest that the mechanisms of displacement can only be fully understood when considered collectively, from a sector-wide perspective. In this respect, key informants detailed the circumstances of displacement as arising in the interplay between a range of strategic and structural factors, with individual services then acting to mitigate against (or alternatively exacerbate) the mechanisms of displacement with varying degrees of success.

There was broad consensus that complex needs, historical behaviours and offending histories act to restrict access to individual services. These restrictions were viewed as impactful in and of themselves but were described as forming a particularly intransigent, structural barrier to provision when considered collectively across services and/or cumulatively across individual experiences of cyclical homelessness:

*It becomes multi-layered in terms of barriers and in terms of displacement, for people who are chronically homeless. They are already dealing with a greater number of challenges than the average person presenting as homeless, and then if you look at the time they spend homeless and circling around the system, the higher the likelihood that they will pick up additional issues, or barriers. (Voluntary Sector, Key Informant)*

It was also noted that, even where the stated intention of a given service is to permit access to those with more complex needs, this intention may be swayed by wider contextual factors, with local neighbourhood reaction to specific service user groups often triggering increases in access thresholds:

*Some of those hostels are still based in areas where clients just simply won't consider ... or if they do consider ... they will just be put out by local communities ... [which] then dictates the type of service which grows up in that area ... [Hostels] are managing a very fine balance between the community reaction ... versus their ability to manage their hostel independently. (Voluntary Sector, Key Informant)*

Key informants felt strongly that allocation of temporary accommodation is not always commensurate with service user need. Here, they echoed the findings of the literature review, suggesting that: first, the current portfolio of accommodation has remained fairly static; second, that service user need is not sufficiently assessed and understood at both individual and strategic levels; and, finally, that the current accommodation portfolio is stymied by wider housing supply pressures. These factors were described as being further exacerbated by individual provider practices in two key respects. First, key informants felt that misalignment of service provision may be compounded where a variance exists between the type and nature of service delivered by individual providers and that which is outlined in their stated or contractual obligations:

*[We need to] ensure that, what services are funded to do they actually respond to, rather than being allowed to manage their services in a way that suits, perhaps, the staff. (Voluntary Sector, Key Informant)*

*People are not exactly doing what it says on the tin. (Statutory Sector, Key Informant)*

Second, key informants pointed to a lack of consensus regarding when planning for move-on should begin, with a small number advocating prolonged stays in temporary accommodation to allow needs to be addressed prior to move-on, while others pointed to this reluctance around planning for move-on as *the* key contributory factor in the silting-up of TA and – by extension – reduction in the availability of appropriate placements.

*For the majority of homeless people, anybody with complex needs ... there should be that slow testing phase ... I think sometimes two years is just the minimum to start dealing with some of these problems. (Voluntary Sector, Key Informant)*

*People who run temporary accommodation need to recognise that it's temporary accommodation ... This idea ... that it's okay for people to sit in temporary accommodation: it's not. (Voluntary Sector, Key Informant)*

Of note, key informants lamented that allocations for single homeless people are most often made to congregate, hostel accommodation, describing this form of accommodation as having a particularly negative impact on individual well-being. Concerns tended to find a focus in four key areas: material well-being (conflict, violence and exploitation); psychological well-being (lack of privacy, choice and control); social well-being (isolation, marginalisation and institutionalisation); and, emotional well-being (loss of dignity and feelings of low self-worth):

*You have the violence, you have the arguments, aggression ... you're forced into that type of environment ... You end up spending your day in the hostel listening to twenty, thirty residents ... watching their arguments, watching their fights. And the potential for you to get into an argument and get into a fight has increased but you've no other option – you either go out and beg or you walk the streets of Belfast. (Voluntary Sector, Key Informant)*

*You can't go out during the night ... you're not allowed to leave after eleven o'clock ... your girlfriend can't stay on the same project as you ... you'll be allowed to eat breakfast between 8:00 am or 9:00 am, or dinner between 5:00 pm and 6:00 pm and, in fact, you can't choose what you're having for dinner, you just have the same as everybody else. All of those things just completely strip people of all their dignity. (Voluntary Sector, Key Informant)*

*They don't want their friends to know they're in a hostel ... they don't want to apply for jobs because they don't want to put the hostel address ... they don't want GPs knowing they are in a hostel ... and the length of time people are spending in hostels, their old life has been left behind and they are adopting this new one. (Voluntary Sector, Key Informant)*

Key informants also highlighted three key ways in which the negative impact of congregate living may be exacerbated in the design and delivery of individual services. First, several suggested that a culture of expected gratitude within some services, where the granting of access to shelter is viewed as sufficient incentive for compliance with rules, irrespective of individual ability or capacity, places sole responsibility for placement breakdown with the individual service user:

*There's an overall feeling, if you're street homeless, ... no matter what the rules are, we're trying to help you and you should be thankful and obey these rules. (Voluntary Sector, Key Informant)*

Second, key informants noted that hostel rules and expectations are sometimes ill-defined and nebulous, with the application of rules and the consequences of rule violation varying across and indeed within services, rendering successful navigation of the system both demanding and stressful.

*It also depends on who you are and who the staff like ... that is even more horrendous because that's sending mixed messages to people that, well, he's drinking but he's allowed and you're drinking and you're not. (Voluntary Sector, Key Informant)*

*The first thing that hits me, always, is tolerance levels with staff. It's even different shifts ... it could be one manager on this shift, the morning one or the evening. It's scary. (Statutory Sector, Key Informant)*

Third, they suggested that supports intended to promote change can have a counterproductive impact where

service user engagement is obtained through coercion or is framed as essential, with the intrusive nature of such support exacerbating the negative impacts associated with diminished rights to self-determination.

*Hostels either seem to be one way or another. They're either not dealing with people's support needs at all or they're like constantly, "I just heard them on the phone to their granny – Oh, I think they're going out to meet Billy". Do you know? There are so many places that people are like, "What is going on? This is my life ... What business is it of theirs?". (Voluntary Sector, Key Informant)*

*It's around the aggressive approach to [support]. It's like, "you must do this" ... It's back to that helping model that you're forcing people into rather than looking at the person and taking a person-centred approach with them ... It's letting people determine their own life and what they want in their own life. (Voluntary Sector, Key Informant)*

A few key informants felt that the requirements associated with Supporting People funding compel providers to frame engagement with support as an essential condition of access:

*You don't get your money unless you have your support plan, unless you can identify that you're actually working on these areas, unless you have your outcomes ... So, it's absolutely ingrained and embedded in the system at the moment, that we fix people, you know. (Voluntary Sector, Key Informant)*

Crucially, informants suggested that endeavours to alleviate the negative impacts of hostel accommodation often result in the exacerbation of other issues. For instance, attempts to allay risk of bodily harm to services users often involved increasing surveillance, rules and access thresholds, which, in turn could amplify the negative impacts associated with lack of privacy, choice and control, particularly when implemented in a paternalistic fashion. Indeed, many key informants suggested that the negative impacts of congregate living continue to be experienced – particularly by those with more complex needs - irrespective of service approach, with the only variance being in the acuteness and form of the given impact:

*I think it makes you feel like less of a person ... If you're already starting out from a point where your childhood trauma or your experiences ... have impacted on your feelings of self-worth, over time that's only exacerbated by your experience of TA, regardless of how good the TA is or how supportive the staff are. (Voluntary Sector, Key Informant)*

Even where the intention of the provider is to avoid restrictive and exclusionary practices, it was noted that breakdown often arises from a need or desire to evade congregate living, with street activity and rough sleeping offering a form of escape, a means of obtaining cognitive relief and physical refuge from the pressures and risks associated with the hostel environment:

*They actually feel safer on the street ... they walk away ... especially with somebody who's alcohol dependent or is a drug user ... or the ones with mental health problems who can't go into a room full of 20, 30 individuals. (Voluntary Sector, Key Informant)*

Many key informants suggested that the cumulative impact of restricted access, poor alignment of placement to need, and use of hostel accommodation, is to be found in the phenomenon of repeat placement breakdown:

*We have a group of people – we've about 250 to 300 – across Belfast who are known to us who have had multiple temporary accommodation placements, temporary accommodation breakdown ... [who] are known to a range of agencies and players in the field, but the interventions have not yet worked. (Statutory Sector, Key Informant)*

Several key informants felt that a sense of acceptance - in respect to repeat temporary accommodation breakdown and chronic homelessness - sometimes hinders the pursuit of longer-term accommodation solutions:

*There are client names that ... are well known to the sector and to providers, both statutory and voluntary, and there tends to be ... almost a desensitisation to the needs of that person, their willingness or ability to change, to move forward ... It's almost assumed that - given that they have been chronically homeless for so long - there really isn't a solution or they're not trying hard enough, or they need to take responsibility without, maybe, looking at the responsibility on all of us as providers within the homelessness sector, in terms of what our duty is and whether we meet that. (Voluntary Sector, Key Informant)*

Indeed, the expectation of breakdown, particularly in respect to service users with more complex needs, is such that several key informants described practices which prioritise planning for breakdown above that of planned move-on, with service users being cycled around different services as a form of 'respite' or less impactful alternative to rough sleeping. Notably, one informant described the process of planned movement around services as a form of punishment, the desired outcome being behavioural adaption or modification:

*It's informal, but somebody - chronic drinker, aggressive to staff - if he's allowed to keep getting away with it, everybody does it; they all play up ... So, then, we said, between the four of you, all high needs stuff, high support; move them round. Throw them out for two, three days and you put them in somewhere else ... [saying] "see while you're here, you're staying here with a licence, so you're going to be a good boy". So, it's putting a different regime on them and saying, "you can't do this; it's not acceptable". (Statutory Sector, Key Informant)*

Several key informants pointed to the lack of rapid move-on from homelessness accommodation as one of the key factors in the entrenchment of cyclical homelessness, with the institutionalising impact of congregate living often diminishing independent living skills and exacerbating feelings of isolation and loneliness at point of move-on, rendering those with experience of chronic homelessness particularly susceptible to tenancy breakdown.

*It [hostel accommodation] institutionalises people ... It does not support them to either keep or maintain independent living skills. (Voluntary Sector, Key Informant)*

*One of the big things [at point of move-on] is isolation ... people who have been in temporary accommodation for a long time become institutionalised. (Voluntary Sector, Key Informant)*

Most key informants agreed that resolving chronic homelessness or indeed preventing it in the first instance, rests on a rapid movement away from traditional hostel and shelter accommodation. Here, informants welcomed the introduction of Housing Solutions and Support, with a general consensus that closer collaboration between service providers and the Northern Ireland Housing Executive holds potential for improved move-on options. They pointed to a number of early successes arising from the work of HSS and expressed a strong belief that the development of a Housing First service and recent progress on inter-departmental working is emblematic of the sectors desire and capacity to effect change.

Yet, key informants also pointed to a number structural factors which they feel radically limit the potential for success: reduced social housing new-build, decreased turnover of social housing, increased demand for and cost of private rented sector properties, and decreases in welfare benefit entitlement, were described as forming a particularly intransigent barrier to affordable and appropriate move-on accommodation, and to the expansion of the existing Housing First service. They also sounded notes of caution regarding the application of Housing First principles to self-contained, temporary accommodation, particularly where the principles of self-determination in respect to engagement with support are not rigorously applied. Above all else, though, key informants expressed a strong belief that the barriers to addressing chronic homelessness are ones which can and should be overcome. Almost without exception, they suggested that, to be truly effective, the process of change must be service user

focused and collaborative in nature. Crucially, greater collaboration was viewed as essential *within* the sector but also *across* sectors, with inter-departmental action being held as imperative.

*I think the greatest thing that we need to achieve is the collaboration, joint commissioning, between ... health, justice and housing. (Voluntary Sector, Key Informant)*

*You need to be courageous enough to say, that didn't work ... that's why collaboration and that open understanding and communication, working for service users, is so important because then it becomes less about blame and more about together, collectively, ... we need to adjust and to move forward in this way. (Voluntary Sector, Key Informant)*

## Service User Perspectives

The form of accommodation most frequently accessed by service users was hostel and shelter accommodation, with access to self-contained accommodation or alternative models of provision (such as Housing First or housing-led services) being achieved very infrequently. Service users described multiple experiences of actual harm and loss within the hostel setting, including: violence, intimidation, theft and exploitation. Alongside physical and material harm, service users also described hostel accommodation as holding a constant risk of *potential* harm:

*It's the atmosphere in them for a start ... you can't feel relaxed. You're always on edge. You're always, constantly, on-guard ... You don't feel safe. (Service User, 38, Hostel Accommodation)*

This sense of continuous risk was based on the congregate nature of hostel accommodation. Here, sharing living space with others was presented as inherently stressful<sup>2</sup>, giving rise to acute feelings of exposure, vulnerability and distress. For some, communal living was simply intolerable:

*I don't like being around too many other people. That cracks me up. I can't do it. I'm just so conscious. I'm self-conscious. Everything's wrecked. Confidence gone ... If I squat nobody knows. Nobody sees me. I feel safer squatting. (Service User, 28, Sleeping Rough)*

Notably, the desire to avoid or escape hostel accommodation often continued even where the objective risk of physical harm or loss was viewed as minimal:

*If you have to be in a hostel ... it's one of the better places ... if there is a better place. [But] see after a week, the walls are closing in on me. Sometimes I would be scared to come in to ... town in case I end up not going back. (Service User, 34, Hostel Accommodation)*

Service users expended considerable energy on attempts to ameliorate or eliminate perceived risks of hostel accommodation but noted a number of internal and external factors which consistently frustrated these endeavours. They pointed to two key **internal factors** which acted to amplify feelings of psychological distress in the hostel setting:

- First, service users spoke of the detrimental impact of homelessness on self-esteem and appraised their capacity to mitigate against harms as being always already diminished by feelings of low self-worth: “when your living in a hostel”, one service user explained, “you’re at rock bottom and all you constantly think about in your head is that you’re at rock bottom” (Service User, 35, Hostel Accommodation).
- Second, service users referenced exposure to adverse and traumatic experiences in childhood and early adolescence, noting that methods used to tolerate or manage the symptoms arising from these experiences

<sup>2</sup> This section draws the transactional theory of stress and cognitive appraisal outlined in Lazarus and Folkman (1984).

often contravened expected standards of behaviour, placing them at continuous risk of exclusion: “I wake up; I get rid of my sickness,” one service user explained, “I have to. I’m too sick. I try my best. I try to stop. That’s why they throw me out of the hostels,” he concluded, “the drink” (Service User, 41, Hostel Accommodation).

Service users also pointed to three key **external factors** which act to exacerbate these feelings of distress:

- First, they pointed to a lack of choice in placement type and form, often describing a mutual reluctance – on the part of both provider and service user – to accept placements: “They don’t want me here,” one service user stated, “I’d rather stay on the streets but I can’t with my [physical illness]” (Service User, 41, Hostel Accommodation).
- Second, service users highlighted a profound and continuous sense of uncertainty regarding likelihood of exclusion or eviction, with loss of accommodation often described as occurring in a sudden and unpredictable fashion: “I went to town to pick up my money,” one service user said, “I came back a few hours later and [they] wouldn’t let me in. [They] said, ‘you don’t live here anymore.’ And I said, ‘what do you mean, I don’t live here anymore?’ [They said], ‘a van came and picked all your stuff up out of the room.’ The whole place cleared out”. (Service User, 41, Hostel Accommodation).
- Third, service users lamented the paternalistic nature of hostel rules, with practices relating to food and curfews described as having a particularly infantilising and humiliating impact: “See the hostel I’m living in,” one service user explained, “they won’t hand out food at certain times ... then if I miss my dinner, I get nothing” (Service User, 41, Hostel Accommodation). “You have to be in at half nine”, another service user stated, “you’re going back nearly twenty years ... that I had to be in at half nine” (Service User, 42, Social Housing).

Collectively, these internal and external factors led service users to conclude that the elimination of perceived risks most often lay beyond their control. Unable to eliminate potential risk, but requiring shelter, service users adopted new - or increased existing - coping strategies in order to mitigate against the stressful impacts of congregate living. Although many described coping strategies which were quite unique and, in some respects, singular occurrences, there was also much commonality of experience, with coping strategies tending to fall within three broad categories: covert behaviours, muting behaviours and avoidance behaviours.

In adopting covert behaviours service users described hiding or disguising actions which were perceived as being contrary to accommodation rules. This was particularly true where service users sought to manage substance dependency within hostels which disallow substance use on premises. Here, risk of harm or loss was often viewed as a challenge where the application of covert behaviours might allow an individual to stall negative outcomes, particularly those associated with exclusion or eviction: “You’re not supposed to drink, but you can,” one service user explained, “you can get away with it if you’re sly” (Service User, 41, Social Housing).

Service users also described engaging in **muting behaviours**, intended to sublimate the negative impacts of congregate living. This was particularly true where service users perceived the risks of hostel living as necessitating a constant and heightened state of vigilance. Here, risk of harm or loss was often appraised as inevitable or unavoidable, with substance use acting to ease the associated symptoms of psychological distress:

*To be truthful, most of the hostels I was in ... you’ve always been wanting to get wasted off your head, because you don’t like it. You don’t feel settled, so you try and blank things out, you know. (Service User, 34, Hostel Accommodation)*

Third, service users described **avoidance behaviours** whereby they refused or abandoned placements. This was particularly true where the risks associated with sleeping rough were appraised as being lower than that of living in hostel accommodation. Here, the more closely circumstances of placement echoed those of earlier adversity, the greater the likelihood that risk would be appraised as intolerable:

*When I found out where I was and what's around me, I was in it for a week, had to get out of there ... what happened in my family, around me, affected me big time ... I couldn't have stayed there, rather the streets. (Service User, 40, Hostel Accommodation)*

Service users also adopted avoidance strategies where they viewed refusal of access as a foregone conclusion. This was particularly true following relapse in services where abstinence was a condition of stay. Here, service users described profound feelings of shame and an overwhelming sense of failure at point of relapse, with avoidance being viewed as a rational or necessary choice in light of the inevitability of exclusion. Of note, service users described street activity as a key avoidance strategy, one which afforded them cognitive relief from the psychological pressures of hostel accommodation: "it was like it was never-ending," one service user said of a period of street activity, "it was like a pattern, it was a release from the [hostel], the stress of other people" (Service User, 40, Hostel Accommodation).

Although coping strategies were often described as effective in the short-term, particularly in respect to relieving or avoiding immediate distress or harm, they were often described as particularly ineffective - and in fact counterproductive - in the longer-term, often leading to significant deterioration in physical and mental health. Yet, despite this impact, service users insisted that hostel accommodation not only compels use of these strategies, but functions in a way which unintentionally enables and legitimises their use. They pointed to four key enabling factors:

- First, service users suggested that the use of paternalistic and unrealisable rules promotes covert behaviours as a reasonable approach to maintaining placements, particularly where rules demand abstinence or moderated substance use of those who are substance dependent. They were often perplexed and frustrated by a system which they viewed as demanding that substance use be minimised or disguised, whilst also requiring open and honest engagement with available supports:

*I overdosed and they threw me out of here ... [he] called me in to the wee office down there and he says, "listen, are you on a death wish or something ... we're closing your bed" ... That's what I don't understand. You would think they would want to help me in here, and keep an eye on me, and keep me in here, but they asked me to leave ... I was out for three weeks. (Service User, 35, Hostel Accommodation)*

- Second, service users pointed to the widespread availability of substances within hostel accommodation and described how this availability both enabled and encouraged management of psychological distress through increased substance use: "the drugs that was flying around," one service user explained, "drugs being swapped, notes coming under your door, 'are you looking?' " (Service User, 40, Hostel Accommodation). Hostels are "full of drugs", another explained:

*Even if you're trying to give the drink or the drugs a miss, you end up in with people who will all be looking to go out and score drugs or go out drinking ... So even if you're feeling a bit motivated ... you don't really get that far in hostels. (Service User, 34, Hostel Accommodation)*

- Third, they described how the use of brief exclusions in response to breach of curfew or presentation under the influence of substances promotes street activity and rough sleeping and in so doing legitimises and encourages the use of avoidance strategies:

*You have other [staff] that'll be, "no, have you been drinking?" "Aye, and what, you know I'm a fucking alcoholic." And then, "you're not getting in, come back later" ... See, this is my argument about it ... What are you going to do for an hour? Walk about the streets and, what, not have a drink? That's why I changed it: I was just like, "look, I'll tell you what it is ... I'll not be in". (Service User, 42, Social Housing)*

*The shutters come down on the door at half nine at night ... The doors are closed. They don't open till the next morning, so sleep rough. (Service User, 42, Social Housing)*

- Finally, service users suggested that hostel accommodation radically decreased both capacity and motivation to reduce coping behaviours, with negative peer affects, hostel rules, and repeat displacement often subverting or disrupting access to treatment and support services, with access to these services being described as often elusive and limited in the first instance.

While hostel living was described as giving rise to coping strategies and providing favourable circumstances for their amplification, the behaviours associated with these strategies often also formed the basis of exclusion or eviction from the hostel system. As we have seen, in describing how coping behaviours arise within the hostel setting, service users pointed to the interplay between internal and external factors. Yet, when they described provider responses to these coping behaviours they suggested that approaches often take cognisance *only* of the behaviour itself. This often occurred in the sense that coping behaviours directly contravened hostels rules and as such lead to exclusion or eviction, but also occurred in the more insidious sense that coping behaviours were often viewed as signifiers of deliberate disengagement or as markers of individual choice, arising in isolation and dislocated from both internal and external matters. One key informant provided a pithy summation of this effect:

*We place people in a very unnatural environment ... [with] all these restrictions ... and then we wonder why they kick against them ... and in doing so ... what we do is - we don't change the rules – we punish people. (Voluntary Sector, Key Informant)*

A small number of service users highlighted more positive experiences of temporary accommodation. These tended to be presented as positive in a comparative sense: “some bits [are good]”, one service user explained of his current accommodation, “you get a wee bit more space, they're not as much in your face, a bit more flexible” (Service User, 58, Hostel Accommodation). Service users reserved praise for services which respected their privacy, which allowed them to engage with support in their own time and at their own pace, and which afforded them greater freedom of self-determination. Above all else, they valued a sense of connection to others: they spoke positively of experiences where they felt cared for, where they felt valued, and where they felt a sense of belonging:

*The family side, the atmosphere, and then the staff care, do you know, it's not just a job to them. (Service User, 34, Hostel Accommodation)*

*It's nice. Everybody is still there: the staff. It's just quiet and peaceful. (Service User, 28, Sleeping Rough)*

*I loved it to bits. I loved it ... They looked after me. (Service User, 41, Hostel Accommodation)*

However, positive experiences were very few and most often temporary in nature, ultimately ending in abandonment or eviction. Service users described the consequences of temporary accommodation breakdown, in all its forms, as highly impactful in an immediate sense, most often leading to episodes of rough sleeping, with an associated deterioration in physical and mental health, increased contact with the criminal justice system, and significant experiences of victimisation and self-harm:

*It's [the criminal charges] all to do with me being homeless, because I'm sitting drinking on the streets. Then the cops come up and I start. Throw my drink out and then I start. (Service User, 42, Social Housing)*

*That's when I got a kicking and money stolen. That only happened when I was sleeping rough. (Service User, 30, Sleeping Rough)*

*I got a kicking, bad, bad, kicking just for no reason, bottles broke on my head. Some women rescued me, disturbed them. (Service User, 40, Hostel Accommodation)*

*Rough sleeping, yes, hopelessness, hopelessness. There was, like, there was no change. I needed at least someone to help me. (Service User, 40, Hostel Accommodation)*

*It's harder every day ... on the streets, it's harder just to make that effort to try and just get by ... after a while you can't keep doing it. (Service User, 58, Hostel Accommodation)*

*I took 200 paracetamols ... because of the cold and I couldn't do it [continue to sleep rough]. I took a load of paracetamol. I OD'd. (Service User, 41, Hostel Accommodation)*

Some service users described lengthy experiences of uninterrupted rough sleeping, in some instances spanning several years. However, most described rough sleeping as 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. In this context, emergency shelter accommodation was often described by service users as a facet or aspect of chronic homelessness, rather than its intended purpose as a protective or preventive alternative to rough sleeping. Service users described the occurrence of actual harm and perception of risk of harm while using emergency accommodation, as arising with much greater rapidity and higher impact when compared to non-emergency hostel accommodation. In particular, the experience of attempting to gain access to emergency shelter accommodation was presented as arduous and fraught with uncertainty, with refusal often acting as *the* key precipitating factor to rough sleeping:

*You don't get in till half ten, you put your name down at half nine, they come out about ten. You're standing outside, in the pishing rain, you know, hail, fucking everything. If you don't get in you sleep rough. (Service User, 42, Social Housing)*

Where service users were refused entry to emergency shelter accommodation, they described the impact of waiting for access as greatly increasing the risks associated with rough sleeping, particularly where waiting in adverse weather conditions meant that they were beginning the night already cold and wet, or where the delay in notification of refusal resulted in having to begin the search for a space to sleep rough late at night.

Service users often gave voice to an internal conflict regarding appraisal of the various harms of hostel accommodation, emergency shelter accommodation and rough sleeping: while hostel accommodation may sometimes be intolerable or unsustainable, the alternatives – particularly rough sleeping and squatting - also present significant risk of harm and, yet, the emergency accommodation services intended to mitigate these harms *may* then exacerbate these risks, particularly where access is denied. In this sense, service users felt trapped by the experience of chronic homelessness, unable to successfully navigate the options available to them without encountering harm. They also described chronic homelessness as having a particularly pernicious impact in the context of a transitional model of service provision, displacing them from the very continuum which might facilitate planned and sustainable exit. Where move-on was achieved, it was most often described as occurring in a sudden and unplanned manner, with service users seizing the opportunity of more permanent housing irrespective of the suitability or sustainability of the given property. Indeed, service users were as likely to access more permanent forms of accommodation from a period of rough sleeping as they were to access from a stay in TA. Describing his response to an allocation of social housing and the subsequent breakdown of this tenancy following paramilitary threat, one service user said:

*I thought, second chance at life, you know ... but I didn't know that the people from [one area] and people from [another area] didn't get on ... that was just a big wrong choice I made ... I just jumped at the first place. (Service User, 34, Hostel Accommodation)*

Even when planned, susceptibility to tenancy breakdown was amplified through the experience of prolonged and cyclical homelessness, with the detrimental impacts of chronic homelessness radically diminishing self-belief regarding individual capacity for independent living. Notably, for several service users who participated in this study, the key to preventing chronic homelessness was viewed as resting in the avoidance of hostel and shelter accommodation in the first instance:

*If we didn't have to go to the hostel sort of scenario, the drinking wouldn't have started, wouldn't have gotten to know people who I got to know in that circle ... I think right from the start ... if they had put us in to a [home] of our own, maybe we'd have had a better chance. (Service User, 34, Hostel Accommodation)*

Service users often expressed a sense of hopelessness around the prospect of a long-term exit from homelessness, describing the experience as one which had dominated almost all their adult life: some spoke of *never* having had a home of their own; others described rough sleeping as all they had ever known. Most services users experienced difficulty in envisaging a future beyond homeless and tended to speak of how they would like to *feel* in the future, as opposed to detailing the specific circumstances which might work to resolve their homelessness: without exception they all expressed a profound yearning for stability, for change, for a second chance at life:

*All I know is, I just want a quiet life. That's all I want. I just want to be settled down and relax. Go out and do what you have to do. Come back. Legit things, like. Seriously, that's all I ever want. I'm exhausted. I'm fucked. I'm burnt out. I am. Still sleeping rough. It always stays the same. It does. Nothing changes. (Service User, 28, Sleeping Rough)*

## Conclusion

The current continuum of homelessness service provision functions in a way which often excludes those with more complex needs. Where access to services is gained, the type and form of available accommodation often acts to exacerbate existing levels of need and gives rise to a range of coping behaviours which ultimately displace service users from the continuum of provision. This displacement has a further exacerbating effect, rendering future temporary accommodation placements fragile and susceptible to failure and, as such, establishes a self-perpetuating process of repeat TA breakdown. Crucially, although both key informants and services users suggested that the key factors contributing to chronic homelessness are most often to be located in operational, strategic and structural factors, many suggested that responses to these failures often attach responsibility to the individual service user: as such, placement failure is viewed as inevitable; the individual is perceived as being unwilling or unable to gain and sustain accommodation; housing solutions are viewed as illusive; and, cyclical homelessness becomes an almost accepted given. In stark contrast, evidence would suggest that solutions to chronic homelessness are achievable, particularly where provision is offered in the form of Housing First and housing-led accommodation models. The experience of service users suggests that a psychologically-informed approach to homelessness service provision, one which recognises the transactional and relational nature of accommodation and support provision – and by extension the transactional and relational nature of failures in this provision – and one which endeavours to develop and provide services which are founded on a nuanced and compassionate understanding of the psychological and emotional needs of the individual service user, must be the foundation of all future strategic and operational approaches to homelessness service provision for those with more complex needs.<sup>3</sup> Far from this vision, this research has clearly shown that temporary accommodation provision in Belfast can function to trap individuals with more complex needs in a cycle of chronic disadvantage, distress and adversity, one which is both self-perpetuating and highly damaging.

<sup>3</sup> For an understanding of the Psychologically Informed Environment see Keats et al (2012) and Cockersell (2016).

## Recommendations

	Recommendation	Lead Responsibility
1	Movement away from hostel and transitional models of temporary accommodation and toward Housing First and housing-led forms of provision should be held as an overall strategic priority and should be pursued as a matter of urgency for those with more complex needs.	Northern Ireland Housing Executive
2	In recognition of the multi-faceted nature of chronic homelessness, the proposed development of a Rough Sleepers Action Strategy should be amended to the development of a Chronic Homelessness Action Strategy which incorporates responses to rough sleeping (including rough sleeping while nominally accommodated), alongside other identified aspects of chronic homelessness, including: street activity, sofa surfing, squatting, temporary accommodation breakdown and shelter accommodation use.	Northern Ireland Housing Executive
3	<p>The Chronic Homelessness Action Strategy should include:</p> <p>An assessment of the exclusionary impact of eligibility criteria (including the background check process), accommodation rules, and eviction practices.</p> <p>The development of a clear and transparent framework for the monitoring of both abandonment of and eviction from temporary accommodation.</p> <p>The development of a means of redress for service users in respect to refusal of access, exclusion and eviction, including the development of peer advocacy and/or service navigator roles.</p>	Northern Ireland Housing Executive
4	Strategies, action plans and reviews relating to housing and homelessness should be proofed to ensure that they do not create or perpetuate chronic homelessness and, where relevant, that they incorporate the prevention of chronic homelessness as a key theme.	Northern Ireland Housing Executive / Department for Communities
5	A framework should be developed to monitor planning for move-on from temporary accommodation and the efficacy of these plans in terms of their capacity to facilitate appropriate and sustainable exit from homelessness.	Northern Ireland Housing Executive

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## About the I-SPHERE / Oak Foundation Intership Programme

The Oak Foundation is an international philanthropic foundation funding projects in conservation, human rights, abuse, housing, learning disabilities, and other social justice issues. In its Housing and Homelessness Programme, the Foundation focuses on preventing homelessness by funding sustainable solutions that improve the economic and social wellbeing of marginalised youth, adults and families. The programme has three priorities: promoting economic self-sufficiency; increasing the availability and supply of affordable housing; and preventing homelessness.

The Institute of Social Policy, Housing and Equalities Research (I-SPHERE) at Heriot-Watt University is a leading UK research centre in the fields of housing, poverty and social policy with a strong international reputation. I-SPHERE staff specialise in research on homelessness, destitution, complex needs and other forms of severe disadvantage.

Oak Foundation and I-SPHERE run an internship programme to support the development of a stream of early career researchers to undertake high quality policy and practice applied research on homelessness. The dual purpose is to increase the availability of well qualified researchers and to develop the evidence base for policy makers and practitioners on 'what works' in this sector.

### About the Author

Lynne McMordie has worked in the homeless sector in Northern Ireland since 2003 and has managed a range of homelessness services, including: temporary accommodation, drop-in centre and street outreach services. She has worked extensively with marginalised adults, particularly in the areas of destitution, complex needs and multiple exclusion. More recently, Lynne has completed an internship with Heriot-Watt University and Oak Foundation and is due to commence a PhD with the I-SPHERE team at Heriot-Watt University, on the design, use, and impacts of temporary and supported accommodation models for homeless households in the United Kingdom.

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