# Appendix: Health needs assessment

## January 2023

**EXECUTIVE SUMMARY**

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# PURPOSE OF THE HEALTH NEEDS ASSESSMENT

## What is a health needs assessment?

A health needs assessment (HNA) is a systematic method for reviewing the health needs of a certain population. It involves the assessment of local, regional and national data, and direct engagement with the communities of interest. Recommendations from a HNA help to inform action to reduce health inequalities and improve health.

HNAs can help to identify unmet needs across groups and populations. Data from healthcare providers alone is unable to provide a complete picture, as some individuals and groups do not access (or face barriers to accessing) traditional healthcare. Therefore, a more in-depth review, involving communities directly, is more likely to uncover unmet needs and inequalities. These unmet needs may require action outside of the typical sphere of healthcare and into the wider determinants of health, which impact on health outcomes[i].

This HNA covers three groups in Sunderland affected by homelessness:

- People who are threatened by homelessness
- People who are currently experiencing homelessness, including homeless at home and street homeless
- People who were previously homeless/ threatened by homelessness but have since secured accommodation, including supported accommodation

The HNA was conducted to support the drafting of the Housing Strategy for Sunderland 2023 – 2030 and the Homelessness and Sleeping Rough Strategy 2023 – 2027. Understanding the health and support needs of our communities affected by homelessness is vital to a strategy that aims to help people in the city grow and prosper.

## Aims and objectives

**AIMS:**

- To better understand the health needs and support experiences for people in Sunderland who are threatened by homelessness, are currently homeless or have experienced homelessness previously – especially in light of the recent Covid-19 pandemic and the current cost-of-living crisis.
- To contribute to a holistic strategy and action plan, with a strong focus on prevention, to support the local homeless population.

**OBJECTIVES:**

- A summary of relevant national and local literature, policy and publications
- Current demographic profile of the homeless community in Sunderland
- An assessment of the primary health and support needs of those affected by homelessness
- A summary of evidence and best practice that supports the recommendations of the health needs assessment

## Methodology

In order to gain the clearest picture of health needs amongst the target population in Sunderland, multiple methods were used to draw out priorities. This included:

- A review of best practice and national guidelines
- Analysis of Local Authority-held data
- Health questionnaires completed by the target population
- Interviews with service users and other key stakeholders

A wide range of people, teams and organisations have been involved throughout this HNA process, either by engaging in interviews, facilitating questionnaires or providing data.

# BACKGROUND TO THIS HEALTH NEEDS ASSESSMENT

## What is homelessness?

Homelessness is an umbrella term covering a range of circumstances. People who have nowhere to stay and are living on the streets are considered to be homeless, but so too are those[ii]:

- staying with family or friends
- staying a shelter, hostel or B&B
- squatting
- at risk of domestic abuse
- experiencing violence in the home
- living in poor conditions that affect health
- separated from family because they do not have a place to stay together

Terms including roofless, houseless, living in insecure housing and living in inadequate housing are often used. Homelessness is complex; there are often multiple structural, societal and economic issues at play, alongside inequalities. The loss of paid employment, health issues, substance misuse, domestic abuse and/or relationship breakdown are common contributing factors.

## Inequalities

People who are homeless report much poorer health than the general population. Ill health can be a contributing factor to homelessness and can also be caused by it (the threat of homelessness can also cause ill health). Research also suggests that people who suffer housing arrears, particularly amongst those who rent, experience an increased risk of worsening self-reported health[iii]. The risk of homelessness is higher for some groups – for example, those who have spent time in prison, care leavers and former military personnel[iv].

In 2020[1], the mean age of death for homeless males was 45.9 years[v] compared to 75.9 years for the general male population[vi]; for homeless women it was 41.6 years compared to 80.6 years for the general female population. Males accounted for 87.8% of all deaths of homeless people[iv].

Homelessness is characterised by tri-morbidity: a combination of mental ill health, physical ill health, and drug or alcohol misuse[vii]. A national audit of homelessness and health[viii] (2014) revealed that:

- 41% of homeless people experience long-term physical health problems compared to 28% of the general population
- 45% of homeless people have a diagnosed mental health condition compared to 25% of the general population
- 36% of homeless people had taken drugs in the previous month compared to 5% of the general population

*[1] ONS statistics mainly include people sleeping rough or using emergency accommodation such as homeless shelters and direct access hostels, at or around the time of death. An upper age limit of 74 years is applied to avoid accidental inclusion of elderly people who died in some institutional settings. This means that a small number of genuine deaths of homeless people aged 75 years or over might have been excluded.*

## Summary of National Institute for Health and Clinical Excellence (NICE) guidance

National Institute for Health and Care Excellence (NICE) guidelines released in March 2022 focused on integrated health and social care for people experiencing homelessness (NG214)[ix]. The recommendations are summarised below (and full guidelines can be found at https://www.nice.org.uk/guidance/NG214):

- People with lived experience should be involved in the planning and delivery of services
- Trauma-informed care models
- Use of plain English in all written materials
- The needs of particular groups should be considered when planning and commissioning services, including LGBT+, ethnic minority groups, people with disabilities and veterans
- Multidisciplinary team OR homelessness leads within services such as primary, secondary and tertiary care, social care
- Dispensation should be given to people experiencing homelessness when they miss appointments, taking into account the additional barriers they face when accessing services
- Homeless people should not be excluded from treatment services when they have a dual diagnosis, for example they should not be excluded from mental health services if they have alcohol or drug dependency
- Outreach services should be utilised to reach more people
- The health and social care needs of people experiencing homelessness should be assessed on an individual basis
- Provide intermediate care services with intensive, multidisciplinary team support for people experiencing homelessness who have healthcare needs that cannot be safely managed in the community but who do not need inpatient hospital care
- Homelessness multidisciplinary teams or leads should support people experiencing homelessness through transitions between settings and consider providing time-limited intensive support. It should be recognised that people may be particularly vulnerable during transitions and handovers of care should be planned and coordinated
- Providing suitable accommodation can support access to and engagement with health and social care services. There is a need for a range of accommodation types. Emotional support should be provided to anyone moving to a new type of accommodation, particularly those moving to tenancy responsibilities.
- A lead for safeguarding within homelessness should be identified and Safeguarding Adults Boards should ensure that specific reference is made to people experiencing homeless in their annual reports and strategic plan.
- People experiencing homelessness do not always follow a linear recovery journey and may require ongoing support. Consideration should be given to how trust can be built and how services can offer 'open door', long-term support.
- Consideration should be given to providing training to all health and social care practitioners to improve understanding of the needs of people experiencing homelessness, health inequalities and legal duties.

# Policy context

## NATIONAL

The Homelessness Reduction Act 2017 (HRA) brought about the biggest changes to the rights of homeless people in England in years. It specified new legal duties on local authorities, adding prevention and legal duties to existing requirements.

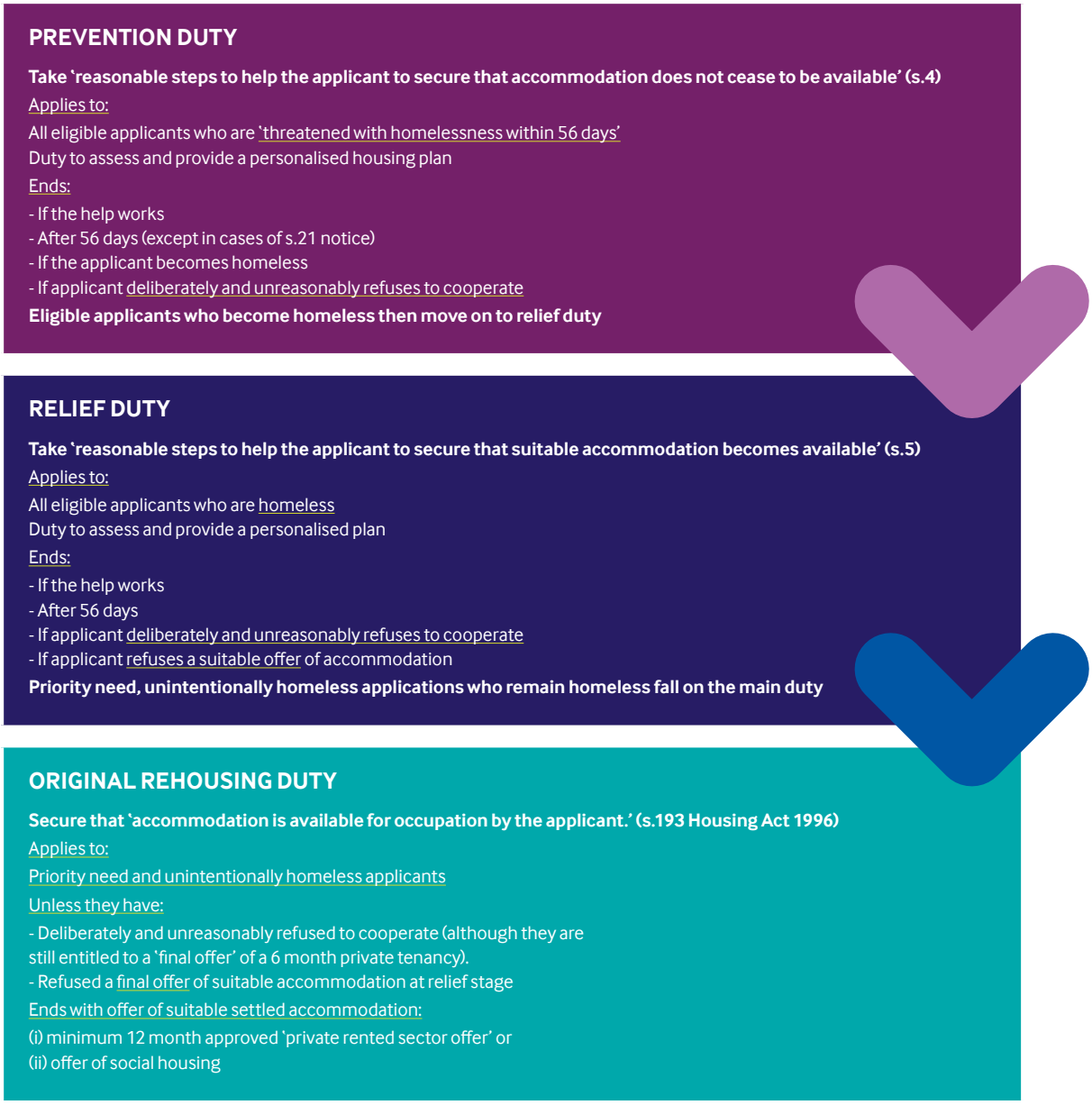


**FIGURE 1: SUMMARY OF HRA (SOURCE: SHELTER[x])**

The prevention duty requires that local authorities take reasonable steps to prevent homelessness for anyone at risk within 56 days. The relief duty instructs local authorities to take reasonable steps to secure accommodation for those who are currently homeless and eligible. Eligibility does not rely on an individual's long-term link (or lack thereof) to an area and support must be given to all homeless households, regardless of priority need status – meaning that the rights of single people, previously often overlooked, are strengthened.

Research by Crisis (2020[xi]) showed an increase in the number of people receiving support following the introduction of the Act and the majority reported a more positive experience at their initial approach for help.

## Local

Sunderland City Council has developed a City Plan (2019 – 2030)[xii] to tackle key challenges and create opportunities for all. The plan sets out three key themes:

- A dynamic smart city
- A healthy smart city
- A vibrant smart city

Housing and homelessness cuts across all three of these themes with commitments to more and better housing (dynamic), reduced health inequalities (healthy) and more people feeling safe in their homes and neighbourhoods (vibrant).

The council produced a sleeping rough and homelessness prevention strategy[xiii] in 2019 with four strategic priorities:

- Prevention
- Intervention
- Recovery
- Partnerships

It included commitments to exploring the complex factors that lead to homelessness and working in partnership to prevent these, target support to the groups most at risk, and work with the private rented sector.

# HOUSING OPTIONS IN SUNDERLAND

Sunderland City Council's Housing Options Team consists of a number of roles covering initial assessment, homelessness reduction, duty to refer, domestic abuse, sleeping rough, temporary accommodation, tenancy sustainment and housing options. The council also commissions a number of services and accommodation providers.

The range of accommodation types includes spaces suitable for single adults or families, emergency accommodation for those identified as sleeping rough, and spaces for women with complex needs. Several local services are also commissioned to provide advice, drop ins and outreach to identify people sleeping rough or otherwise homeless.

# RECENT TRENDS IN SUNDERLAND

## Presentations

Data up to the end of November 2022 shows that new client numbers have increased each month in the current financial year, and they are currently higher than we have seen for the same period in recent years (n=1,666 year to date). This represents at 16% increase on the same period in 2021/22.

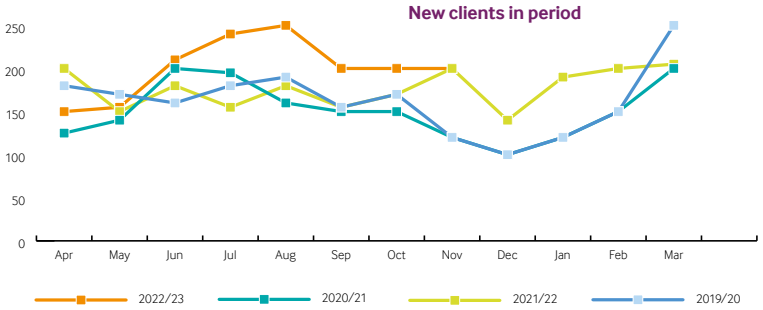


**FIGURE 2: NEW CLIENT – TREND (2019/20 – 2022/23)**

This trend is repeated for new Homeless Reduction Act (HRA) applications. Between April and November 2022 there were 1,367 applications, a 16% increase on in the same period for 2021 (n=1,177).

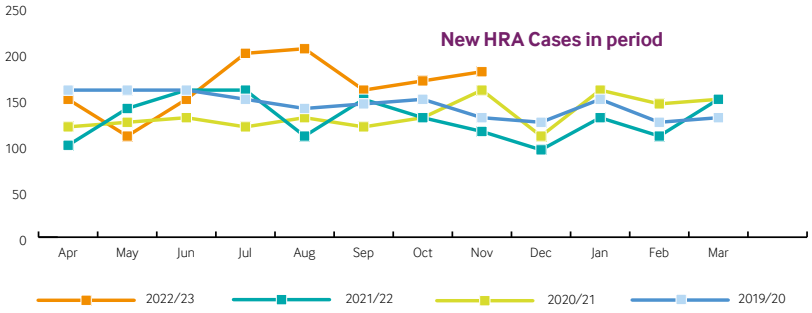


**FIGURE 3: NEW HRA CASES – TREND (2019/20 – 2022/23)**

The number of repeat applications is down slightly on previous years, indicating that we are seeing a greater number of people presenting for the first time.

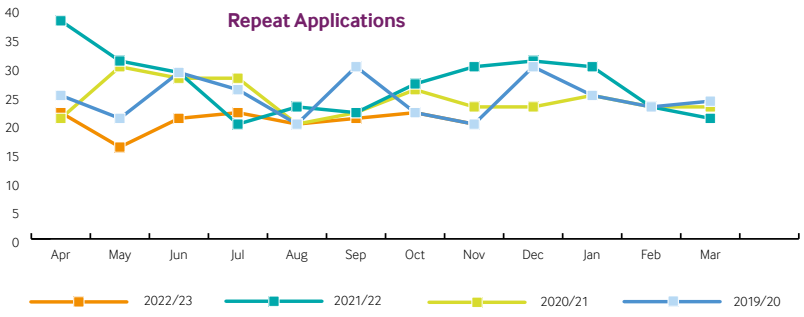


**FIGURE 4: REPEAT APPLICATIONS – TREND (2019/20 – 2022/23)**

## Regional and national comparison

In light of the duties in the Homeless Reduction Act, local authorities are seeking to have a larger focus on prevention compared to relief. Data from the Department for Levelling Up, Housing and Communities[xiv] shows that Sunderland had seen improvements in respect to this, with the proportion of prevention duties increasing as relief duties owed decreased during 2021/22. Data for 2022/23 is not yet complete and therefore a trend cannot be confidently identified.

## Prevention duty

In the year to date, 40% of prevention duties have ended due to securing alternative accommodation for 6+ months, whilst 31% have been declared homeless. Contact has been lost with 14%.

## Relief duty

In the year to date, 43% of relief duties have ended due to securing accommodation for 6+ months but 36% go beyond the 56 day window and contact has been lost with 13%.

Current data for 2022/23 (April – November) suggests that under the relief duty:

- 52% have been unsuccessful in securing accommodation despite attempts to do so
- 30% have secured accommodation through the local authority or partner organisation
- 7% have been provided with supported housing

## Homeless + priority need + unintentionally homeless decisions

The number of homeless + priority need + unintentionally homeless decisions made between April and November 2022 was more than the whole of 2020/21 and, only seven months into the year, it was 80% of the 2021/22 total.

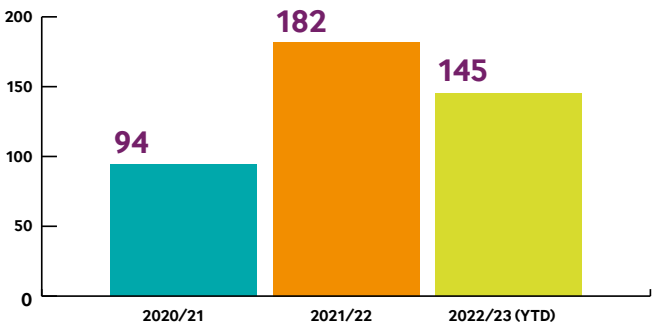


**FIGURE 5: HOMELESS + PRIORITY NEED + UNINTENTIONALLY HOMELESS NUMBERS (YTD= YEAR TO DATE)**

## Support needs

People experience multiple exclusion homelessness if they are or have been homeless and also experienced one or more of the following: mental health issues, institutional care, substance misuse or participation in street culture activities (such as begging, sex work and shoplifting)[xv]. A review of support needs for HRA cases in Sunderland between April and November 2022 shows that two thirds had a history of mental ill health and many had other complex needs and backgrounds too. The average number of support needs per case was 3.2.

| Support need added to HRA case file | % |
|---|---|
| History of mental health problems | 67% |
| Offending history | 35% |
| Physical ill health and disability | 36% |
| History of repeat homelessness | 28% |
| At risk of/has experienced domestic abuse | 27% |
| History of sleeping rough | 22% |
| Learning disability | 20% |
| Drug dependency needs | 16% |
| Alcohol dependency needs | 13% |
| At risk of/has experienced sexual abuse/exploitation | 13% |

**TABLE 1: SUPPORT NEEDS**

## Deaths

Experimental data from the Office for National Statistics (ONS)[xvi] identifies 22 individuals experiencing homelessness who have died between 2016 – 2021 in Sunderland. These are identified from death registration records held by ONS. With some deaths, there are delays between a death occurring and the date of registration due to the need for an inquest. Therefore, some deaths may be registered in a different year to that which the death took place.

ONS uses a statistical modelling technique to also estimate the most likely number of additional registrations that should have been identified as homeless individuals. This method provides a robust but conversative estimate of the number of homeless deaths, and the real numbers may still be higher. The estimate for Sunderland suggests that there were likely to have been 30 deaths between 2016 – 2021, rather than the identified number of 22.

# ENGAGING WITH THE COMMUNITY

In order to better understand the needs of the homeless population in Sunderland, local service providers facilitated the completion of health questionnaires with individuals experiencing homelessness. A total of 35 were completed and the charity Homeless Link analysed the data.

In addition to the questionnaire, 14 interviews were conducted with a variety of service providers and stakeholders exploring the needs of the homeless population locally, what is currently working well, what the gaps are in healthcare provision for homeless people, and any ways in which Covid-19 or the cost-of-living crisis have impacted. The Homeless Link questionnaire data was assessed alongside the feedback from service provider interviews in order to add validity and draw out recommendations.

# Questionnaire demographics

### AGE AND GENDER

The majority of respondents were aged 25-54 years which reflects similar findings from the Homeless Link national audit 2022[xvii]. Males are over-represented in the survey and in the Housing Options presentations data when compared to the general population. Gender is important; we know that women are more likely to be hidden homeless and that when they access services, the needs of women are often higher and more complex than that of men experiencing homelessness[xviiixix]. Although no transgender individuals participated in this questionnaire, national research in 2017[xx] indicated that 25% of trans people have experienced homelessness at some point in their lives. It is vital that data on gender identity continues to be collected locally to ensure that services and accommodation meet needs.

### SEXUAL ORIENTATION

Respondents to the survey identified overwhelmingly as heterosexual (97%) which is slightly higher than Sunderland's statutory homeless data (92.9%).

### ETHNICITY

More respondents in the survey identified as white (97%) when it came to their ethnicity than we would have expected when looking at statutory data (93.9%). This may be due to the small sample size of the questionnaire.

### LIFE EXPERIENCES

Respondents were asked whether they have ever faced 10 different life experiences. These life experiences are generally over-represented amongst those experiencing homelessness and indicate the multiple challenges that many people face, and the associated trauma that may occur[xxi]. A total of 69% (24) of respondents had experienced at least one of these life experiences, and of those with at least one, 64% (16) had faced more than one.

| Life experience | Sunderland survey data | |
|---|---|---|
| | Count | % |
| Admitted to hospital because of a mental health condition | 14 | 40% |
| Spent time in prison | 12 | 34% |
| Been a victim of domestic abuse | 11 | 31% |
| Spent time in local authority care | 6 | 17% |
| Considered self to have gambling issue | 6 | 17% |
| Spent time in a secure unit or young offender institution | 5 | 14% |
| Spent time sex working | 3 | 9% |
| Spent time in the armed forces | 2 | 6% |
| Been a victim of trafficking/modern day slavery | 1 | 3% |
| Spent time at an immigration detention centre | 1 | 3% |
| None of these backgrounds | 11 | 31% |

**TABLE 2: SUMMARY OF LIFE EXPERIENCES (N.B. DUE TO MULTIPLE CHOICE NATURE OF QUESTION, TOTAL IS MORE THAN 100%)**

# KEY FINDINGS

## Theme: Mental health support and dual diagnosis

A recurring theme from discussions with service providers was the issue of access to mental health support for the homeless community. Housing Options Team data indicates that 67% of cases have a mental health support need and 89% of survey respondents stated that they have a mental health condition. Local service providers observed that, in their experience, individuals with a dual diagnosis of mental health and drug and/or alcohol dependence are routinely excluded from mental health services, unless it is a crisis situation. NICE guidelines declare that individuals should not be excluded on the basis of a dual diagnosis[xxiixxiii].

## Theme: Improving access to services

It is vital that barriers to accessing services are removed and that expectations placed upon people experiencing homelessness are revised, in keeping with NICE guidelines. An approach that focuses on bringing holistic services to the community can support greater engagement and potentially prevent A&E visits and the need for longer term, costly and intensive secondary care (for example with untreated infections). The cost of A&E attendances and hospital admissions in Sunderland for people experiencing homelessness in 2022 alone is estimated to be £128,880 (based on average costs per attendance/admission); it is appropriate and necessary that this care continues to be provided but preventative action has the potential to reduce such costs.

## Theme: Housing people with additional needs

Feedback from service providers indicated that there is a particular challenge locally of housing people with additional needs. Many people are excluded from general accommodation, which drives them into unsuitable short-term support accommodation; this arrangement quickly breaks down when the additional needs cannot be met. There were also reports of difficulties discharging homeless people from hospital when they have no suitable accommodation to go to, particularly in cases where individuals have had amputations, but no accessible housing is available and therefore they return to the streets.

## Theme: Addressing stigma and improving understanding of the needs of homeless people across the system

There was a collective view that training is needed for front line staff across health and social care to better understand health inequalities and the unique needs of people experiencing homelessness. Currently, no such training exists locally. Including people with lived experience in the development and delivery of such training is essential.

Good practice was identified at the Basis Drop In, operated by Oasis Community Housing. Basis has worked with the University of Sunderland to create shadowing opportunities for medical students and longer placements for social work students. These opportunities have been highly valued by all parties and have given students a first-hand insight into the wider determinants of health and the specific needs of a vulnerable group. Voluntary and community sector providers indicated that they would welcome similar shadowing of their services by Local Authority colleagues to help deepen understanding of day-to-day homelessness issues and to further develop positive relationships.

## Theme: Reviewing local delivery models

It is recognised that Housing First is not the only model that should be adopted, and local communities need a mix of approaches to meet different needs. However, national and international research shows Housing First to be a highly effective for reducing homelessness and improving health outcomes[xxiv] and interviews demonstrated a desire to see more of this approach.

NICE guidelines state that a multidisciplinary team should be established and this suggestion was overwhelmingly welcomed by stakeholders. Currently, there is no formal multidisciplinary network in Sunderland. Funding to support recommendations must also be considered.

## Theme: Involving people with lived experience at all stages

There was mixed feedback on the extent of community engagement in the development and delivery of services. In line with NICE guidelines, all homeless services should be developed with people with lived experience from the outset. This will help to ensure that services are appropriate and meeting need, and will also contribute to reducing stigma.

## Theme: Cost-of-living crisis

Service providers reported an increase in the number of people approaching them for help, with many individuals facing the difficult decision of whether to eat, pay rent or pay bills. The questionnaire results also revealed that over half of respondents ate only one meal per day. As one of the most vulnerable groups in society, it is crucial that the needs of people experiencing homelessness are actively considered and prioritised in local food initiatives.

## Theme: Further research

Due to the small sample size of the community questionnaire, it has not been possible to analyse the responses by sub-groups. It is possible that some individuals with multiple aspects of disadvantage may experience even greater health inequalities than some of their peers. Further work to explore this will help understanding of their needs. Additionally, data from the Housing Options Team indicates that 20% of individuals seeking housing support have a learning disability, whilst 29% of respondents to the community questionnaire identified as having a learning difficulty such as autism or ADHD. This presents a potential inequality not explored through this HNA.

# RECOMMENDATIONS

| Theme | Recommendation |
|---|---|
| **Mental health and dual diagnosis** | Review local referral criteria into mental health services to ensure people with a dual diagnosis are not automatically excluded |
| **Improving access to services** | Create regular one-stop-shop opportunities that the homeless community can access on a drop-in basis and at different locations. To include:<br>• Mental health support<br>• Wound care<br>• Sexual health<br>• Smoking cessation<br>• Dentistry<br>• Support from nursing colleagues |
| | Review support available to local GP surgeries to ensure they can meet the unique needs of the homeless community |
| | Where people are moved out of area, review and fund their transport needs for appointments and services based in Sunderland |
| | Review discharge policy in local NHS services to ensure homeless people are not penalised for non-attendance |
| | Ensure that the needs of the homeless community are considered within social prescribing models |
| | Embed health literacy principles across the Health, Housing and Communities directorate |
| **Housing people with additional needs** | Ensure accessible/adapted properties are available for people with additional needs |
| | Build on existing partnerships to ensure all available accommodation is fully utilised |
| **Addressing stigma and improving understanding of the needs of homeless people across the system** | With support from people with lived experience, develop training package(s) for staff across health and social care to improve understanding of homelessness and health inequalities |
| | Sunderland City Council to consider shadowing/volunteering opportunities in homelessness service providers, open to all staff |
| | Embed trauma-informed practice within the housing team |

| | |
|---|---|
| **Reviewing local delivery models** | Review local approaches to homelessness ensuring there is an appropriate mix, including Housing First, to meet varying needs |
| | Establish a homeless multidisciplinary team in Sunderland, with membership from various agencies and sectors |
| | Review funding programmes, particularly revenue, across organisations |
| **Involving people with lived experience at all stages** | Formalise regular engagement with the homeless community, through existing or new networks |
| | Seek input of people with lived experience when creating action plans, developing interventions and delivering services, including training |
| | Schedule regular review of health and support needs, such as a bi-annual needs assessment |
| **Cost-of-living crisis** | Ensure that people experiencing or threatened by homelessness are a priority group for promotion of initiatives such as The Bread and Butter Thing |
| | Ensure that the needs of people experiencing or threatened by homeless are built into the long-term food partnership strategy |
| **Further research** | Explore intersectionality within the homeless population to understand if some marginalised groups are over-represented / some individuals experience greater inequalities, and how their specific needs may differ. |

# LIMITATIONS OF THIS HNA

Whilst this report plays an important role in deepening local understanding of the health and support needs of homeless people in Sunderland, some elements that would further aid work around prevention were out of scope. The needs assessment did not seek to understand the reasons why some individuals are threatened by or experiencing homelessness. Further research in this area would allow services to develop upstream interventions with the aim of preventing and reducing homelessness.

The sample size for the community questionnaire was small and therefore the results of this alone cannot be considered representative. The data was triangulated with interview data, national guidelines and best practice to ensure that the recommendations in this HNA are valid. However, further consultation with a wider range of people should take place when taking forward actions from this needs assessment.

# Acknowledgements

A number of individuals and organisations have supported this health needs assessment, through the sharing of their own knowledge or data, or the facilitation of community engagement. Thanks go to:

- The Housing Options Team, Sunderland City Council
- Sunderland City Council Public Health and Integrated Commissioning Team
- South Tyneside and Sunderland NHS Foundation Trust
- Homeless Link
- Shelter
- Oasis Community Housing
- Thirteen Group
- Wear Recovery
- Changing Lives
- Home Group
- Wearside Women in Need
- Northumbria Police
- The University of Sunderland
- North East and North Cumbria Integrated Care Board

**i** Wright, J., Williams, R. & Wilkinson, JR. (1998) Development and importance of health needs assessment. BMJ, 1998;316:1310

**ii** Shelter (2022) What is homelessness? Available at: https://england.shelter.org.uk/housing_advice/homelessness/what_is_homelessness

**iii** Clair, A. et al (2016) The impact of the housing crisis on self-reported health in Europe: multilevel longitudinal modelling of 27 EU countries. Available at: https://pubmed.ncbi.nlm.nih.gov/27221606/

**iv** Fransham, M. & Dorling, D. (2018) Homelessness and Public Health. Available at: https://doi.org/10.1136/bmj.k214

**v** Office for National Statistics (2021) Deaths of homeless people in England and Wales: 2020 registrations. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2020registrations

**vi** Office for National Statistics (2020) Average age of death (mean) of persons from all causes and those involving COVID-19 by sex: deaths registered from week ending 13 March up to week ending 4 December 2020, England and Wales. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/12676averageageofdeathmeanofpersonsfromallcausesandthoseinvolvingcovid19bysexdeathsregisteredfromweekending13marchuptoweekending4december2020englandandwales

**vii** Medcalf, P. & Russell, GK. (2014) Homeless healthcare: raising the standards. Available at: https://www.rcpjournals.org/content/clinmedicine/14/4/349

**viii** Homeless Link (2014) The unhealthy state of homelessness. Available at: https://homelesslink-1b54.kxcdn.com/media/documents/The_unhealthy_state_of_homelessness_FINAL_1.pdf

**ix** NICE (2022) Integrated health and social care for people experiencing homelessness. Available at: https://www.nice.org.uk/guidance/ng214/resources/integrated-health-and-social-care-for-people-experiencing-homelessness-pdf-66143775200965

**x** Shelter (2018) Homelessness Reduction Act 2017: Policy and Practice Briefing. Available at: https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/briefing_homelessness_reduction_act_2017

**xi** Crisis (2020) A foot in the door: Experiences of the Homelessness Reduction Act. Available at: https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/a-foot-in-the-door-experiences-of-the-homelessness-reduction-act-2020/#:~:text=A%20Foot%20In%20The%20Door%3A%20Experiences%20of%20the,authority%20areas%20with%20those%20approaching%20services%20for%20support

**xii** Sunderland City Council (2019) City Plan. Available at: https://www.sunderland.gov.uk/city-plan

**xiii** Sunderland City Council (2019) Sunderland sleeping rough and homelessness prevention strategy Available at: https://www.sunderland.gov.uk/media/22019/Sunderland-rough-sleeping-and-homelessness-prevention-strategy-2019-2021/pdf/SunderlandRoughSleeping_andHomelessnessPreventionStrategy2019-2021.pdf?m=637087616983100000&ccp=true#cookie-consent-prompt

**xiv** Department for Levelling Up, Housing and Communities (2022) Live tables on homelessness. Available at: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

**xv** McDonagh, T. (2011) Tackling homelessness and exclusion: Understanding complex lives. Available at: https://www.jrf.org.uk/report/tackling-homelessness-and-exclusion-understanding-complex-lives

**xvi** Office for National Statistics (2022) Deaths of homeless people in England and Wales. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsofhomelesspeopleinenglandandwales/current

**xvii** Homeless Link (2022) The Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit. Available at: https://homeless.org.uk/knowledge-hub/unhealthy-state-of-homelessness-2022-findings-from-the-homeless-health-needs-audit/

**xviii** 2 Bretherton J., and Pleace, N., (2018), 'Women and Rough Sleeping: A critical review of current research and methodology', St Mungo's. Available at: https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/

**xix** Groundswell, (2020), 'Women, homelessness and health: a peer research project'. Available at: https://groundswell.org.uk/wp-content/uploads/2020/02/Womens-Health-Research-Report.pdf

**xx** Stonewall (2017) LGBT in Britain – Trans Report. Available at: https://www.stonewall.org.uk/lgbt-britain-trans-report

**xxi** FEANTSA (2017) Recognising the link between trauma and homelessness. Available at: https://www.feantsa.org/en/feantsa-position/2017/02/28/recognising-the-link-between-trauma-and-homelessness?bcParent=27

**xxii** National Institute for Health and Care Excellence (2022) Integrated health and social care for people experiencing homelessness. Available at: https://www.nice.org.uk/guidance/ng214

**xxiii** National Institute for Health and Care Excellence (2016) Coexisting severe mental illness and substance misuse: community health and social care services. Available at: https://www.nice.org.uk/guidance/ng58

**xxiv** Bretherton, J. & Pleace, N. (2015) Housing First in England : An Evaluation of Nine Services. Research Report. Centre for Housing Policy, University of York, York. Available at: https://eprints.whiterose.ac.uk/83966/1/Housing_First_England_Report_February_2015.pdf

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