ENDING HOMELESSNESS together

Plan to End Homelessness

What the plan is about

Based on the best data and evidence available today, this plan sets out the key characteristics that Bermuda needs to have in place, and the anticipated actions, to sustainably end homelessness. This is based on a vision for homelessness to be a rarity and when it does occur, it is brief, the individual or household is nurtured back into accommodation quickly and sufficiently supported so that they do not fall back into homelessness. It is also based on a fundamental view that everyone in Bermuda should be entitled to live independent and successful lives. This plan will evolve over time as more data and evidence becomes available but will provide the anchor to achieve an end of homelessness for good.

How the plan was put together

The plan was established through unprecedented levels of stakeholder engagement. The Plan to End Homelessness was cosponsored by the Honorable Tinée Furbert, JP, MP, Minister of Youth, Social Development, and Seniors, and Denise Carey, Chief Executive Officer of charity HOME.

Proposed actions have been developed: co-productively with over 400 people experiencing, or at risk of homelessness; as a result of hundreds of hours of collaborative input from community experts and partners; based on the output of evidence-based research into solutions from over forty countries around the world as well as those domestically; and three-rounds of community consultation.

GOVERNMENT OF BERMUDA

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ENDING HOMELESSNESS

Foreword by THE HON. Tinée Furbert, JP, MP

At the heart of a compassionate society is a commitment to care for its most vulnerable members. With this unwavering dedication, we embark on a collective journey towards a Bermuda where homelessness no longer exists.

The Path to End Homelessness in Bermuda is not merely a document; it's a testament to our shared commitment to working towards a Bermuda where everyone has a place to call home. This plan is a collaborative effort, echoing the voices of hundreds who have experienced homelessness or have been at risk.

The Government alone cannot end homelessness in Bermuda. This plan has involved many service providers and stakeholders with a demonstrated commitment to ending homelessness.

As we delve into the pages of this plan, we confront the stark truth that homelessness is not an isolated issue, but a complex one with multifaceted challenges—poverty, social injustice, health inequalities, and systemic barriers. However, within these challenges are the seeds of change, opportunities to create a Bermuda where every individual is valued and supported.

This plan envisions a future where data guides our actions, policies are created for an equitable society, and collaboration forms a safety net for those in need. Homelessness stems from many types of situations. However, the United Nations International Covenant on Economic, Social and Cultural Rights stipulates: “The right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing, and housing." Homelessness touches on several United Nations 2030 Sustainable Development Goals: Goal #1 No Poverty; Goal #8 Decent Work; Goal #10 Reduced Inequalities; and Goal #11 Sustainable Cities and Communities.

Bermuda, I implore our community to join hands in this endeavour. Our success relies not only on the strategies outlined in this plan, but on our collective humanity. It demands leadership, care towards each other, and a commitment from every member of our community to understand, empathise, and actively participate in this journey.

I extend sincere thanks to the Homelessness Steering Committee and the Homelessness Advisory Panel Members for their commitment, and I appreciate the sacrifice of time they have extended in meetings to lend continued support to progressing this initiative. Also, I am deeply indebted to the Executive Director of HOME, Denise Carey, who quietly wields unwavering steadfastness and passion in leading programmes and projects to end homelessness in Bermuda.

Together, let's turn the pages of this plan into a living reality—a Bermuda where our compassion for one another shapes a brighter future for generations to come.

Sincerely,
The Hon. Tinée Furbert, JP, MP
Minister of Youth, Social Development and Seniors

Foreword by THE HON. Zane J. DeSilva, JP, MP

As Bermudians, we pride ourselves on being a community that looks out for one another. At the heart of that pride is a shared belief that everyone deserves a safe, stable place to live.

As Deputy Premier and Minister of Housing and Municipalities, I am proud to support the Consultative Draft Plan to End Homelessness in Bermuda. This plan is a vital step forward, grounded in collaboration, shared goals, and a deep sense of responsibility.

Homelessness in Bermuda is not some far removed or hard to imagine issue; It is here. Sometimes, it is hidden; other times, it is in plain sight on our streets, public spaces, and throughout our communities. This plan recognizes that homelessness stems from a complex mix of challenges, including the lack of affordable housing. As the cost of living keeps climbing, too many people are finding themselves with nowhere to turn.

But this plan is also a message of hope. It reminds us that we can overcome these challenges. We can solve them with collective effort, compassion, and strategic action.

This is more than a government plan. It is an opportunity to change the way we see and address homelessness. It underscores a fundamental truth: housing is not a luxury; it is a basic human need. This plan promotes proactive, practical solutions that prevent crises before they happen and help people get back on their feet.

The Government cannot fix this alone. This plan has been shaped by the voices of over 400 people who know the struggle firsthand, as well as the tireless work of public servants, nonprofit organisations, community groups, and everyday Bermudians. All united to help bring about change.

I thank Minister Tinée Furbert, JP, MP, and her team, along with the Homelessness Steering Committee, the Advisory Panel, and Ms. Denise Carey, Executive Director of HOME, for their leadership and dedication to addressing this critical and complex issue.

We can end homelessness in Bermuda. It will not happen overnight, but with commitment and unity, it can be done. And so, I urge every resident, business owner, and neighbour to be part of the solution. Let us move from intention to action and build a Bermuda where everyone has a place to call home.

Sincerely,
The Hon. Zane J. DeSilva, JP, MP
Deputy Premier and Minister of Housing and Municipalities

Foreword by Denise Carey, Chief Executive Officer, HOME

Homelessness is a public policy matter, not a personal choice. It is unfathomable that year after year, residents of Bermuda have walked past men and women living outside and without a safe place to call home. Each man, woman and child must be afforded the right to housing in Bermuda, which means our small island community must have both the will and determination to address the causes of homelessness and provide sufficient and appropriate housing to end it permanently.

Decades of exclusion from critical resources such as education, healthcare, food security, and housing, have resulted in persistent addiction, declining mental health, and anti-social behaviours. Rough sleepers have managed decades of unthinkable hardships and periods of custodial sentences, but have demonstrated tremendous resilience. Cold, damp winters, limited access to lavatories and dry sleeping areas, and repeated disposal of precious personal items, all tell the tale of a community prioritising image over compassion. We must stop walking past a homeless person pretending we do not see them and start bringing them home.

Over the past two years, we have learned through research and 1:1 interviews the earliest preventions are the most effective. Managing crisis is the most costly and doing nothing is the most expensive. Time has wasted millions of our precious taxpayer dollars, as evidenced by more than 50 people still living outside.

There is an acute shortage of safe, secure, and affordable housing—so the journey won't be easy and we must allocate sufficient units and necessary funds to allow individuals to both heal and grow. Housing must come first. Working together, we must commit to placing these vulnerable individuals at the centre of our trauma-informed work.

Working with HOME's Board and staff, the Minister of Youth, Social Development & Seniors, Tinée Furbert JP, MP, the Steering Committee and Advisory Panel, community partners, and people who have willingly shared their life's journey, has deepened my personal commitment to ending homelessness. I have had the privilege of working among the most driven, dedicated members of our island family and I am certain we are well on our way to introducing workable solutions to uncover pathways home.

I thank everyone involved for the incredible amount of research completed over the past two years. Countless hours of review and writing have been needed to bring forth this working draft. Now let's get to work.

Denise N. Carey
CEO/Executive Director, HOME

Acknowledgements

This plan has been shaped by several hundred men and women with lived experiences and their courage, insights and hopefulness must embolden us all to achieve our shared vision.

The plan was co-sponsored by Minister Tinée Furbert, JP, MP, Minister of Youth, Social Development and Seniors and Denise Carey, Chief Executive Officer, HOME.

The plan was written and edited by Denise Carey and Arthur Wightman and was copy edited by Jonathan Kent and Sean Masters.

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Finally, we are grateful to the many others who have not been mentioned above for their passion and commitment to end homelessness and their contributions to this plan.

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Plan to End Homelessness.

1. Executive Summary.

1. Executive summary

Introduction.

Poverty, inadequate or a lack of affordable housing, employment discrimination, social injustice, family breakdown, domestic violence or abuse, trauma, social isolation, systemic racism, disability, poor mental health, lack of familial ties, substance misuse, lack of affordable healthcare, or interaction with the criminal justice, immigration and care systems are all contributing to increasing numbers of people experiencing homelessness in Bermuda and a higher risk of homelessness occurring (as well as enduring and recurring).

"What we have learned is that homelessness is not inevitable. It can be ended."

What we have learned is that homelessness is not inevitable. It can be ended. What we have also learned is that homelessness is multifaceted, and the health of our society depends on us caring for all - particularly our most vulnerable and marginalised. To that end Bermuda needs a plan.

The single plan to end homelessness.

This plan sets out the strategic approach to end homelessness in Bermuda. It sets out evidence-based solutions gathered from Bermuda and around the world that, when delivered, will provide the best opportunity to achieve this purpose.

Recognising the scale of the challenge, this is a long-term and cooperative plan, involving a myriad service providers and stakeholders. Critically, success depends on long-term commitment and the highly coordinated delivery of one plan.

Plan inputs.

This plan was developed with four main inputs.

- Insights gathered from over 400 men and women experiencing homelessness or at risk of becoming homeless in Bermuda during 2021, 2022 and 2023.
- Several hundred hours of consultation with stakeholders connected to serving people experiencing homelessness or at risk of becoming homeless including government and policy experts, researchers, service providers, third sector organisations, donors, and philanthropies.
- A significant evidence-based review of solutions that work locally and from over 40 countries around the world.
- Two rounds of formal engagement with the Bermuda public with an additional round of consultation to take place in January and Ferbruary of 2024 prior to finalising this plan.

Inevitably, the absence of certain data and evidence means that this plan will require continuous evolution as it moves towards the overall purpose. As a result, new research will be commissioned, and data gathered to ensure that decision making is always data driven and evidence based.

Defining homelessness.

There is no common international definition for homelessness. This is also the case in Bermuda and while the Bermuda Government's Department of Statistics recorded statistics for homelessness in

2010 and 2016, this includes a sample of people observed to be sleeping rough and people sleeping at an emergency shelter. It is important to ensure that the definition of homelessness adequately incorporates those people who might otherwise be left out, including hidden homeless, as well as those people at risk of becoming homeless (this includes the housing insecure and persons living in inadequate housing). This latter point is important as, based on evidence, preventative models are significantly more effective than responsive or crisis-based models.

The issue.

The Bermuda Census identified 82 people experiencing homelessness in 2010 and 138 in 2016. The Department of Statistics developed these estimates based on counting rough sleepers and the population housed in the Salvation Army emergency shelter. As of June 30, 2025, HOME had recorded 1,331 people experiencing homelessness. This represents over 2% of Bermuda's population and understates the actual figure due to hidden homeless not being identified to date.

Homelessness is both a cause and effect of poverty, social and health inequality. The additional pressures on individuals and families because of the pandemic, economic malaise, unemployment, and inflation in Bermuda are creating an environment for further increases in homeless numbers.

The case for change.

Homelessness represents severe and complex disadvantages as well as housing, social and healthcare exclusion. In Bermuda it is a clear reflection of social injustice and systemic racism. In the more complex cases, it is often because of trauma, and particularly childhood trauma associated with poverty.

There is a high economic cost to those experiencing homelessness as well as those impacted by it, particularly in relation to physical and mental wellbeing. There is also a high cost to society, especially from interventions by relatively expensive services (healthcare, criminal justice, etc.) Simplistically, it is more expensive for the taxpayer to do nothing rather than to end homelessness for good.

The vision.

"Homelessness is ended. Permanently. This means that everyone has a safe, stable, and sustainable place to live and that, wherever possible, new cases of homelessness are prevented."

Homelessness is ended. Permanently. This means that everyone has a safe, stable, and sustainable place to live and that, wherever possible, new cases of homelessness are prevented. Recognising that no model will eliminate the risk of homelessness, should homelessness occur, systems are in place to ensure that it is rare, brief, and non-recurrent.

The future state.

To achieve the vision, widespread changes are required. Based on extensive research, informed by the current state in Bermuda, homelessness will be sustainably ended in a future state with the following characteristics:

Consistent data on all forms of homelessness collected in real-time to gain insight and monitor interventions.

Regular and consistent data gathering using common definitions and integrating diverse data sources enables: better understanding of the challenges and needs of different homeless populations; solutions to be better informed; and interventions to be monitored so that evidence exists in support of, or to evaluate, decision making.

Prevention-based, public policy exists to permanently end homelessness

Public policy initiatives to tackle, reduce and prevent homelessness are proven to make a lasting and positive impact. The earliest preventions are most effective and should always be the first choice. Such policies place prevention at the forefront, focusing on stopping people from becoming homeless in the first place and providing them with the right support to find work and live independently.

Wider public policy supporting homelessness policy. Including housing, income, childhood poverty and health.

Homelessness does not exist in a vacuum and wider policies and issues can increase or decrease the likelihood of homelessness. In Bermuda, high-causal factors such as poverty, social injustice, access to affordable healthcare, access to social or affordable housing, all contribute to homelessness.

Policy, service delivery and practice are designed co-productively and delivered collaboratively through a whole system approach.

Policy, service delivery and practice should be informed and shaped in a co-productive manner. In other words drawing input from those with experience of homelessness or at risk of it. A whole system approach delivers all services – including including mental health, substance misuse, primary care, community safety and housing - in a coordinated way where all agencies support the delivery against all the needs of the individual.

Strong governance, accountability and performance pervade the delivery of all outcomes.

A single plan spanning multiple service providers is a complex proposition. This will require public, private and third-sector institutions to commit to the plan as well as execute it in the most well governed, efficient, coordinated, and transparent way. Accountability is critical for success.

An ideal prevention-based statutory homelessness system exists, based on rights and law.

Alongside public policy is the need to develop an ideal statutory homelessness system to enshrine rights and obligations into law. Situated in a currently sub-optimal welfare and housing context, a balance needs to be struck between developing a robust set of individually enforceable entitlements with the scope for pro-active, flexible approaches on the part of housing and service providers.

A duty of care across service providers to work together in the interests of individuals for as long as is needed.

Evidence confirms that people experiencing homelessness or at risk of homelessness require multiple, coordinated, support services over the long term and not simply a specific service or housing to meet an immediate need. This, therefore, requires all service providers to work together in the interests of individuals for as long as is needed.

All services place the individual at the centre and work together in a trauma-informed way, supported by technology.

Trauma drives homelessness and homelessness can increase traumatic exposure. Not only must services be delivered in a coordinated manner, but they must also be trauma-informed, so addressing root symptoms and behaviours, by considering them ‘normal responses to abnormal stress’ rather than

deviances or failures. Service providers are empowered to coordinate service delivery together using common technology.

Multi-disciplinary case management teams coordinate across agencies to support individuals with their needs.

A client-centred case management approach ensures that the person who has experienced homelessness has a major say in identifying goals and service needs, and that there is shared accountability. Given the complexity of delivering myriad services to individuals, case managers, supported by the right collaborative technologies, provide the basis by which inter-agency coordination and service delivery is accomplished.

Rapid re-housing into long-term accommodation is the default model with limited use of temporary housing.

Rapid rehousing is an internationally recognised approach which ensures that anyone experiencing homelessness can move into a settled home as quickly as possible. Rapid rehousing reduces rough sleeping; reduces repeat homelessness; reduces public spending on expensive temporary accommodation; reduces the destabilising and marginalising effects of prolonged homelessness or prolonged stays in emergency or temporary settings; and improves people's quality of life and health outcomes, resulting in savings for public services.

Housing First is aimed at assisting individuals with some of the most complex needs.

Housing First focuses first on giving someone immediate access to a settled and secure home then supporting services are provided such improving health, reducing harmful behaviours, or increasing income. The model is specifically tailored for homeless people with complex and multiple needs and has an 80% success rate or better. Housing First will focus on rough sleepers and individuals with some of the most complex needs.

Targeted preventions and pathways exist for all groups, especially high-risk groups.

At an individual level, interventions must appropriately take account of context and other key factors. These might include individual factors and experiences such as traumatic events, child poverty, age, ability, culture, mental and physical health, gender, and sexual orientation, etc. These high risk groups include: people leaving or with previous experience of public institutions and care systems such as correctional facilities, child and family services, foster care and mental health services; groups with particular needs such as women who have experienced domestic violence, people experiencing relationship breakdown, LGBTQ youth, people who have experienced or are experiencing poverty or adverse childhood experiences and associated trauma; and those facing potential eviction from the rented sector.

Public attitudes towards, and understanding of, homelessness positively support its sustained end.

The the public often equates homelessness with people living on the streets and underestimates the extent of the problem. And evidence shows that the messages the public receive about homelessness can reinforce negative stereotypes and drive people further away from believing that ending homelessness is possible. As a result, it is essential that the public become both aware and vested in the sustainable end of homelessness.

Everyone has equal right to assistance and without discrimination.

Homelessness is an infringement of at least ten basic human rights and the objective of this plan is to return those rights to everyone without prejudice or discrimination. Race, sexual orientation, history of criminality or substance misuse, for example, are not determinants of whether someone should receive care and support. Further, measures exist today that criminalise or marginalise people experiencing homelessness, often under the guise of improving the quality of life of the wider community. These measures only serve to worsen the issue and further increase inequities.

People enjoy the right to the highest attainable standard of health.

Homelessness is an often-overlooked public health crisis, as poor health may not only be a consequence of homelessness but also an underlying cause. In Bermuda, most people experiencing homelessness do not enjoy the right to the highest attainable standard of health, something that should be equally available, accessible, acceptable and of good quality to all people.

Adequate tenancy rights and protections, as well as standards for landlords, exist in the private rental market.

Many find the private market inaccessible due to the high up-front costs of deposits, poor condition of properties, tenancy agreements which don't offer long-term security and rents set at unaffordable levels. All of these factors require standards to be set to avoid the discrimination that is currently taking place. Conversely, mechanisms are also requiredto protect social landlords, for example, where landlords have clear evidence of antisocial or criminal behaviour that cannot be resolved by other means, they are able to take action to end a tenancy.

The costs of homelessness and temporary accommodation are a citizen-funded service.

Evidence from around the world confirms that the social security offer for housing needs to be sufficient so that people at risk of homelessness can afford somewhere to live – whether in the private, public, or social sector. The costs to the taxpayer are ultimately greater by not funding this supply gap.

Long-term political commitment and sustained financing are secure.

This plan is a basis to inextricably link the public, private and third sectors to a long-term commitment to ending homelessness. This is increasingly being shown to be possible around the world and must take place in Bermuda. It is critically important to understand that solving homelessness is cheaper than doing nothing, so the financing challenges are possible to surmount.

Sufficient, accessible social and affordable housing exists to match demand.

The limit on the supply of truly affordable housing inescapably drives homelessness. The supply of affordable or social housing is an essential element of any plan to end homelessness and yet insufficient data exists to adequately identify both the demand and supply of housing in Bermuda. This data gap needs to be closed and eliminated on an ongoing basis. From this, the plan should ensure adequate affordable and social housing supply to tackle immediate needs and to safeguard supply in the longer term.

Welfare entitlements are accessible and adequate to avoid or exit homelessness.

There is no possibility of leaving a state of acute homelessness without the support of a welfare system that prioritises access to the most vulnerable. The welfare contribution to housing needs to be sufficient so that people at risk of homelessness can afford somewhere to live.

A model of prevention.

All evidence points to the fact that prevention is the most powerful model in combating homelessness. Intervention to prevent homelessness should start as early as possible. In many cases, this should be before issues have escalated to a point where homelessness, housing insecurity, and/or inadequate housing appears imminent.

Too often in Bermuda, crisis management is the default option. Feeding services, emergency shelters, temporary accommodation, ER and the criminal justice system all experience situations where intervention has taken place too late or not at all. Absent preventative interventions, these services are critical. They are, however, expensive, and unlikely to manifestly change the direction of the situation of someone who is at risk of homelessness or already in a state of homelessness. The anchor for this plan is to prioritise prevention to drive sustainable outcomes.

Moving from 'A' to 'B'.

Such is the gap between a reactive, crisis-oriented environment and a sustainable, preventative one, the next 10-year period, while ambitious, is also realistic to achieve an end to homelessness. The good news is that positive, incremental progress can be made throughout, conveying the greatest impact to those most vulnerable in the shorter term. The following represent the underpinnings of this plan: -

- A rapid end to rough sleeping and other forms of high-risk homelessness.
- A systemic approach to homelessness data and intervention monitoring.
- Sufficient, accessible social and affordable housing and welfare entitlements.
- Citizen-centric coordinated service delivery.
- Public policy reform and statutory rights and protections changes.
- Public perception and awareness.
- Other holistic and system-wide reforms.

Conclusion.

"Ending homelessness in Bermuda will not be easy, but it is possible." Ending homelessness in Bermuda will not be easy, but it is possible. This plan sets out a basis to achieve this vision in a coordinated and efficient fashion. The plan is vital. But the implementation of this plan will require a very critical element – our humanity.

This plan calls for leadership commitment; a duty of care towards the long-term success of an individual; that everyone in the system works in a coordinated manner in support of the delivery of the plan in the most effective way. And this means that the entire Bermuda community commits to better understanding, empathy, and collective responsibility for ending homelessness.

A plan is important, but our humanity is everything.

PART A – The Case for Change.

1. Defining homelessness and homelessness ended.
2. Causes and impact of homelessness in Bermuda.
3. What are we aiming for?
4. A model of prevention.

2. Defining homelessness and homelessness ended.

Introduction

A common definition for homelessness is important for various reasons including sharing ambition, as a framework for debate, agreeing the data and for data collection purposes, for cementing political ownership and policy purposes, for challenging interventions and monitoring purposes, for efficiency and in the media. Notwithstanding, a standard definition does not exist in Bermuda nor around the globe.

Many definitions of homelessness establish relatively arbitrary lines of who is homeless and who isn't. The concern with leaving people out is that interventions would likely miss out many who are genuinely homeless. Furthermore, given that it has been shown that systems of prevention are optimal, being able to identify people at risk of homelessness at any point in time is also critically important.

Homelessness Definition Typology.

In 2005, the European Typology on Homelessness and Housing Exclusion (ETHOS) was launched by the European Federation of National Organisations Working with the Homeless (FEANTSA). Established in 1989, and with the goal of ending homelessness in Europe, FEANTSA has over 120 member organisations from 30 countries, including 27 member states. While it is the most developed international framework for defining homelessness (and its end), there are some limitations both overall, as well as when considering the institutional, cultural, and governance environment in Bermuda. Consequently, what follows sets out the overall definition for homelessness recommended for adoption in Bermuda, using ETHOS as the backbone.

Baseline definition of homelessness.

To define homelessness in an operational way, ETHOS sets out three domains which constitute a home, the absence of which can be taken to delineate homelessness. Having a home can be understood as: having an adequate dwelling (or space) over which a person and his or her family can exercise exclusive possession (physical domain); being able to maintain privacy and enjoy relations (social domain) and having legal title to occupation (legal domain).

Some countries around the world that have adopted this typology, further stratify the outputs from this baseline definition into both homeless and housing excluded. For example, a person experiencing the absence of two or more of the domains above may be classified as homeless, whereas someone experiencing just one may be housing excluded. To eliminate the subjectivity associated with this stratification, it is recommended that the absence of one or more of these domains, with an accompanying lack of access to adequate housing, should be the basis for defining a person in a state of homelessness.

Operational categories

The baseline definition determines if a person is experiencing homelessness or not. Once this

determination has been made, 13 operational categories refine the population to better describe the circumstances of homelessness. These are set out below and are intended to be used for different policy purposes such as mapping of the problem of homelessness, developing, monitoring, and evaluating policies.

A snapshot between December 31, 2021 through December 31, 2025

The following data was gathered by HOME and relates to specific members of the Bermuda community with no statistical extrapolation. Consequently, these numbers are assessed to be understated relative to the overall population.

	Operational category		Living situation	Generic definition	2021	2022	2023	2024	2025
Roofless	1 People living rough. ▪ Male ▪ Female ▪ Bermudian ▪ Non−Bermudian	1.1	Public space or external space Record locations frequented	Living in the streets or public spaces, without a secure shelter that can be defined as living quarters.	70	68	98	149	170
Houseless	2 People staying in a night shelter.	2.1	Night shelter	People with no usual place of residence who make use of overnight shelter, low threshold shelter.	33	46	74	95	99
	3 People in accommodation for the homeless.	3.1	Homeless hostel	Where the period of stay is intended to be short term	166	169	174	208	217
		3.2	Temporary accommodation						
		3.3	Transitional supported accommodation						
	4 People in a women's shelter.	4.1	Women's shelter accommodation	Women accommodated due to experience of domestic violence and where the period of stay is intended to be short term.	3	10	12	32	33
	5 People in accommodation for immigrants	5.1	Temporary accommodation, reception centres	Immigrants in reception or short−term accommodation due to their immigrant status	2	17	18	24	24
		5.2	Migrant workers' accommodation						
	6 People due to be released from institutions.	6.1	Penal institutions	No housing available three months prior to release. Historically, landlords do not hold accommodations for long periods. If they do, inmates absorb cost to hold. No housing available prior to release. Stay longer than needed due to lack of housing. No housing identified (e.g., by 18th birthday)	60	65	78	94	113
		6.2	Medical institutions						
Insecure housing	7 People receiving longer−term support (due to homelessness).	7.1	Residential care for older homeless people ▪ Male ▪ Female	Long−stay accommodation with care for formerly homeless people (normally more than one year)	20	37	44	66	70
		7.2	Supported accommodation for a formerly homeless person. Receiving services for over 2 years. Not in crisis. Managing with minimal contact/support.						
	8 People living in insecure accommodation.	8.1	Temporarily with family/friends	Living in conventional housing but not the usual or place of residence due to lack of housing.	85	90	117	128	188
		8.2	No legal (sub) tenancy	Occupation of dwelling with no legal tenancy. Illegal occupation of a dwelling.					
		8.3	Illegal occupation of land	Occupation of land with no legal rights.					
	9 People living under threat of eviction.	9.1	Legal orders enforced (rented)	Where orders for eviction are operative	21	15	40	63	130
		9.2	Repossession orders (owned)	Where mortgagee has legal order to repossess					
	10 People living under threat of violence.	10.1	Police recorded incidents ▪ Perpetrators of violence ▪ Victims of violence ▪ Persons exiting a life of criminal activity	Where police action is taken to ensure place of safety for victims of domestic violence	5	4	7	9	15
Inadequate housing	11 People living in temporary/ non−conventional structures.	11.1	Mobile homes	Not intended as place of usual residence	20	29	38	70	89
		11.2	Non−conventional building	Makeshift shelter, shack, or shanty					
		11.3	Temporary structure	Semi−permanent structure hut or cabin					
	12 People living in unfit housing.	12.1	Occupied dwelling unfit for habitation	Defined as unfit for habitation by national legislation or building regulations.	50	64	73	114	125
	13 People living in extreme overcrowding.	13.1	Highest national norm of overcrowding	Defined as exceeding national density standard for floor−space or useable rooms.	20	36	38	49	58
	Note: Short stay is defined as normally less than one year; Long stay is defined as more than one year. (*) Includes drug rehabilitation institutions, psychiatric hospitals etc.				555	650	811	1101	1331

The importance of advanced warning – being at risk of homelessness.

Some people are more at risk of becoming homeless than others. People in low-paid jobs, living in poverty and poor quality or insecure housing are more likely to experience homelessness. Whatever the causes, data gathered in the UK, for example, confirms that 'the roots of a housing crisis start many months before losing a home' and traditional identification methods discover individual crises come too late for homelessness to be prevented. As noted, the anchor for this plan is to prioritise prevention over crisis management to drive sustainable outcomes. It is for this reason that it is important to define, identify and monitor not just those experiencing homelessness but also those at risk of it.

Consequently, ***"a person at risk of homelessness is defined as: someone who does not have sufficient resources or support to prevent them from becoming homeless within the next six months".***
A person at risk of homelessness is defined as: someone who does not have sufficient resources or support to prevent them from becoming homeless within the next six months.

Homelessness ended.

Our vision is that homelessness is ended. Permanently. This means that everyone has a safe, stable, and sustainable place to live and that, wherever possible, new cases of homelessness are prevented. Recognising that no model will eliminate the risk of homelessness, should homelessness occur the systems in place ensure that it is rare, brief, and non-recurrent.

This means that the definition stops short of an absolute zero definition of homelessness where nobody is even at risk of homelessness. And based on this broad definition of homelessness, ensures that few, if any, won't be the subject of this plan and vision.

3. Causes and impact of homelessness in Bermuda.

Introduction

Through understanding the causes of homelessness in Bermuda, solutions can be developed that more precisely address the varied and complex needs.

Causal factors.

There are several issues that give rise to an increased risk of homelessness or homelessness itself and many people are impacted by more than one. Recognising this, there is no one issue that trumps another, however, based on the evidence gathered for this plan, the following appear to have the greatest impact on homelessness in Bermuda: -

Poverty.

"Homelessness is a result of poverty more than all other factors." Homelessness is a result of poverty more than all other factors. An end to homelessness will come from ensuring that long-term contributors to poverty (many of which are systemic) and the short- and long-term impacts of poverty are addressed. Public policy designed to combat homelessness will be successful when public policy related to ensuring that everyone has access to a healthy, successful, and equitable life is also in place. In 2016 — pre-pandemic, pre-recession, pre-inflation – a local economist reported that 23% of Bermuda's population was living in poverty. That statistic is higher today.

Lack of affordable housing.

"A critical shortage of housing that is affordable, safe, and stable also directly contributes to homelessness." A critical shortage of housing that is affordable, safe, and stable also directly contributes to homelessness. This includes social housing as well as the private sector. Issues also exists in the housing market where individuals or families are being discriminated against by landlords. Housing supply, cost, quality, and access are all critical components of what need to be addressed to ensure that everyone has a safe, stable, and sustainable place to live.

Lack of accessible housing

Accessible housing for persons with limited mobility or other forms of disabling conditions is a factor resulting in homelessness.

Social injustice and systemic racism.

Typically, however, the absence of one or more of the following elements — human rights, access, participation, and equity — are found in all homeless situations. This confirms the existence of social injustices. Clearly linked, the number of Black people who are homeless exceeds their proportion of people living in deep poverty or in Bermuda as a whole confirming that social injustice and systemic racism are directly linked.

Relationships.

In almost all cases of homelessness there is evidence of a relationship breakdown (either as a cause or effect). Personal crises such as divorce, family break-up or other problems such as domestic violence and abuse, or people who have experienced or are experiencing adverse childhood experiences, can often lead to quick decline into poverty and homelessness. Ironically rebuilding, sometimes difficult, relationships is a powerful vessel for helping a person out of a state of homelessness.

Lack of adequate safety net and access to healthcare.

For people at risk of homelessness, financial assistance for housing and other support services must be sufficient so that people at risk of homelessness can afford somewhere to live – whether in the private, public, or social sector.

This is often more driven by the economics of housing, requiring any welfare system to be nimble to market forces.

Furthermore, the interplay of cause and consequence between health and homelessness is a major factor. Access to high quality and affordable healthcare is a requisite for all and the inequity and other consequences that manifest on the homeless population are disproportionate without that access.

Personal circumstances.

Individual factors apply to the personal circumstances of a person experiencing homelessness and can include (in addition to those mentioned above) mental health, substance abuse disorder, discharge from corrections, leaving the care system or financial challenges. This list is not exhaustive, but all can be both a cause and consequence of homelessness and/or physical health challenges or intellectual disability.

The costs of homelessness.

Homelessness impacts us all. The human costs of homelessness are severe, permeating all of society. Homelessness elevates the risk for people to experience victimisation, poor health, loneliness, and depression, all of which can lead to addictions, crime, and various other issues. Such are its impacts on individuals, families, communities, and society at large it benefits all of us to break the cycle of homelessness, both systematically and one person at a time.

"Ending homelessness also saves taxpayers money." Ending homelessness also saves taxpayers money. While much work remains to be done to quantify the true economic cost of homelessness in Bermuda, evidence gathered from around the world and locally shows that it is cheaper in the long run to end homelessness than to do nothing about it or stay in a state of crisis management.

Healthcare systems.

Many residents have been discharged from hospitals or facilities and end up on the streets, vulnerable and untreated. Research confirms that people experiencing homelessness face poorer physical and mental health, which can be exacerbated by continuing homelessness and insecure, poor living conditions. Mental health is both a cause and a consequence of homelessness, as are substance use and substance abuse disorder. Many homeless people experience poor mental health and the feeling of rejection and alienation. Changing the mind or forming a healthy sense of self is vital to the rehousing process.

Violence such as injuries and assaults are also a threat to the physical and psychological health of homeless people. Consequently, depression,

suicides and mortality rates are higher, highlighting the extreme health inequalities experienced by this group.

This is particularly the case with unsheltered individuals who have more significant health challenges than their sheltered counterparts. In California, for example, 84% of unsheltered individuals report physical health conditions compared to just 19% of sheltered individuals. Without stable housing, people experiencing homelessness can cycle in and out of emergency departments, inpatient hospital stays, psychiatric centres, and detoxification programmes, resulting in high public costs and poor health outcomes for individuals, including premature death.

A one-night stay in Bermuda's King Edward Memorial Hospital costs approximately $1,000 without addressing root cause health issues. An inability to discharge someone of no fixed abode means that people experiencing homelessness can spend months in hospital. It is projected that there are many people in Bermuda experiencing homelessness who have inadequate or no healthcare coverage.

Healthcare services can also be further inefficiently utilised for persons experiencing housing insecurity with care needs. There are multiple factors causing this challenge including when persons: do not have access to home care benefits, do not have accommodations caregivers are willing to enter; do not have the co-pay required for most care homes; and emergency housing and some affordable housing services do not allow persons requiring personal care. As a result, the only options remaining, regardless of their level of care, are admission to hospital or a government care home to ensure their care needs are met; however, these facilities should be utilised for person's requiring complex or 24/7 skilled care.

Law enforcement and correctional facilities.

Homelessness and incarceration are intrinsically linked. Recent research in the US highlights the harm of incarceration. For example, a related study found that formerly incarcerated people are almost 10 times more likely to be homeless than the general public. This data is not gathered in Bermuda, yet there is strong evidence of previously incarcerated people becoming long-term homeless.

This same data suggested that previously homeless people were incarcerated for relatively minor offences so confirming a higher risk of incarceration for people experiencing homelessness than the general population. This finding also underscores how destabilising and counterproductive incarceration is, and how little support with social housing incarcerated people receive once released. It also confirms systemic bias in incarceration.

An inmate of the Department of Corrections in Bermuda typically costs the taxpayer $80,000 per annum. That averages more than $6,500 per month, per inmate.

Financial assistance.

Social security needs to be sufficient and timely so that people at risk of homelessness can afford somewhere to live, whether in the private or public social sector. This is a fundamental element of preventing homelessness in the first place and ensuring that episodes of homelessness are brief and non-recurrent when it does happen. An able-bodied individual on financial assistance can receive up to approximately $33,000 per annum. This is without intensive case management or other necessary supports to transition from financial assistance into sustainable independent housing. The budget of the Government of Bermuda also includes significant allocations to housing services and other forms of support for persons experiencing homelessness or on a pathway to homelessness.

Tourism product and local businesses.

In San Francisco, the increasingly visible homeless problem coupled with an epidemic of drug use are threatening the city's reputation as one of the most desirable business and leisure destinations in the United States. On Front Street, the number of rough sleepers has increased and became more visible in the last decade. Similarly, in Par-la-Ville Park just a few yards from the Bermuda Library, there has been an increase in the number of young men and women who spend their days in the park and rough sleep in the park's hedges.

Increasing numbers of people experiencing homelessness approach tourists and customers and staff of local businesses. The mere presence of people experiencing homelessness can have a negative effect through reduced visitor numbers or the loss of clients and customers of local businesses.

Conclusion.

The causes and effects of homelessness in Bermuda are now becoming understood, however, that understanding needs to be expanded through gathering data and moving from perceived understanding to a true reflection of fact.

A critical component of our Plan to End Homelessness is to work out the economic impact of homelessness to build the appropriate economic case to end it for good. ***"For now, it is well understood that poverty and homelessness are costing our island community millions of dollars per year."*** For now, it is well understood that poverty and homelessness are costing our island community millions of dollars per year.

4. What are we aiming for?

Introduction.

By sustainably preventing individuals from reaching a state of homelessness other than in rare, brief, and unrepeated instances, homelessness will be ended. The characteristics of the future state considered necessary to support an end to homelessness in Bermuda are highlighted in this chapter.

Future state.

There is no panacea to draw from internationally, however, there is sufficient evidence in support of the following structural characteristics being in place to sustainably end homelessness. This is the target future-state.

Specific prevention-based, public policy exists to permanently end homelessness.

Public policy initiatives to tackle, reduce and prevent homelessness are proven to make a lasting and positive impact. The earliest preventions are most effective and should always be the first choice. Such policies place prevention at the forefront, focusing on stopping people from becoming homeless in the first place and providing them with the right support to find work and live independently.

When public policy clearly sets out the objective of ending homelessness, there is clear evidence that progress will be made, as is the case in Finland, which is the only European Union country where homelessness is currently falling. Comprehensive public policy to end homelessness in Bermuda does not currently exist.

Wider public policy, especially housing, income, childhood poverty and health, supports homelessness policy.

Homelessness does not exist in a vacuum and wider policies and issues can increase or decrease the likelihood of homelessness. In Bermuda, high-causal factors such as poverty, social injustice, access to affordable healthcare, access to social or affordable housing, all contribute to homelessness.

The costs of homelessness and temporary accommodation are a citizen-funded service.

In its 2023-24 national budget, the Bermuda Government allocated nearly $26 million for services provided by Financial Assistance, the Department of Corrections, Bermuda Hospitals Board, Bermuda Housing Corporation and the Department of Child and Family Services. Yet there remains a significant disconnect between the demand for social and affordable housing and supply.

Some of this demand is met through the third sector yet there is a significant deficit and increasing levels of poverty because unemployment and inflationary pressures are accelerating the gap between demand and supply.

Evidence from around the world confirms that the social security offer for housing needs to be sufficient so that people at risk of homelessness can afford somewhere to live – whether in the private, public, or social sector. The costs to the taxpayer are ultimately greater by not funding this supply gap.

Long-term political commitment and sustained financing are secure.

What has been crucial in Finland is that there is political understanding and consensus: "This is a national problem that we should solve together". Over the years in Bermuda, the number of people experiencing homelessness has increased and, while there has been political debate in relation to addressing homelessness, a plan to end homelessness is now critical.

This plan is a basis to inextricably link the public, private and third sectors to a long-term commitment to ending homelessness. This is increasingly being shown to be possible around the world and must take place in Bermuda. It is critically important to understand that solving homelessness is cheaper than doing nothing, so the financing challenges are possible to surmount.

An ideal prevention-based statutory homelessness system exists, based on rights and law.

Alongside public policy is the need to develop an ideal statutory homelessness system to enshrine rights and obligations into law. Situated in a currently sub-optimal welfare and housing context, a balance needs to be struck between developing a robust set of individually enforceable entitlements, and the scope for pro-active, flexible approaches on the part of housing and service providers.

The importance of statutory protections for vulnerable people is well documented and come with advantages, for example in countering the tendency for landlords to exclude vulnerable households from their properties. In creating a dynamic which allows vulnerable people to enforce action against those charged with assisting them helps to safeguard both dignity but also the adequate delivery of service providers.

Another advantage of supportive statute is that laws are much harder to change once enacted. Notwithstanding the importance of establishing an ideal statutory system, the objective of this plan is to prioritise prevention rather than rely on recourse. Homelessness legislation, therefore, should be seen as the safety net when all other preventative actions have failed.

A duty of care exists across service providers to work together in the interests of individuals for as long as is needed.

In certain countries, service providers are required to try to prevent people becoming homeless in the first place and take all reasonable steps to secure suitable accommodation. Much can be achieved by establishing statutory responsibilities, however, given the myriad service providers that people experiencing homelessness or at risk of homelessness rely on, services working to the spirit, not simply the letter, of the law.

Data gathered to inform this plan has also confirmed that vulnerable people face a service-led rather than a client-led model. Evidence confirms that people experiencing homelessness or at risk of homelessness require support services over the long term and not simply a specific service or housing to meet an immediate need. This, therefore, requires all service providers to work together in the interests of individuals for as long as is needed.

Public attitudes towards and understanding of homelessness positively support its sustained end.

According to data gathered for this plan, the public often equates homelessness with people living on the streets and underestimates the extent of the problem. And evidence shows that the messages the public receive about homelessness can reinforce

negative stereotypes and drive people further away from believing that ending homelessness is possible.

As a result, it is essential that the public become both aware and vested in the sustainable end of homelessness.

Consistent data on all forms of homelessness is collected in real-time to gain insight and monitor interventions.

In addition to having a standard definition of homelessness in its varied forms, it is also critically important to understand data at individual and macro levels. The Organisation for Economic Co-operation and Development (OECD) recommends collecting homelessness data on a regular basis, integrating diverse data sources, and expanding the methodological toolbox to get a better understanding of the challenges and needs of different homeless populations.

Furthermore, data enables solutions to be better informed and interventions to be monitored. The advantage that comes with a small island like Bermuda, is that data can be gathered much more easily in real time rather than relying on point-in-time surveys or traditional data collection and statistical projection techniques.

Policy, service delivery and practice are designed more co-productively and delivered collaboratively through a whole system approach.

To produce this plan, and in addition to the over 400 people experiencing homelessness that were consulted, there has been engagement with over 300 stakeholders connected to serving people experiencing homelessness or at risk of becoming homeless, including government and policy experts, researchers, service providers, third-sector organisations, donors, and philanthropies. Particularly for people with complex needs (i.e., a combination of both mental and physical health needs), many service providers will be involved in solutions.

This plan is designed to take a single, strategic view on homelessness so that all service providers will vest in it and genuinely work collaboratively with other public-sector bodies and the third sector to address it. Consequently, policy, service delivery and practice should be informed and shaped in a more co-productive manner and especially by those with experience of homelessness or at risk of it.

Everyone has equal right to assistance and without discrimination.

As is the case around the world, homelessness in Bermuda is a significant social justice issue. And in Bermuda, for many people experiencing homelessness or those at risk, that social injustice stems from systemic racism. At an individual level, this often means that those who need support the most are least equipped or able to receive it. At a national level, rationing of scarce resources for housing, welfare and other assistance has created a set of arbitrary distinctions between those who are seen to deserve and qualify for help, and others who do not.

Homelessness is an infringement of at least 10 basic human rights and the objective of this plan is to return those rights to everyone without prejudice or discrimination. Race, sexual orientation, history of criminality or substance misuse, for example, are not determinants of whether someone should receive care and support. Further, measures exist today that criminalise or marginalise people experiencing homelessness, often under the guise of improving the quality of life of the wider community. These measures only serve to worsen the issue and further increase inequities.

People enjoy the right to the highest attainable standard of health.

Homelessness is an often-overlooked public health crisis, as poor health may not only be a consequence of homelessness but also an underlying cause. In Bermuda, most people experiencing homelessness do not enjoy the right to the highest attainable standard of health, something that should be equally available, accessible, acceptable and of good quality to all people.

Similarly, housing is a right, not a privilege. And simply put, housing is healthcare. Health systems in Bermuda must play a part in ensuring access to good quality healthcare. And public health programmes must also focus on social inclusion and non-discrimination and the wider social determinants of health such as race, income, and education level, as well as access to housing, transportation, and healthy foods.

All services place the individual at the centre and work together in a trauma-informed way supported by technology.

Similar to recognising the duty of care by all service providers, all services must place the client at the centre of the universe. The type and level of support an individual requires is based on an often complex and varied set of circumstances that not only requires a bespoke approach at an individual level, but also one that recognises the specific needs of a particular homeless group (e.g., individuals leaving correctional institutions).

Trauma drives homelessness and homelessness can increase traumatic exposure. Without a clear understanding of how central the experience of trauma can be for people for whom services are provided, such services may ultimately be ineffective or misdirected. There is a clear link, for example, between traumatic experience and maladaptive behaviours such as: problematic drug and alcohol use, personality disorders, taking sexual risks, high levels of actual and attempted suicide, etc. As a result, not only must services be delivered in a coordinated manner, but they must also be trauma-informed, so addressing root symptoms and behaviours, by considering them 'normal responses to abnormal stress' rather than deviances or failures.

Also evident in the research for this plan is a series of service providers using disparate or no systems, often holding common data, that are inadequate for citizen-led, efficient, and effective approaches. Overall case management should sit on one common platform where service providers are empowered to coordinate service delivery together and maintain current data to ensure that responses are always optimal for the client.

Multi-disciplinary case management teams coordinate across agencies to support individuals with their needs.

A client-centred case management approach ensures that the person who has experienced homelessness has a major say in identifying goals and service needs, and that there is shared accountability. The goal of case management is to empower people, draw on their strengths and capabilities, and promote an improved quality of life by facilitating timely access to the necessary supports, thus reducing the risk of homelessness, or enhancing housing stability.

Given the complexity of delivering myriad services to individuals, case managers, supported by the right collaborative technologies, provide the basis by which inter-agency coordination and service delivery is accomplished.

Sufficient, accessible social and affordable housing exists to match demand.

The limit on the supply of truly affordable housing inescapably drives homelessness. The supply of affordable or social housing is an essential element of any plan to end homelessness and yet insufficient data exists to adequately identify both the demand and supply of housing in Bermuda. This data gap needs to be closed and eliminated on an ongoing basis. From this, the plan should ensure adequate affordable and social housing supply to tackle immediate needs and to safeguard supply in the longer term.

Furthermore, action to address housing costs must be part of the plan to reduce the pressures on those at risk of homelessness or in a state of homelessness, including those experiencing child poverty. There is clear scope for additional action on housing costs, particularly in the private and social rented sectors.

Adequate tenancy rights and protections, as well as standards for landlords, exist in the private rental market.

Tenants of the private rental sector need time to find solutions to pressures they may be facing because of the pandemic, unemployment, disability, and the inflationary environment that is causing a cost-of-living crisis among many. A range of protections specifically for tenants are important including, for example, protections against evictions for tenants with agreed arrears repayment plans.

In addition, many find the private market inaccessible due to the high up-front costs of deposits, poor condition of properties, tenancy agreements which don't offer long-term security and rents set at unaffordable levels. All these factors require standards to be set to avoid the discrimination that is currently taking place. Conversely, mechanisms are also established to protect social landlords, for example, where landlords have clear evidence of antisocial or criminal behaviour that cannot be resolved by other means, they are able to take action to end a tenancy.

Welfare entitlements are accessible and adequate to avoid or exit homelessness.

For many people experiencing homelessness today, the ability to receive financial assistance is out of their reach owing to the complexities associated with the process and the simple fact that they don't have a physical address. Further, individuals can get 'shut-out' of the welfare system because the incur debt with various agencies. There is no possibility of leaving a state of acute homelessness without the support of a welfare system that prioritises access to the most vulnerable. It can mean the difference between life or death.

Further, the welfare contribution to housing needs to be sufficient so that people at risk of homelessness can afford somewhere to live – whether in the private, public, or social sector. This is a fundamental element of preventing homelessness in the first place and ensures that episodes of homelessness are brief, and non-recurrent when they do happen. Given the surplus of demand over supply, welfare entitlements currently fall well short of this without adequate protections in place.

Rapid re-housing into long-term accommodation is the default model with limited use of temporary housing.

Rapid rehousing is an internationally recognised approach which ensures that anyone experiencing homelessness can move into a settled home as quickly as possible, rather than staying in temporary accommodation for long periods of time. A settled home means accommodation in both the social and private sectors that is expected to last at least six

months but has the potential to be available for as long as the tenant wishes. Personal housing plans support each individual to ensure that this is achievable, and they have support to do so.

This is the default approach for all people experiencing homelessness or at risk of homelessness and marks a significant shift towards prevention and away from crisis management. Rapid rehousing has been shown to convey the following benefits: it reduces rough sleeping; reduces repeat homelessness; reduces public spending on expensive temporary accommodation; reduces the destabilising and marginalising effects of prolonged homelessness or prolonged stays in emergency or temporary settings; and improves people's quality of life and health outcomes, resulting in savings for public services.

Housing First is aimed at assisting individuals with some of the most complex needs.

Housing First is built upon the principle that housing is a human right. It focuses first on giving someone immediate access to a settled and secure home. This is placed above goals such as sobriety or abstinence. Second, supporting services are provided such improving health, reducing harmful behaviours, or increasing income. The model is specifically tailored for homeless people with complex and multiple needs. It is designed to provide choice and control – it gives rights and responsibilities back to people who may have been repeatedly excluded.

Housing First has proven to end homelessness when enacted as long-term supportive housing for around 80% of people with high-support needs and represents a more intensive form of rapid rehousing where wraparound support is more intensive. Typically, Housing First will focus on rough sleepers and individuals with some of the most complex needs.

Targeted preventions and pathways exist for all groups and especially high-risk groups.

At an individual level, interventions must appropriately take account of context and other key factors. These might include individual factors and experiences such as traumatic events, child poverty, age, ability, culture, mental and physical health, gender, and sexual orientation, etc.

In addition to rough sleepers, other groups are predictably at a higher risk of homelessness in Bermuda and require targeted preventions and pathways. These include people leaving or with previous experience of public institutions and care systems such as correctional facilities, child and family services, foster care and mental health services; groups with particular needs such as women who have experienced domestic violence, people experiencing relationship breakdown, LGBTQ youth, people who have experienced or are experiencing poverty or adverse childhood experiences and associated trauma; and those facing potential eviction from the rented sector.

With each of these groups, (and others), preventions and pathways extend beyond the core rapid-rehousing model and require additional services and safeguards to mitigate the risk of homelessness. An understanding of broader structural factors must underline strategies and modes of engagement including unemployment levels, poverty, housing access and access to healthcare.

Strong governance, accountability and performance pervade the delivery of all outcomes.

A single plan spanning multiple services providers is a complex proposition. Following agreement to the plan, all institutions, processes, and practices through which issues of common concern are decided upon and regulated will be formalised to

ensure the highest levels of governance. This will require public, private and third-sector institutions to commit to the plan as well as execute in the most efficient, coordinated, and transparent way.

To drive successful implementation, performance outcomes will be monitored and reported on periodically to ensure absolute transparency against the overall vision. Roles of government, private and non-profit sectors must be clearly written and support reliable oversight.

The path to ending homelessness.

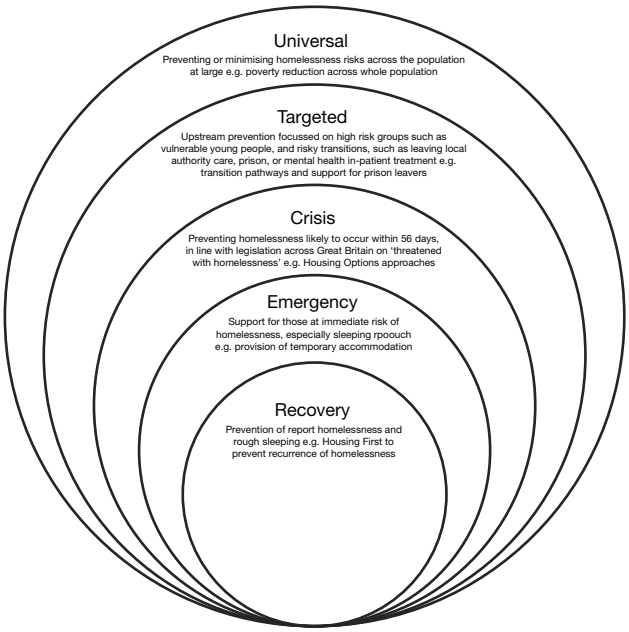
Much of what is needed is not in place today, and importantly, much of the data required to formalise decisions does not exist or is not sufficiently accurate or consistent to be useful. This fundamentally means that medium and long-term actions will be refined in due course once the data becomes available to enable effective decision making. That said, the characteristics set out in the future state are inalienable given the evidence to support their importance.

The purpose of this plan is to highlight the steps that need to be taken to end homelessness based on the best evidence available today. As there is not one single organisation capable of ending homelessness on its own, this plan is written in good faith with the view that its success is predicated on everyone concerned recognising the importance of delivering the steps in a coordinated way and then doing so.

5. A model of prevention.

Introduction.

Evidence from around the world highlights a shift towards preventative methods being far more effective than reactions to existing cases of homelessness. This makes sense as crisis management is typically expensive and does little to tackle the root causes and underlying pressures which increase the risk of homelessness or pushing people into that state. There is no disagreement that both existing and new cases of homelessness will require responses, however, a sustainable outcome will only be achieved if the risk of becoming homeless can be sufficiently mitigated in the first place.



Homeless prevention typology.

To date, efforts in Bermuda, as has been the case in most countries around the world, have typically been focused around 'crisis' and 'emergency' types of responses, largely at the expense of focus on 'targeted' and 'recovery' types of prevention. As a result of this, a homeless prevention typology was developed in the United Kingdom which facilitates a more in-depth assessment of prevention type activities for the benefit of policymakers and practitioners.

Universal prevention.

These are activities focused on preventing or minimising homelessness risks across the population at large.

Targeted prevention.

This represents upstream prevention focused on high-risk groups, such as vulnerable young people, and risky transitions, such as leaving foster care, correctional facilities, or mental health in-patient treatment.

Crisis prevention.

Preventing homelessness likely to occur within the next six months. (In the UK this is 56 days, however, recent recommendations are that this be extended to six months which aligns with the proposed 'at risk of homelessness' definition for Bermuda.)

Emergency prevention.

These are activities designed to provide support for those at immediate risk of homelessness, especially sleeping rough.

Recovery prevention.

These activities are designed to ensure that those who previously moved out of a state of homelessness are prevented from returning to it ('repeat homelessness').

Similar to the adoption of an internationally recognised definitional typology, it is equally recommended that Bermuda adopts this prevention-based typology in the context of designing a system that has an ethos of prevention over crisis management.

Evidence-based findings in relation to preventative interventions.

The shift to prevention which is becoming more mainstream around the world is delivering evidence on what is effective, although it should be noted that early intervention efforts focused on vulnerable groups and risky transitions remain generally weak. Some of the key findings, summarised below, have in turn been considered in the recommendations in Part B of this plan.

Timing and early insight are critical but so is continuity of care.

The most effective interventions happen approximately six months in advance of a potential homelessness event. These interventions are made successful when they are based on an understanding of why people, especially certain groups of people, do not come forward or engage with support services earlier, and before it is too late.

There are many internationally identified reasons for this, which occur in Bermuda including: a lack of trust or fear of judgement (stigma) when using service; a lack of awareness or understanding of entitlements, systems and services available; being overwhelmed by not knowing where to start; previous poor experience of services or attitudes within services; age or education related (e.g. digital exclusion); that housing is only one of, and maybe not seen as the most important, issue people are dealing with; and the 'right' services don't actually exist. An absence of real housing options is a major reason why people don't 'show up' because they anticipate an inadequate response to their housing needs.

Some success has been achieved in applying a 'hub' type model (physical and digital) to make services more accessible and coordinated. This sort of 'hub' approach enables help to be sought and support offered before problems escalate and has proved attractive to younger people. Further, data-led approaches can help identify at-risk households at an earlier point in time. Based on evidence gathered in Scotland, households who received support six months away from homelessness were 100 times less likely to become homeless than an (unintentional) control group who did not.

Finally, interventions open to people across all points of time in a journey have tremendous value both to the individual and also in thwarting instances of major crisis. Services with an open door that stick with people, housed or homeless, provide a continuum of care that is much more effective than delivering a service at a point in time and then 'losing touch'. This is especially important in preventing repeat instances of homelessness.

Asking and acting is important outside traditional 'homelessness service domains.

A significant proportion of effective early intervention examples occur outside traditional housing or homelessness domains. They take place, for example, in other locations such as health and social care settings, the justice system, educational scenarios, children's services, social security and welfare departments or the wider community, which may include faith organisations, foodbanks, local groups and employers. Insight gathered in those situations allows for opportunities to detect 'at-risk' individuals before a homelessness event takes place and emphasises the importance of coordination across multiple sectors.

In other words, it supports a 'wider system' perspective for services organisations to ask about housing when a person interacts with them for a crisis-type reason which correlates strongly with reasons for homelessness, such as a financial, domestic abuse or child protection crisis. This in turn supports the hypothesis for situating services in places that people at risk of homelessness already go.

Further, when considering people in institutional care (e.g., corrections) it is not only important to achieve effective discharge into housing, but it is also important to look at circumstances of entry (e.g., to prevent someone entering the corrections system from losing their home by virtue of that episode).

Who to target, how to target them, cooperation, and inclusiveness in developing solutions

Almost all successful preventative interventions are targeted with no such thing as a 'one-size' fits all approach. This means that children leaving the care of the Department of Child and Family Services need an entirely different approach to a rough sleeper. This, once again, confirms the importance of inter-agency cooperation and further cements the need for a duty of care to extend across all services providers.

A relationship-centric approach binds most successful interactions. Developing a relationship with those people that are experiencing or at risk of homelessness that endure beyond the delivery of a service and extends for as long as needed is one of the most effective tools. Paradoxically, many interventions revolve around rebuilding relationships that have broken down (for example with family members). So finding better ways to communicate, understand and build trust between people is critical, both for those using services and those providing them. In Bermuda, relationship breakdown is a key cause of homelessness.

Almost every successful early intervention prioritises trauma-informed approaches, which require a step change in the delivery of existing services. This represents a move away from the current model of patching symptoms rather than addressing root causes.

Furthermore, in almost every country studied, cross-sector working, and collaboration needs culture change, time, and deliberate focus. Inter-agency cooperation is key to success but may be a severe short-term impediment. This cooperation extends to the importance of involving people with experience of homelessness in developing solutions.

Finally, training, and ongoing awareness-raising have key roles to play if preventing homelessness is to become something that citizens of Bermuda insist upon. This is required to ensure the political will to make change sustainable.

Conclusion

In the previous chapter, the characteristics of the future state were set out. This chapter has emphasised the importance of using prevention as the basis for developing a sustainable response. While prioritising preventative action, it's never too late and, for those experiencing homelessness, interventions must take them out of their current crisis. Further, the socio-economic and inflationary conditions facing Bermuda today mean prevention is essential to stem the tide of people moving from being at risk to being homeless.

Part B - Recommended Actions and Impact.

6. A rapid end to rough sleeping and other forms of high-risk homelessness.
7. A systemic approach to homelessness data and intervention monitoring.
8. Sufficient, accessible social and affordable housing and welfare entitlements.
9. Citizen-centric coordinated service delivery.
10. Public policy reform and statutory rights and protections changes.
11. Public perception and awareness.
12. Other holistic and system-wide reforms.

6. A rapid end to rough sleeping and other forms of high-risk homelessness.

Introduction.

People experience homelessness differently; however, all evidence confirms that getting people into accommodation quickly and providing them with support represents the optimal way to end homelessness and/or prevent it occurring or recurring. This chapter takes the following three future state characteristics and provides recommendations for action:

- Rapid re-housing into long-term accommodation is the default model with limited use of temporary housing.
- Housing First is aimed at assisting individuals with some of the most complex needs.
- Targeted preventions and pathways exist for high-risk groups.

Rapid re-housing into long-term accommodation is the default model with limited use of temporary housing.

The primary goal of rapid rehousing is to provide temporary assistance that quickly moves individuals and families into permanent housing while providing appropriate time-limited supports to help them stabilise there.

Rapid re-housing is typified by three main elements being housing identification, move-in support and case management support and services. This is the baseline model for all people experiencing homelessness or at risk of homelessness. From this baseline, other, more specific models respond to other needs (e.g., Housing First).

Summary of recommendations

Issue	Action	Community Impact
Bermuda does not have a systemic default housing-led framework that provides stable, appropriate accommodation and any necessary support as quickly as possible to people who are roofless, houseless, housing insecure, and/or have inadequate housing.	Develop a 'rapid rehousing' framework and approach for adoption that is the default model for all people who are roofless, houseless, housing insecure, and/or have inadequate housing.	When people do become homeless, housing insecure, or have inadequate housing, rapid rehousing will ensure that episodes of homelessness, housing insecurity, and inadequate housing are: 1. Rare: people are prevented from becoming roofless, houseless, housing insecure, and/or having inadequate housing in the first place 2. Brief: people receive a quick and effective response if they become roofless, houseless, housing insecure, and/or having inadequate housing 3. Non-repeated: people do not experience multiple episodes of homelessness.
A rapid-rehousing framework must be flexible so everyone who is experiencing or at risk of becoming roofless, houseless, housing insecure, and/or has inadequate housing should be helped to find a settled home as quickly as possible and each person will receive the necessary levels of support to maintain their tenancy.	Everyone experiencing or at risk of becoming roofless, houseless, housing insecure, and/or having inadequate housing shall benefit from rapid rehousing and be assisted to find a settled home as quickly as possible.	Rapid rehousing is the default approach with supplementary or modified approaches providing for different needs. This allows for flexibility when supporting high-risk groups such as victims of domestic violence, young people, rough sleepers etc. While independent, mainstream homes may be the most common type of settled home, other forms of appropriate

Summary of recommendations

Issue	Action	Community Impact
		supported housing will be necessary. Each person will require different levels of support to maintain their tenancy. Some people will need no additional support, others might need short-term support, and a small proportion will need higher intensity, multi-agency support (such as Housing First).
There are no statutory protections for individuals requiring service providers to deliver rapid rehousing to people experiencing or at risk of becoming roofless, houseless, housing insecure, and/ or inadequate housing. Multiple decades of observing a consistent increase in the homeless population has created community fatigue. Homelessness can comfortably be viewed as a crime, although people unable to access restrooms, with limited access to food security, mental health services, and reliable, safe housing, will disproportionately enter the criminal justice system. This negatively impacts future employment, housing, relationships with their family, and travel opportunities.	Statutorily adopt rapid rehousing as the default model for people who are experiencing or at risk of becoming roofless, houseless, housing insecure, and/or having inadequate housing and place a legal duty on public entities to provide suitable long-term housing. Board approval for member organisations to enshrine responsibilities in their constitutions/byelaws. Member organisations sign collective agreements, including terms of engagement, timeframes, shared funding allocations etc.	Legal duties are owed to people who are experiencing or at risk of becoming roofless, houseless, housing insecure, and/or having inadequate housing by public entities to provide them with suitable long-term housing as soon as it becomes available to them, with suitable temporary accommodation being provided in the interim.

Summary of recommendations

Issue	Action	Community Impact
There is not a formal plan to stop a person becoming houseless when they are housing insecure or have inadequate housing or finding housing if they've already lost their home in support of a binding commitment based on statute.	For anyone that is legally homeless or at risk of becoming homeless, public entities (or agencies operating on their behalf) work with the person to create a Personal Housing Plan. This plan is to provide the person with somewhere safe to live for at least the next six months. The Personal Housing Plan is a core component of the rapid-rehousing framework. Adaptation of a homeless matrix: Priority Response/Certificate • Rapid housing & financial support certificate • Physical & mental health • Food security	A service provider who is duly notified by a person deemed to be legally homeless or at risk of it is legally obligated to report to the homeless register. Any service provider legally obligated to provide services as approved by the registering body, is obligated to provide temporary housing for a minimum of the next six months. The assessment process should consider strategies for addressing financial or practical barriers to obtaining or maintaining housing, such as: 1. Extremely low income 2. Credit problems 3. Significant amount of medical debt 4. Negative tenant history 5. Criminal history
There is no time limit for people staying in inadequate temporary accommodation.	Establish a time limit for people staying in inadequate temporary accommodation, ensuring sufficient emphasis on transition into long-term housing.	Persons experiencing housing insecurity or inadequate housing move into long-term accommodation with support as soon as possible.

Summary of recommendations

Issue	Action	Community Impact
Social services in Bermuda do not collect data on the effectiveness of rapid-rehousing approaches.	Collect key data related to: Delivery of affordable permanent housing. Support required to assist people with successfully maintaining their tenancy.	Continuous quality improvement of ecosystem, ensuring rapid-rehousing approaches remain effective.

Housing First is aimed at assisting individuals with some of the most complex needs.

Housing First is a more targeted extension of the rapid-rehousing model and based on the same principles of housing and support. It is designed for people with complex needs and provides housing without barriers to entry and support through case managers such as emotional support; peer support; opportunities for rehabilitation and longer-term planning; structure and purpose; a focus on social integration; and a swift and flexible response to people with addictions who are at the right stage in the cycle of motivation. It is proven to be one of the most effective innovations in responding to acute homelessness and is commonly used to support rough sleepers.

Issue	Action	Community Impact
People with complex or multiple support needs (such as a combination of living with mental health, intellectual disability, substance use disorder and/or with history of offending behaviour) require a more intensive form of rapid-rehousing known as Housing First. • There is limited care for women who are substance abusers. • 9am-5pm, all personnel are available, but immediate crisis support is needed during non-social hours.	The Housing First model shall prioritise the provision of permanent long-term housing. Support services for persons living with mental health, intellectual disability, substance use disorder, or with history of offending behaviour shall be addressed through coordinated and intensive support.	People with complex needs will have direct access to permanent accommodation and supports to resolve or improve the other non-housing problems they face.
Low-barrier, emergency housing is not considered a basic right for any person in need.	The provision of safe, low-barrier, emergency accommodation that is comfortable, welcoming and suitable for persons with different levels of needs. Ensure that people imminently at risk of rough sleeping move straight into emergency accommodation rather than sleeping rough.	No-one is forced to sleep outside. Persons living with mental health, intellectual disability, substance use disorder, or with history of offending behaviour have reliable access to emergency housing.

Summary of recommendations

Issue	Action	Community Impact
Prerequisites for access to suitable housing serve as significant and debilitating barriers to suitable accommodation, which is inconsistent with evidence supporting Housing First.	Establish common principles in relation to Housing First services. Supportive housing and community services (voluntary and court ordered) are used to consistently engage tenants to ensure housing stability. • Full rights, responsibilities, and legal protections afforded to tenants. • Practices and policies to prevent lease violations and evictions; means to ensure that housing and community services are flexible to client needs.	Few to no programmatic prerequisites to permanent housing entry with low-barrier admission policies and rapid and streamlined entry into suitable housing.
Formal outreach is insufficient relative to the existing population of rough sleepers. Persons living in Bermuda that have no legal rights to do so remain 'on the run' and use adverse methods to secure food, access healthcare, and have no means of: • repatriating to their home country • remaining in Bermuda. Collaborative discussions on local radio stations to educate and empower individuals and families in need of support.	Increase funding to scale up outreach for existing and new rough sleepers to ensure that housing support and community services are provided 'where they are' waiting to come inside. The action includes efforts to return persons to their home country as appropriate. Establish annual marketing and community education strategy.	Critical time interventions and emergency accommodation in place, the nature, timing and extent of support to rough sleepers is increased to reduce risks associated with rough sleeping.

Summary of recommendations

Issue	Action	Community Impact
Insufficient housing stock is available for rough sleepers transitioning from outside and emergency accommodation.	Invest in the supply of new housing units for rough sleepers which are medium term in nature (three to five years) until the existing population transitions to settled homes.	For the current and future population of rough sleepers (until rough sleeping can be ended) there is a sufficient supply of housing units that can be used immediately after, or instead of, emergency housing.
National target setting is absent in terms of delivering Housing First tenancies.	Establish national targets to deliver Housing First tenancies.	There is transparency in relation to the need and commitment to address the housing and community service needs.
Data is not gathered in respect of the fidelity of Housing First projects.	Collect data gathered in respect of the fidelity of Housing First projects.	Housing First projects are assessed for performance and quality improvement on a continuous basis.
Safeguarding reviews do not take place where a person has died while rough sleeping, living in inadequate housing, or when housing insecure.	Safeguarding reviews take place where a person has died while rough sleeping, living in inadequate housing, or when housing insecure.	Evidence is gathered in respect of the situations pertaining to the death of a rough sleeper, living in inadequate housing, or when housing insecure and interventions are developed as appropriate.

Targeted preventions and pathways exist for all groups and especially high-risk groups.

Certain groups have a higher proportion of people resorting to rough sleeping and the highest proportion of people who become homeless. These groups need additional pathways and interventions over rapid-rehousing and other systems. To the extent that any sub-group requires preventions beyond rapid rehousing these are developed.

Issue	Action	Community Impact
People experiencing poverty. People who have experienced or are experiencing poverty are at the highest risk of homelessness.	Establish a Poverty Commission to provide independent advice to ministers, have a strong scrutiny role in monitoring progress towards tackling poverty and inequality and have an advocacy role to help bring about real reductions in poverty and inequality in Bermuda. At a citizen level, ensure that critical time interventions help to prevent and end homelessness for people who have experienced or are experiencing poverty.	Progress is made towards reducing overall poverty levels, and the risk of becoming homeless because of poverty reduces over time.
Rough Sleepers Rough sleepers can have high levels of complex needs; mental health challenges, substance abuse disorder, and traumatising institutional experiences are common factors. The longer someone sleeps rough the greater the risk that physical and mental health problems will worsen.	Adopt Housing First for rough sleepers, prioritising: ensuring that rough sleeping is rare, resolving rough sleeping quickly when it happens and and making sure no-one returns to the street.	Although rough sleeping can be the most damaging form of homelessness, it is also the least prevalent and so it is entirely within the power of policy makers and service providers to end it. This will end the acute suffering and vulnerability of this population.

Summary of recommendations

Issue	Action	Community Impact
Children and families Children who experience homelessness have higher rates of school absenteeism, developmental delays, and mental health problems than other children. They are sick four times more often than other children and have emotional and behavioural problems such as anxiety, depression and aggression at three times the rate of their peers. Childhood trauma creates significant long-term issues for individuals.	Introduce the provision of whole-family asset-based supportive interventions to help struggling families (those already homeless as well as those at risk of homelessness). Ensure that trauma-informed approaches are applied to each child and that ongoing wellbeing assessments are undertaken to ensure any additional learning or social support is put in place.	Priority is given to rapidly identifying homeless children or those at risk of it and interventions are in place to minimise the impact of negative experiences and provide trauma-informed support where needed and for as long as it is needed.
Individuals leaving corrections The lack of affordable housing leaves ex-offenders competing for the same limited resources with others who have no criminal history. People leaving prison are known to re-commit crime to avoid homelessness. People entering the prison system sometimes lose their homes because of becoming incarcerated.	Ensure that critical time interventions enable people leaving the Department of Corrections to have confirmed accommodation for a minimum of six months and housing and support services to facilitate successful re-entry into society. Ensure that incarceration does not cause a loss of home and/or employment where possible.	People leaving the Department of Corrections have the highest chance of securing long-term accommodation and receive the support they need to maintain it.
Young adults leaving Department of Child & Family Services Young people aging out of the child welfare system are at high risk for becoming homeless during the transition to adulthood.	A duty of care is placed on DCFS to ensure a successful transition for young people aging out of the child welfare system for five years following discharge, between the ages of 18 and 23. Statutory responsibilities to	Incidents of young person homelessness are minimised following their aging out of the child welfare system.

Summary of recommendations

Issue	Action	Community Impact
In the US, between 31% and 46% of a study's participants had been homeless at least once by the age of 26. Running away while in foster care, greater placement instability, being male, having a history of physical abuse, engaging in more delinquent behaviours, and having symptoms of a mental health disorder were associated with an increase in the relative risk of becoming homeless.	ensure that immediate housing and support services needs are in place for the same period and these statutory responsibilities are matched with critical time interventions.	
LGBTQ+ LGBTQ+ young adults are more than twice as likely to experience homelessness as their non-LGBTQ+ peers. Black or multiracial LGBTQ+ youth have the highest rates of homelessness. The main causes for LGBTQ+ homeless people are family rejection resulting from sexual orientation or gender identity; physical, emotional, or sexual abuse; aging out of the foster care system; and financial and emotional neglect.	Specific interventions are designed to ensure that LGBTQ+ youth who experience homelessness receive access to safe, supportive housing. Housing services and community support for youth should be free of bias and harassment and provide access to culturally competent services that affirm their identity and welcome them. This requires strategies to improve the cultural competence of staff working in these programmes and providing these services.	An ecosystem is created that promotes positive youth development, provides safe spaces for LGBTQ+ people, offers services and supports to reconnect youth with their families when it is safe to do so, connects youth to community resources and services that are affirming and safe for LGBTQ+ people, expands public awareness about LGBTQ+ issues and decreases stigma associated with LGBTQ+ identity and ultimately minimises the risk of homelessness for LGBTQ+ people.
Relationship breakdowns and abuse Relationship breakdowns, family disputes and incidences of domestic abuse commonly result in rapid homelessness.	Ensure that critical time interventions form a key part of strategies to prevent and end homelessness for people experiencing relationship breakdowns with intervention beginning at least six months	Interventions respond to the risk of domestic abuse to minimise actual abuse and people at risk of abuse find safe, supportive accommodation and services to move on from traumatic experiences.

Summary of recommendations

Issue	Action	Community Impact
	from a potential homelessness event. If a person is at risk of domestic abuse, include them in the official count of people experiencing homelessness and ensure adequate and coordinated interventions supported by social services, health professionals, domestic abuse support services and/or the police.	
People experiencing severe mental or physical health issues Homeless people are at relatively high risk for a broad range of acute and chronic illnesses. Some health problems precede and causally contribute to homelessness (e.g., major mental illnesses, especially chronic schizophrenia or people living with HIV/AIDS), others are consequences of homelessness, and homelessness complicates the treatment of many illnesses (especially in relation to comorbidity caused by mental illness, alcoholism and alcohol abuse, and illicit drug abuse).	Specialised treatment and active rehabilitation for all health issues is part of the support that is provided to people experiencing homelessness or at risk of it. Universal access to high quality healthcare forms part of an inalienable right and its delivery is coordinated via case managers.	Healthcare services are available and are tailored to meet the needs of acute and chronic patients who are homeless or at risk of it. These are adapted to ensure effectiveness. Systems are in place to ensure that people experiencing certain forms of illness, e.g., people living with HIV/AIDS are not in danger of losing their jobs due to discrimination or because of frequent health-related absences. Systems are also in place to ensure that those requiring regular treatment (e.g., for dialysis) have accommodation that they are discharged and do not 'block' hospital beds.

Summary of recommendations

Issue	Action	Community Impact
People facing potential eviction from the private rented sector Private rental sector tenants are often most exposed to some of the major issues in housing systems, for example lack of affordability, insecurity, poor quality dwellings and overcrowding.	Fundamental reform takes place to ensure all private landlords adhere to a legally binding standard on decency accompanied by a modern tenancy system that gives renters peace of mind so they can confidently settle down and make their house a home. An empowered authority is in place to ensure disputes between tenants and landlords can be settled quickly and cheaply, without going to court. Similarly, the grounds for possession where there is good reason for a landlord to take the property back are established.	Private-sector tenants and landlords are protected by a clear set of rights and the quality of housing is established so that everyone can live somewhere safe and secure.

7. A systemic approach to homelessness data and intervention monitoring.

Introduction.

Homeless interventions must be based on data and evidence to ensure that they optimally respond to need and are continuously enhanced based on feedback loops. This chapter takes the following future state characteristics and provides recommendations for action.

- Consistent data on all forms of homelessness is collected real-time to gain insight and monitor interventions.

Consistent data on all forms of homelessness is collected real-time to gain insight and monitor interventions.

The OECD recommends that homelessness data is collected on a regular basis, and that diverse data sources are integrated to develop a better understanding of the challenges and needs of different homeless populations. Further, the effects of homelessness interventions are monitored to identify the most effective housing and social support interventions and facilitate cross-country learning.

Issue	Action	Community Impact
A standard definition of homelessness does not exist in Bermuda. A standard definition of homelessness is a necessary basis to produce meaningful statistics on the size and characteristics of homeless populations, which are of critical importance for informed policymaking.	The definition proposed in this plan is adopted nationally across all stakeholders and enshrined in law. This extends to a definition of 'people at risk of homelessness'.	The definition proposed in this plan is adopted nationally across all stakeholders and enshrined in law. This extends to a definition of 'people at risk of homelessness'.

Summary of recommendations

Issue	Action	Community Impact
A standard data set is not defined and captured on a timely basis to monitor the population and associated characteristics.	Common data across all people experiencing homelessness and those at risk of homelessness is defined as well as the frequency of that data capture. • Establish point of entry & exit • Recording multiple entries within 365-day period • Record of family with multiple members (including seniors, under 18, etc.)	Effective monitoring of population, direction of needed services and ability to scale up or down as population subsets change. Reduction in duplicative or overlapping services and elimination of gaps in essential services. Community messaging on needs, impact and success of housing services.
A register is not kept of people at risk of becoming roofless, houseless, housing insecure, and/or have inadequate housing.	Capture on a central system all people who are experiencing or at risk of becoming roofless, houseless, housing insecure, and/or having inadequate housing. Ensure all agencies working in the homeless and housing sector engage with a central system to maintain information in real time.	A real-time snapshot of the population of people experiencing homelessness, those at risk of homelessness, or those that were previously homeless drives necessary interventions.
There are no systems that link data across health, homelessness, housing, criminal justice, substance misuse, welfare benefits, immigration and employment services, so limiting the impact of providing preventative services for individuals.	Establish data linkage systems that include data sets across health, homelessness, housing, criminal justice, substance misuse, welfare benefits, immigration, and employment services.	Preventative services are designed and operated more effectively using all available data to create the highest impact.

Summary of recommendations

Issue	Action	Community Impact
Existing data is disparate and incomplete and rarely provides insight into the journey an individual takes through the homelessness system.	Design homelessness data collection so that it follows individuals through their journey within the homelessness system – this must include data on the outcomes and success of prevention.	Humanising data and statistics enable efficient and effective alignment of individual needs with essential services.
A formal framework does not exist to help people experiencing homeless to work through core outcomes as they progress through case management support of their circumstances.	Implement a homelessness outcomes framework by which case managers support clients to make progress and achieve success in areas such as motivation and taking responsibility, self-care and living skills, managing money, personal administration, social networks and relationships, drug and alcohol misuse, physical health, emotional and mental health, meaningful use of time, managing tenancy and accommodation, and offending.	The skills that a client needs to successfully move past an episode become the focus of their relationship and work with case managers, and outcomes are managed and monitored as a result.
Homelessness interventions are not monitored or evaluated for effectiveness.	Monitor homelessness interventions and evaluate their effectiveness.	The most effective housing and social support interventions are identified and cross-agency learning and system learning results.
A standard data set is not defined or gathered to track levels of poverty and the individuals who are experiencing it.	Develop data sets to monitor those impacted by poverty as well as the impact of that poverty. Develop early warning systems to identify those at risk of homelessness.	The scale and impact of poverty is monitored and reported on and those at risk of homelessness receive necessary interventions.

Summary of recommendations

Issue	Action	Community Impact
A standard data set is not defined and captured on a timely basis to monitor the demand and supply of social, affordable, and private-sector housing. This compromises the effectiveness of decision making and solutions.	Common data in relation to both the supply and demand for housing is defined and captured on a timely basis. This includes data in relation to affordability, access, and sustainability.	At a macro and micro level, the demand for housing (which includes those at risk of homelessness) and the supply of housing is known. Solutions are developed that address, rather than estimate of the situation.
Homelessness generates a financial and economic burden for society and yet a quantification of this to Bermuda does not exist. This means that there is not a clear understanding of the case to end homelessness.	Develop a financial and economic quantification of the costs of homelessness to Bermuda based on the status quo. Use these to develop economic cases for change.	Economic cases for change form the basis for investing in the services that prevent homelessness from happening in the first place; that allow a rapid housing-led response; and that give people with multiple and complex needs the support they need to keep their home.
The costs (and benefits) of implementing the plan to end homelessness have not been quantified so lacking the critical information necessary to effect change.	Develop the economics associated with delivering the plan to end homelessness so that an implementation plan can be developed that matches investment capacity with the changes required.	The plan to end homelessness is supported by an implementation plan backed by an appropriate quantification of the investment required.

8. Sufficient, accessible social and affordable housing and welfare entitlements.

Introduction.

Housing and welfare policies can exacerbate or ameliorate risk factors related to homelessness, especially poverty and inequality. The limit on the supply of truly affordable housing inescapably drives homelessness and so the supply of affordable or social housing is an essential element of any plan to end homelessness. Similarly, decisions about financial assistance or broader welfare also have a direct impact on homelessness. Poverty resulting from benefit caps and freezes, sanctions on people who are homeless or at risk of homelessness, limits on the housing element of benefits, and waiting times and bureaucracy all act to increase the pressure on people living on the edge of homelessness. This chapter takes the following future state characteristics and provides recommendations for action:

- Sufficient, accessible social and affordable housing exists to match demand.
- Welfare entitlements are adequate to avoid or exit homelessness.
- Adequate tenancy rights and protections, as well as standards for landlords, exist in the private rental market.

Sufficient, accessible social and affordable housing exists to match demand.

Action to address housing costs particularly in the private and social rented sectors as well as housing supply are critical. Actions should take account of accessibility of housing as well as supply.

Summary of recommendations

Issue	Action	Community Impact
There is an inadequate understanding of the supply and demand of housing in Bermuda. A comprehensive understanding of the level of housing and support needs does not exist, including how many households are moving or waiting to move into temporary settings; how much and what type of housing is required to permanently house people; and who needs support, and at what level, to maintain their tenancy.	Strategic housing market assessments should evaluate the current and anticipated housing needs of the population, taking into consideration the requirement for housing that is affordable and accessible for homeless people. These assessments should also capture the existing supply of housing in both the public and private sectors including all necessary data sets to enable effective decision making in relation to planning.	A clear view is formed of the effectiveness of the current system to match supply and demand for housing, including what future planning requirements need to achieve.
There is not a commonly accepted definition of affordable housing.	Create a definition of affordable housing that relates housing costs to households' ability to pay and meets the needs of low-income groups.	Policy and decision makers are appropriately informed in respect of whether housing stock adequately meets the definition of affordable housing and respond accordingly to address demand.
There is an insufficient supply of housing at social rent levels and housing supply targets are not informed by evidence on the scale of homelessness.	Set a target for delivering a set number of affordable homes each year and long-term targets to ensure that supply addresses demand. Report on this publicly. Establish a rent-setting framework to ensure that social housing delivers rents that are affordable to those on low earnings and/or in receipt of financial assistance. Ensure that all housing-supply decisions are adequately informed by evidence on the scale of homelessness.	The plan increases the supply of affordable homes itself or via the private sector. Adequate safeguards are in place to ensure that low earners or people on financial assistance can access suitable, settled (long-term) homes.

Summary of recommendations

Issue	Action	Community Impact
Renters and landlords do not have access to a tool to match supply and demand for housing and ensure that standards are followed by both.	Introduce a property portal that captures all social, affordable, or rental accommodation in both the social and private sectors in a central system and use that to manage the population into settled homes as well as to identify supply gaps. Automate the matching of tenants to homes.	Data and technology more effectively drive housing outcomes.
People experiencing homelessness or low-income families face barriers to renting.	Increase access to social renting for homeless people by creating a regulatory requirement that social landlords allocate a minimum proportion of social lettings to homeless nominees. Ensure that each social housing provider reports publicly on their performance providing settled homes for people experiencing homelessness.	Barriers to social renting are reduced or eliminated for people experiencing homelessness. • Reduction in property tax for social landlords • Rapid approval for property owners constructing tiny homes on their property • Consider funding from confiscated asset fund and gambling tax
There is not a national register of landlords and associated rental properties.	Introduce a national register of landlords that all private landlords and lettings agencies are required to join and require private landlords and lettings agencies to submit annual data on the size (number of bedrooms) of their rental property and the level of rent they are charging. Integrate the data onto the property portal.	Up-to-date data in relation to rental properties is available and used to match tenants with properties.

Welfare entitlements are adequate to avoid or exit homelessness.

Any welfare system must be based on dignity, respect, and fairness. The social security offered for housing needs to be sufficient so that people at risk of homelessness can afford somewhere to live – whether in the private, public or social sector. Furthermore, it needs to ensure that social determinants of health are adequately considered and that individuals can afford the healthcare they need as well as be provided with access to the tools and training required to sustainably end homelessness or mitigate the risks of becoming homeless. The provision welfare should not be subject to rigid, unrealistic, and often discouraging eligibility criteria, rather it should recognise access to social assistance and a broader social safety net as an absolute right rather than a last resort.

Issue	Action	Community Impact
Welfare entitlements have consistently failed to keep up with inflation and rising costs of living and tend to be below most socially accepted measures of adequacy. Amounts for basic needs such as food, housing, clothing, household expenses, transportation and personal grooming items are not affordable by all.	Welfare entitlements should be set based on the actual costs of necessities and should take into consideration the needs of individuals. For example, health insurance coverage shortfalls must be supplemented to ensure that care is adequate.	Exposure to key contributors to homelessness such as poverty and inequality are mitigated financially through adequate welfare entitlements.
Welfare entitlements tend to follow a 'one-size-fits-all model' rather than considering the social determinants of each individual. This often results in inadequate resources being expended so failing to address root causes so perpetuating crisis management rather than ending homelessness.	Ensure that welfare assistance is available at the right point to ensure that homelessness is capable of being prevented and individuals do not resort to a state of crisis before they qualify for help.	Individuals receive the levels of welfare support necessary to sustainably end their homelessness or prevent it.

Summary of recommendations

Issue	Action	Community Impact
The application process for financial assistance has become more onerous and difficult to navigate, thereby discouraging applications altogether. Application criteria demands a copious amount of documentation required for social assistance eligibility. For those who are experiencing homelessness or fleeing abusive homes, such records may be difficult to retain, leading to ineligibility. Individuals turned away from financial assistance programmes on the basis of ineligibility are often directed to food banks or third sector support.	Streamline the process for applying for and approving financial assistance and institute key performance indicators in respect of all processes from application to payment. Ensure that adequate support is provided and is accessible so that those entitled to it receive their entitlements in the shortest time.	Financial assistance is customer centric, where those entitled to it, receive it, with the least amount of friction.
Legal aid or other channels are not available to challenge decisions in relation to welfare matters.	Make available legal aid to advise on all welfare benefit matters, including advice on how to challenge unfair or wrong decisions or inaccurate assessments of personal circumstances.	Beneficiaries have channels available to contest decisions on welfare entitlements.
There are no ‘stop-gap’ payments to people experiencing homelessness prior to them applying for and receiving financial support.	Create a mechanism to provide financial support while the formal process of financial assistance is being undertaken.	Vulnerable people receive financial support while Government administration of welfare takes place.

Summary of recommendations

Issue	Action	Community Impact
Many people who are at risk of or experiencing homelessness want to work or are employed but don't make enough to sustain themselves. They need sustainable wages and permanent housing. It is hard for people experiencing homelessness to find and maintain employment. There are programmes that provide job training and placements to ensure long-term stability, but personal circumstances (such as addiction issues) or barriers (like lack of childcare and transportation) can also contribute to unemployment.	Establish a welfare-to-work framework, to provide early intervention when a claimant first leaves work. Including providing a case manager who is responsible for providing front-line support that claimants require before focusing on employment as the main outcome (example, help with managing a health condition or disability, confidence building and skills development).	Workforce development adequately responds to the needs of people who are at risk or experiencing homelessness, some of which may significantly impact their ability to approach employment.

Adequate tenancy rights and protections, as well as standards for landlords, exist in the private rental market.

Homeless people struggle to get access to homes let by private landlords. The up-front costs of private renting can be high because tenants are asked to pay a deposit and rent in advance. Similarly, when there is a shortage in supply the balance of power is with the landlord meaning it is far easier to discriminate. Legislation and a system must exist to promote healthy relationships between tenants and landlords – with adequate protections and safeguards in place — and to ensure that everyone has access to safe and secure places to live.

Issue	Action	Impact
Statutory rights in Bermuda fall short in offering protections for (low-income) renters as well as in respect of clarity around landlord protections.	Review the private renters' market and introduce a private renters bill to enshrine rights to both renters and landlords. As a result, renters in the private sector receive the right to feel secure in their home, settled in their community and able to plan for the future with confidence and landlords have clarity over their rights, including when they can reclaim a property.	Renters and landlords have appropriate statutory protections.
High tenancy failure rate with vulnerable tenants, leaving housing providers with cost which could be prevented by pre-tenancy work	Establish a rent-ready training programme to enable participants to develop an understanding of their rights and responsibilities as a tenant and how to maintain their home and live independently, including assistance with budgeting.	Tenancy failure rates are reduced.
Accommodations are not governed by habitation standards to ensure that they are fit for residency.	Require every private-sector landlord to ensure any home they rent is fit for human habitation at the start of and throughout the tenancy.	Accommodations are fit for residency at the start of and throughout the tenancy.

Summary of recommendations

Issue	Action	Impact
Private renters are often unable to take claims to court owing to expense resulting in evictions, substandard properties, inappropriate rental charges etc., taking place unchecked.	Appoint an authority for renters to take complaints against landlords without going to court.	Complaints can be mediated and addressed without the expense and time related to going to court.

9. Citizen-centric coordinated service delivery.

Introduction.

The complex nature of homelessness and its underlying causes means that an entire ecosystem is required to deliver effectively against the needs of myriad human beings, all facing their own set of unique challenges. A system where agencies provide discrete and reactive services to vulnerable individuals needs to subside in favour of a web of preventative services with the client firmly planted at the hub. This chapter takes the following future state characteristics and provides recommendations for action:

- Policy, service delivery and practice are designed more co-productively and delivered collaboratively through a whole-system approach. i.e., a comprehensive mental health prevention, education, and treatment component.
- Everyone has an equal right to assistance and without discrimination.
- All services place the individual at the centre and work together in a trauma-informed way supported by technology.
- Multi-disciplinary case management teams coordinate across agencies to support individuals with their needs.

Policy, service delivery and practice are designed co-productively and delivered collaboratively through a whole system approach.

A whole-system approach is required, focused firstly on prevention and where homelessness cannot be prevented, on the rapid rehousing of individuals into long-term accommodation and moving away from the use of temporary accommodation. A whole-system approach is the wrap-around support for individuals, particularly in respect of health services. This requires alternative service-delivery models jointly owned and funded by relevant public services, including mental health, substance misuse, primary care, community safety and housing.

Summary of recommendations

Issue	Action	Community Impact
Different government and non-government agencies typically do not work together to provide a collaborative system of homeless service delivery. Instead, they work on individual core service missions. A single plan to address the issue of homelessness also does not exist meaning that mutual goals invariably lose out to individual agency goals.	Define a collaborative system of homeless service delivery. Establish universal core service missions. Establish a single plan to address the issue of homelessness that includes shared strategy and goals.	Persons enter one front door and when dealing with a housing crisis, no longer spend their time contacting multiple agencies.
Policy and service delivery is not developed co-productively, and typically not as a result of data-driven or consultative processes with key stakeholders delivering within the homelessness ecosystem and those with lived experiences (people experiencing homelessness or at risk of it).	Policy and service delivery is developed co-productively, and as a result of data-driven and consultative processes with key stakeholders delivering within the homelessness ecosystem and those with lived experiences (people experiencing homelessness or at risk of it).	Community collaboration strengthens delivery and builds confidence through the consistent delivery of service. Explore overseas foundations that donate to social initiatives.

Everyone has equal right to assistance and without discrimination.

Article 11 of the International Covenant on Economic, Social and Cultural Rights recognises 'the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing'. Yet homelessness is allowed to occur in Bermuda. The Universal Declaration of Human Rights states that 'recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace'. Homelessness violates no less than 10 human rights. Black male Bermudians are more likely to be homeless and stay homeless than anyone else. Everyone has equal right to assistance and without discrimination.

Issue	Action	Community Impact
The rationing of scarce resources for housing, welfare and other assistance has created a set of arbitrary distinctions between those who are seen to deserve and qualify for help, and others who do not. One group in particular — Black male Bermudians — have consistently lost out.	The principle of equality — a response without discrimination - is enshrined in every proposed solution to end homelessness.	Everyone has equal rights to assistance and previously disenfranchised or marginalised individuals receive the responses they need.
Owing to the vulnerable nature of a particular individual they might require more immediate and urgent responses but are currently not formally prioritised in public policy or law as it pertains to homelessness.	Statutorily define the following as priority groups for which urgent responses are developed and required: • a pregnant woman • a person with whom a dependent child resides • someone vulnerable as a result of old age • mental or physical disability, or • other special reason • homeless as a result of an emergency such as flood, fire or other disaster • someone who is homeless as a result of domestic abuse	Responses to priority groups are expedited to minimise the risk of harm.

All services place the individual at the centre and work together in a trauma-informed way supported by technology.

Services should be trauma-informed, person-centric and tailored to reflect individual needs and circumstances. This means understanding the ways in which adverse and traumatic experiences in childhood and later life contribute to homelessness. Organisations that work together in a responsive and person-centric way can help people out of a difficult situation more efficiently and effectively. Ending homelessness depends on all services working together and playing their part in ensuring people have stable homes.

Issue	Action	Community Impact
Government and non-government agencies force individuals to track down, apply for and potentially receive individual services, often in bureaucratically tortuous ways. Individuals, and particularly vulnerable ones, are unable to identify the wrap-around support — particularly in respect of health services - that they need let alone access it.	Realign and integrate all information and resources by understanding and anticipating the cluster of needs a person experiencing, or at risk of homelessness, may have — even when the person may not be aware that those services are available — so delivering a citizen-centric rather than service-led approach.	Service providers focus on ensuring that solutions are accessible and proactively delivered and respond to the multiple needs of an individual.
For many, traumatic events indirectly or directly contribute or lead to homelessness. For others, the trauma occurred because of being homeless. Existing services to support trauma-exposed individuals are invariably not trauma-informed and individuals can be re-traumatised by the staff and functions of the shelter or social services systems that they interact with. How a programme responds to the needs of individuals who have experienced trauma has a significant impact on their process of recovery	All services are designed and operated as trauma-informed, recognising that people adapt to trauma in order to keep themselves safe, and give the client power and build trust, thus enhancing safety. Programmes and services for trauma survivors do not follow a 'one-size-fits-all' approach and adequately take into account the trauma.	Given the extensive amount of trauma amongst people experiencing homelessness, a whole-system approach and services which become 'trauma-informed' will have a profound effect on the success of sustainably ending homelessness.

Summary of recommendations

Issue	Action	Community Impact
Like existing services, data is federated, resulting in information inefficiency and ineffectiveness. Each department and charity has its own database.	Create an appropriate data framework for the homeless sector so that there is 'one source of the truth' and data is harnessed to deliver optimal solutions for clients. This framework would require the establishing of appropriate data sharing or exchange between agencies and so should ensure confidentiality (only authorised parties access data), integrity (data is tamper-proof), and interoperability (all parties should be able to access irrespective of their technical architecture).	Subject to core restrictions, data is harnessed to facilitate more effective solutions for individuals and in respect of addressing the wider strategy of ending homelessness.
There are no technology systems in place to manage individual cases across the entire homeless ecosystem.	Establish a centralised case management system enabling service providers to contribute to the delivery of services using a single tool. Deploy other technology solutions to deliver other aspects of the overall strategy.	Service providers collaborate using a single case management platform so improving outcomes.

Multi-disciplinary case management teams coordinate across agencies to support individuals with their needs.

Case management is a comprehensive and strategic form of service provision whereby a case worker assesses the needs of the client (and potentially their family) and, where appropriate, arranges, coordinates and advocates for delivery and access to a range of programmes and services designed to meet the individual's needs. It is particularly powerful in supporting individuals with complex needs and within a system of many services providers. Someone who understands that system and who can connect an individual with the suite of services they need can have an enormous impact.

Issue	Action	Community Impact
Individuals experiencing homelessness, or who are at risk of it, do not have access to trauma-trained, multi-disciplinary case management teams who can coordinate across agencies to connect them with a range of services to assist and support individuals in developing their skills to gain access to needed medical, behavioural health, housing, employment, social, educational, and other services essential to meeting basic human services.	Multi-disciplinary case management teams coordinate across agencies to support individuals with their needs.	Case managers work within a system of care, where links are made to necessary services and supports, based on identified client needs. Once a person becomes unhoused, or is identified as being at risk, they are not simply unleashed into the emergency services sector. An intake process is followed, risks are identified, goals are established, and plans are put in place. Individuals in need, therefore become 'clients' not of specific agencies, per se, but rather, of the sector. They are supported from the moment they experience (potentially) homelessness, right through to the solution stage, and then after they have secured housing.
The existing system of government and non-government agencies are fragmented and rely on taxpayer and non-taxpayer funding models with many barriers to clients accessing the care they need.	Case managers identify the barriers to clients accessing the care they need through the performance of their work and those barriers are dismantled.	Care is delivered in a more seamless and optimised manner and over time, all necessary social services become taxpayer-funded, government-delivered services coordinated by case managers.

10. Public policy reform and statutory rights and protections changes.

Introduction.

Poverty, and by extension homelessness, represent a public policy failures and not personal choices. With homelessness, the many human rights to which individuals are entitled are not experienced due to the absence of policy, statutory and other protections. This chapter takes the following future state characteristics and provides recommendations for action:

- Specific public policy exists to permanently end homelessness with an ethos of prevention.
- Wider public policy, especially housing, income, childhood poverty and health, supports homelessness policy.
- The costs of homelessness and temporary accommodation are a citizen-funded service.
- Long-term political commitment and sustained financing are secure.
- An ideal prevention-based statutory homelessness system exists, based on rights and law.

Specific public policy exists to permanently end homelessness with an ethos of prevention.

Public policy initiatives to tackle and reduce homelessness are proven to make a lasting and positive impact. Bermuda lacks specific public policy to end homelessness which represents a clear cause for the current state. Public policy which is focused on prevention is also proven to create deeper impact.

Summary of recommendations

Issue	Action	Community Impact
The current policy response to the homeless is a fragmented set of services managed by public and private organisations. No policy statement exists in relation to ending homelessness.	Establish an overall public policy whereby homelessness is a rarity and when it does occur, it is brief, the individual or household is supported back into accommodation quickly and sufficiently supported so that they do not fall back into homelessness. This public policy is in respect of those currently experiencing homelessness as well as those at risk of homelessness.	Just as safe, stable, affordable housing is an inalienable human right it becomes a public policy and statutory requirement. This ensures that there is a duty to ensure that homelessness is a rarity and when it does occur, it is brief, the individual or household is supported back into accommodation quickly and sufficiently supported so that they do not fall back into homelessness.

Wider public policy, especially housing, income, childhood poverty and health, supports homelessness policy.

Homelessness does not exist in a vacuum in Bermuda, or anywhere else. There are wider policies and issues that increase the likelihood of homelessness. The entire system must support an end to homelessness, otherwise conflicting policies risk exacerbating the problem rather than solving it.

Issue	Action	Community Impact
Public policies can conflict with each other or undermine progress in areas where public policy is absent. Similarly, wider policy in housing and welfare may not be driven by imperatives to tackle homelessness, but they do have a direct impact on the problem, and indirectly affect the efficacy of homelessness policy and practice.	A periodic review of public policy and statutes is conducted to ensure that any conflicts that undermine an end to homelessness are identified and remediated. New policies, designed to address other issues and which have an indirect impact on homelessness, are developed to ensure they are supportive to homelessness policy overall.	Homelessness prevention policy and statute are facilitated by the political, legal and other systems in Bermuda including wider policy choices.
Poverty & Inequality The long-term drivers and the short- and long-term impacts of poverty and inequality are not adequately addressed through public policy. Poverty (including people who have experienced childhood poverty) and inequality represent two of the most significant causal factors of homelessness and public policy failure or the absence of public policies relative to them compound homelessness in Bermuda. The long-term drivers and the short- and long-term impacts of poverty and inequality are adequately addressed through public policy. This follows a comprehensive review	Mainstream rapid rehousing is a national policy to ensure that housing is secured, whenever an individual enters the social service system. The Government ensures an adequate affordable and social housing supply to tackle immediate needs, including a commitment to continue investing at appropriate levels in affordable social housing to safeguard supply in the longer term. (This would be assisted by an agreed definition of affordable housing in a Bermuda economic context and a long-term view over the next 20 years, with cross-party support for the commitment.)	Public policy in relation to housing supports mainstream rapid rehousing.

Summary of recommendations

Issue	Action	Community Impact
of existing policy. Poverty and Inequality represent public policy priorities of successive governments and through their reduction levels of homelessness decline.		
Healthcare Poor health is not only a consequence of homelessness but can also be an underlying cause. Public policy does not ensure that health is equally available, accessible, acceptable and of good quality to all people, not least those experiencing homelessness. Consequently, people are excluded from healthcare to varying degrees.	An end to homelessness forms an important part of Bermuda's health strategy and is guided by public policy, which ensures that health is equally available, accessible, acceptable and of good quality to all people.	Health strategy and public policy support an end to homelessness. Birth registration number is assigned as a unique identifier.

The costs of homelessness and temporary accommodation are a citizen-funded service.

The Government and NGOs are responsible for ensuring the social wellbeing of all citizens including those experiencing or at risk of homelessness. Ultimately Government and NGOs should sustain all preventative interventions including the provision of housing.

Issue	Action	Community Impact
To end homelessness services are needed that prevent it from happening in the first place; that allow a rapid housing-led response; and that give people with multiple, and complex needs the support they need to keep their home. These are social services and are currently inadequate.	Social services (including housing services) comprise substantially all the services required to end homelessness and are funded by the taxpayer. To the extent that services are required to sustain an end to homelessness through independent advocacy and accountability the system cost of those services remains relatively low. NGOs play a role to the extent that they are funded by government agencies or the taxpayer directly to deliver services on behalf of the Government.	The costs of homelessness and temporary accommodation are ultimately a citizen-funded service. Services transition from a combination of Government and NGOs over time to primarily all government agencies.

Long-term political commitment and sustained financing are secure.

Public policy initiatives to tackle and reduce homelessness are proven to make a lasting and positive impact. Under-investment in affordable housing and erosion of welfare entitlements will seriously impact homelessness protections and the Government's ability to deliver them.

Issue	Action	Community Impact
	Political support is garnered (irrespective of political party) to end homelessness and commit to the necessary system changes over the decade that it will take.	Political decision-making supports progress.
The economic cost and benefit analysis has not been developed to support the delivery of the plan to end homelessness. In order to secure long-term financing, the economic case to support change is required.	Conduct a full economic analysis, setting out the costs of sustainably ending homelessness relative to the benefits of doing so.	An economic study supports the investments required to sustainably end homelessness.

An ideal prevention-based statutory homelessness system exists, based on rights and law.

There is evidence to support that an ideal statutory homelessness system requires a balance to be struck between a robust set of individually enforceable entitlements on the one hand, and scope for proactive, problem-solving, flexible approaches on the part of housing practitioners, on the other. The law should be a safety net when the system fails an individual and ideally is rarely required to be enforced.

Issue	Action	Impact
A system does not exist today whereby there is an overwhelming emphasis on robust and proactive forms of prevention coupled with a statutory backstop in circumstances where these preventions fail. **Predictive Risk Model** For most homeless service providers, the number of clients who are eligible for long-term housing outstrips the availability. This study uses a cohort of housing assessments taken from a mid-size county in the US and machine learning methods to train a Predictive Risk Model (PRM) that identifies clients who would experience multiple adversities in the future. The PRM outperforms the Vulnerability Index-Service Prioritisation Decision Assistance Tool (VI-SPDAT) in flagging clients at the greatest risk of adversities. The proposed method can be readily used by any Continuum of Care (CoC) that holds electronic housing assessments and service records.	A system exists that gives people experiencing or at risk of homelessness a complete statutory safety net with entitlement to settled housing as well as an enforceable right of action against those charged with assisting them. The system has an overwhelming emphasis on prevention and early intervention as well as more humane and effective approaches whereby the law is used as a last resort.	Homelessness rights are enforced through an independent, impartial and accessible system alongside robust regulation and inspection of general standards, and see obligations imposed not just on housing authorities but also on social services, health, justice and other public authority colleagues and on housing associations.

Summary of recommendations

Issue	Action	Impact
The core principles of an ideal statutory homelessness system are undefined.	A system exists based on principles and law that includes, but is not limited to the following: Anyone facing the threat of homelessness within six months is protected by a robust set of prevention duties. A complete statutory safety net provides access to suitable settled accommodation for all homeless people. Appropriate provision should be given to families with dependent children. Public bodies have robust duties to cooperate with other bodies and to prevent homelessness and relieve homelessness. Robust and proportionate regulation, inspection and monitoring of compliance with duties is in place and an open system of individual reviews and appeals exists. Adequate training and development of all front-line staff is complemented by duties to work cooperatively across the system with results based on the delivery of client outcomes not service delivery.	The core principles of an ideal statutory homelessness system are defined and operational.

11. Public perception and awareness

Introduction.

The way the homelessness sector and the media communicate about homelessness has a direct impact on public understanding and attitudes towards the problem. This also affects whether the public will demand political change. This chapter takes the following future state characteristic and provides recommendations for action:

- Public attitudes towards and understanding of the homeless positively support the sustained ending of homelessness.

Public attitudes towards and understanding of the homeless positively support the sustained ending of homelessness.

The messages the public receive about homelessness reinforce negative stereotypes and drive people further away from believing that ending homelessness is possible. The homelessness sector must change the way it communicates, both directly and through the media. The stories of homelessness and its impact can be framed and told in ways that will help generate public support for long-term solutions.

Issue	Action	Impact
There is a historic absence of will towards ending homelessness.	A concerted effort (and associated campaigns) to reframe the issues from the homeless sector to broaden public understanding of homelessness to build empathy and support for solutions needed to end homelessness. This should include challenging discrimination, tackling stigma, and promoting inclusion.	Public priorities align with a permanent end to homelessness and housing insecurity. There is sustained commitment from public and private sectors to end homelessness.

Summary of recommendations

Issue	Action	Community Impact
Many citizens have decided to push back on the development of social housing in their own backyards. 'Not in my backyard' (NIMBY) is creating an impediment towards long-term community support to end homelessness.	Government engagement in island-wide consultation and estate planning, ensuring that social housing solutions are developed with community support and buy-in and that the needs of all stakeholders are represented.	Social-housing solutions are developed and operated to serve the needs of the whole community.
Homelessness is a multi-faceted and complex issue and presents itself in a range of ways, has a complicated range of causal factors, and requires a comprehensive reform agenda for solving it. Communicating the issue effectively is problematic. Prevention (and its value) is poorly understood by the public and fatalism in the media compounds a view that homelessness is inevitable as opposed to solvable.	Campaigns are developed (coordinated by the entire homelessness sector to ensure consistency) to deepen public understanding and increase public demand for change by communicating in five core areas: 1. A homelessness definition 2. Those at highest risk of homelessness 3. The causes of homelessness 4. The impacts of homelessness 5. The solutions to homelessness These campaigns are focused on: • Ensuring that media report homelessness as a result of policy choices not life choices • Eliminating negative stereotypes • Showing the human, community and economic cost of not ending homelessness.	Public attitudes shift, so shifting the demand for action.

12. Other holistic and system-wide reforms.

Introduction.

Other holistic and system-wide reforms are required that don't naturally fit into the previous six underpinnings of this plan. This chapter takes the following future state characteristics and provides recommendations for action:

- A duty of care exists across service providers to work together in the interests of individuals for as long as is needed.
- People enjoy the right to the highest attainable standard of health.
- Strong governance, accountability and performance pervade the delivery of all outcomes.

A duty of care exists across service providers to work together in the interests of individuals for as long as is needed.

To end homelessness, there must be a move away from having separate, individual programmes to grouping the programmes together for a community-wide response that is more effective and data driven. This data will focus on the needs of people experiencing homelessness in order to effectively allocate resources, services, and programmes. This coordinated entry also indicates a coordinated intake to quickly identify, assess, and refer and connect people to the correct programmes and services, regardless of which sector they originally were asking for. Fundamentally, this means different agencies must work together to provide a collaborative system of homeless service delivery, which can be challenging because it means that they have to work on mutual goals instead of their individual core service missions. Ultimately, this must also mean that all agencies must vest themselves in a duty of care to the individual and their success rather than the successful delivery of a single service.

Summary of recommendations

Issue	Action	Community Impact
A statutory duty of care does not exist on public agencies and/or authorities (e.g., the Bermuda Housing Corporation) to provide suitable accommodation to people experiencing homelessness or people at risk of homelessness (someone who does not have sufficient resources or support to prevent them from becoming homeless within the next six months). Similarly, there is no statutory duty of care to prevent homelessness or provide satisfactory support to people who are, or may, become homeless.	A statutory duty of care is legislated to require public agencies and/or authorities to prevent homelessness, provide suitable accommodation to people experiencing homelessness or people at risk of homelessness (someone who does not have sufficient resources or support to prevent them from becoming homeless within the next six months) and provide satisfactory support to people who are, or may, become homeless.	Public agencies and/or authorities have a legal duty of care to prevent homelessness, provide accommodation and support.
A statutory duty for agencies to refer to service users who they think may be homeless or threatened with homelessness to appropriate public agencies and/or authorities and/or third sector organisations.	A statutory duty of care is legislated to require agencies to refer to service users who they think may be homeless or threatened with homelessness to appropriate public agencies and/or authorities and/or third-sector organisations.	The duty to refer will help to ensure that services are working together effectively to prevent homelessness by ensuring that people's housing needs are considered when they come into contact with public authorities. It is also anticipated that it will encourage local housing authorities and other public authorities to build strong partnerships that enable them to work together to intervene earlier to prevent homelessness through increasingly integrated services.
A (legal or non-legal) duty of care	A basis which (statutorily or	The duty to refer will help to

Summary of recommendations

Issue	Action	Community Impact
does not exist to ensure that all service providers connected to the issue of homelessness are vested in the long-term success of the individual rather than the delivery of a service. For example, the Department of Child and Family Services is not currently required to maintain contact with a child 'aging-out' and their primary and/or secondary care givers/case managers long after they turn 18.	non-statutorily) binds all service providers in the homelessness domain to care for an individual for as long as it takes to enable them to achieve a sustainable end to homelessness rather than simply to provide a service for a finite period of time.	ensure that services are working together effectively to prevent and end homelessness.

People enjoy the right to the highest attainable standard of health.

People in Bermuda do not have equitable access to much needed informative, preventive, curative, rehabilitative and palliative essential health services, insufficient quality to be effective. People suffer financial hardship when paying for services and critical medicines, and some are unable to pay at all, meaning they suffer the adverse health consequence. The social determinants of health include behaviours, the healthcare system, genetics, income, community, environment, and education. People experiencing homelessness or housing instability typically experience more health problems while not having access to affordable care. Only when people enjoy the right to the highest attainable standard of health can homelessness be ended.

Issue	Action	Community Impact
Current health strategy does not adequately consider homelessness as it seeks to provide comprehensive care, improve health outcomes, and reduce health care costs.	The Bermuda Health Strategy needs to consider all key social determinants of health in developing solutions to offer patients tailored primary care, intervening in care transitions, and helping patients find stability through housing and employment rather than simply providing hospital-based treatments.	Health system collaboration with other system stakeholders to improve healthcare outcomes for extremely low-income individuals who frequently use crisis systems, have housing instability, and lack a connection to primary and preventive care services.
There is a lack of affordable, quality healthcare in Bermuda.	Public healthcare reforms must ensure universal health coverage in the medium term and address the medical needs of low- or no-income individuals in the near term. This may mean establishing free clinics (including the provision of dentistry for those who need it).	Income levels do not preclude an individual from receiving high quality and affordable healthcare.
The hospital and healthcare settings do not screen for the social determinants of health even though greater than 70% of a person's health outcomes can be driven by social determinants of health factors. Consequently,	Ensure that all healthcare providers screen patients for the social determinants of health. Establish systems to do this, ensure social services are readily available to use, and staff are educated on what they are and	This will create a better continuum of care and better community health. Healthcare organisations serve people equally; the network of help organisations is systematic and coordinated, with coordinators or

Summary of recommendations

Issue	Action	Community Impact
the systems are not set up to screen in this way, nor to respond. This means physicians do not know how to help or what other organisations they can point people towards.	how to point patients towards them.	case managers to help people find the programmes they need; and systems talk to each other, enabling healthcare and community organisations to work together.

Strong governance, accountability and performance pervade the delivery of all outcomes.

Issue	Action	Community Impact
A quasi-independent commission has not been constituted to ensure that the plan to end homelessness represents the most effective strategy to achieve an end to homelessness and provides ultimate oversight over its implementation plan.	Constitute a quasi-independent commission, comprising a panel of inter-agency experts responsible for governance over the delivery of the plan.	A quasi-independent commission will have the benefit of being focused on the optimal outcomes for homeless people, recognising at the same time the important role that both public- and private-sector agencies have in delivering the plan.
There is a lack of transparent reporting on key data related to people experiencing homelessness and those at risk of it.	Report on a public portal key data and statistics related to people experiencing homelessness and those at risk of it.	The public and key stakeholders are informed on a timely basis and can respond accordingly, whether that be so the public will demand political change or targeted interventions can be developed or refined.
There is no public reporting on the impact of activities designed to end homelessness.	Periodically report (at least annually but in real time where possible) on the impact of implementing the activities contained within the plan to end homelessness. This includes reporting of metrics established to monitor or deliver outcomes and includes transparency into who is responsible for delivering those outcomes.	There is public awareness of progress being made towards ending homelessness.

Part C - Moving Ahead.

13. **What happens next.**
14. **Conclusion.**

13. What happens next

Introduction.

This plan to end homelessness, and specifically, the future state comprises the key elements that are necessary in order to end homelessness on a sustainable basis. Moving from today to that future state requires the prioritization of scarce resources, further data and evidence and commitment from the public and political communities for change. Over the coming three months, three important steps will be taken:

- A third round of public consultation, this time focused on the contents of this proposed plan;
- A micro-site will be developed providing a for a public home of the plan to end homelessness. It is expected that this will be a public resource with reporting on progress and data.
- Prioritisation of activity.

Areas of focus

This plan has been developed to ensure adequate focus on the following seven areas. Section B of this plan mapped the twenty characteristics of the future state to these areas:

- A rapid end to rough sleeping and other forms of high-risk homelessness
- A systematic approach to homelessness data and intervention monitoring
- Sufficient accessible social and affordable housing and welfare entitlements
- Citizen-centric coordinated service delivery
- Public policy reform and statutory rights and protection changes
- Public perception and awareness
- Other holistic and system-wide reforms

Prioritisation

As the plan is finalised over the coming months, there will be critical focus with respect to a prioritisaton of the actions within the plan. These will be organised as follows:

- Immediate – supporting those currently in crisis.
- Short and medium term – Ensuring that those at risk of homelessness are met with preventative mechanisms – such as rapid rehousing – and responses begin to align with a whole system response.
- Long term – Maintaining a system in which homelessness is rare, brief and non-recurrent.

Priorities will aligned with accountability, deliverables, metrics and financing where appropriate.

Conclusion

This plan has been developed over the last two years. Significant progress has been made in identifying realistic paths towards achieving the overall objective. Conversely data and evidence gaps and pressures on resources make it impossible to predict the exact route Bermuda will take in achieving an end to homelessness. What will be required is sound governance and a commitment to get it done that endures over the long-term.

14. Conclusion

This plan is designed to provide the best information to all decision makers to select the optimal path to end homelessness in Bermuda. Across the whole ecosystem from the Government to non-governmental agencies and the third sector, a significant orientation change is required so that people experiencing, or at risk of, homelessness, become the priority of a trauma-informed, coordinated response where prevention reduces the need to address crisis. This will take ambition, leadership and cultural change. Similarly, public will for change will make the difference above all else.

It is our collective hope that the Bermuda public will find this plan compelling. **Ultimately, ending homelessness is a public policy decision and not a personal choice. No-one decides to become homeless. Society either choses to accept it or not**. Whether, that choice is based on a moral basis, or it is informed by the simple economic argument that it is more expensive to do nothing than to end homelessness, we hope that our community at large will chose for an end to this humanitarian scandal.

Appendices.

References, Reports, Citations, International Studies, Definitions.

15. Appendices - References, Reports, Citations, International Studies, Definitions

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