

P A R I T Y



# Responding to Homelessness in New Zealand



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Contributions to *Parity* are welcome. Each issue of *Parity* has a central focus or theme. However, prospective contributors should not feel restricted by this as *Parity* seeks to discuss the whole range of issues connected with homelessness and the provision of housing and services to homeless people. If possible, the length of contributions should be no greater than 1000 words. Please consult the *Parity* editor if this is insufficient.

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## 2007

### Publications Schedule

**November:** 20th Anniversary Edition

*Expressions of interest in both contributing and sponsoring are welcome.*

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# Contents

Editorial	3
Introduction	4
By Clare Aspinall, Social Environments Advisor, Regional Public Health, Lower Hutt	
Chapter 1: Understanding Homelessness in New Zealand	5
A: A Definition for New Zealand	5
<b>Defining Homelessness: Implications for Policy</b>	5
By Dr Chez Leggett-Cook, for Methodist Mission Northern	
B: A Framework	7
<b>A Public Health Approach to Homelessness</b>	7
By Kate Amore and Clare Aspinall, Social Environments Advisor, Regional Public Health, Lower Hutt	
C: Getting the Numbers	9
<b>Auckland City Street Count Results 2007</b>	9
By Lynsey Ellis, Homeless Team Coordinator, Community Mental Health and Wilf Holt, Team Leader Crisis Care, Auckland City Mission	
<b>Geographies of Homelessness in New Zealand</b>	11
By Damian Collins and Robin Kearns, Geography Department, Auckland University	
D: Women	13
<b>Women's Homelessness and Family Violence</b>	13
By Kate Amore, University of Otago and Debbie Robinson, National Collective of Independent Women's Refuges	
<b>Homelessness: A Hidden Problem for Women in New Zealand</b>	14
By Debbie Hager, Homeworks Trust, Auckland	
E: Men	16
<b>Just Housed: The Housing Experience of Men on Their Own</b>	16
By Bonnie Robinson and Dr Leanne Smith, the Salvation Army Social Policy and Parliamentary Unit	
F: Considering Causes	18
<b>Driven, Dropped, Drawn: Pathways into Homelessness in Wellington</b>	18
By Kate Amore, University of Otago	
<b>Gambling as a Preceptor for Homelessness</b>	20
By Kate Bukowski, The Salvation Army, New Zealand	
Chapter 2: The Leading Role of Local Government	22
<b>Homelessness in Auckland: A Local Council's Response</b>	22
By Councillor Betty McClaren and Rina Tagore, Senior Community and Social Policy Planner, Community Planning, City of Auckland	
<b>Shared Goal to End Homelessness: A Wellington City Council Perspective</b>	24
By Wellington City Council	
<b>Enough Already: Quantifying the Cost of Homelessness in Auckland</b>	26
By Sarah Lang, Committee for Auckland	
<b>A Plan for Homeless and Marginalised Populations in Auckland's Inner City</b>	28
By Gravitas Research and Strategy	
Chapter 3: Housing	30
<b>Responding to Homelessness: Housing New Zealand</b>	30
By Mike Stringfellow, Housing New Zealand	
<b>Blind Faith in Markets</b>	31
By Alan Johnson, Social Policy Analyst, The Salvation Army Social Policy & Parliamentary Unit	
<b>Comcare Trust Housing Service: Specialist Housing Responses for People Who Experience Mental Illness and are Facing Homelessness</b>	32
By Louise Lewis, Comcare Trust	
<b>"When things go wrong they really go wrong" Can a group like Tenants Protection Association help to prevent homelessness? Yes!</b>	33
By Helen Gatonyi, Lisa Coulter and Ali Brunel, the Tenants Protection Association, Christchurch	
<b>Housing Issues in Northland</b>	34
By Chrissy McLoughlin, Emergency Housing Coordinator, Whangarei Emergency Housing Charitable Trust	
<b>Rebuilding the Kiwi Dream</b>	35
By Alan Johnson, Social Policy Analyst, the Salvation Army Social Policy and Parliamentary Unit	
Chapter 4: From the Coalface	36
<b>A Collaborative Approach: Increasing Access to Services for Our Forgotten People</b>	36
By Jak Wild, Community Outreach Co-Coordinator, Wellington Community Alcohol and Drug Service	
<b>Holly House: A Case for Supported Housing for Young Mothers</b>	38
By Liz Russell and Anna Thorpe, Christchurch City Council	
<b>Homeless Outreach Treatment Team (HOTT)</b>	40
By Lynsey Ellis, Homeless Team Coordinator, Community Mental Health	
<b>Street 10</b>	41
By Lisa Mora, Manager, Street 10, Inner City Interagency Trust	
<b>Two Lives and a Bus Shelter</b>	42
By Sister Margaret Mary	
<b>Falling Outside the Square and Between the Cracks: Social Crisis and Homelessness</b>	43
By Bren Balcombe, Project Manager, Whatever it Takes Trust	
<b>Homelessness in Hakes Bay — "Paul's Story"</b>	44
Compiled by Paula Comerford, Property Group/WIT	
<b>Christchurch City Mission Night Shelter</b>	46
By Michael Gorman, City Commissioner, Christchurch City Mission	
<b>Wellington Needs a Wet House</b>	47
By Stephanie McIntyre, Director, Downtown Community Ministry, Wellington	
Chapter 5: Advocating for the Future	49
<b>The New Zealand Coalition To End Homelessness</b>	49
<b>Homelessness Strategy Toolkit</b>	51
Developed by The New Zealand Coalition to End Homelessness 2007	

# Editorial

This edition of *Parity* has its origins in the visit to CHP of Kate Amore early in 2006. Kate had come to Melbourne from Wellington to undertake a series of filmed interviews that would form part of a documentary that she and others were making on homelessness in New Zealand.

As a result of that visit an invitation was extended to attend and participate in what would be the second New Zealand National Homelessness Forum in Auckland that was being hosted and organised by the Auckland City Council.

This invitation was taken up by the editor of *Parity* who suggested to Kate that she find out if there was any interest in a New Zealand edition of *Parity* for 2007. In the discussions that followed a proposal for such an edition was developed and eventually circulated at the Auckland Forum.

An early impetus to the proposal was the support that came from the Housing New Zealand Corporation who agreed to provide the seeding funding necessary to pursue the project and enlist further sponsors and organisational partners.

Very quickly an informal team of project supporters that had been formed in the aftermath of the Auckland Forum coalesced into an organising committee whose main task would be to disseminate information about the publication and enlist contributors.

By mid 2007 this organising committee had grown as had the number of project sponsors. Eventually, Auckland, Wellington and Christchurch City Councils and Regional Public Health in Lower Hutt had joined the Housing New Zealand Corporation to sponsor and support this project.

The organising committee has worked extremely hard to make sure that all those involved in responding to homelessness

in New Zealand knew about this project and had the opportunity to contribute to the publication.

This edition therefore is very much a result of their dedication, hard work and commitment to get this project happening in time for the National Conference in Wellington in December.

At the same time as organising this publication, members of this committee (and many others) have been involved in the establishment and development of the New Zealand Coalition to End Homelessness, a New Zealand peak body that will give structure and substance to the many voices for homelessness advocacy in New Zealand.

Speaking on behalf of the Council to Homeless Persons I would like to strongly support them in all their endeavours to advocate on behalf of the homeless, the socially excluded and the socially marginalised. I know first hand of the difficulties of homelessness advocacy and of the importance of having a strong organisational base that can draw strength and support from the homelessness and social housing sectors so that the needs and interests of the homeless can be given a voice, especially to government.

In doing this the NZCEH will have to overcome the problem of denial. That is, that many seem to believe or claim to believe that homelessness "does not exist" in Australia/New Zealand. These deniers take on many forms and they operate both in government and among the broader community. One of the ongoing tasks of a peak body like both CHP and NZCEH is to educate both the political elites, the wider community and the bureaucratic establishments that homelessness is real and is not limited to the very few people who survive on the streets and who are stereotypically visible.



This is indeed why so many of the contributions here focus on the crucial issue of definition. Getting a working definition that can be operationalised is absolutely necessary so that empirical research can be undertaken to demonstrate to policy makers that homelessness is tangible, concrete and real.

The Council to Homeless Persons is very happy to join with the NZCEH in its endeavours to end homelessness in New Zealand. As sister organisations, I believe that we have a great deal to offer each other and to learn from each other.

## Acknowledgements

This publication would not have been possible without the sponsorship support of Housing New Zealand Corporation, Auckland, Wellington and Christchurch City Councils and Regional Public Health. I would like to offer them our sincere thanks for their trust in CHP to have stewardship of this project.

Likewise, this publication would not have been possible without the work of the members of the project organising committee Kate Amore, Clare Aspinall, Chez Leggat-Cook, Lynsey Ellis, Rina Tagore and Anna Thorpe who all deserve our special thanks. Marc Slade from Wellington City Council also played a pivotal role in getting this publication happening.

On behalf of the members of the Council to Homeless Persons I would like to thank all those involved with getting this project off the ground and wish all those involved with the NZCEH the best in their future work.

It has been a great privilege to work with you.

**Deb Tsorbaris, CEO  
Council to Homeless Persons**





# Chapter 1: Understanding Homelessness in New Zealand

## A: A Definition for New Zealand

### Defining Homelessness: Implications for Policy<sup>1</sup>

**By Dr Chez Leggatt-Cook,  
for Methodist Mission  
Northern**

**A** recent review of New Zealand research on homelessness (Leggatt-Cook, 2007) revealed a high degree of variation in the use of the term 'homeless' as a descriptive category. Some of the most common applications of the term include sleeping rough or in improvised shelters, household crowding, being on the state housing waiting list, or experiencing some form of serious housing need. Understanding of homelessness has developed rapidly in New Zealand in recent years, however, opinions about which situations can safely be considered homeless, and which cannot, continue to differ.

Homelessness researchers have long recognised that the way homelessness is understood and defined has a direct impact on the way society sees fit to respond to it (Chamberlain and MacKenzie, 2002). The purpose of this article is to raise some questions about the potential implications of conceptual variability for efforts to address homelessness in New Zealand. Principally, it seeks to explain key ways of understanding homelessness and their significance for the development of policy. It critiques the individualist approach of some New Zealand homelessness studies, and argues that greater attention needs to be paid to the role of structural dynamics in homelessness, particularly the housing experiences of homeless people. Finally, it briefly considers how the adoption of a clear definitional framework in Australia has assisted the response to homelessness there.

#### **Key Ways of Understanding Homelessness**

International literature on homelessness is characterised by continuing debate about the definition of homelessness, and no single definition is universally accepted and used by policy makers and researchers. According to Neale (1997), there are two main ways of understanding homelessness: the individualist approach, and the structural approach. Individualist definitions, which dominate the American homelessness research tradition (Christian, 2003), place central importance on the role of the individual and are generally conceptualised in one of

two key ways. The first argument holds that homelessness is the result of personal failings or choice and that homeless people are totally responsible for their lives. Policy responses associated with this line of reasoning include the minimal provision of basic services. In contrast, the second type of individualist argument holds that people become homeless due to individual failures for which they cannot be held totally responsible (such as mental illness or trauma). Policy responses are typically humanitarian in focus and include intensive case management and social work intervention.

Structural explanations, which broadly characterise homelessness research in the UK and Europe (Christian, 2003), argue that the reasons for homelessness are located beyond the control of individuals in macro-socio-economic factors such as the housing and labour markets, and the governmental policies that regulate these factors. Typical policy responses emphasise recommendations for broad societal intervention together with housing subsidies and the provision of temporary or affordable permanent accommodation (Neale, 1997).

Whereas individualist definitions of homelessness risk a blaming or victimising approach, purely structuralist accounts of homelessness sometimes result in painting homeless people as passive victims, buffeted by circumstances over which they have little or no control (Neale, 1997). In response to perceived weaknesses in both the structuralist and individualist conceptualisations, there is an emerging trend towards renegotiating the traditional structuralist/individualist divide in the field (Christian, 2003). Researchers increasingly agree that homelessness arises through a complex combination of broad social and economic factors as well as events and circumstances (often referred to as 'specific vulnerabilities') reflecting personal life experiences (Morrell-Bellai, Goering and Boydell, 2000). Nonetheless, considerable doubt remains about whether it is even possible to define homelessness, with some researchers insisting that because the pathways to homelessness are overwhelmingly heterogeneous, it is essential to respond to people as individuals (Pleace, 2000).

Internationally, definitional debates have also led to the emergence of an alternative framework that emphasises empowerment

and citizen participation (Anderson and Christian, 2003). This discourse is in line with a general shift in the social services away from regarding clients as the passive recipients of services to being autonomous individuals and key stakeholders in service delivery (Latour, 2006). While this framework is increasingly common within mental health services in New Zealand (as evidenced in the growing consumer movement), as yet, Mora's (2003) study of Christchurch streeties and Christchurch's Street 10 project are the only clear examples in local research and services.

#### **Definitions of Homelessness in New Zealand Research**

One of the assessments made by the review of New Zealand homelessness research (Leggatt-Cook, 2007) was that local research has often employed an individualist approach in its investigation of homelessness, albeit one that is more humanitarian than punitive in orientation. This observation was first made in 1989 by sociologist, David Thorns, who argued that homelessness was being portrayed too narrowly as a personal trouble related to personal circumstances (such as loss of income, deviance, or sickness), or an individual choice. The Wellington study by Smith and Dowling (1987) was cited as a key example. In contrast, Thorns described how the data that was emerging from New Zealand research during the 1980s (such as Percy, 1982; Lea and Cole, 1983) was demonstrating that homeless people were a heterogeneous group who were nonetheless linked by their inadequate income and their inability to access and sustain adequate housing. Many homeless people were unemployed or lacked the ability to secure a full-time job because of problems that reduced their ability to function effectively in society, such as alcoholism or disability. The deinstitutionalisation of the mental health system was blamed for failing to address the employment and accommodation requirements of people with ongoing mental health issues.

It was the overwhelming evidence for the diversity of the homeless population and indications that structural inequalities related to gender and ethnicity impacted on housing



# B: A Framework

## A Public Health Approach to Homelessness

By Kate Amore,  
University of Otago  
and Clare Aspinall,  
Social Environments Advisor,  
Regional Public Health,  
Lower Hutt

There is no doubt that homelessness is bad for your health. This is the basic stimulus for public health concern. However, the public health relevance of homelessness goes far beyond its impacts on physical and mental health. The public health establishment has an important role to play in shaping a comprehensive, effective response to homelessness in New Zealand. Here we present a framework for the prevention and alleviation of homelessness, based on public health principles and international good practice.

### The Public Health Framework

The interrelated set of interventions that constitute a robust homelessness strategy sit within three levels of prevention — primary, secondary and tertiary. Figure 1 depicts the ideal relative allocation of effort and resources to each level of prevention.

**Primary prevention** aims to stop people becoming homeless. It involves two complementary strategies, targeted both at the whole population and at individuals at high risk.

**Population-based** actions seek to address the structural forces that generate homelessness. This means building healthy public policy based on human and indigenous rights with the aim of mitigating social disadvantage. Robust homelessness policy requires concerted and integrated efforts across many sectors — including housing, employment, income support, justice, health and education. Appropriate, affordable housing plays a critical role in the prevention of homelessness for all groups of people living in poverty, including those with mental health and/or substance abuse issues. Population-wide responses to mental illness and addiction and to the reduction of family violence need special attention, as these are major drivers of homelessness and require significant investment at a broad level. Strategies to develop community awareness and understanding of homelessness and its causes are also vital for creating supportive, inclusive communities that will aid efforts to prevent homelessness at primary, secondary and tertiary levels. In order to formulate solutions that will be effective in the New Zealand context, partnership with Tangata Whenua is an essential element in all planning processes.

**High-risk individual** strategies target those groups and individuals who are known to be most at risk of homelessness:<sup>1</sup>

### Youth

Young people are disproportionately at risk of homelessness and may end up as the chronically homeless. Schools play a critical prevention and early intervention role in regard to youth homelessness, and require a strong welfare infrastructure with links to community agencies and families. To fulfil this role the education and social sectors of government could work much more closely.

### Housing Crisis

Eviction prevention measures are important for both social and private tenants. They include procedures for monitoring and responding rapidly and proactively to arrears and other debts, as well as information and advocacy services.<sup>4</sup>

Monitoring systems alert housing providers to vulnerable individuals who can then be connected to necessary support services. Tenancy support services can provide personal support and service coordination role, including emergency support and planning if an individual is at imminent risk of losing their home.

### Family Breakdown (particularly due to domestic violence)

Population-wide responses to family violence must be coupled with more targeted interventions with a focus on early intervention. This requires the education and support of a wide range of service providers to enquire about and identify family violence and respond appropriately. Needless to say, the availability of appropriate, affordable housing is vital for an appropriate response. The importance of access to alternative accommodation and support for men who have to leave the family home must not be forgotten.<sup>5</sup>

### Stopping homelessness at its sources

Discharge from public institutions (Child Youth and Family Services, prisons, hospitals, mental health facilities) without adequate support is a key 'crisis point'

that can trigger homelessness.<sup>6</sup> Discharge plans for people leaving these institutions must ensure that they have a secure and adequately supported home to go to.

**Secondary prevention** is early intervention. This means providing prompt and permanent exits from homelessness.

For all people who become homeless, the key to a successful exit is access to appropriate, affordable accommodation with an adequate support. For some, the timely provision of affordable housing will be enough to resolve their accommodation problems and prevent repeat homelessness; for others, more support will be necessary.

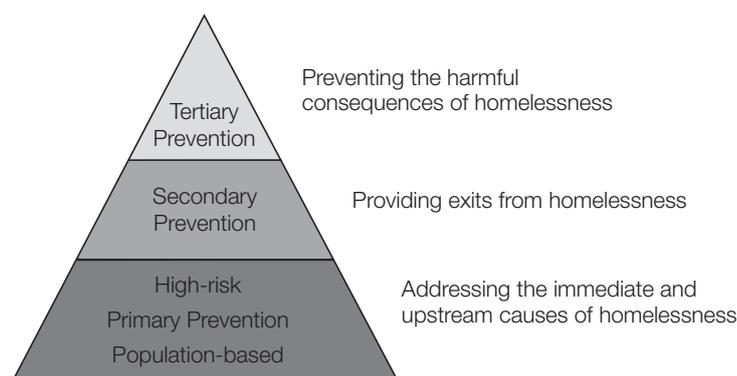
Internationally, a 'Housing First' approach has been shown to be successful — skipping shelters and moving homeless people into permanent supported housing as rapidly as possible.<sup>7</sup> Provided the housing fits the individual, even those who have been homeless for many years and who suffer from multiple problems have been shown to manage well in their own housing with appropriate supports.<sup>8</sup>

The types of supports required include counselling, education, employment training, economic support and health care. In many cases, support will involve reconciling family relationships, developing life skills and facilitating connection to their new community. To operate successfully, accommodation and support services must be founded on integration and collaboration, and be led by the individual's needs.<sup>9</sup>

**Tertiary prevention** is aimed at minimising suffering and maximising quality of life. It refers to measures to support those who are currently homeless such as temporary shelter, food and medical care.

The homelessness system in New Zealand has long been biased toward traditional survival-level responses such as shelters, transitional housing and soup kitchens. While emergency relief remains necessary, eliminating homelessness requires a significant shift from sustaining homelessness to solving it. This shift will require reconsideration of current practices.

Figure 1 A public health framework for responding to homelessness



The aim of a homelessness strategy should be to ensure stable and secure long-term housing for people who are or may become homeless, so the use and time spent in temporary accommodation should be kept to a minimum. At times of crisis though, temporary accommodation provides an important opportunity to assess any support needs and put these in place before re-housing in permanent accommodation.<sup>10</sup>

Drop-in centres can also provide an important point of contact for people who are homeless or at risk of homelessness.<sup>11</sup> Through the co-location of several agencies, drop-in centres can provide a single point of access to material, information and coordination services, rather than placing expectation on a vulnerable person to navigate a maze of multiple referrals to different agencies.

In order to reach the most vulnerable and marginalised of the homeless population — those who sleep rough — flexible models of support are required. Multi-disciplinary outreach services are an important way to provide care to those who cannot or do not access regular services, to connect them with alternative services, and to respond to emergencies. A critical issue here is the provision of accommodation and support facilities that do not insist on abstinence for care, as many currently do. A harm-minimisation approach can provide better access to treatment and wider supports for those 'hard to serve' homeless people who have traditionally been barred from homeless and mainstream services.

## Why a Public Health Framework?

### Collaborative action

Homelessness is not just about housing — it touches on a broad range of issues and crosses the domain of many sectors and government departments. The development of comprehensive effective strategies to eliminate homelessness therefore relies on the education and engagement of a broad range of stakeholders — including Tangata Whenua, all levels of government, service providers, researchers, community groups, private sector and homeless people themselves. A successful approach to homelessness requires commitment, partnership and integration — both horizontally, across government sectors such as housing, health, employment and justice, between local councils and between service providers, and vertically, across levels of government, the service sector and the community.

Collective action across sectors is a central public health priority — in fact, the very definition of public health is 'collective action for sustained population-wide health improvement.'<sup>12</sup> To facilitate successful collaboration between the vast array of different actors and perspectives involved in the development of a comprehensive homelessness strategy, the public health model provides a solid framework to work to, based on the simple and widely appreciated principle '*prevention is better than cure*'.

## A focus of prevention

The application of a public health prism to homelessness focuses our thinking on prevention. A focus on prevention makes sense whether viewed from the left or the right: it avoids the damage of homelessness both to the individual and to society; and it is more effective and cheaper than the high cost of chronically homeless people to the welfare, justice and health systems.<sup>13</sup>

The public health model reframes all levels of homelessness intervention as forms of prevention, with different weightings attributed to each. This is not an insignificant shift — the central focus on prevention promotes an understanding that all efforts to proactively address homelessness are more beneficial and cost-effective than supporting chronic homelessness, often in expensive hospital or prison beds. In New Zealand, where homelessness is widely perceived as an insignificant issue and the result of individual deficiencies,<sup>14</sup> the emphasis on a comprehensive homelessness strategy as a means to reduce the burden of homelessness on the public purse may be a vital tool in securing government commitment and public support. In New Zealand, where homelessness is widely perceived as an insignificant issue and the result of individual deficiencies, the emphasis on a comprehensive homelessness strategy as a means to reduce the burden of homelessness on the public purse may be a vital tool in securing high level government commitment and public support.

## A long history of application in public health

The framework of primary, secondary and tertiary prevention guides the public health response to all health problems.<sup>15</sup> Its utility lies in the clarification of the wide range of strategies required to respond to complex issues, and the division of effort and resources to each level for a robust and comprehensive approach. The current response to homelessness in New Zealand can be envisaged as an inversion of this model, with the absence of a policy-legislative strategic approach leaving services for homeless people haphazard and disjointed, and predominantly focused at the tertiary end. The public health framework makes clear that homelessness is preventable and should be prevented — a homelessness strategy that reflects this emphasis is crucial to ending homelessness.

## Establish homelessness as a public health priority

This model acts as a call to the public health establishment. Innovative public health is the reinterpretation of issues traditionally considered 'social' problems within a health framework.<sup>16</sup> Public health has an important role in advancing a collaborative approach to homelessness, particularly in the promotion of a broad understanding of both the issue and its solutions. If we are committed to reducing inequalities in health, homelessness must become a major public health concern. Addressing homelessness

not only significantly improves the health of those individuals who are homeless; it strengthens the social structure, improving the public wellbeing. Because of its broad directive and skills base, public health is uniquely placed to lead or support the formation and implementation of a comprehensive strategy to improve the wellbeing of people experiencing homelessness in New Zealand.

## Conclusion

Ending homelessness requires a comprehensive set of solutions at primary, secondary and tertiary levels of prevention. This model promotes cooperation, encourages public health involvement, and puts a spotlight on prevention (and its economic prudence). The public health framework of primary, secondary and tertiary prevention provides a clear guide to the way forward in responding successfully to homelessness in New Zealand. ■

## Footnotes

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# C: Getting the Numbers

## Auckland City Street Count Results 2007

**By Lynsey Ellis,  
Homeless Team Coordinator,  
Community Mental Health  
and Wilf Holt,  
Team Leader Crisis Care,  
Auckland City Mission**

Since 2004, as part of the longer term plan to monitor numbers of homeless people and ultimately end homelessness, Auckland Rough Sleepers Initiative has carried out a count of people sleeping rough within 3km radius of the sky tower in Auckland city.

This year the count was carried out on the night of Sunday 17th June, slightly later than previous counts. 2004 and 2005 were in May and no count was carried out in 2006.

This brief report presents the count results for 2007 along with comparison to previous years. For the purpose of this report, the following established definitions of "Homelessness" will be used.

### Culturally recognised exceptions

Where it is inappropriate to apply the minimum standards — e.g., seminaries, prisons, student halls of residence etc.

### Marginally housed

People in housing standards close to the minimum standard

### Tertiary homelessness

People living in single rooms in private boarding houses on a long-term basis — without their own bathroom, kitchen or security of tenure

### Secondary homelessness

People moving between various forms of temporary shelter including: friends or relatives, emergency accommodation, youth or women's refuges, hostels and boarding houses

### Primary homelessness

People without conventional accommodation (living on the streets, in deserted buildings, improvised dwellings, in parks etc.)

Source: Chamberlain and Mackenzie 1992, p.291

## Results — 2007 Street Count

For ease of comparison the zones remained the same as 2005 count with eight zones.

Total number found to be	
Primary Homeless	= 65
Total rough sleepers	
Secondary Homeless	= 69
<b>Total</b>	<b>= 134</b>

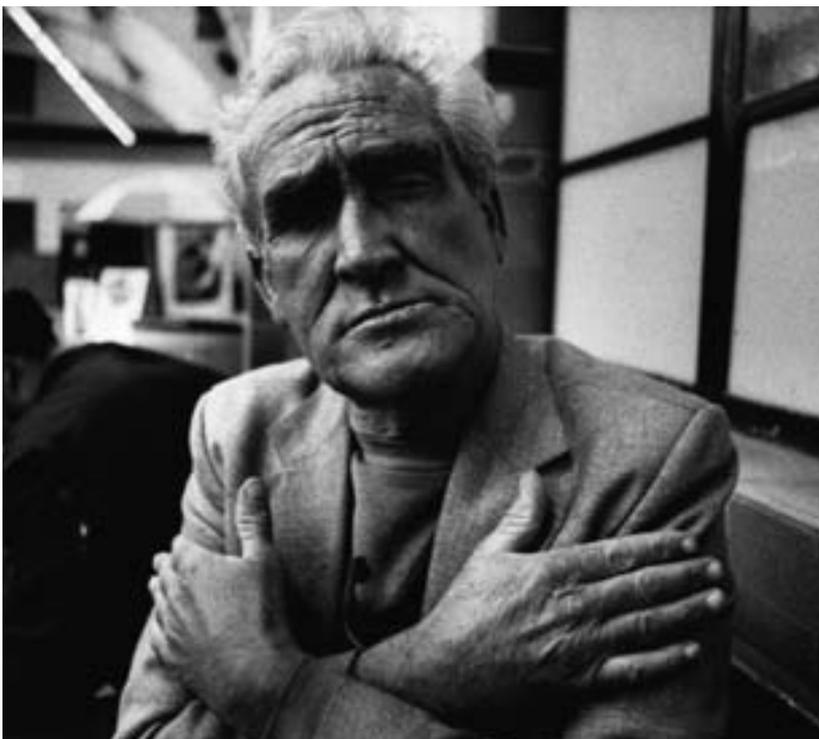
Location of other Rough Sleepers	No
Social Detox	5
Nightshelter	19
Police Cells	2
Auckland Hospital Emergency Dept	2
James Liston Hostel	32
Epsom Lodge	9
<b>Total Secondary Homeless</b>	<b>69</b>

Primary Homeless — Zone & Gender totals 2007				
Zone	Total No	Male	Female	Unknown
1	3	2	1	0
2	17	13	4	0
3	9	8	1	0
4	4	4	0	0
5	13	12	1	0
6	2	1	0	1
7	11	6	3	2
8	6	5	1	0
<b>Total</b>	<b>65</b>	<b>51</b>	<b>11</b>	<b>3</b>

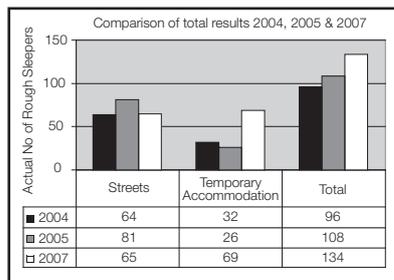
Primary Homeless — Ethnicity 2007						
Zone	NZ			Pacific		
	European	Māori	Asian	Island	Indian	Unknown
1	2	1	0	0	0	0
2	2	13	0	0	0	2
3	3	6	0	0	0	0
4	2	2	0	0	0	0
5	4	3	2	1	1	2
6	0	1	0	0	0	1
7	1	4	0	0	0	6
8	3	3	0	0	0	0
<b>Total</b>	<b>17</b>	<b>33</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>11</b>
<b>%</b>	<b>26.2</b>	<b>50.8</b>	<b>3.1</b>	<b>1.5</b>	<b>1.5</b>	<b>16.9</b>

Primary Homeless — Age 2007						
Zone	15-20	21-30	31-40	41-50	51+	Unknown
1				3		
2		4	6	4	2	1
3	1		4	3	1	0
4				1	3	
5		2	2	2	7	
6						2
7		2	4	1		4
8		3	3			
<b>Total</b>	<b>1</b>	<b>11</b>	<b>19</b>	<b>14</b>	<b>13</b>	<b>7</b>
<b>%</b>	<b>1.5</b>	<b>16.9</b>	<b>29.3</b>	<b>21.5</b>	<b>20</b>	<b>10.8</b>

Primary Homeless — Length of Time sleeping Rough 2007						
Zone/ Years	0-1	1-2	2-3	3-4	4+	Unknown
1			2		1	
2	4	7	2		2	2
3	3	1			2	3
4	1	2			1	
5	1				2	10
6						2
7						11
8	4					2
<b>Total</b>	<b>13</b>	<b>10</b>	<b>4</b>	<b>0</b>	<b>8</b>	<b>30</b>
<b>%</b>	<b>20</b>	<b>15.4</b>	<b>6.1</b>	<b>0</b>	<b>12.3</b>	<b>46.2</b>



### Primary Homeless results compared to previous years:



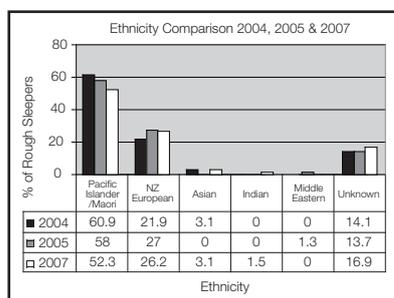
From the results it would seem that the total number of people who are primary homeless has reduced. However, the number of secondary (and primary plus secondary) homeless has increased.

This may be due to a number of factors, the main one being methodology used but also because the profile of homeless people has increased within Auckland since 2004.

More agencies are interested in the issue and thus have come forward to have their statistics included in the secondary homeless figures. For example, in 2004 the number of people in the Emergency Department, social detox and Police cells (central) were unknown.

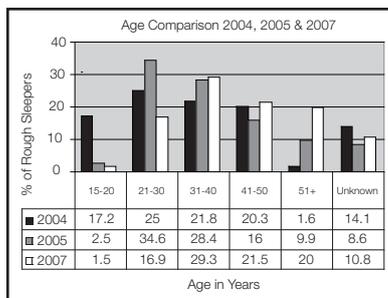
In 2005 Auckland City Council formulated a Homeless Action Plan in partnership with major stakeholders. From this came additional resources, including the Street Outreach service, which accesses people on the streets three times a week. This service started in February 2007 and was thus not available to both the 2004 and 2005 teams. Given this resource input, it is encouraging to see a reduction in the numbers of the primary homeless population.

However, it must also be considered that that despite these factors there may also have been a genuine increase in the overall numbers of people in the secondary homeless situation in Auckland City (96 in 2004 to 134 in 2007).



Unfortunately there was not the opportunity to separate figures for Māori and Pacific Island people in the 2004 and 2005 counts. However, in the 2007 count it is noted that the figures for Māori were 50.8% and Pacific Islanders was 1.5%.

With over 50% of Primary homeless people being Māori this is an issue for Māori service providers and will need further investigation as to what interventions best suit this group.

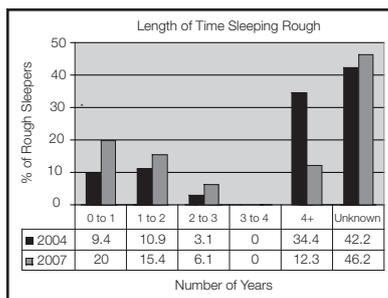


Age has seen a fluctuation over the three counts, especially around young people (15–30 age groups). It may be that the same group of young people are remaining homeless and just getting older, or that this group, as is known from research overseas, experience short periods of primary homelessness and thus there is a high number of different young people and the fluctuation is shown as a random sample.

Ages 31 to 50 appears relatively stable over the 3 counts. However, the 50+ age group appears to have increased. The reasons for this may also be the subject of future investigation, observing again the limitations of this style of count methodology.

It must also be noted that age is often a guestimate by the counters, as it is not always possible to get exact figures with this methodology.

In line with overseas research, these figures are unremarkable and fairly consistent over the 3 counts. The most commonly accepted reason is that women often make up a larger percentage of "hidden" and tertiary homeless population figures. This is often due to having dependent children and thus that they are often more likely to put up with unacceptable conditions before moving into the primary and secondary homeless situations.



### Conclusion

The three street counts have obvious limitations in their methodology and are thus just a sample of a much larger issue. However, from the results it would seem that the total number of people who are primary homeless has reduced and the number of secondary (and primary plus secondary) homeless has increased.

As mentioned, since the first 2004 count the issue of homelessness has become more prominent, with the 3rd National conference on the issues due in December this year. Auckland and Wellington City Councils having dedicated resources to the issues and there is now a National Group (New Zealand Coalition to End

Homelessness — NZCEH) set up since March 2007 with representation from around the country, to bring the issues to the national agenda.

Homeless people remain some of the most socially excluded and marginalised in our community and extensive international research has shown that they feature highly in health, forensic, alcohol and drug services, abuse and suicide statistics. There are a number of factors common to many homeless people including mental distress, dual diagnosis, family breakdown, substance use, debt, poverty, family and/or relationship violence and abuse, low educational outcomes, physical health issues, few coping skills, and a lack of social and family supports. Fifty to eighty percent of homeless people also have a co-existing mental health and substance use issues.

Accommodation prices are also a big issue, especially in the larger cities when compared to the level of benefit income. For example, the average price for a single person to rent a room in Auckland is \$150 a week. A single person over 25 on the sickness benefit receives about \$178 a week. They would receive an accommodation supplement of about \$75 a week. They are left with about \$103 and that is before such things as court costs, child support bills or food is deducted. As a consequence, some find it more affordable to live on the street or in their car than to rent a room.

Many primary and secondary homeless clients are on the Housing New Zealand waiting list and many have been for a while. It is evident that there is a shortage of suitable housing for the lowest socio-economic group in society. It is also important to note that there is a shortage of support services available to help this group adapt to a more structured lifestyle in order to maintain their tenancy.

Unstable living conditions often equates to stress in one form or another which in turn can instigate or exacerbate symptoms of stress or even psychiatric illness, making it more difficult for people to organise their affairs, seek support, sustain a tenancy and maintain treatment for health issues. These circumstances can often lead them back into a primary or secondary homeless situation for a longer period. They become stuck in the cycle of poverty and homelessness. In the long term this situation costs both individuals, families and society at large. ■

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# Geographies of Homelessness in New Zealand

By Damian Collins  
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Recent national forums on homelessness organised by the Auckland City Council have helped to increase the visibility of the issue in New Zealand. They have contributed to a growing recognition that homelessness exists, especially in our larger cities, and that much work is required to assist those who find themselves without adequate shelter, income and social support. More generally, however, the phenomenon lacks a high profile in New Zealand. In this article we outline the often hidden geographies of Kiwi homelessness, sketch the characteristics of the issue and explore the responses of local and national government.

Homelessness has not been perceived as a significant problem in New Zealand, at least since the advent of the welfare state in the mid-1930s, and the associated public housing programme ('state housing') for recipients of lower incomes. Indeed, it is often been assumed that the 'generosity' and 'universality' of social welfare makes homelessness readily avoidable and unnecessary. Such assumptions, combined with popular perceptions of New Zealand as a home-owning democracy and relatively egalitarian society, have contributed to the cultural invisibility of homelessness. It appears to follow that homeless populations — when acknowledged at all — are deemed

to be made up of a few aberrant individuals, possibly on the street by choice rather than necessity.

This situation is reinforced by the relative rarity of encounters with visibly homeless people on city streets: beggars and rough-sleepers remain somewhat unusual. There are, of course, exceptions to this scenario, especially in parts of central Auckland and Wellington, where homeless individuals and groups occasionally elicit responses of concern and/or alarm. Nevertheless, in broad terms, the homeless have a low-profile in New Zealand. However, it is important to appreciate that, in at least some cases, homeless people intentionally reduce their visibility. Places such as Wellington's townbelt, and Auckland's Domain, offer proximity to the central city, but also a measure of privacy and isolation. While use of such spaces may be tactical, it also reinforces one of the key messages of social geography: that social exclusion is often expressed in, and reinforced by, spatial marginalisation.

Outside of New Zealand's urban centres, the homeless are less visible again. There are almost no 'street people' in rural areas, in part because there are very few streets. Sleeping rough remains a possibility — but is typically unnecessary given the availability of improvised accommodation including farm sheds, abandoned shacks and old caravans. Thus, the rural experience of homelessness is less one of abject lack of

shelter, and more to do with the occupation of poor quality, crowded or unaffordable housing. In the worst instances, households live in structures not intended or suited for human habitation. This phenomenon is difficult to measure, given its informal character: but estimate and anecdote suggest that it is most common in the more remote, sparsely settled and predominantly Māori regions of Northland and East Cape. There is a paradox here, as since the late 1980s, Māori have increasingly sought to return from cities to these areas, due in large part to attachment to traditional lands. This return to *turangawaewae* (literally, a 'place to stand') can bring with it a *sense* of home, but not necessarily an adequate dwelling to call home. This often necessitates occupation of temporary or makeshift dwellings, or moving into the homes of *whanau* (family), which may subsequently become overcrowded. Both situations may be characterized as examples of 'incipient' or 'invisible' homelessness.

In both urban and rural New Zealand, then, literal homelessness — which necessitates sleeping rough in public space and/or using a night shelter — is uncommon by international standards. It is instructive, for example, to compare Auckland with Ottawa, a Canadian city of roughly similar size (but much harsher winters). Reliable data suggest that approximately 8100 individuals were literally homeless in Ottawa in 2005, compared with around 300 individuals in Auckland. What could explain



these relatively low numbers? Certainly New Zealand has not been immune from changes that have led to dramatic escalations in homelessness elsewhere (e.g. the decline in manufacturing employment, deinstitutionalisation of the mentally ill, and retrenchment of welfare benefits). How could these policies *not* have led to markedly higher levels of rough sleeping?

The answer appears to lie partly in the tendency for New Zealanders to respond to housing stress through over-crowding within the homes of family and friends, and making use of marginal or unsuitable shelter (e.g., boarding houses, caravan parks, garages, motor vehicles). Those who find themselves in this situation are not literally without private shelter, and therefore do not typically need to live out large parts of their lives in public space. For this reason they are not visible in the way that someone pushing a shopping cart full of possessions through city streets is — hence the term ‘invisible homeless’ referred to above. While characterizations of ‘invisible’ (or ‘incipient’) homelessness are sometimes eschewed in policy circles in favour of the less charged term ‘serious housing need,’ they serve as a useful reminder that homelessness is not *only* about rough sleeping, and nor should it be reduced to the absence of material shelter. Rather, it encompasses a spectrum of unsuitable (and unacceptable) housing conditions that demand the attention of both the voluntary sector and government.

Official responses to both literal and incipient homelessness in New Zealand have taken a variety of forms. In rural areas, central government assistance with the construction of houses on communally-owned Māori land is most relevant. In cities, the choice to respond to homelessness (or not) lies primarily with councils. Turning first to rural New Zealand, the *papakāinga* lending scheme, introduced in 1986, is intended to address the vulnerability of Māori households to incipient homelessness. It offers home loans to low income households who wish to live on ancestral lands. Loans are secured against the dwelling only — as opposed to the dwelling and the land, as in standard mortgage agreements. In the event of a mortgagee sale, the structure may be removed, but the land itself is not at risk. In this way, a legal impediment to building on communally-owned land is removed. This said, adoption rates have remained relatively low, despite substantial reductions in deposit requirement. This lack of take-up, even with the possibility of deposit as low as 5% of the house price, suggest that many poorer rural households remain unable to afford mortgage repayments and other costs associated with homeownership.

The *papakāinga* scheme, combined with recent efforts on the part of Housing New Zealand Corporation to assist in improving the physical stock of housing for rural Māori, at least represent a commitment on the part of central government to addressing serious housing need in some of the more remote parts of the country. By contrast, policy responses in cities, where these have occurred, are led by councils and local social service providers. Accordingly, the ‘regulatory frameworks’ adopted vary considerably between urban centres. Moreover, within individual cities, there are tensions between policies offering social support and improved accommodation to the homeless, and those oriented towards punishing transgressive behaviours in public space. In Auckland, for example, the *Homeless Action Plan* adopts the former approach, stressing the need for improvements in the areas of emergency accommodation, after hours social services, supported transitional housing, individual case management, skills training, and detox and rehabilitation services. At the same time, the Council has adopted bylaws that may have adverse effects on the ability of homeless people to live and survive in public space.



Car window-washing and camping in public spaces are prohibited in Auckland City, as is the consumption of liquor in public areas of the CBD at any time, with the latter offence carrying with it fines of up to \$20,000. While these measures are not necessarily *intended* to target the homeless who are *disproportionately* affected them by virtue of them being among those most likely to engage in the prohibited behaviours. By way of example, homeless people may have no private space of their own in which to consume alcohol, and are unlikely to be able to afford to drink in licensed establishments in the city centre. Therefore, those wishing to drink may have little choice but to do so in public space. Some have been pushed to suburban areas; for those who continue to drink in the city centre, the threat of large fines is very real. By contrast, the liquor ban in Wellington City applies only on Friday and Saturday nights, and as such is more clearly focussed

on people socialising on the weekend, rather than those who may drink in public at other times.

The local government regulation that is most remarkable in its targeting of behaviours often associated with the homeless is Nelson City’s prohibition on begging in public spaces. It covers all manner of begging, in all areas of public spaces, at all times — with the only exception being for authorized charitable collections. This regulation comes close to re-creating the repealed criminal offence of vagrancy (something which is still in force in most of Australia), and appears to breach basic rights, such as freedom of expression. Importantly, however, such punitive responses are not widespread: when the Wellington City Council considered a by-law that would likely have prohibited all types of sleeping in public space, it met with resistance from members of the public who noted that it would have adversely affected well-known ‘good’ homeless people. Subsequently, a more supportive strategy was adopted.

New Zealand currently lacks legislation mandating particular responses to homelessness. Accordingly, both central and local government are largely free to

act as they see fit. Central government has recognized the often dire housing circumstances found in remote Māori communities, even though these fall short of literal homelessness. Many local governments do not have a homeless policy to speak of, but those that have responded to the issue have done so in a relatively unbounded policy environment. That is to say that they have been ‘free’ to enact punitive bylaws and/or supportive measures as they see fit. Interestingly, either approach *may* reduce the visibility of

the homeless in urban areas: one through displacement and threats of large fines, non-payment of which may result in imprisonment; the other through approaches that are actually consistent with New Zealand’s self-image as a generous, well-housed and equitable society. ■

**This overview is based on the following publications:**

Kearns, R. 2006: Places to stand but not necessarily to dwell: The paradox of rural homelessness in New Zealand. In *International Perspectives on Rural Homelessness* (Editors P. Cloke & P. Milbourne) Routledge, London: 247–260.

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## Women's Homelessness and Family Violence

**By Kate Amore,  
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In 2006, almost 29,000 people were in need of Women's Refuge services, including over 12,000 children. Not all of these required safe-house accommodation, although 1,993 women, accompanied by 2,634 children did. Of course, these figures exclude those who could not be accommodated in the unsupervised refuges because they had older male children, mental health or addiction issues. Perhaps even more significant are the scores of women who had to be turned away because they are not fleeing from violence — but were simply in desperate need of safe emergency accommodation.

Family violence and homelessness are not connected in the New Zealand psyche, but the relationship could not be more clear (even if we define homelessness narrowly): when a woman is forced to leave her home she is homeless. She is homeless in the true sense of the word: not only do her (and her children) lose their familiar roof, they lose everything that gave them a sense of home — family, privacy, connection to the community, a sense of place. Violence may have made it much less of a home than it should have been, but few women want to leave their home — they leave because they want the violence to stop.

Family violence has been recognised as a major social and economic burden in New Zealand for over a decade.<sup>1</sup> Implementation of *Te Rito: New Zealand Family Violence Prevention Strategy*, released in 2002, has been a positive step forward in raising awareness and understanding of the issue and will contribute to its prevention. Change

has occurred, evidenced by the dramatic increase in demand for Refuge services: the number using services increasing by more than 10,000 in the past 5 years. There has been a 4.4% increase in reports of violence in the past year, attributed to "growing community intolerance towards our 'national disgrace' — domestic violence."<sup>2</sup> However, escalating demand has not been matched with increased capacity to respond to the homelessness driven by family violence. Access to safe and affordable accommodation remains critically lacking, both in the crisis period and beyond.

For those who do get a place in one of the 50 refuges in New Zealand, the difficulties in finding permanent housing mean that their stay in these crisis houses extends for weeks, or, as is often the case in Auckland, many months. Those women and children who cannot access these safe-houses — either because they full or because they have needs that cannot be supported in the refuges (e.g. mental illness) — are exquisitely vulnerable to homelessness. The reality of fleeing domestic violence in New Zealand is that it is a time of enormous housing stress; much of which could be remedied by a supply of emergency and permanent housing that meets the huge demand, particularly for those who are excluded from existing services. As noted in *Te Rito*, further damage can be caused to victims if services do not have the capacity to respond effectively and meet demand.<sup>3</sup>

Women who use Women's Refuge services return to their violent relationship an average of seven times before making a permanent break. It is imperative that we improve the capacity to respond to those in need of a new home — otherwise the threat of homelessness will continue to outweigh the threat of violence in the minds of these women.

While our focus in this article is homelessness as a result of family violence, Women's Refuge are well aware that there are many women who are homeless for other reasons, such as financial struggle, mental or physical illness leading to eviction. They know this because these women come to them seeking emergency accommodation. For women who are not fleeing violence, housing options are even more limited and support is scarce.

Family violence is a important issue that effects the lives of far too many of New Zealand's women and children. Where there is violence, there is homelessness. To date, responding to this homelessness has received far too little attention, seriously undermining the impact of the millions investing in shifting community attitudes to violence. The capacity to provide housing and support to women and their children must be strengthened in parallel with current efforts to promote the unacceptability of violence and encourage reporting. If not, the escalating demand for housing that doesn't exist will merely shift our 'national disgrace' from the violence of home to the violence of homelessness. ■

### Footnotes

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# Homelessness: A Hidden Problem for Women in New Zealand

By Debbie Hager,  
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It is difficult to quantify the number of women who are homeless in New Zealand. Homelessness means much more than just living on the street — it can mean being unsafe, having insecure tenancy, being inadequately or inappropriately housed or having nowhere to call your own. Hidden homelessness is often ignored as a problem because of this difficulty. However, it is the temporary or long term situation for many women.

## What is Homelessness?

One definition of a 'home', (Anitra, 2007), tells us that a home is where we:

- may not have a whole house or a whole apartment or even a whole room, but we have our own space.
- know where we are going to sleep tonight — and other nights — in the same place;
- are sheltered from rain and cold.
- have means to warm ourselves
- have a bed
- have a way to store and prepare food. We expect that our food will be there when we want it.
- have hot and cold running water, a toilet, and a shower or bathtub to wash ourselves and they are private and safe.

As well, although safety cannot be guaranteed, we should have a way to lock our home, to control who comes in when we are there and when we aren't. We can leave our belongings at home and have a reasonable expectation of finding them safe when we get back.

Someone is 'homeless' when they do not have these things — when they don't have a home.

The obvious 'homeless people' are those who are sleeping on the street, in doorways on park benches or behind bushes. Yet, someone staying in a homeless shelter, a tent, an abandoned building, or in an institution is still homeless. Staying with a series of friends or family may qualify as homelessness if you have no choice, no privacy, no place that is 'yours', or if you're uncertain how long each couch is available.

Even a woman living in her own home can be considered homeless if she is constantly afraid and is mentally, sexually and physically abused by the person or people she is living with.

An Australian definition (1995) characterised 'serious housing disadvantage' as:

- Trapped in situations of domestic

violence or sexual abuse, with few alternative housing options available;

- A tendency to become involved in unsuitable domestic relationships in order to gain shelter;
- Denial of choice in, and control over, one's housing;
- Frequent relocation which denies women opportunities to improve their economic prospects, and
- Living in seriously sub-standard or over-crowded housing where no affordable options are available. Most of these situations are hidden from housing and related agencies and researchers.

## How do Women Become Hidden?

There is very little research about housing that addresses issues specific to women.

The research may talk about men and women — but it tends not to interpret data by gender or to explore issues specific to women. Even the common sources of data — for example, that produced by Statistics NZ — has very little gender specific data about housing, home ownership and affordability.

When researchers are investigating homelessness, women are often invisible in the statistics and research because they are not present in the environments that are being measured. If homeless women are not present in public spaces then they will not get counted and documented. Homeless women generally only get noticed and labelled when they are a stereotype — for example, a bag lady or an alcoholic rough sleeper. Therefore, if they don't fit the stereotype, they're not identified as homeless. Instead, women are living in insecure, short term, stress inducing and often physically, sexually and emotionally dangerous situations that render them invisible to the researchers and official housing agencies.

## Cost

When we consider general housing affordability we must recognise that women are still disadvantaged — overall, women still earn less than men. Women are far more likely to work in lower paid jobs or to work part time. Seventy five percent of the people working part time are women. These figures are influenced by the fact that women still have primary responsibility for childcare and housework. For example, eighty one percent of one parent families are headed by women. (Statistics NZ, 2005) Sole parents are known to be one of the poorest groups in our community. This all means that it is significantly more difficult for women to buy houses and to afford market rents

## Three Case Studies of Homelessness

### 1) Domestic and family violence

Intimate partner violence, child abuse, sibling violence and elder abuse create situations where people live in fear. For children and the elderly — those who are dependant — there is often nowhere safe to go. Living in fear is being homeless — it's about having nowhere safe to go.

Many women who experience intimate partner violence have the option to move to refuge. A refuge provides a place of safety and support. However, eventually, women must move on from refuge. Some women find secure housing. Many however, resort to motels, back-packers, caravan parks or staying with family or friends. Not finding safe, secure, affordable accommodation is one reason that women return to abusive situations.

There are a number of women who find it difficult or impossible to access refuge services. These are women:

- with mental health problems
- who abuse drugs and alcohol
- with a physical disability
- without dependant children



Refuges find it more difficult to accommodate these women, all of whom have needs which are more demanding than usual — or, in the case of women without dependant children, are seen to be of lower priority.

Over a 6 month period in 2006, 257 women were either moved out of refuge, or refused access to a refuge, because of mental health or substance abuse problems. (Hager, 2006)

There is currently no research about the numbers of women with disabilities trying to access refuge.

## 2) Mental Illness

Mental illness causes homelessness in a variety of ways. Some women end up on the street. Other women live in short term accommodation, moving between, for example, residential services, caravan parks or boarding houses.

Women lose their houses and possessions when they go into inpatient units — it's difficult to sustain housing with periods of illness, when the rent is unpaid. Landlords don't understand, or are afraid of tenants with mental illness, and throw out their possessions. Women come back to a few boxes and no home.

Others move because of the stress of their environments — a whole range of circumstances can put women at risk. Living alone can be very lonely and isolating, meaning that women can become more ill while also struggling to pay rent and other bills on a disability benefit. Living with others means that there are all the stresses of interpersonal relationships. Often these

people are also ill or marginalised — frequently less socialised and/or men who are volatile and potentially violent. The stigma of mental illness means that it is difficult to find accommodation with 'normal people'.

Another approach is to live with unsuitable people for the sake of shelter and companionship. Women will often live with a man who is also ill and/or violent and abusive rather than put up with the terrible loneliness that living alone can mean.

The stress related to all of these things leads to worsening mental health. Women with mental health problems require support, security, intellectual stimulation, convivial company — and a home — just like you and I do.

## 3) Boarding houses

The women who live in boarding houses are a diverse population. Many of them have problems with mental health, some are borderline intellectually disabled, others are living — for a range of reasons — relatively chaotic, unstructured lives. This causes difficulty with more structured living situations where, for example, rent, power and phone may have to be budgeted and paid for separately. Boarding houses also offer a sense of impermanence that may appeal to some women — for example, if things get too difficult they can move on as there are no bonds, no legal requirements for giving notice etc. This creates an illusion of safety and choice.

In 1996 Terry Baxter interviewed 12 women who lived, or had lived, in a commercial boarding house. The majority of the women

had lived in boarding houses for two or more years. The main reasons given for moving into a boarding house were:

- Leaving an unsatisfactory situation — relationship breakdown; fear of violence; didn't like the people they were living with.
- Leaving an institution

These relate directly to the previous two case studies — women were getting away from abuse or were having to find alternative accommodation after being in an institution.

Women's concerns about the houses were overwhelmingly related to the shared areas — the bathrooms, kitchen and lounges. This was because of the behaviour of the other residents, mainly the men. There was a strong risk of violence in the shared areas — between men — but also the women talked about constant sexual harassment and intimidation. The bathrooms were feared because they were shared with men, had inadequate locks and men urinated on toilet floors. They were particularly afraid of using the toilets at night, as the lighting was also bad. Women couldn't keep food in the communal cooking areas — the fridge or the cupboards — because it would be stolen, which meant they had to keep it in their rooms or they had to shop every day. These women also talked about "heaps of drugs, alcohol and prostitution." Women spoke about coming back to their rooms and finding their belongings stolen, or men (past residents) in their rooms, sitting on their beds.

Complaining wasn't an option, as staff were frequently as or more abusive than the residents.

## Is Homelessness a Choice?

Some women may choose to live outside of the usual housing options. However, even if they are currently unable to manage long term safe housing, most women want a safe, secure, aesthetically pleasing, warm and private environment to live in.

From my public health perspective, safe, secure, affordable housing is a primary determinant of mental and physical health and wellbeing. Gender analysis and gender specific responses are a key precondition for this to be achieved. ■

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# E: Men

## Just Housed: The Housing Experience of Men on Their Own

**By Bonnie Robinson  
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### Introduction

The Salvation Army has a long history of providing social services to men their own. Currently the Salvation Army provides men's hostels,<sup>1</sup> night buses (offering hot drinks and food and a listening ear to people on the streets), and drop-in centres. The Bridge and Oasis alcohol and gambling addiction services also have contact with men on their own. This practical care enabled the Salvation Army Social Policy and Parliamentary Unit to make contact with what is, by their very nature, a difficult group of people to connect with.

This article is based on research undertaken by The Salvation Army Social Policy and Parliamentary Unit in 2004<sup>2</sup> and provides a snapshot of the housing circumstances and experiences of some men on their own who are in contact with Salvation Army Hostel, Bridge and drop-in centres, and with the Downtown Community Ministry in Wellington and the Anglican City Mission in Christchurch.<sup>3</sup> A snapshot approach provides some insight as to the possible circumstances and needs of these men and gives us a view into their lives, opinions, and perceptions.

### Methodology

The research undertaken was based on both secondary and primary research. The primary research was split into two phases, a paper-based survey<sup>4</sup> of men living on their own and focus groups. After analysis of the survey, focus groups were held to follow up the issues raised in the questionnaire.

One-hundred and sixty-eight men (168) completed the survey and seventy-seven (77) men participated in the focus groups. Focus groups were held in Auckland (two groups), Palmerston North, Wellington (two groups), Christchurch (two groups) and Invercargill. Salvation Army addiction, accommodation and drop-in centres, and the Downtown Community Ministry made contact with men who use or had used their services and invited them to attend.

### Results of the Survey

The 168 men who filled in the survey ranged in age from 17 to over 65 years old. Nearly 70 percent of the men were living in a Salvation Army hostel, the remainder lived in a variety of places such as Local Government housing (nearly 10%), in a night shelter (over 4%), in private rental accommodation (over 3%), and Central Government (Housing New Zealand) housing (nearly 3%). The majority (65%) of

the men had been living in their current dwelling for less than two years, but a small number of the respondents had been there for over 16 years. The median tenure time in the men's housing was one year. The range was one day to 37 years.

For the men living in Salvation Army hostels the range was one day to 37 years with a median tenure of 20 months. For the other group of men the range was one day to 15 years, with a median tenure of between 4 and 5 months.

### Tenure History

Before living in their current accommodation the men had lived in an assortment of different types of dwellings. Just over 28 percent of the men had been renting, 17 percent from a private landlord, 6 percent from Housing New Zealand, 4 percent from Local Government, and just over one percent from another provider. Other common places men previously lived were boarding houses (13%) or boarding with someone (10%). Just over 6 percent of men had come from prison, and 7.5% of men said they had been homeless prior to moving into their current accommodation.

Just over 15 percent of the men had lived in 6 or more different places in the last two years, with 3.5% saying that they had lived in more than 16 places. Fourteen percent said they had not moved in the past two years, with 60 percent moving once or twice over the period.

### Results of the Focus Groups

When the men discussed their past and current housing, many stated that they had found it difficult to access housing. Some of the men felt that this was partly because they were a man on their own. They thought that families with kids got higher priority from Local Government and Housing New Zealand, and/or that there was simply not much housing around for a single man.

The men also commented on the difficulty of finding affordable housing, especially if they wanted to get a place suitable for their children to come and stay for access visits. The men noted that a suitable house in a good area was too expensive. They found the cost of setting up and maintaining a flat or house on their own extremely difficult. A few of the men commented that they had resorted to illegal activity, (theft, drug dealing), to get the money required to set up a house suitable for their children to come to.

The availability of Local Government housing varied across the country, with men in the Christchurch, and Invercargill focus groups

more likely to say that this housing was available and/or to be in this type of housing. In Wellington the Downtown Community Ministry (DCM) had a specific project to house men living rough, and many men in the focus group arranged by DCM were housed in Local Government flats. Even where Local Government housing was available, many men felt that it was not easy to access. Men commented on long waiting lists.

Many of the men also stated that they needed the help of a social service organisation to access Local Government and Housing New Zealand housing. Some men felt that the Local Government did not want to house them because they were viewed as difficult (which some of the men admitted was sometimes true) and because other tenants complained about their behaviour.

Some men who were in treatment for addictions (including gambling addiction) or in recovery from addictions had specific requirements of their housing. It was important for them that they live in an environment that was safe, in terms of drugs, alcohol and gambling, and also that they felt good about, to aid their mental health. However some of these men found it difficult to find such housing.

Moving from rough sleeping or hostel accommodation to their own flat was not always a positive experience. A few men



had moved back into a hostel because of loneliness and boredom. Some men also found that with neighbours changing regularly it was difficult to make friends or even get to know them.

## Implications of This Research — Men on Their Own are Housed — But Only Just

This research suggests that although men on their own can obtain housing, there can be many barriers, and the housing tenure is insecure, for a variety of reasons. The men who participated in this study felt there was a shortage of housing suitable for single men. They also felt that men with addiction or mental health issues, or a history of living rough, needed some support to stay in housing, such as having a support worker who could visit them, budgeting advice, or having appliances available for loan (for example vacuum cleaners), to cut the cost of setting up in a flat. The men also felt that the grant available from Central Government (Work and Income) for getting established in a flat needed to increase. Some of the men who had children wanted to be able to have a two bed-roomed place so that the children could visit.

Men also talked about their social connectedness. Some of the men who lived on the street, or spent time on the street, felt that people who lived on the street were a kind of community. They looked out for each other, told each other about where to get services and assistance, and looked out for new guys to town. While other men indicated that loneliness was a problem, and that it was hard to get to know people. Some of the men living in the Salvation Army hostels stated that one of the reasons they lived there was the companionship, some

had tried living in their own flat but found it too lonely. Other the men indicated that they did not get on well with other people, or found being with other people difficult. Mental illness also resulted in isolation according to some of the men. All the men who talked about this issue felt that having some kind of social link was important, even if they preferred to be on their own most of the time.

Obtaining suitable, affordable housing was problematic for most of the men. Getting into a boarding house or lodge was relatively straightforward for many, but getting established in their own flat or house was difficult, both in terms of affordability and locating a house that was suitable for their personal circumstances. The men experienced a shortage of low cost accommodation for single people, and the housing that was available was often of low quality. If they could locate housing, the men often experienced difficulty supplying the required furnishings. Most of the men required assistance from community organisations to obtain housing.

Some of the men with addictions or mental health conditions, or who had spent considerable time living rough, also needed support in order to stay housed. This support was required to help them with budgeting, cleaning, loneliness, getting on with neighbours, dealing with any problems. Supplying housing on its own is therefore inadequate for some men. They require a system of ongoing support tailored to their individual needs.

Appropriate housing is critical to these men's well being. Without appropriate housing it is difficult for the men to find and sustain employment, stay in recovery from addictions, maintain good physical and mental health, and, if fathers, maintain

access to their children. Although the men perceive themselves to come "bottom of the list" in terms of public housing, their need for housing, in terms of its impact on their lives, is as great as that of other types of households.

A wide range of housing is also required. Not all the men in this study wanted their own flat or house, but preferred a boarding type situation. Other men wanted their own flat or house, and for some it was important to have two bedrooms so children could stay. One size does not fit all, and a variety of housing types is required to meet the needs of men on their own. Planning by Housing New Zealand and Local Government needs to include the needs of men on their own.

## Conclusion

This research has given voice to a group of men who live on the margins of New Zealand society. Where they are able to access the services of a community social service provider, they are usually able to have basic needs met, but they live a restricted and often isolated life. Men such as those represented in this research face multiple barriers to improving their circumstances. There appear to be few government services designed specifically to meet the needs of these men, and these men appear to have limited access to the government services that are available. Community based services are also limited. Services and policies focus on predominately on the needs of families and older adults, and working age single men appear to be largely ignored. Complex as some of the men in this study are, they are still citizens, and taxpayers. Many of them are also fathers. They are in need of, and deserving of, focused policies and services, to improve their circumstances and bring them out of the margins. ■

## Footnotes

1. The Salvation Army states the purpose their supportive accommodation service is to provide a place of shelter, support and rehabilitation. The aim is to encourage those in the accommodation to reach "a personal potential level of independence and increased confidence in coping with life skills." Supportive Accommodation from The Salvation Army website: [www.salvationarmy.org.nz](http://www.salvationarmy.org.nz)
2. Smith, L. and B. Robinson. (2004) *Forgotten People Men on their Own: A report outlining the circumstances of men who use social services who live outside of a defacto/marriage relationship or family household*. The Salvation Army Social Policy and Parliamentary Unit, Manukau City, New Zealand.
3. Although this study is predominately focused on the clients of The Salvation Army, Downtown Community Ministry and the Anglican City Mission in Christchurch we asked, and graciously agreed, to participate in order to ensure we surveyed a wide cross section of men on their own with social needs.
4. The paper-based survey was undertaken by men on their own attending Salvation Army accommodation, drug and alcohol, and drop-in/day centres in Auckland, Palmerston North, Wellington, Christchurch and Invercargill, the Downtown Community Ministry in Wellington, and the Anglican City Mission in Auckland.



# F: Considering Causes

## Driven, Dropped, Drawn: Pathways into Homelessness in Wellington

By Kate Amore,  
University of Otago

Homelessness research in New Zealand has been modest in quantity but promising in its focus. In recent years, a number of reports have been produced that have represented the experiences and views of homeless people.<sup>1</sup> This article, arising from a collaborative venture between a number of Wellington government and non-government agencies,<sup>2</sup> aims to advance this encouraging trend of foregrounding the voices of people who have experienced homelessness in NZ, in the hope that their views may influence both policy and public perceptions of homelessness. The aim is to contribute to an understanding of the lives of these 'othered' New Zealanders, an understanding which is far too valuable to ignore, especially when these lives are lived on the same Wellington streets that our national decision-makers take to work.

### Pathways into Homelessness

In November 2004, Downtown Community Ministry (DCM) conducted 30 biographical interviews with people who were currently or had been homeless in Wellington. In reflection of the composition of the client population of DCM, 29 of the participants were male and only 1 female, 87% were aged between 30 and 60 years, two-thirds had been homeless for more than 5 years, and the majority identified with Māori ethnicity, followed by European, and one Samoan. The themes or events that led to homelessness were found to fall into three typological pathways — Driven, Dropped and Drawn.

#### Driven

##### 22 out of 30 stories

*This pathway began in childhood with problems in the home such as parental break-up, family instability, family violence or parental alcohol and drug abuse. This led to the child protection system, troubles at school, alcohol and drug use, unemployment, crime and homelessness.*

The Driven pathway typically started at a young age. Family instability, violence and separation were associated with residential instability and difficulties at school. Running away from troubles at home was consistently the cause of the first episode of homelessness:

*That's why I went ... I'd rather be out on the street than getting the physical abuse every day of my life.*

The experience of foster care or children's homes was common. These experiences were sometimes associated with sexual abuse, drugs and alcohol, but almost always with feelings of anger, violence and isolation — leading some people directly to the streets.

The substance use and violence of parents and guardians were identified as reasons for leaving home as well as reasons for their own struggle with addiction. Alcohol and drug use were significant features of entry into homelessness and the street subculture. For some however, the move into homelessness was more strongly connected to a sense of freedom and belonging; an affinity that is indicative of the degree of disorder and abuse they were escaping from:

*I actually feel more free and comfortable on the street.*

Time in prison was frequently part of the experience of homelessness. Some participants described a cyclical pattern between prison and homelessness, where release from prison marked re-entry into homelessness, until the next prison sentence.

Addictions, unemployment and financial difficulties were highlighted as major factors responsible for sustained homelessness. The costs associated with housing were significant barriers to gaining and maintaining permanent accommodation.

One participant summed up the Driven pathway as:

*Rejection, loneliness, fear of violence, real negative tools I learned when I was a kid, negative thinking, antisocial behaviour.*



International research consistently shows adverse childhood experiences to be powerful predictors of adult homelessness. The Driven pathway also echoes a study of a similar sample of Auckland's homeless, which found abusive and disruptive care as a child to be a prevalent biographical feature.<sup>3</sup>

## Dropped

### 9 out of 30 stories

*This pathway describes a single discrete event that acutely precipitated homelessness. These events included sudden unemployment, relationship breakdown, traumatic parental death and acute mental health episode.*

The Dropped pathway typically started later than the Driven pathway — from late teens to early thirties. For some people of the Dropped pathway, the death of one or both parents led to unstable accommodation situations and homelessness. For others, the breakdown of an adult relationship resulted in homelessness, via addictions

and unemployment. These men had little experience of living outside a family or relationship and found that they lacked the personal resources or social networks to maintain their standard of living when suddenly faced with the loss of their social structure:

*Spending all my money on alcohol, I never had any money for food and things like that, I wasn't able to get around looking for jobs so it was a domino effect.*

Like the Driven pathway, entry into homelessness was associated with crime and incarceration, often with a pattern of cycling between prison and homelessness. Those who became homeless due to relationship breakdown, however, were more likely to stay in the Night Shelter during these periods of homelessness, rather than sleeping rough:

*If you're in and out of prison like I was ... you're not interested in paying rent, you don't mind sleeping out and or living at the Night Shelter, you know, it's very cheap and very good.*

Although the Dropped pathway into homelessness was typically short, the length of time spent homeless was not. Most of the participants had been homeless, on and off, for many years.

Many authors have described 'crisis points' that have triggered homelessness, particularly rough sleeping.<sup>4</sup> Few discrete events are the sole cause of homelessness, but are triggers that destabilise an already vulnerable person. Indeed, some of the participants described factors in their life preceding this event that are recognised risk factors for homelessness. However, the value of these pathways to allow insight into homeless individuals' own perceptions of the causes of their homelessness. They show us that the perceived significance of personal risk factors varies from person to person.

## Drawn

### 3 out of 30 stories

*This pathway describes those with a relatively stable family background for whom behavioural problems and social connections led to expulsion from school, involvement in crime, homelessness and loss of family contact.*

The Drawn pathway began in the early teenage years. Gang involvement, drugs and partying were associated with truancy, and learning difficulties when school was attended. This situation led to family conflict, resulting in episodes of being kicked out of home or running away. Eventually both home and school were abandoned permanently:

*I was a typical teenager — parties, drugs and trouble...Kicked out of home, gone back over the years and that and finally had enough.*

Association with the homeless subculture engendered a sense of freedom and connection that were not experienced at school and home, much like the Driven pathway. However, while those on the Driven pathway were 'pushed' towards homelessness by an intolerable or unstable home situation, those on the Drawn pathway were progressively 'pulled' towards homelessness by connections to the street scene and attraction to the homeless lifestyle:

*It wasn't a bad experience, it was like a good experience for me...feeling part of something.*

The transition to homelessness was characterised by a move to the city, a variety of unstable accommodation situations and sleeping rough. Involvement in crime and time in prison were linked to homelessness, as in both the Driven and Dropped pathways. Social isolation and low self-esteem were emphasised as central factors in homelessness: addressing these elements was seen to be crucial for a successful exit from homelessness:

*What I'm doing now is doing that building up a network around me*



*because I haven't got one, haven't got the friends that I grew up with from teenage, and relationships that I had as an adult they haven't continued.*

Patterns of childhood behaviour contributed to chronic homelessness in a number of ways. Transience and alcohol and drug addictions were seen as factors that had both caused and maintained homelessness. As adults, the lack of educational experience in their youth also continued to act as a barrier to the labour and housing markets.

Homeless people, especially rough sleepers, generally have low levels of educational attainment and poor schooling experiences.<sup>5</sup> This association highlights the serious consequences of being excluded from school: it can signal a career of social exclusion through no qualification, no job and no home. School is an extremely important location for engagement and social connection, and for targeted interventions to prevent young people becoming homeless.<sup>6</sup>

The Drawn pathway also highlights the perceived, and often relative, appeal of the street scene, but also the lack of connection to wider social networks that becomes a feature of many homeless peoples' lives.

### Framing the Notion of Choice

The Driven, Dropped and Drawn pathways are not intended as definitive causal explanations of homelessness, but to illustrate the processes that lead some people to homelessness, and the complexity of interrelating factors — past and present — that contribute to their situation. They relate to a small slice of the homeless population — primarily chronically homeless men. Yet this is a crucially important section of the population to seek to understand, as their visibility in the city shapes public attitudes and local government responses to homelessness.<sup>7</sup>

These pathways challenge the dominant discourse which asserts that people are simply homeless by choice. Some of the participants, all from the Driven and Dropped pathways, reflected on the idea of homelessness as a 'lifestyle choice'. Their responses revealed the relevance of one's pathway into homelessness to the interpretation of community attitudes in the construction of self-identity.

Those who challenged the argument were from the Driven pathway. They framed homelessness as a result of negative experiences that were beyond their control:

*No one chooses to go on the street, no one chooses to be hated, no one chooses to get bashed while they are a kid, or molested or anything like that.*

In contrast, those who had followed as adult Dropped pathway supported the dominant discourse, agreeing that:

*The street scene in Wellington is a matter of choice.*

They made a distinction between 'us' who stay in the Night Shelter and 'them' who sleep rough. The 'choice' was between paying for a bed and sleeping on the street, not about choosing to become homeless in the first place, which was the sense in which those who travelled the Driven pathway understood and denied the argument. Those Dropped into homelessness show how reinterpretation of the discourse acts to distance themselves from a stigmatised identity but at the same time reproduces the stigma and stereotypes that are implicated in the ongoing marginalisation of homeless people.<sup>8</sup>

### Conclusion

This paper describes three pathways into homelessness: Driven by a disrupted childhood, Dropped by a traumatic event and Drawn by attraction to the street scene.

One's pathway into homelessness seems to have a significant bearing on the construction of self-identity, an identity which is also strongly influenced by public stereotypes.

The vast majority of the stories these pathways describe began with difficult childhood experiences and resulted in chronic homelessness. For the prevention of much chronic homelessness then, our efforts need to focus on young people. School is a critical point of intervention, as once vulnerable young people drop out of school, progress along the homeless pathway seems to be quite rapid, and opportunities for intervention are reduced.<sup>9</sup>

The experience of homelessness commonly involved alcohol and drug addiction, unemployment and time in prison. Issues were multiplied on entering homelessness, becoming more complex and entrenched the longer the experience of homelessness. While housing is a key component to resolving homelessness, it is clearly not the only factor, and for those who have been homeless for long periods of time, shelter is perhaps the least significant element of their housing aspirations. If we are to provide sustainable exits from homelessness, robust support to facilitate the development of skills for managing the responsibilities of a house, the development of new social networks and meaningful occupation must also be central concerns.

The Dropped pathway shows how sudden traumatic events can lead vulnerable people to rapidly decompensate and become homeless. While it may not be possible to prevent these events, the rapid provision of housing complemented by a range of supports is necessary to prevent homelessness, particularly for men on their own.<sup>10</sup>

The pattern of cycling between prison and homelessness common to all three pathways indicates another important opportunity for intervention. For people identified as at risk of homelessness on release, particularly those with a history of homelessness, a much greater public investment linking them to housing and support services appears necessary.

Finally, public and government attitudes about homelessness are implicated in driving social exclusion and maintaining the problem. I hope these pathways are a step towards greater understanding of the issue and thence to real policy action. ■

*If I could change the emotional climate of New Zealand by 1% I'd die happy.* — James K. Baxter

### Footnotes

1. For example: Bang, (1998); O'Brien and de Haan, (2000); Grant, (2003); Mora, (2003); Smith, Robinson and AtkinRead, (2006).
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# Gambling as a Preceptor for Homelessness

By Kate Bukowski,  
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Gambling as a pastime has been with us since time immemorial. Gambling for some is an innocent form of entertainment, but for many gambling has turned into an addiction that has engulfed their lives and left them powerless. The rate of problem gambling amongst homeless people is alarmingly high. Just as homelessness, chosen or situational, can be caused by mental health and substance abuse, the correlation between gambling and homelessness is also significantly high.

Since the legalisation of book making in 1920, gambling as we know it today has turned into a multimillion dollar industry. In New Zealand this can be seen in the form of casinos, online betting, tebingo, sports betting and gaming lounges in our communities. Gaming machines (or Pokies as they are commonly referred to in New Zealand) alone makes up forty percent of money spent on gaming (Statistics New Zealand, 1999(1), p.9). Things have quickly evolved since the first slot machines in the Flamingo Hotel, Las Vegas in the late 1800s that grew in popularity to what we see today (Clifford, 2006).

In Aotearoa New Zealand today, money spent on gambling activities has escalated to a current twelve billion dollar industry per year. Statistics New Zealand reported from their New Zealand Gaming Survey 1999, 94 per cent of New Zealanders over the age

of 18 years had participated in gaming activities at some time. Forty per cent reported gambling once a week or more with Lotto their preferred mode (Statistics NZ, 999(2), p.9)

## The Pathology of Gambling and Homelessness

On average, almost 5.5 million dollars are lost on gambling in New Zealand every day. Just imagine for a moment how this sum could be used to assist disadvantaged families — many of whose members have absolutely no control over the amount of household money disposed of in this way.

Surveys undertaken at a number of Salvation Army Community Ministries centres indicate that our help is often needed because the money required for basic daily family survival has been gambled away. Nation-wide in New Zealand, 118 people access foodbanks everyday. In our courts there are 14 gambling related convictions everyday.

Problem gambling is gambling that causes or may cause harm to the individual, his or her family, or the wider community. The harmful effects of problem gambling can include:

- financial problems;
- problems at work (ranging from poor performance to fraud to unemployment);
- poor parenting and other relationship problems;

- family violence;
- alcohol abuse; and
- mental health problems (DIA).

Many of these factors can be linked to homelessness and it has been shown that homeless people are eight times more likely to be effected by problem gambling than the general population (Lepage et al. 2000).

Rates of substance abuse and psychiatric illness often compound the multiple health problems experienced by homeless persons (Morris and Crystal, 1989; Sebastian, 1985). Substance abuse and psychiatric illness frequently have been linked to higher rates of pathological gambling. Shaffer, Freed, and Healea, (2002) hypothesized that homeless people might have a high risk for gambling problems. Their research found the prevalence of gambling problems among their homeless sample was similar to the prevalence among patients with psychiatric and substance use disorders and much higher than the rate of gambling disorders among the general adult population. Overall, fifty-two percent of their homeless subjects reported a history of psychiatric treatment.

Addiction and misuse of income is the major risk caused by gambling. Major Lynette Hutson stated that "Gambling is so insidious and tends to be far more hidden (than alcohol and drug addiction). Addiction to drugs and alcohol emerge more quickly because you can see the effects of abuse" (2006).

For men, gambling harm has been shown to play a part in homelessness (Clay, 2001). The Salvation Army began surveying users of some of its food banks in 2003. Of those seeking foodbank help, 14 percent admitted to gambling problems — against the national average of 1.35 percent (Hutson, 2006). Homelessness and gambling can be causally linked, just as gambling can go unseen in our community, so can homelessness. Problem gambling can slowly erode someone's life to the point that they end up on the street.

## The Salvation Army and Problem Gambling

The Salvation Army works both clinically and in the Public Health Problem Gambling arena in New Zealand.

### Clinical Work

Last year, The Salvation Army's Problem Gambling service, Oasis, worked with 1016 people affected by problem gambling. A worrying proportion of clients are of Pacific Island and Asian descent and have found themselves 'hooked on Pokies'. One client, Sarah (not her real name) described that the bright lights and the 'special features' of the different games soon had her hooked:

*'It started as a pleasure, became a habit and finally a full-blown addiction.' A venue near her home had some machines and she found*





herself stopping in there more and more. 'My longest stint was 18 hours in one go and \$1500 in one machine — in one episode. It got to the stage where because I'd put so much money in, I thought I must get something out soon.' This is the attraction, and the danger, of the pokies, Sarah explains. Roulette, she says, is purely luck and wasn't such an attraction, but the pokies seemed not so much about luck as about the odds. 'The mentality is that the machine's going to pay out, it's gonna go soon. So winning's the worst thing — it keeps you going back.' Her biggest win was \$500, but sometimes she'd put in \$500 and not even get a free spin for her trouble. 'People will tell you they've just won \$1000, but they don't tell you they lost \$3000. You only hear about the wins.' Her worst fear while playing was that someone else might sit down at the machine after her and that the machine would pay off for them and that fear kept her playing, sure the odds would eventually be in her favour.

Soon Sarah was gambling the mortgage money the night before it was due. 'You justify it. You say, "What the hell, I'm this far now. I've already spent \$300, it must go soon — so I'll just take \$100 from the mortgage." Eventually everything was maxed out — loans, credit cards, everything. Sarah, by now unemployed, wasn't earning enough to meet her repayments. She'd prided herself on owning her own home; that was her security. It was only when she was on the brink of losing that security that she went to The Salvation Army's Oasis Centre in Christchurch for help. By then she was so worried she could hardly sleep at night and had even considered suicide. 'I was thinking, "How am I going to get out of this mess?" You persecute yourself again

and again.' She told the counsellor, 'I'm Sarah and I'm a chronic pokie machine gambler and I don't understand why I do this.' (War Cry, 2006) LIAR

### Public Health

On 1 September the Salvation Army participated in National Gamble Free Day in New Zealand. Problem Gambling services in the main centres undertook activities outside parliament, in the streets, outside casinos and in town squares to draw public attention to the negative impact that gambling has on families and communities. It would be naïve to suggest that gambling can ever be eliminated from our society, but it is surely more realistic to believe that just for one day, there could be no gambling.

Gaming machines are responsible for of many problem gamblers' financial ruin and resorting to crime. Yet a portion of the proceeds from gaming machines plays an integral part in funding charities and other organisations in New Zealand, many of which exist not to help problem gamblers but assist the arts and sport in New Zealand. Just as playing the pokies can lead to gambling addiction, so too many of these groups are themselves financially dependent on their gaming trust grants.

Gaming trust grants can often amount to a redistribution of money from poorer people to the more affluent. This has been termed "Reverse Robin Hood". Approximately half the nation's 23,500 gaming machines are located in the poorest third of New Zealand communities, but there is no guarantee that the grant money from them will be distributed back to the communities who are affected by gambling.

The key areas therefore The Salvation Army is advocating for are:

- The reduction in the number of Gaming Machines nationally through a sinking lid on gaming machines so that the harm caused by gaming machines does not increase.
- The reduction of Gaming Machines

in low decile areas and better balance of Gaming Machine locations to redistribute (or reduce) away from these areas

- More weight given to community consultation about gambling venues. If a community has reasonable objections to gambling venues in their area, this should be listened to.
- Continued research into Problem Gambling in New Zealand making reference to the impacts on families, the disadvantaged and homeless.
- Tailored services for Pacific Island and Asian Problem Gamblers ■

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# Chapter 2: The Leading Role of Local Government

## Homelessness in Auckland: A Local Council's Response

**By Councillor Betty McClaren  
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### **Auckland — a Growing City**

**A**uckland is the largest city in New Zealand. Approximately 404,658 people live in the city and about 1,303,068<sup>1</sup> people in the greater Auckland region. That is, nearly one-third of the total population of the country. Auckland is built on a narrow isthmus between two harbours and is surrounded by extinct volcanoes and picturesque islands.

Auckland, as a growing city, seeks to build and promote itself as the First City of the Pacific, a vibrant destination for commerce, tourism, international arts, cultural and sporting events that draws people from within the country and from different parts of the world. At odds with this aspiration is the issue of homelessness, a visible reminder of a social issue that adversely affects community life. Homelessness, with all its complexities — mental health problems, drug and alcohol abuse, domestic violence and gentrification<sup>2</sup> of the city — stands in stark contrast with the aspiration of building a safe and visually aesthetic city.

Auckland City Council has the responsibility to build a city that creates opportunities for employment, work and play; a city that is safe, vibrant and where communities feel they belong. As a local council, it also has the responsibility to manage the negative social impacts on marginalised communities (such as that of homelessness) that are becoming visible.

The Council's Homeless Action Plan (2005–2008)<sup>3</sup> demonstrates a willingness to recognise the issue of homelessness. Its purpose was for Auckland City Council to assume a proactive leadership and facilitative role by working with organisations that have expertise in the field of homelessness. It was intended that by working together there will be a more holistic response to homeless issues. This article highlights the approach taken and the key areas of work, namely: research, leadership and public awareness, oversight of homelessness in public places and outreach services.

### **Building Safe and Fair Public Places**

Two pieces of research were commissioned. The first was to understand the nature of homelessness in Auckland the second was to plan an appropriate response. (The Homeless in Auckland's CBD: A Review of Issues, Trends, and Options, No Doubt Research Ltd. June 2004; A Plan For Homeless and Marginalised Populations In Auckland's Inner City, Gravitas 2005)

The research commissioned highlighted that regeneration of the Central Business District's (CBD) role as a magnet for leisure, shopping, employment, and tourist activities was at odds with a perception that there was an increasing visibility of homeless people living in the CBD. Concern from those who regularly frequent the city cited perceptions of safety as being an area that needed to be addressed.

The research further highlighted that:

- there were concerns expressed about the anti-social behaviour that may result from the consumption of alcohol or drugs;
- the homeless people are also often in unsafe situations;
- homeless people often feel harassed by police and other security organisations, and
- homeless people are in need of core services such as showers, places to store possessions.

In the absence of a national policy on homelessness, the Homeless Action Plan was based on a premise that people who are or have been homeless are vital members of the community. The council committed NZD 135,000 towards the plan for the three-year period.

### **Partnering with Service Providers**

Practical solutions to manage public places and spaces were required at the local level and strategies for long term solutions had to be developed. Changing public perceptions was as important, as it was, to support agencies that provide direct services to homeless people.

Auckland City Council could not have developed and implemented a response to homelessness on its own. The council worked with key agencies and stakeholders, namely the Auckland City Mission, the Salvation Army, Methodist Mission Northern, Work and Income of the Ministry of Social Development, Auckland District Health Board, Housing New Zealand Corporation and the Auckland City District Police.

Auckland's CBD city has had the presence of some of the key agencies and church ministries for more than a hundred years. People who are in need of food, clothing and emergency shelter have always had a level of support services in the CBD.



## Leadership and Public Awareness

One work strand of the Homeless Action Plan focussed promotion of knowledge and awareness on issues of homelessness. Debate, discussion and experiences were shared at annual national homeless forums. Over two consecutive years, 2005 and 2006, Auckland City Council organised and hosted national conferences on homelessness — ‘Rough Sleeping in New Zealand — A national forum’ and ‘Homelessness Every ones problem, no ones responsibility: Sharing solutions and strategies’, respectively. These events brought together a wide range of stakeholders working to alleviate and respond to issues of homelessness in New Zealand. The attendance at the conferences nearly doubled from a hundred to two hundred in the second year. International speakers like Rosanne Haggerty, Common Ground, New York<sup>4</sup>, Fiona Caniglia, Queensland, Australia, and local speakers like Debbie Hager, Homeworks Trust, Auckland, Clare Aspinall, Regional Public Health, Wellington, spoke on a wide range of concerns and strategies for solutions. Systematic data collection, enabling people to sustain accommodation, the invisibility of women within the homeless community, identifying costs of homelessness and the need for a public policy response were some of the areas discussed. The speakers highlighted the need for strategic responses at a national level. Participants strongly advocated the need to keep alive the momentum gathered through the two conferences and this led to the establishment of a national advocacy group in 2007, called the ‘New Zealand Coalition to End Homelessness’. It is intended that this group will advocate to central government on issues of homelessness, as well as developing frameworks for strengthening local initiatives and the national networks.

‘Putting a Focus on Homelessness’, by Three Dollar films is a documentary, partially funded by the Homeless Action Plan, a visual documentation on homelessness issues in New Zealand. Initiatives such as these have been critical to build public awareness on homelessness.

## Oversight of Homelessness and Public Space Issues

The key principle underlying Auckland City Council’s approach to homelessness and public places is that the uses of these areas are a civic right for all people. The challenge is to balance the needs of a range of users with fair and reasonable management practices that ensure a general sense of safety. It was recognised that some policies have better long-term results than others. Applying a “move-along” policy would lead to a short-term solution of displacing people and issues from one location to another. However, if a long-term effective response was to occur work had to be concentrate on informing and building awareness amongst the community and Auckland City’s

own internal stakeholders. Training for council frontline staff was developed, which enabled council to take a proactive approach to respond to homelessness issues in public places. (See box below).

Ensuring that all people could use public spaces and places, raised the need for data analysis about hotspot areas. A complaint management system was created in Auckland City Council as training for frontline staff was developed. The council’s call centre now gathers information from the public received about homelessness as well as incidents of begging. (It is noted that homelessness and begging behaviours are not the same). A simple system is in place to inform callers as to what is legal and what is not. The system is also alert to issues around nuisance behaviours in public places. It involves Auckland City Council’s street ambassadors to check out a situation or location, and in situations of violent or abusive behaviours, the response might include a call out to security agencies or the police.

An outcome of the training and internal coordination has been a revision of the contract for security staff hired by council, to reflect greater consistency in applying the policy principles about homelessness and enforcement of regulations by council.

## The After-hours Mobile Outreach Service

Over a period of one year, a working group, identified a need and planned for a project for an after-hours mobile outreach service. ‘Project Outreach’, is the first of its kind for Auckland City — a partnership established through a Memorandum of Understanding between Auckland City Mission, Methodist Mission Northern, the Salvation Army and Auckland City Council. Auckland City Council provided funding of \$50,000 for the two-year period and the other agencies gave funding of \$5,000 each for the project period in addition to meeting costs for staff/ volunteer time and other administrative over-heads.

Auckland City Mission took the lead agency role and hired a professional social worker

to work on the project, along with a staff member / or volunteer from one of the above organisations, to make contact with people who are homeless on the street. This service is available during the very early hours of the morning or very late at night.

It is intended that this service will link homeless people who do not usually access services to professionals in the community. The project also establishes working relationships with outreach workers in other organisations such as the New Zealand Prostitutes Collective, so that an improved coordinated response can be achieved for the homeless. Relevant information from calls received by council’s call centre, also provides new information that can be relayed to the outreach team for follow-up and a social service response if required.

The project has demonstrated the value of joint responses and inter-agency collaboration when working with homeless people. In the first three months of its operation (March–May 2007) the outreach worker established contacts with nearly 100 people who were sleeping rough.

## Future Directions

Responding to the issues of marginalised people such as those that experience homelessness will continue to be a challenge for Auckland. As part of the Homeless Action Plan, discussions are currently are being progressed with key stakeholders on alternative models for enabling homeless people to sustain accommodation. Supporting the work of not-for-profit agencies and encouraging coordinated joint, strategic responses will continue to be important areas of work for the Council. ■

## Footnotes

1. Census 2006, Statistics New Zealand
2. Gentrification — process of displacement of lower-income residents in a neighbourhood by higher-income residents, generally occurring when an older neighbourhood is revitalized. ([www.answers.com](http://www.answers.com))
3. [www.aucklandcity.govt.nz/auckland/introduction/safer/homeless/index.asp](http://www.aucklandcity.govt.nz/auckland/introduction/safer/homeless/index.asp)
4. [www.commonground.org](http://www.commonground.org)

### Encouraging a proactive response in managing public place

A training package was developed in discussion with team leaders and managers from Libraries, City Parks, Customer services (Street-ambassadors and call centre) and Parking services. The training aims to give Auckland City Council’s frontline staff an orientation on issues of homelessness, how to respond in a more proactive manner in managing public place issues. The package was developed by the Auckland University of Technology who in turn worked with social service providers such as the Methodist Mission Northern.

So far, nearly 100 staff have received training. A positive feedback from participants indicates that the training has given a platform for staff to talk about issues they work with from time to time, almost on a daily basis.

Handy information cards showing the key services available for people who may be homeless were designed and printed as a ready reference for council staff.

Other than equipping staff with skills, the information and experience sharing led to discussions on stereotyping as much as existing knowledge of people on the street and sensitivity among staff. Through the training the frontline staff became more informed about agencies working in the Central Business District city and to whom they could make referrals when needed. The training gave the chance to staff to be aware of options and solutions and to help better manage public places in an inclusive manner.

# Shared Goal to End Homelessness: A Wellington City Council Perspective

By Wellington City Council

Wellington city has a range of social services that cater to the needs of homeless people. What makes Wellington different from some other New Zealand cities is that Wellington City Council (the Council) funds some of these services as part of its Homelessness Strategy and is committed to the delivery of social housing.

## Definition of Homelessness

**Tertiary homelessness:** people living in single rooms in private boarding houses on a long-term basis — without their own bathroom, kitchen or security of tenure

**Secondary homelessness:** people moving between various forms of temporary shelter including: friends or relatives, emergency accommodation, youth or women's refuges, hostels and boarding houses

**Primary homelessness:** people without conventional accommodation (living on the streets, in deserted buildings, improvised dwellings, parks etc.)

## A Wellington City Success Story

*One of our greatest, success stories is Tony, a chronic alcohol dependent person, who was sleeping in an Oriental Bay bus*

*shelter. Tony, had lost his high-paying IT job and his life began to spiral out of control as he fought a daily battle with an addiction to alcohol. Before long he was living in the bus shelter. Instead of taking a heavy handed approach the Council worked with the Police, Downtown Community Ministry and Wellington City Mission to help house Tony. A television interview about Tony's situation reunited him with his family who helped arrange rehabilitation. Tony's case is a fantastic example of interagency collaboration and cooperation. The outcome was successful and sustainable because of people working together — simply asking Tony to move on from the bus shelter would not have improved his circumstances or ensured he got the help he needed.*

## Where it Started

The death of a well-known Wellington street person, an increase in the number of street people in a central city public park, disorder issues and the Council's consideration of a Public Places by-law all put homelessness firmly on the public agenda in 2003. In response to these issues

Mayor Kerry Prendergast established a Mayoral Taskforce to look into possible solutions. The Taskforce was charged with looking at how agencies could work together to better assist the homeless.

## Finding Solutions

The Taskforce had representatives from all of the agencies providing services to homeless people in the city at the time, including the Council, Downtown Community Ministry, Compassion Centre, the Night Shelter, the Salvation Army, Wellington City Mission and others. It recommended that the Council should focus on the monitoring, coordination and provision of services using the solid, good work of the voluntary agencies. The Taskforce highlighted the following key issues:

- The complexity of the homelessness issue and the difficulty in finding robust and sometimes tailor-made solutions
- The need for extending housing and health services to cover substance abuse and advanced addiction issues
- The need for inter-agency collaboration
- The need for a Homelessness Strategy to be developed by Wellington City Council.



The Homelessness Strategy was developed and three key initiatives were supported:

1. The funding of Project Margin, an outreach service managed by Downtown Community Ministry. This service targets homeless in the city and aims to facilitate access to housing and other critical services. Project Margin was established as a pilot for two years.
2. Financial support to assist the Night Shelter Trust to upgrade and refurbish the existing building and services.
3. The establishment of an interagency group, consisting of agencies such as, Downtown Community Ministry, Project Margin, the Compassion Centre, the Wellington People's Centre, Regional Public Health, Capital and Coast District Health Board, Work and Income, Housing New Zealand Corporation and the Department of Corrections.

Improvements in agency coordination were seen as critical to improve the plight of the homeless. Other assistance included:

- Providing linkages between statutory agencies, housing providers and agencies able to provide individual support.
- Practical support, such as furniture, offered by a number of agencies.
- Providing support that enables people to maintain tenancies over a long period of time — ensuring rent payments, other financial commitments and provision for food is maintained.

## Making it Work Long-term

The Council continues to participate in a cross-sector working group which consists of people affected by homelessness, health and social agency representatives, housing providers, Work and Income, Prisoner Reintegration Programme and Police.

Part of the Council's tangible support in assisting the homeless and low-income people is the substantial portfolio of 2,350 social housing units. These include bedsits and one-bedroom flats in a number of complexes throughout the city. They house around 4,000 elderly, low-income, or disadvantaged tenants — more than 11 percent of all rental housing in Wellington city — with rents set at 70% of the market rental. The Council is committed to building strong, vibrant communities within these complexes and offers a range of social activities for young and old to build networks and encourage tenants to get to know and look out for each other.

In February 2007 the Council signed an agreement with Central Government that will result in an extra \$220 million being

invested in the Council's social housing properties over the next 10 to 15 years. This will fund a range of projects such as upgrading unit facilities, fire control systems, seismic strengthening and installation of lifts.

The Council also continues to partner with Downtown Community Ministry to run Project Margin, which provides practical one-on-one support to people in the city with a history of homelessness. Most critically this includes access to stable accommodation but people are also linked to other key services. Staff work closely with the Council, Housing New Zealand Corporation (HNZC) and other agencies to find appropriate accommodation for clients and to integrate them into the community.

The Night Shelter, funded by the Council, provides emergency accommodation to homeless people. Recently refurbished, it provides 22 overnight dormitory beds costing \$7 per night and 23 beds in a hostel setting for \$105 per week. Downtown Community Ministry works closely with the Night Shelter to support the transition to sustainable housing.

Other agencies part funded by the Council to support people who are homeless include:

1. Catacombs, a drop-in centre for homeless people and people in transit. It provides a place to socialise and a TV lounge, hot drinks, showers and laundry facilities.
2. The Salvation Army who run a Youth Transition House
3. The Wellington Peoples' Centre who advocate on behalf of people on a low-income.

The Council has also supported Downtown Community Ministry to produce *The Survival Guide to Wellington*, a handy booklet which lists all the resources and services available to people on a low-income in Wellington. This is free and can be found at <http://www.wellington.govt.nz/services/commsupserv/pdfs/survivalguide.pdf>

## New Initiative

A new initiative being developed by the Council, the Capital and Coast District Health Board and Downtown Community Ministry is a wet hostel. Agencies working with homeless people in the city have identified this as a key priority to assist those with the most acute needs. The wet hostel will provide accommodation for those unable to access other housing because of their severe addiction to alcohol. Both the Council and the Capital and Coast District Health Board see this as an opportunity to house and help some of the city's most visible and vulnerable homeless people.

This new initiative will complement a wide range of other services already available to homeless people. These include the

Compassion Centre run by the Sisters of Compassion, which offers meals and a soup kitchen, the Salvation Army who also run a soup kitchen and various other day services and drop-in centres. There are also specific services for people with mental health issues, and outreach Drug and Alcohol services run by statutory agencies.

## A Focus on Change

Since the Council developed its Homelessness Strategy and funded Project Margin to work with homeless people, the number of rough sleepers in Wellington has been significantly reduced. It is difficult to quantify the reduction in numbers of people living rough but Downtown Community Ministry estimated in its first year of operation alone that 77 people were shifted from rough sleeping to stable accommodation. Many more were helped to stabilise at-risk tenancies and improve their living circumstances. This has been achieved by working in partnership with other agencies. The role of the Council's City Housing service in housing Project Margin clients is especially significant.

The reduction in homelessness is a testament to many agencies working cooperatively with improved understanding and resources. The Council primarily sees its role as a facilitator, working with existing community and voluntary sector agencies to provide integrated services. The Council acts as a coordinator, working strategically with a range of partners to meet the needs of its citizens. It has played an active part in city wide networks, including the Homelessness Prevention Steering Group.

## The Future

The Council is hosting the 2007 New Zealand Homelessness forum on 3 December 2007. The theme, "Homelessness — counting the cost" will focus on future initiatives to help achieve the vision of ending homelessness. Learning from overseas experiences will also form part of the conference. In particular, Australia is an area of interest and it will be valuable to share their success stories across the sector.

The Council through continued partnership with other sectors of the community has come a long way in addressing the needs of homeless people in the city. While we have done much to address the most severe cases of homelessness on our streets, we recognise there is much more to do. Being a provider of social housing means the Council can better meet the needs of primary and secondary homelessness. The commitment to social housing into the future provides much greater opportunities to meet the needs of communities.

Through continued collaborative working relationships, both with the Government and community, the coordinated approach to addressing homelessness, will move us forward to achieving the vision of ending homelessness. ■

# Enough Already: Quantifying the Cost of Homelessness in Auckland

By Sarah Lang,  
Committee for Auckland

## Background

In February 2007, Malcolm Gladwell, author of international bestseller, *The Tipping Point*, argued in *The New Yorker*, that the cost of managing the problem of homelessness (or rough sleeping), is far greater for the taxpayer, than the cost of solving it.

In fact, his research revealed that the true cost to the taxpayer, of a long term rough sleeper named Murray, was calculated to be in excess of \$1 million, by the time numerous hospital stays, detox treatments, mental health clinic costs, welfare benefits, case worker expenses, jail stays, doctors costs, emergency housing costs etc were tallied up over the 10 year duration of his homelessness.

Essentially, argues Gladwell, providing soup kitchens, night shelters and various other emergency benefits merely perpetuates homelessness. Instead, he believes, we should be investing in solutions that end homelessness. In the US, that has included radical ideas such

as the provision of free supported apartments to the chronically homeless.

Turning to Auckland, we learn that there are approximately 150 homeless people in the city (within a 3km radius of Sky City).<sup>1</sup> Compared with other cities across the globe, this number is small enough to be considered capable of resolution.

## Introduction

Undertaking research based on the methodology used and refined in 19 homeless costing studies in the US,<sup>2</sup> the Committee for Auckland, co-funded by Housing New Zealand Corporation and accessing data from nine government and social service providers,<sup>3</sup> is working to quantify the cost of homelessness in Auckland. Parallel to the statistical research, qualitative in-depth case studies documenting the lives of the marginalised people living on the streets were undertaken. Together, this work seeks to provide New Zealand's first, up-to-date, longitudinal evidence-based costing information for six homeless individuals, with the aim of using the findings to assist in developing solutions to the plight of rough sleeping in the city.

This research also complements the Mission in the City development ([www.missioninthecity.org.nz](http://www.missioninthecity.org.nz)) facilitated by the Committee for Auckland, which, amongst other goals, seeks to provide apartment style supported accommodation for some of Auckland's homeless.

## Purpose

The project is divided into two phases, namely:

### Phase 1

Quantify the cost of homelessness in Auckland using internationally benchmarked research methodologies and peer reviews.

### Phase 2

A. Using the findings of the cost of homelessness research, to re-engineer the provision of support services, with a view to improving their effectiveness in conjunction with infrastructure such as the Mission In The City, reducing the incidence of homelessness in Auckland, and the costs to both marginalised people and to the taxpayer.



- B. Using the US model, generate a new mindset and analytical framework for New Zealand i.e. that resources channelled into a core group will make a significant impact for the resolution of social issues; in this case, homelessness. Create a 'tipping point' for social service provision to move from the traditional reactive and 'universal' emergency responses to homelessness, to preventative and long-term, sustainable approaches.
- C. Using the findings of the cost of homelessness research, raise the profile of the issue of homelessness/rough sleeping and marginalisation in Auckland.

### Methodology for Phase 1

Using a methodology developed and refined through 19 homeless costing studies in America,<sup>4</sup> and working with agencies providing services to homeless people in Auckland, calculate the cost of homelessness to the taxpayer.

### The Process

1. Identify, in conjunction with the Auckland City Mission, six long term, chronic rough sleepers.
2. Obtain consent from the rough sleepers, for inclusion in the study.
3. With the assistance of the social and government agencies, establish the availability and accessibility of longitudinal client data.
4. Trace the usage of each of the services by the selected homeless people for their duration of homelessness, costing the interface at each incidence.
5. Total the costs accumulated by the homeless client for each agency.

### Preliminary Results for Phase 1

Early results suggest that the sample of homeless people used for the purposes of this study<sup>5</sup> are high users of social support services, with no end result or improvement i.e. they remain chronically homeless. Although the period of research was limited to five years (2002–07), hundreds of thousands of dollars were incurred by the study population. In fact, if data were able to be obtained (or extrapolated) for a ten year period, based on the findings to date it is plausible that Auckland too could have its share of Million Dollar Murrays or Million Dollar Margarets. Longitudinal lifetime and intergenerational social service use data would be mind boggling.

Sobering results were revealed individually by the organisations providing data for this study. By matching the data of the 10 agencies with the life stories of the interviewed participants, traumatic histories of violent and abusive childhoods, fuelled by drugs and alcohol, and heightened by poverty and mental health

issues began to appear across the majority of the sample. Sadly, the future for some of the children of these homeless people did not look very different to that of their parents. Intergenerational homelessness is a clearly a very real issue.

In depth interviews with the six homeless people revealed daily lifestyles constrained and characterised by a lack of income. All reported a range of survival strategies in regard to eking out an existence on the street including using City Mission facilities (showers, free clothing, free meals, night shelter), eating leftovers at food halls, scrounging in supermarket rubbish bins, busking, on-selling goods and drugs, and for the women, prostitution.

All six homeless people received some form of income support, namely an unemployment benefit, sickness benefit, invalids benefit, or domestic purposes benefit, and frequently this was supplemented with other special benefits, grants, or disability allowances. Income support accounted for over one third of the total support costs.

Coupled with a poor, homeless lifestyle, was a poor quality of health. Our sample exhibited, through their records, lives characterised by drug and alcohol addictions, violence and degenerating health. Injuries from assault and rape were common, as were frequent detoxification and rehabilitation treatments. Liver, kidney and various gastrointestinal disorders generated by the long-term, heavy consumption of methylated spirits, other alcoholic and addictive substances featured frequently in the health records, as did mental health and behavioural disorders. Hospitalisation was recurrent, especially for emergency treatment. The overall quality of health for the six homeless people in this study was poor, and failing. Health costs (the combination of costs generated by services provided by Accident Compensation Corporation, St Johns Ambulance and three District Health Boards) accounted for nearly one third of total support costs.

The state of desperate homelessness presents a vicious circle in regard to crime, either being the result of previous criminal activity and its consequences, or a state which perpetuates and/or necessitates further criminal activity to survive. Across the sample for the five year study period, all six homeless people had criminal records, yet in most instances, these records reflected the outcome of mental instability, alcohol addiction and homelessness. Convictions for disorderly behaviour, wilful trespass, breach of liquor ban and failure to answer police ban were by far the most frequent. The costs associated with these incidents/offences accounted for approximately one quarter of the total agency costs (NZ Police and Ministry of Corrections data).

In summary, over a five year period, our six homeless research participants were the recipients of approximately \$1.5m of

government funding and services (from the listed agencies), with our 'most expensive' homeless person receiving approximately \$330,000 worth of support. Ironically, despite the level of support, the outcome for this funding was merely the purchasing of another five years of homelessness. Surely, we can do better than this, both for the individual concerned, and for the taxpayer.

### Next Steps

Sustainable communities are measured by their compassion and service towards the most needy, the underprivileged and the forgotten. Success must be how well the most vulnerable elements of society are doing.

Having established that despite the range and extent of support provided to homeless people, the outcome is not exemplary, it is now time to look at investigating how these resources can be better invested in a more satisfactory, sustainable solution to the plight of the homeless in Auckland.

Drawing upon the Gladwell paper and tipping point concept, it is proposed to take a new approach to the issue of homelessness. We are seeking an unexpected solution which spans sectors, and causes resources be targeted more effectively, to resolve, rather than maintain the problem.

The Committee for Auckland, a neutral convenor whose only interest is in a successful Auckland, will work with leaders and service providers in the homeless field, business re-engineering sector experts and other allied partners to jointly reconfigure and enhance the current provision of services and support. Focus will first be given to the urgent resolution of homelessness for the 6 individuals who provided their consent and stories for the research (as pilots), establishing a cross sector approach that can find and deliver solutions. Once the model has been developed, we will turn to the hard core group of long term homeless people in greater Auckland, to implement a wider solution. ■

### Footnotes

1. 2004 Homeless Census conducted by the Auckland Rough Sleepers Initiative (ARSI)
2. Accountability, Cost-Effectiveness and Program Performance: Progress since 1998, National Symposium on Homelessness, March 2007
3. Housing New Zealand, Auckland District Health Board, Waitemata District Health Board, Counties Manukau District Health Board, St Johns Ambulance, Ministry of Social Development/Work and Income NZ, Accident Compensation Corporation, Department of Corrections, New Zealand Police, Child Youth and Family
4. Accountability, Cost-Effectiveness and Program Performance: Progress since 1998, National Symposium on Homelessness, March 2007
5. Sample: 4 males, 2 females, aged between 35 and 74 years, 4 Māori, 2 European

# A Plan for Homeless and Marginalised Populations in Auckland's Inner City

**By Gravitas Research and Strategy**

*In May 2005, Gravitas Research and Strategy was commissioned by Safer Auckland City (SAC), a unit sponsored by Auckland City Council, to undertake research to assist in the development of a plan for homeless and marginalised populations living in Auckland's inner city. The following article summarises key findings as at the time of the research.*

The purpose of the study was to understand current service delivery to Auckland homeless and marginalised populations. An assessment of need and identification of service gaps was also a key element. Inner city Auckland was the primary focus for this research with major service providers to homeless and marginalised populations being located (at least in part) in this area.

The research involved consultation with service providers, as well as other stakeholders. This included the development of a 'Service Provider Catalogue' (using information gathered through a self-completion survey) and in-depth interviews with ten service providers. A stakeholder workshop was also held to present initial research findings to service providers for comment and further development.

The following limitations of the research should be acknowledged:

- It was beyond the scope of this research to include homeless and marginalised individuals directly. Information, on services, needs and gaps, is therefore from the provider perspective. Providers whilst being experts in the field may have

different perspectives to consumers of services for homeless and marginalised people.

- While service providers included in this research were identified by the Auckland City Council/SAC project team as the key providers, there were other providers that work in these areas that might have been included had the scope allowed.
- Quantitative data on homelessness and marginalisation is patchy, incomplete and often difficult to access. It is held, to varying extents, by individual providers and is not usually in a form that allows strategic analysis or aggregation. This has resulted in limited ability to quantify homelessness. We have gathered estimates of numbers wherever possible; however, these should only be viewed as approximations.

## Definitions of Homelessness and Marginalisation

Definitions were developed through a review of available literature and through consultation with stakeholders.

**Primary homeless** — people with no shelter, sleeping rough, estimated at around 64–150 people<sup>1</sup> in Auckland's central city area on any one night. The great majority of this group are male and a majority are of Māori or Polynesian descent.

**Secondary homeless** — people in emergency or temporary accommodation, estimated as 126<sup>2</sup> people per night in the centrally located properties.

**Tertiary homeless** — people with insecure tenure, unsafe or inadequate accommodation, no reliable estimate of this group is available.

**Marginalised groups** — people excluded from the wider comments in some way who may be involved in stigmatised activities (drug use, mental health issues, sex workers, isolated elderly). This group are likely to be the largest, but by their nature difficult to quantify.

Homelessness and marginalisation may occur simultaneously and are often interrelated. People can move backwards and forwards between levels of homelessness.

Whilst causation was not a major focus for the research, it is apparent that the needs of the homeless are multi-faceted and their homelessness often caused by a range of factors. These factors are often (but not exclusively) influenced by central government policies and activity. They include:

- poverty and debt,
- de-institutionalisation of health services,
- housing affordability and availability of public housing,
- systems and support for those with dangerous addictions,
- urban gentrification<sup>3</sup>, and
- inadequacy of social services for those in crisis (drugs and alcohol, victims of abuse etc).

Local government clearly has some influence in these areas and can choose to take a position on all of them.



## Context of Current Service Delivery

Services delivered to the homeless and marginalised reflect the different issues and needs of each group. Services to the primary and secondary homeless tend to focus on meeting immediate needs (e.g. food, shelter, and clothing). However, for tertiary homeless and marginalised groups, services delivered range from meeting short-term needs to enable the person to remain housed during difficult times (e.g. food parcels), to longer-term assistance through services such as budgeting.

Service delivery to homeless and marginalised Aucklanders is characterised by providers as:

- complex and requiring long-term commitment;
- sometimes involving clients with mental health issues, histories of abuse, family violence and alcohol and drug dependency, or a combination of these;
- also including people living in poverty and having experienced life-disrupting events, and
- lacking in feedback on efficiency — as 'success' is sometimes characterised by a client never being seen again (and the hope they have transitioned to a better lifestyle).

Homelessness may be just one of many issues faced by clients and in some cases may be considered a viable solution to these problems. Whilst homelessness is therefore not always the key issue, it is clear that stable, suitable accommodation is fundamental to transition to a healthier position.

## Current Service Delivery and Services

Current services identified in this research occur within four key stages of homelessness; prevention, managing homelessness, transition, and maintenance (Diagram 1). While not necessarily directly addressed by those services identified in this study, 'causation' is also shown as the first stage.

Predominantly, current service delivery focuses on managing homelessness, with fewer transition and maintenance services offered. In the future, some providers plan to develop additional services aimed at moving clients out of homelessness, citing a desire (and plans) to move towards a more holistic service delivery.

## Needs Assessment and Gap Analysis

There is mixed opinion among service providers on the adequacy of current services. Needs and gaps are more apparent in some areas than others. Immediate needs of the primary homeless are perceived by providers to be adequately met. They agree that current levels of provision are sufficient in the areas of food (meals and food parcels), clothing and household items, and general medical and health services (note: this excludes mental health and drug/alcohol related health services). The primary

homeless can move between providers and access services to meet their basic needs.

Providers generally feel that, overall, services currently delivered do not require significant streamlining. They report awareness of the range of services available and active attempts to avoid duplication or over supply.

Service providers in the research identified the following needs:

- lack of 'Transition' and 'Maintenance' Services (see Diagram 1); and
- improved co-ordination and collaboration between providers (to benefit a more holistic service model).

Most providers identify greater resources and funding as key to development of transitional services.

## Service Gaps

Service providers identify four significant service gaps with reasonable consistency.

### Client Focused Emergency Accommodation

Current Emergency Accommodation is mainly oriented and used by older males. It is considered to be potentially unsafe and inappropriate for women, families, young people and transgender individuals. These groups are felt to be potentially at risk from other occupants, violence and drugs. Providers suggest a flexible emergency accommodation facility, or range of smaller facilities that could house smaller, at-risk groups. Flexibility is important as the need among these groups is variable and at times low.

### After Hours Service

24 hour services (in general) are considered necessary as needs are often presented after hours (or at point of closing). A centralised 24 hour contact or referral service is envisioned, supported by an effective catalogue of service providers, contacts, and perhaps real-time availability indicators.

### Supported Transitional Housing

Service providers report a need to cluster services around an individual once rehoused, as they are often susceptible to factors that can cause the placement to fail. The ideal response to ensure sustained transition is felt to be accommodation that is safe/secure and supported through the inclusion of necessary facilities onsite, such as a doctor, day-care facility, social work

support and training opportunities. Such a facility, or facilities, could be established and run/supported collaboratively.

## Case Management Approach

Service providers consider a case management approach to be the most appropriate/effective path for moving individuals out of their homeless or marginalised situation. There is a need for a well developed, co-ordinated and collaborative approach to the needs of individual clients. It is suggested that a strategy for approach and protocols for referral and reporting be established.

## Coordination and Overview of Needs

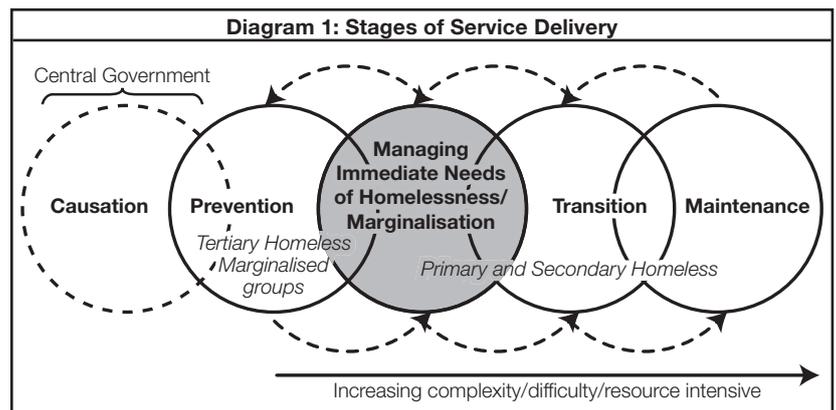
The need for a more coordinated and systematic approach to homelessness and marginalisation is implied through the research findings. The inferred objective would be to aim for more formalised partnerships between government organisations and providers to maximise resource usage and allow for service level improvements such as intensive case management, holistic service provision, development of referral protocols, checks on service duplication and so on.

A suitable forum of stakeholders would also consider:

- Development of qualified and quantified objectives regarding reducing homelessness and marginalisation and measurement of success.
- Partnerships with central government, local government, the corporate sector and not-for-profit groups, to share and develop skill-sets and information.
- Formal communication and commitment to work towards the development of an overarching strategy for the future.
- Continued development of working groups/trusts that cut across organisational barriers. ■

## Footnotes

1. Auckland Rough Sleepers Initiative (May 2005) 'Auckland Rough Sleeper Street Count'
2. Auckland Rough Sleepers Initiative (May 2005) 'Auckland Rough Sleeper Street Count'
3. Defined as: The process in which a neighbourhood is transformed from low-value to high-value properties



# Chapter 3: Housing

## Responding to Homelessness: Housing New Zealand

**By Mike Stringfellow,  
Housing New Zealand**

**H**ousing New Zealand is dedicated to work with community groups and other government agencies to ensure that "all New Zealanders have access to affordable, sustainable, good quality housing appropriate to their needs".

Every year it finds homes for approximately 10,000 households, most of whom are unable to find suitable, long-term accommodation on their own.

The Government has invested significantly in new housing stock, particularly in Auckland. Since January 2000 over seven thousand properties have been added to the housing portfolio.

### How are Homes Allocated?

Because demand for state houses is greater than Housing New Zealand stock, it must allocate housing in the most equitable way. The Social Allocation System is a system that determines the level of housing need. Those most in need of housing receive assistance first, therefore a homeless household is likely to receive priority.

Applicants are assessed using five criteria:

**Affordability:**

the inability to afford housing in the private market

**Adequacy:**

the physical condition of and availability of facilities in current housing

**Suitability:**

the size of current housing in relation to household size

**Accessibility:**

the ability to finance and access housing without discrimination

**Sustainability:**

the inability to sustain or retain housing as a result of the applicants circumstances.

Housing New Zealand is only able to house applicants with a very high need for accommodation. For others who seek state housing, but who have a lower level of need, Housing New Zealand has developed strategic relationships with private landlords and community groups to help provide access to appropriate accommodation. In some regions this approach has been very successful with the waiting lists for people with less critical level of need significantly reduced.

To ensure tenancies are sustainable, Housing New Zealand tries to place people in the most suitable accommodation and in a community that would best fit their needs. Housing New Zealand's community renewal projects are designed to bring together the whole community to work on improving services to the area along with improving the physical environment. The objectives of these initiatives is to ensure that:

- tenancies become more sustainable for the community and the tenant
- mixed communities develop with less concentration of deprivation.

### Constant Improvement of Service

Applicants and tenants have increasingly complex needs. To address this and improve the housing outcomes of our customers and to be responsive to the needs of communities Housing New Zealand is:

- providing on-site tenancy management in communities and complexes where there is a need
- integrating services with other government agencies
- encourages tenant participation where appropriate
- improving the physical environment of communities.

### Community Housing Solutions

Housing New Zealand supplies housing and/or funding for housing to community groups through Community Group Housing and the Housing Innovation Fund. Community Group Housing provides rental homes for government-funded groups or organisations that provide residential community services. There are a wide range of these organisations that provide accommodation for:

- people who experience mental illness
- people with disabilities
- women seeking refuge
- at-risk youth
- people needing emergency housing.

The Housing Innovation Fund helps local government and community groups to provide social housing that targets:

- households whose housing needs are not fully met by Housing New Zealand or the private market, such as Māori and Pacific peoples, older people and people with disabilities
- low or moderate-income households whose housing needs are not met in the private market but for whom no suitable alternative exists.

Housing New Zealand works with community groups to ensure that they have the capacity and capability to provide social housing. This support may be in the form of funding or staff secondments to develop policy and governance structures.

### Emergency Housing

Providing permanent housing is the best solution to homelessness. However emergency housing or transitional housing can provide support for the homeless to ensure that the cycle of homelessness is stopped.

Housing New Zealand does not fund the social services that are needed to address homelessness, however it continues to support emergency housing initiatives.

What is Being Done to Improve Emergency Housing Service Delivery?

At present there is a small amount of funding available for support services associated with social housing through the Ministry of Health and the Ministry of Social Development. Housing New Zealand is working with other government agencies and community groups to review the funding associated with emergency housing.

Emergency housing providers are taking a lead in resolving the funding of support services associated with homelessness. A delegation of Auckland providers recently met with the Minister of Housing and are working to develop a strategy aimed at securing national funding from central government for support services associated with community housing projects.

Housing New Zealand also participates and supports other community groups that are concerned with the issues of homelessness. Housing New Zealand has supported these groups including the contribution funds for a documentary film on homelessness and membership on peak body homelessness steering groups. ■

# Blind Faith in Markets

**By Alan Johnson,  
 Social Policy Analyst,  
 The Salvation Army Social  
 Policy & Parliamentary Unit**

**N**ew Zealand's affordable housing policy is almost by default the reliance on mum and dad investors to invest in residential properties to rent in the private rental market. This has more or less been the policy approach of the past fifteen years and the present Government appears to be acting on faith that this will continue for the next decade at least. There are however big reasons to expect that such faith is misplaced — at least if we are seeking housing outcomes which are both affordable and fair.

In his speech to the Wellington property investors in September 2007, New Zealand's Building and Construction Minister, Clayton Cosgrove indicated the focus of his Government's housing policy with the following commentary:

*"...the fact remains that the number of long-term renters is increasing. That means that you — as property investors — are an even more important player in our housing market."*

The reliance on small scale private investors to provide around 450,000 New Zealand households with relatively affordable rental housing is not without its costs to taxpayers. For example the cost of rental subsidies being paid to tenants via the Accommodation Supplement is over \$800 million annually and rising at twice the rate of inflation. The cost of tax write-offs to landlords could be as much again as

they continue to invest in additional rental properties on 100% finance and claim tax credits for losses incurred by the high interest costs. This investment activity is partly responsible for driving up house prices and for making home-ownership less accessible for young and modest income New Zealanders.

A Reserve Bank of New Zealand report in November 2006 reported that yields on residential rental property had fallen to less than 5%, while yields on New Zealand Government bonds were around 7%.

Why invest at such low returns? The answer is quite simple — capital gains. As in Australia, New Zealand's house prices have risen rapidly over the past five years and have outstripped wage and salary increases by four to six times. Until now there has been fairly limited application of capital gains taxes and on any account New Zealand tax law around capital gains is fairly loose.

Most small scale private landlords in New Zealand aren't that interested in an immediate return from rents and are quite happy to wait for their capital gains which may even go untaxed. In the meantime they can enjoy generous tax refunds on their loss making rental properties. However, a serious question needs to be asked about the extent to which this set of arrangements will continue to provide an adequate supply of private rental houses over the next decade.

In a Government sponsored research project, property market research company DTZ New Zealand predicted that the proportion of tenant households would rise from 34% of all New Zealand households in 2006 to 38% in 2016. For this to happen,

private investors will have to invest in another 180,000 residential units over the next decade or 63% of all the dwellings added to the housing stock during this period.

The prospect that nearly two thirds of the additional dwellings in New Zealand over the next decade will need to be provided through the private rental market raises concern over why this would happen at present rental yields of under 5%. No rational private investor would make the necessary investment when risk free Government bonds are paying 2% more.

Clearly for such investment to occur one or both of two things need to happen over the ten years. Either rental yields rise or further capital gains need to be assured. Either of these scenarios suggest that housing will become less affordable for modest income New Zealanders. For example, rents will rise by 40% if rental yields were to grow to a modest 7%. Such increases will blow out the cost of taxpayer rental subsidies at least by a similar amount or around \$400 million annually without taking account of the increasing number of households who may need such assistance.

Markets have a way of balancing supply and demand given any set of circumstances. The outcomes from such a balancing may not be fair or socially optimal. Such concerns aren't normally the business of private investors on any account.

Issues of and sound social policy are however the concern of any responsible Government. Because of this, the New Zealand Government should be reflecting on the wisdom of its present reliance on mum and dad investors to deliver housing to modest income New Zealanders. ■



# Comcare Trust Housing Service: Specialist Housing Responses for People Who Experience Mental Illness and are Facing Homelessness

By Louise Lewis,  
Comcare Trust

**H**ousing Solutions has 11 years experience in finding and providing independent housing for people who have experienced mental illness. The organisation has developed a range of services to encompass all stages of finding and keeping housing, being mindful of people's right to autonomy. It currently manages 110 tenancies and supports people in finding housing within the Christchurch community.

One of the services is Housing Facilitation. Housing Facilitation involves working with individuals to find appropriate housing with government, local government, Comcare's own housing, or private sector providers. Much of the Housing Facilitators work in the past was focused on finding private sector flats.

Four years ago, the work day of a Comcare Trust Housing Facilitator would start with a highlighter in one hand and a coffee in the other, trawling through the 'To Let' section of the Christchurch Press and making a list of the best flats in the areas that suit the particular client they were working with at the time. They would find six or eight promising properties and together with the client they would spend the afternoon looking at them.

These days the coffee is still in one hand but the highlighter remains mostly poised in mid air, and if the Housing Facilitator does see a property that might fit requirements it needs quick work to try and arrange a viewing before any one else gets to it.

Rental costs have increased greatly over the last few years. For a single person on the invalids benefit, flats with rents no higher than \$150 are sought, as this is the maximum amount affordable. After paying rent, this will leave around \$120 for all other expenses. In an average newspaper, there are 3 flats with rents \$150 or less in the whole of Christchurch.

To work well in this changing environment Comcare Trust Housing Service has rolled with the punches and evolved to fill as many of the gaps people are likely to fall through in the hunt for an affordable, safe and secure home.

The Housing Facilitators work with people to find a permanent home in the community. Many of the referrals received are for people who are homeless, or will be homeless in the near future.

Home Rescue and Emergency Housing were introduced about a year ago due to the pressured rental market. Home Rescue is a measure to save tenancies that may be under threat, and so reduce the number

of people losing their housing and having to join the throngs competing for the few flats available. The service offers practical help and problem solving in areas such as rent arrears, 10 day notice requirements, and restoring good contact between landlord and tenant. It can also include taking over a tenancy for a short term until things have stabilized if the landlord and tenant agree and see a need for this.

The Housing Service also provides three flats as emergency housing. The tenancies are for an eight week period and a Housing Facilitator works with the tenant during this time to access permanent housing. The tenancy can be beneficial for people who have no rental history as they will be able to get a reference from us to pass on to a prospective landlord. For those who have had a long period of homelessness it can provide a time for them to readjust to having a home and holding a tenancy. Comcare is currently seeking funding to increase the number of emergency flats it operates.

At present Comcare is conducting research into what helps people experiencing mental illness to live well in the community. This research is funded by CHRANZ and the results should be available by the end of 2008. Meanwhile, Comcare continues to diversify as new needs emerge. ■



# “When things go wrong they really go wrong” Can a group like Tenants Protection Association help to prevent homelessness? Yes!

**By Helen Gatonyi,  
Lisa Coulter  
and Ali Brunel,  
the Tenants Protection  
Association,  
Christchurch**

**T**enants Protection Association (Christchurch) Inc is a not for profit, non-government organisation established 25 years ago to lobby for better housing conditions and to be an advocate for Tenants.

The introduction of the Residential Tenancies Act in 1986 paved the way for the rights and responsibilities of Tenants and Landlords to be clarified. In doing so it also means that today we see hundreds of tenancies ended every year by the Tenancy Tribunal due to breaches under this legalisation. Those living in situations exempt from the RTA such as boarders, flatmates and ‘couch surfers’ continue to move regularly with little protection. Work and Income, the Department of Building and Housing and the Collections Department are involved in an ever repeating dance of debt and ended tenancies.

Much attention is given by the media to people moving regularly, usually illustrated by aspiring homeowners and increasing migration. Mobility by ‘choice’ and dissatisfaction with renting appears often resolved by focusing on encouraging homeownership. Responses to uncertainty in the rental market are seen as the domain of public housing, third sector housing and community groups. At the present time there is a review of the Residential Tenancies Act and hopefully will include incentives for longer and more secure tenancies. However, it is also likely to include harsher penalties for rental breaches, and landlords are pushing hard for shorter notice periods to vacate. Currently the rental market is characterised by tenancies lasting months rather than years. Properties are bought and sold frequently for capital gain, affordability and poor quality housing stock are constant challenges even for the most informed and capable tenant.

How do people become homeless? For many reasons but *the journey on the path to homelessness begins many steps before there is no place to call home*. Those most likely to end up homeless experience more than just circumstantial and affordability barriers, there are often more complex issues. Trauma, lack of life skills, addiction, relationship breakdown, decreasing mental wellbeing — any one of us can lose touch with our ability to cope. When these affect our housing then all other parts of our life become more difficult to manage, and the

spiral into homelessness begins.

The homelessness that Tenants Protection sees is across the board — primary, secondary and tertiary. Christchurch is too cold to ‘sleep rough’ (although many do), so all over the city people are sleeping in cars, garages, couches, floors and overcrowding their friends and families homes. Others move from flat to flat as their relationships end and bridges are burnt. Debt, tenant databases and an increase in landlord vetting through often onerous and intrusive pre-tenancy application forms, leave some people unable to obtain any housing in the private sector, and the waiting lists for Housing New Zealand Corporation continue to grow. Tenants fail to meet their responsibilities and are evicted; the vulnerable are taken advantage of and often lack the ability to respond.

## **So how does a group like TPA prevent homelessness?**

Alongside our core business of providing advice, information, education and shoulder to shoulder advocacy, TPA provides a specialist comprehensive targeted programme SVT (Supporting Vulnerable Tenancies) that assist tenants to stay supported in secure housing in the private sector.

SVT emerged as a way of formalising the way of working we were already engaged in with some of our clients and is based on the premise that housing first / sustainable tenancies are a prerequisite for healthy life choices and minimises the threat of homelessness.

Intrinsic to the TPA is its Kaupapa, the guiding values and principals of the organisation which is respect to all and modelling that in every thing that we do. The values, aspiration for, and the importance of “home” drive our service. People are given the opportunity to share their stories and we recognise sustainable changes occur when tenants access their own knowledge and ability. We provide the interventions and tools to support Tenants to realise these, but we do not rescue them!

SVT supports tenants in private sector rentals to maintain their tenancy by engaging and coordinating relevant services to support their housing needs. Many people will never be suitably housed in the public sector or wish to be. Sustaining a private sector tenancy eases pressure on the public sector, assists landlords to recover lost rent, reduces regular vacancies, and equips tenants with a reputation that widens choices for other housing options in the

future. The private sector welcomes a relationship/mechanism that can support their business. The accommodation supplement (currently over one billion dollars per year) is not enough in itself to prevent rent arrears and failed tenancies.

The strength of SVT is not only in the programme itself, but that TPA delivers it. Tenants Protection has a well respected profile both in the Christchurch community and nationally. TPA is a specialist in residential tenancies and tenancy law and its wide established networks and relationships are the key to its success. TPA does not work in an adversarial model but takes a collaborative approach. The relationships and partnerships with NGOs, the government sector and wider community are critical for a programme such as SVT to be successful.

TPA’s independence means it is not constrained by bureaucratic processes but at the same time acknowledging, understanding and respecting them. We can be creative, directional, challenging and responsive. Because we are not housing providers there is no conflict of interest and therefore we can direct people to the “best fit”.

In summary a service like TPA can help prevent homelessness because of its long-standing position in the rental landscape, its expertise, its flexibility and creative responses, its independence and Kaupapa. To quote a recent client of ours “Boy you sure learn by doing it!” ■



# Housing Issues in Northland

**By Chrissy McLoughlin,  
Emergency Housing  
Coordinator,  
Whangarei Emergency Housing  
Charitable Trust**

*A special thank you all the wonderful people who gave of their time and energy in order for me to gather information about the issues we have in Northland.*

**O**verwhelmingly the most serious issue portrayed in Northland is the almost total lack of accommodation for single people between the ages of 13 and 25 years, there is a lot of couch surfing, until they exhaust all resources, and invariably end up sleeping in shacks and tents around the beaches, or they go bush.

Accommodation in general is hard to find with people having to move out of rental homes during the summer months, to accommodate tourists who are able to pay the high rents asked for at this time of year, families move into tents and caravans.

There are no night shelters in Northland, no wet houses, only one emergency accommodation (6 units) for families in Taipa (Mangonui), and three in Whangarei consisting of one 4 bed roomed house , 7 units and 6 units. Women's refuges are full. There is only one facility for youth in Whangarei aged between 16–25 and has only 2 beds ( 1 have been advised that this facility has now closed)

With regard to domestic violence and abuse issues being talked about in the media, situations are more easily identified, the need for safe accommodation is greater but no extra facilities are available.

There are larger families in Northland (10 children is not unusual) as a consequence the reality is that it is almost impossible to house these families.

In Whangarei some caravan parks are closing down, some are being sold, others the leases are not being renewed, and as a consequence, people with mental health and drug and alcohol issues who often stay at these facilities are finding it more and more difficult to find accommodation.

Sub standard housing is also a huge issue in Northland with many people living in accommodation without power, sewerage and running water, this problem is compounded by the fact that many families live in their whanau homes on *papakāinga* land (Māori land) and because of joint ownership there is difficulty with resource consents (refer Te Rarawa report). There also another level of people who do not access benefits or other services who live on *papakāinga* land and whose primary care is assisted by other whanau members.

Health issues are a primary concern for *whanau* living in substandard housing and seriously overcrowded homes.

This year I have noticed a large increase in children with nits and a form of scabies particularly through out the summer months in Whangarei.

Since the opening of Ngawha prison in the mid north a severe shortage of rental accommodation has occurred with staff who have relocated taking up most of the available properties and also with rental costs increasing, it has made it more difficult for families to afford the added charges.

The cost of both rental and the purchasing price of properties has increased dramatically

in the last 2–3 years and with very little increase in benefits/wages, it has caused severe stress for beneficiaries/and wage earners trying to manage on very low incomes. I have also been advised that people who manage to acquire private rental accommodation are often faced with health issues due to the accommodation not having heating and curtains to keep in warmth and no financial resources to provide them.

There are also serious issues surrounding alcohol/drug abuse and gambling, causing hardship for families and placing added strain on services already stretched to capacity.

Mental health facilities are inadequate in Northland, and other providers who have not got the resources or skilled staff to deal with these clients, when facilities are full, causes added stress to already difficult situations, in the Far North hotels are used for short term accommodation, which obviously only exacerbates the situation for these people.

The YWCA in Whangarei which is the only hostel facility available is usually always full and as with other providers in Northland there are waiting lists for accommodation. The Riverview guesthouse provides accommodation for single men on a short term basis.

With recent bad weather causing flooding many people have been evacuated to schools, halls etcetera as there are inadequate temporary emergency facilities available, many families have been isolated and cut off, due to slips and the adverse weather conditions for the second time this year, causing extreme hardship.

Transport is a serious problem in the mid and far north areas as there is no public transport and many people have cars that are not warranted or registered, increasing fines and the prospect of jail time forces people to hitch hike for even the most basic food, clothing and health requirements. Children have difficulties getting to and from school and as a result often fall behind and eventually drop out of school altogether, creating long term difficulties in job prospects. Overcrowding in homes is a serious problem and domestic issues arise frequently, when part of the family is told to leave.

Domestic violence is causing serious problems where often families need to be relocated out of their immediate areas, and accommodation is difficult to source.

There are shortages of homes with Housing New Zealand Corporation throughout Northland, with long waiting lists currently there are nearly six hundred families for this current year, with 180+ living in bus/house trucks, 13 stated as homeless and 226 are temporarily sharing accommodation with only the high priority able to be catered for at this stage.

The MSD have had 320 people asking for financial assistance in the Whangarei area because they are temporarily homeless. ■



# Rebuilding the Kiwi Dream

By Alan Johnson,  
 Social Policy Analyst,  
 the Salvation Army Social  
 Policy and Parliamentary Unit

Access to good quality affordable housing is a critical component of social policy and an essential contributor to social well-being. Despite this quite apparent relationship, housing policy in New Zealand has been a sadly neglected area of social policy over the past two decades. One consequence of this neglect is a widening "housing gap" which has set back as many as 200,000 New Zealand households. This "housing gap" is witnessed by falling levels of home-ownership, the rising costs of public subsidies to support families in often poor quality private rental housing and the limited availability of public rental houses to only the most needy.

Since 1991 successive New Zealand Governments have relied almost entirely on demand side policies to deliver affordable housing options to low and modest income New Zealanders. The reintroduction in 2000 of income related rents for Government owned rental housing reversed this demand side policy reliance somewhat although such a move is fairly residual within the wider picture. For example, around 60,000 households receive income related rents as state tenants while 150,000 private sector tenants with similar incomes rely on the Accommodation Supplement to subsidise their rents. The total cost of these rental subsidies to public and private sector tenants has risen 32% in six years from just over \$1 billion in 2001/02 to nearly \$1.4 billion in 2007/08 with few improved housing outcomes to show for it and very few extra people being housed.

Rates of home ownership in New Zealand have fallen over the last 15 years to the lowest levels in 50 years. This decline has been driven by rapidly rising house prices which have outstripped wage and salary increases by four to six times over the past five years. These rapid house price increases have led to something of a blame game and to increasing public concerns over housing affordability especially for young working families. This blame game has extended into the New Zealand Parliament with a Parliamentary Select Committee of Inquiry into Housing Affordability.

It seems that this house price inflation has probably been the result of a number of factors including:

- rising global liquidity and easy availability of debt for wealthier households to finance residential property investment,
- the favourable tax treatment of residential property investment including a fairly lax approach to taxing capital gains and generous tax deductions for the costs associated with highly geared investments,
- the retirement investment plans of baby boomers who have often

- leveraged the equity in their family home to purchase an additional house as a rental property investment even though the rate of return is low,
- rising building costs caused in part by capacity problems within the building industry and in part by limited competition within some sectors of the building materials industry,
- rising compliance costs for the building industry especially in the delays involved in gaining building and planning consents from local councils, and,
- very modest household income growth especially for the poorest paid New Zealanders.

The New Zealand Government's response to these trends has been quite muted and moves to support homeownership have to date been fairly minimal and largely ineffectual. Its Welcome Home Loan scheme which provides mortgage guarantees for people who may be marginal lending risks, has, since its introduction never met targets, accounts for just over 1% of home lending and generally supports homeownership in regions where there is low housing demand.

Other progress by Government has been at glacial speed. In May 2005 the New Zealand Housing Strategy identified the investigation of innovative home ownership programmes as an immediate priority yet it took until May 2007 for the Government to announce a \$1.4 million study of shared equity options for completion by July 2008. A pilot programme is expected to begin rolling out in late 2008.

The low priority given to housing and housing policy is inexplicable when we consider the resources which the New Zealand Government has had available to it to respond to housing need in a substantial way. For the five years to June 2006 the Government generated operating surpluses of \$32.5 billion and contributed \$8.1 billion to the New Zealand Superannuation Fund. Over the same period the Government contributed a net \$237 million to its housing agency, Housing New Zealand, to assist it to purchase additional state houses.

Rebuilding the Kiwi Dream is a proposal by The Salvation Army's Social Policy and Parliamentary Unit to rekindle the vision that housing can be a vehicle for positive social change. This proposal suggests that housing policy should be more than just putting roofs over peoples' heads and that investment in affordable housing is more than helping some people save for their retirement. Rather, housing policy is about how as a society we build neighbourhoods and communities and about how we support families and nurture children. By gaining such a broader appreciation of housing policy we are able to conceive of a far wider range of opportunities to shape New Zealand society and to define and redefine the Kiwi Dream.

Rebuilding the Kiwi Dream calls for a more active role for Government in housing and specifically, for a more active supply side policy response. This response should acknowledge the long-term nature of any housing investment programme and the danger that any dramatic policy shift under present market conditions may cause further house price inflation. It can however be argued that the past reliance on demand side policy solutions has contributed significantly to recent housing inflation, that there is no easy road back to a more balanced policy mix and hence some inflationary pressure is unavoidable. The social need for greater supply side investment in housing and the social value of such investment need to be weighed against possible inflationary consequences and not simply sacrificed to a singular pre-occupation with inflation.

Much of the broad prosperity that most New Zealanders currently enjoy has come from the social institutions which we have inherited from the 1930's and 1940's. These institutions include the welfare state with its strong emphasis on housing as both a cornerstone of a family's well being and as a springboard for wider participation in local community and social life. While such institutions cannot and probably should not be recreated, it is important to learn from history and to renew our commitment as New Zealanders to the values which underpinned these institutions. These values included giving everyone a fair go, caring for the vulnerable and making sure that everyone had a stake in the future. Such values underpin the Kiwi Dream and go to the heart of why access to decent affordable housing for every New Zealander should remain an essential part of who we are as New Zealanders. ■

Copies of *Rebuilding the Kiwi Dream* are available on line at  
[http://www.salvationarmy.org.nz/SITE\\_Default/SITE\\_SPPU/SPPU\\_reports.asp](http://www.salvationarmy.org.nz/SITE_Default/SITE_SPPU/SPPU_reports.asp)



# Chapter 4: From the Coalface

## A Collaborative Approach: Increasing Access to Services for Our Forgotten People

**By Jak Wild,  
Community Outreach  
Co-Coordinator,  
Wellington Community  
Alcohol and Drug Service**

The Wellington Community Alcohol and Drug Service (CADS) is a specialist mental health and addictions service. It serves those with psychiatric disorders and moderate to severe addictions, identified as the 3% of substance users with the highest acuity.

The social and health outcomes of poverty, neglect and poor health, impacted upon by substance use and culminating legal issues, result in many of Wellington's homeless regularly presenting to crisis services such as the local emergency department, the mental health crisis team, or the police. The high rates of substance dependence and psychiatric issues frequently result in these clients being referred on to specialist services such as CADS. Successful interventions however are limited, with non-attendance or tenuous engagement to follow-up appointments being the norm. The instability in the lives of homeless clients; the lack of daily structure; the fluctuating motivation to address their issues; and constant state of intoxication, make it difficult for them to fit into the highly structured and formal setting provided at CADS. Maintaining engagement and delivering successful

treatment outcomes for these clients via traditional settings is improbable, in contrast to more affluent clients who fit in more readily. Being predominantly from lower socio-economic backgrounds and often presenting with 'challenging behaviours', homeless clients unfortunately do not always illicit appropriate empathy and support from services or individual practitioners. By comparison, those clients who have relatively good social cues, and without the same level of socio economic stressors, generally receive more comprehensive support.

### **The Community Outreach Project**

To attempt to facilitate better treatment outcomes for homeless clients a joint venture was established in Oct 2006. Combining statutory mental health and addictions services, community services, and primary health teams it looked to provide outreach support within the community, to hard to engage and marginalised clients such as the homeless. Services included; Downtown Community Ministry (DCM) Wellington's primary resource provider for the homeless; Te Aro Medical Centre who have an outreach medical service for the homeless; Wellington Hospital's emergency department (ED); the mental health crisis team (CATT); the mental health Team for Assertive Community

Treatment (TACT); as well as CADS. The initial aims of the project were; to identify the client group; provide triage and engagement via a weekly clinic at the DCM drop-in-service; and to increase collaboration between the key agencies and other support services.

### **Methods**

DCM staff provided an orientation to working with the client group, facilitating visits to locations where homeless people actually sleep; under bridges; beside the motorway; in derelict buildings; and in green belt locations. Payday at the DCM banking service was chosen as the day for the weekly CADS clinic, as it was deemed to be the most reliable day to gain contact with clients. Successful engagement at the outreach clinic was facilitated by regular communication such as weekly emails, team updates and information exchange between agencies. A CADS/ED monitoring and referral project for those clients who are admitted to ED with concurrent alcohol issues was utilised for additional information exchange. This enhanced communication between the Outreach project and ED, facilitating support for the so called 'high flyers' — those with multiple admissions, the majority of whom are well known homeless clients. It was identified that clients who utilised the DCM services were not wholly representative of the potential target group, or that homelessness was always a factor, (although housing was identified in each case as a core concern). For this reason, the project went to new locations to gain contact with clients such as Wellington's nightshelter, prisons, hospital wards, police stations and within the general community.

A greater level of case management was required than is generally provided for CADS clients. Needs became more acute through periods of crisis, often resulting in increased levels of intoxication and challenging behaviours. Challenges arose around the need to maintain safe practices yet be able to maintain the intensive treatment supports. The project gained momentum over time, developing strategies on how best to engage with clients. Working with key individuals within a particular network, had positive effects on 'group dynamics' as a whole, resulting in other individuals from the group becoming progressively focussed on making changes.



## Demographics and Life Impacts

Over the 9-month pilot period contact was made with 25 clients with varying degrees of intensive follow up. 76% of those seen were males (mostly single) more so than generally seen at CADS, yet with similar age groupings. A notable difference was the number of engagements with Māori (36%), significantly higher than is seen generally at CADS. Lower, however than the 56% of Wellington's primary homeless who are estimated to be Māori.<sup>1</sup> In terms of life impacts, the vast majority were homeless (83%), half being primary homeless at some stage during the period of engagement. At least 5 clients had exhausted all potential housing options available to them, highlighting the need for new innovative housing options such as Wellington's planned Wet Hostel. Others, although not homeless, required re-housing due to the unsuitability of their residences. In one case, a hospital admission brought about by chronic alcohol abuse, resulting in severe malnourishment and neglect, required intensive casework over a number of months. Re-housing was required due to the risks associated with discharging the elderly client back to his wholly unsuitable abode, where he had resorted to living in a bunker at the family home due to dysfunction within the family.

There were high rates of financial hardship and extreme poverty identified, with the majority unemployed (76%), and the remaining working limited part time hours for support services, or within the sex industry. 52% accessed hospital services during the period of engagement, indicative of the high medical stressors often experienced by this client group. Although there was limited engagement with community mental health services prior to contact with the project, 76% had a psychiatric diagnosis with 28% in active treatment. This low rate of active treatment may reflect the difficulties with engagement, and inability to maintain sobriety for assessment. Many had legal issues during the period of engagement, including 32% with significant issues such as imprisonment, arrests, or outstanding warrants for arrest. A number of clients had extensive prison histories mainly for alcohol related charges such as public nuisance or drink-driving charges. One individual had been arrested over 200 times, spending in total 20 years of his life in prison. A majority of clients had chronic alcohol dependence (68%), with relatively high numbers of methylated spirit drinkers (32%), one being just 21yrs old. Other acute addictions included solvent dependence (16%) and methamphetamine dependence (16%).

A significant stressor for the clients was seen to be the ongoing frustrations and disappointments clients experienced due to not receiving the support from services that they had expected.

## Interventions

An important outcome from the project was the ability to gain comprehensive clinical assessments. 20 clients had alcohol and other drug (AOD) assessments, 11 being comprehensive assessments, with a further 4 having psychiatric assessments. 10 clients had detox interventions, 6 of which were inpatient, and 8 clients received follow-up counselling, with a further 8 having psychiatric interventions. Many of the 13 clients who accessed hospital treatment did so as a result of their contact with the outreach project, or were supported by facilitating better treatment provision.



The most surprising outcome of the project was the number of clients wanting residential treatment, and the level of success in admissions to long-term rehabilitation facilities. 8 clients were admitted to residential treatment facilities with 4 referrals pending at the time of writing. Programmes included AOD and dual diagnosis treatment, respite programmes and recovery based work programmes, with most being for a 6-month duration, one being 12-month+. However, there were a relatively high number of rejections to residential, and problematic and delayed processes of having client referrals accepted. As a result creative options of community orientated interventions are seen as an alternative, rather than limiting goals to purely residential treatment. Increasing pragmatic support in the here and now was encouraged, especially for those clients not willing to make bigger steps towards recovery.

The project also identified potential residents for the 14-bed Wet Hostel, although still attempted to offer alternative treatment options for them. Four clients were identified as exhausting all other available housing support other than Wet Hostel placement, with a further five considered moderately suitable. There still is a need to engage with the more marginalised and acute clients known to be within the target group, who may potentially require the Wet Hostel, yet are not currently accessing the outreach project or other existing services.

## Collaboration

The biggest perceived gap between services and the outreach project, or between the client group and services, were with corrections, hospital services and cultural services. Strategies to bridge the gaps

include adopting a step-wise process towards greater collaboration, with a focus on building individual, rather than service relationships first.

Extra demands were placed on the key agencies, and wider support services due to the projects outcomes. Conciliation and mediation (on occasions by service co-ordination departments) facilitated greater buy-in between, and from other services. Highlighting the projects aim of intensify service delivery in the short term, so as to reduce acuity and level of crisis presentations in the longer term facilitated service collaboration.

'Housing First' policies were most successful when other interventions and supports (e.g. AOD, legal, and health supports) were provided simultaneously to when housing first began to be addressed by services. Providing paralleled support alongside the housing interventions, particularly during the early period of engagement, not only spread the load effectively, but also created wider understanding of clients needs within the team, and provided a greater degree of holistic care.

## Other Issues Identified

The project identified that the existing remit of CADS, appeared to preclude the client group due to the 'absence' of an identifiable dual diagnosis in terms of psychiatric or major medical issues. This may have been as a result of problems in verifying psychiatric issues when clients are continually intoxicated, or the difficulties of engagement that precludes successful diagnostic assessment. However, it was still assumed that in some cases dual diagnosis issues may not have been present. This has raised debate within the CADS team for the need to extend the remit to include 'complex social needs', which could in turn create a significant shift in team philosophy around the interpretation of the aetiology of addictions.

## Where to next?

Although there are no additional resources allocated to continue the Outreach Project (either for the other key services or CADS), there has been agreement to take the project to a second stage by re-orientating existing internal resources at CADS to allow the project to continue. Continuing the research not only evaluates clinical benefits but can also reveal the positive financial savings made in other service areas. By presenting these research findings to local and regional planning and funding bodies, re-orientation of funding can further progress the aims of the project. ■

## Footnote

1. Al-Nasrallah, B., Amory, K., Blackett, J., Chan, D., Moore, J., Oldfield, K., O'Sullivan, C., Senanayaka, C., Simpson, C., Thrupp, S., Rij, K., V. (2003). *Slipping Through The Cracks. A Study of Homelessness in Wellington*. New Zealand. Otago University.

# Holly House: A Case for Supported Housing for Young Mothers

By Liz Russell  
and Anna Thorpe,  
Christchurch City Council

## Background

One of the critical periods of housing occurs for young pregnant women and mothers. This is of particular relevance in the New Zealand context, as New Zealand continues to have one of the highest teenage pregnancy rates in the developed world.<sup>1</sup> This is despite a decline in overall birth rate.

In 1997, the age-specific pregnancy rate for women between 15 and 19 years of age was 3.3 % for non-Māori and 9.4% for Māori. In developed countries only the United States recorded a higher statistic. This rate continued in 2002, when 3 % of all female teenagers aged between 15 and 19 became pregnant.<sup>2</sup>

In Christchurch, the pregnancy rate for young women is higher still. A 2001 study found that of women born in 1977, more than one quarter had become pregnant by the age of 21, and nearly a third of these women had been pregnant on two or more occasions.<sup>3</sup>

In terms of births to young women in Christchurch, there were 202 births to 15 to 19 year olds in 2004. In 2005, the Christchurch City area had the second highest number of teen births in New Zealand. There were 274 births in that year to women aged less than 20 years old. The city was also second highest for births to girls aged 16 or under.<sup>4</sup>

## Teen Pregnancy

The long-term costs of teenage pregnancy are substantial. Whilst a proportion of teen pregnancies are both intended and wanted, many occur to young women who find it difficult to adequately support or care for a child without significant amounts of assistance from family and social service agencies.

Early parenthood has long-lasting effects on the socio-economic wellbeing of the women and children involved. This can result in interrupted and lower educational achievement, reduced earning potential, reduced career prospects, higher and persistent rates of poverty and other poorer life outcomes in children of teen mothers. Young mothers also are more likely to be single.

Children born to very young mothers are likely to have less supportive and stimulating home environments, poorer health, lower cognitive development, lower educational outcomes, more behavioural problems, and are more likely to become teen parents themselves.

At this vulnerable time for young mothers, supportive housing provides stability and an important base to establish themselves and learn to care well for their families. Holly House is an important initiative in Christchurch to provide supportive housing for young mothers.

## Holly House

Established in 1993 Holly House is run by Presbyterian Support in Christchurch. It offers accommodation in a supportive group home for up to 5 young women in their later stages of pregnancy and in the first few months of their baby's lives. Holly House is the major supported accommodation service of its kind in the South Island, along with Home and Family. Recently, a smaller supported home has also started up.

In the year from June 2006 – June 2007, there were 106 enquiries for placements at



Holly House. However, because of space restrictions, 24 were accepted as residents during this year. The average age of clients was 18.88 years, and the youngest on admission to Holly House was 15 years of age. Five residents had previous children, one of these residents had been at Holly House before with her older son.

The average length of the young women's stay was just over 9 weeks. The average occupancy of the house over this period was 86%. Because Christchurch is the major centre in the South Island, Holly House draws interest from the whole of the South Island and even from the lower North Island. About 70% of residents were from Canterbury. Others came from Invercargill, Gore, Dunedin, Blenheim and even Wellington and Levin.

### Partner and Family Support

Of the 24 young women resident at Holly House, there were visits by eight fathers. Some were not in a relationship with the baby's mother and much of this contact was very minimal. One access visit was supervised. Three other young men visited who were in relationships with the mothers, but they were not the babies' fathers. Of these CYFS understood had had a previous relationship with a minor but no formal charges had been laid. One husband/father was in prison, but maintained regular contact via the telephone.

Nineteen out of the 24 had family visits, but much of this was minimal contact. Only nine had good positive family contact.

### Issues

The predominant issue dealt with at Holly House was that of care and protection for the babies. Three quarters of residents were referred to Children and Young Persons Service (CYFS) for parenting assessments. However, no notifications were made while residents were living at Holly House. Two notifications were made once residents had left Holly House and living in the community and concerns were identified. For the other residents, where there were identified care and protection concerns, CYFS was already involved.

Other issues included drugs and alcohol; youth immaturity; psychological/mental health; intellectual disability; issues with partners; anger and abuse between residents and from residents to staff. In addition, drug use (cannabis) by residents was detected and alcohol was also found on the premises; there was theft by a resident of a fellow resident's money possessions and theft by a resident at a shopping mall reported and the police were involved. Some of the more challenging issues for staff to deal with involve resident's mental health needs and the associated behavioural issues. Relationship difficulties between residents were problematic at times. This can be exacerbated by the confines of the house at capacity with insufficient room for 5 mothers, their babies, staff and volunteers and visitors.

Finding suitable affordable housing for young mothers when they leave Holly House is always an ongoing issue, especially for those under 18 years. A partnership with Housing New Zealand has helped this situation considerably.

The key pressure on Holly House continues to be the inability to meet the demand, due to an overwhelming demand for the supported accommodation it provides to young pregnant women and mothers. There are few other options for residential care in Christchurch and countrywide.

### Staffing and Services

Holly House has one full time manager, one part time Education Co-ordinator, one part-time daytime Support Worker and five part Residential Support Workers who take care of the house in the evenings and early mornings. It offers 24 hour a day support.

Education is an integral part of the Holly House programme and includes programmes run by external providers who come and teach self development such as Kiwi Trust — Self awareness, Relationship Services, Battered Women's Trust, and others, to assist the young mothers to address issues in their own lives that will give them better skills to parent their babies. Other programmes specifically target baby

care skills and attachment development, for example, Methodist Missions' Parent Wise course, Infant CPR, Mainly Music and Lapsit for babies. There is also daily support and education provided by all staff, including around benefits, parenting and securing long-term housing.

### Summary

Young women face particular and urgent pressures to find stable and supportive housing as they become new mothers. Not only do they need a supportive home themselves, but a safe environment for their babies — in which they can bond with their babies and develop parenting skills.

Holly House provides an important model of supported housing for young mothers around the South Island. The high demand from young pregnant women and mothers has led Holly House to develop its service. Three more much needed beds will be added in 2008. ■

### Footnotes

1. Tomkinson, Esther. 2006. Teenage Pregnancy Report, Christchurch New Beginnings Trust & Christchurch City Council P4
2. *ibid* P4
3. *ibid* P 4
4. *ibid* P26



# Homeless Outreach Treatment Team (HOTT)

**By Lynsey Ellis,  
Homeless Team Coordinator,  
Community Mental Health**

The Homeless Outreach Treatment Team (HOTT) are a mental health team providing a treatment service to people who are homeless and/or transient in the Auckland central area. This is one of the few psychiatric services of this kind in New Zealand, to date.

The team is part of Auckland District Health Board (ADHB) and is based at Taylor Centre Community Mental Health, Ponsoby, one of four centres in Auckland central. The team comprises of three Psychiatric Nurses, a Social Worker/Coordinator and a part time Consultant Psychiatrist. Clinicians are also Duly Authorised Officers (DAO's) and thus are able to do Mental Health Act work if required.

While there are a number of definitions of "Homeless", work with people who are primary and or secondary homeless (Chamberlain and Mackenzie 1992)

Criteria for our service:

- Homeless and/or transient
- Have a diagnosed axis 1 Mental Disorder
- Living in the ADHB area (obviously address not required)

Clients can refer themselves, be referred by family/*whanu* or other agencies for assessment.

HOTT provides:

- Initial and ongoing mental health and needs assessment/monitoring.
- Treatment planning
- Administration of medication, education and monitoring of side effects.
- Ongoing long-term support with mental health needs within a holistic approach, in keeping with the Recovery model of care.
- Support with hospital admission where appropriate and necessary.
- Compulsory treatment is carried out with a small number of client who are perceived to be a risk to either themselves and / or the community

The goal of the team is to identify people in the community who are homeless and or transient and suffering mental distress, build a relationship and work with them towards stable treatment of their mental health and stable accommodation for a period of time (time frame agreed between client and team). HOTT will then transfer care to the nearest Community Mental Health Centre for community follow up once they are stable.

Some people take longer than others to become stable, there is no fixed time frame for treatment with the team, as with any other treatment clients who are "informal" (not subject to the mental health act), can choose the treatment they are willing to accept and the focus is very much on relationship building to find the best course of recovery to meet individual client needs.

As with many people in a homeless situation, clients are often also subject to other pressures in their lives for example poverty, poor physical health, substance use issues, gambling addiction, relationship difficulties, lack of support in the community, HOTT keyworkers will assist with these where appropriate.

Concerns for this client group:

- "Falling through the cracks" — Clients of the Homeless team are often some of the more vulnerable in society and will often "fall through the cracks" of support services most commonly due to their dual diagnosis issues (mental health combined with addiction issues). Or their transient nature making relationship building and consistent treatment options difficult.

- Their unstable living situation often exacerbated their symptoms of mental illness.
- Accommodation options are limited in Auckland for this group who often have complex needs, including addiction gambling, forensic and behavioural issues. There are few places able to accommodate for these issues and thus people often have short stints in boarding house accommodation only to leave shortly after. This is often not planned departure thus they will lose their bond and quickly go through their rent entitlement with WINZ leaving them often with out financial support and debt. Once a person reached this point the streets are really the only option left with debts they are unable to afford other accommodation

- Accommodation in Auckland is more expensive than the rest of the country and boarding houses are not monitored for standards and often don't send bonds off to the tenancy service.
- Housing New Zealand (HNZ) is an option for some although for most they only offer independent accommodation which is often too much responsibility for people with mental distress and few coping skills thus this falls over quickly. Leaving them again in debt either to HNZ or the power companies for unpaid bills. Or they end up having "friends" to stay because they are lonely or they owe favours from their time on the streets. They are then responsible for the behaviour of their guests, but often have little influence on what their friends do whilst they are in the house and neighbours complain etc leaving to their eventual eviction and inability to get housing in the future with HNZ.

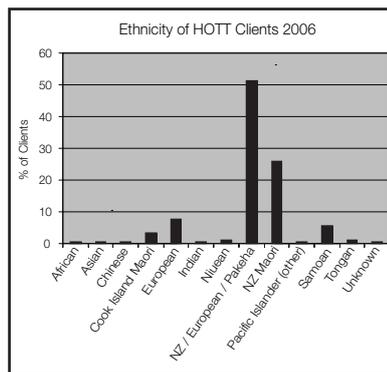
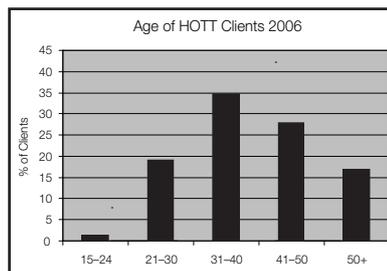
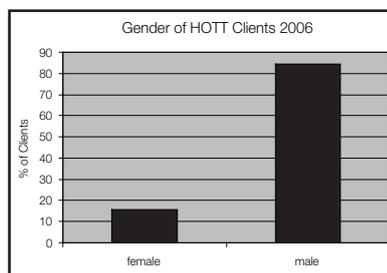
- Homeless Team — provides a

limited service for this group as clients sometimes want to avoid mental health services due to stigma or lack of insight. In this instance unless they meet the criteria for the Mental Health Act (posing a risk to self or the community) they can go untreated for years with their quality of life can deteriorate thus, the cycle of poverty and homeless continues.

- General health issues — continue to be a problem, with access to affordable health care being limited for people on benefit. Mental health services don't provide a holistic care model for this group.

## Data from 2006

**Total no of clients = 147 for 2006**



Ethnicity	Total	%
African	1	0.68
Asian	1	0.68
Chinese	1	0.68
Cook Island Māori	5	3.40
European	11	7.48
Indian	1	0.68
Niuean	2	1.36
NZ / European / Pakeha	75	51.02
NZ Māori	38	25.85
Pacific Islander (other)	1	0.68
Samoan	8	5.44
Tongan	2	1.36
Unknown	1	0.68
<b>Total</b>	<b>147</b>	<b>99.9</b>

# Street 10

**By Lisa Mora,  
 Manager,  
 Street 10,  
 Inner City Interagency Trust**

Street 10 is a daytime centre for people without safe and secure accommodation in Christchurch, overseen by the Inner City Interagency Trust. The first of its kind in New Zealand, Street 10 provides a vital and unique community service.

The uniqueness of the centre stems from the adoption of a community development model of practice. Based on research conducted in 2002 and 2003, the entire establishment of Street 10, the planning, development and implementation of all initiatives within it, as well as, the daily routines/tasks have been and are completed in partnership with the homeless community of Christchurch. Here, at Street 10, the homeless community have their own independent committee, monthly forums and quarterly newsletter 'Word on the Street'. Here, employment is offered within the community and equal representation of consumers on the Trust Board is assured. Here, it is the voices of people experiencing homelessness which are heard and their self identified needs that are supported.

The Inner City Interagency Trust takes a broad definition of homelessness and sees associated issues as more than the presence or absence of bricks and mortar. Street 10 has been established to address multiple factors associated with homelessness such as the necessity to build support networks, skills, strengths and talents, as well as, provide support to address health, welfare, legal, housing and social needs. It is the Trust's belief that the most effective, sustainable and long term way to address these issues, is to begin where people are at, that is, with the self identified needs of those people experiencing homelessness.

Street 10 offers practical facilities, information and support with regard to accessing health, welfare, legal and housing services, along with employment, educational and training initiatives. In addition, the centre provides workshops to increase skills, full community representation, a quarterly newsletter written and designed by the community itself, and many more opportunities to increase a sense of both individual and collective responsibility. Most importantly, Street 10 provides a self described 'home' for people without safe and secure accommodation that is safe, warm, welcoming and stimulating.

The success of Street 10 since opening in May 2005 is evident in the number of attendances which now exceeds 23,000. The real success, however, is portrayed in the level of ownership, responsibility and participation taken by the community utilising the centre. The initial research, establishment

of the Inner City Interagency Trust, and the daytime centre Street 10, have all been based on the self identified needs and aspirations of homeless people. This work undertaken is both research and needs based practice in its truest sense.

The Inner City Interagency Trust is most appreciative of the support Street 10 receives from all its funders including the Christchurch City Council, Canterbury Community Trust and Canterbury District Health Board amongst others. Without this support neither

Street 10 nor the newsletter 'Word on the Street' would be possible.

Street 10 is not providing another and, at times, duplicated social service. Nor does this project reflect an 'ambulance at the bottom of the cliff'. The primary focus of Street 10 remains the commitment to both support people without safe and secure accommodation to build their own fences at the top of the cliff, and to do so by working collaboratively with other agencies and organisations. ■



# Two Lives and a Bus Shelter

By Sister Margaret Mary

**Y**ou people should just stop feeding that guy! You are making the problem worse!' A woman shouted through the window of our car as Sr Ema pulled up. Her heated comments echoed parts of the discussion we as a staff team had been grappling with ourselves. Of course one could say that if we stopped taking food to the man in the bus shelter, the problem would be over one way or another sooner,

and the bus shelter returned to its usual purpose. For the woman so incensed at our actions, this would have been a desired outcome perhaps. But life is rarely so black and white!

Paddy was occupying a bus shelter in a prestigious suburb of Wellington. He had, when he wanted to look out at it, a million dollar view of Wellington Harbour and surrounds. Paddy had been a reasonably regular guest at Compassion Centre soup kitchen for around twelve years. He was a

man of few words, quiet, well mannered and always appreciative of the meals provided. He seemed to prefer his own company to that of others.

The first we knew of Paddy having taking up residence in the bus shelter was a call from a concerned resident in a nearby apartment block. 'There's a man in the bus shelter near us who doesn't seem to have moved for at least four days. We have taken food to him, but we need to know if anyone can help him.'

We subsequently learned that a number of people had been taking food, hot water bottles (as it was mid-winter), blankets and warm clothes. The kindness of people far outweighed the negative judgements of just the one woman. Quiet Paddy, who wanted no fuss, had touched a lot of hearts.

From the description given by the caller, we had a good idea who it could be and we contacted Jane, the outreach nurse at Te Aro Health Centre. She and Fr Rob from our staff immediately went to the bus stop. Paddy was very unwell and was able to move only with great difficulty. He was adamant he did not want to go to hospital. It was one of those classic situations one meets in our type of ministry. Our idea of what was best was not shared by Paddy!

The decision was taken that we would support Paddy with meals, warm clothes and what ever else seemed to be helpful. This almost immediately stretched to smokes for which he provided the money. We continued to support Paddy, along with other agencies until he became so ill that hospital became the only option. One point of irony was that hospital staff were not at all sure they would admit him. Sometimes one can only see the outside of a person and draw conclusions from that. Jane, our fearless nurse insisted he be admitted and he was, once she threatened to go to the paper! Once admitted however, Paddy was wonderfully cared for and lived a further three months.

Was it the view? It certainly couldn't have been the insulation! This particular bus shelter became the home of another of our guests not so long after Paddy had moved. Tony is alcohol dependent and his health was deteriorating rapidly. Once again our staff team and other supporting agencies discussed the pros and cons of providing the necessities of life to a person living in this less than adequate situation. Once again meals and other support made its way to the shelter as the occupant was unable to come to us. In this case, when it seemed all was lost and death seemed not far off, a place became available in a live-in programme for the treatment and rehabilitation of people with addiction to alcohol. This time the outcome has been as good as one could hope for. Tony is in a halfway house, he has reconnected with his family and is looking for work. Tony is determined to make a go of the life he now has restored to him. Food for thought! ■



# Falling Outside the Square and Between the Cracks: Social Crisis and Homelessness

**By Bren Balcombe,  
Project Manager,  
Whatever it Takes Trust**

To many it was a surprise to hear of people being homeless in Hawke's Bay. The sad reality is that it is little surprise to those working in the social service agencies who receive numerous cases every year.

The length of homelessness can last for days, weeks, months or even years.

The homelessness we experience here is often the result of various complex social issues and commonly affects those who are discharged from mental health services, released from prison, or are escaping dangerous social situations like domestic violence, gang related lifestyles, or those with serious addiction issues. Not uncommonly it involves a combination of the above.

The current problem is that when this group ends up in crisis it is often outside the ability of social agencies to help. Our concept of a Social Triage was to provide a universal support across a wide group of people who experience social crisis especially when that social crisis has led to homelessness.

The concept started in Hawke's Bay back in 2004 when several front line social agencies came to the conclusion and recognised the need of establishing a service to be responsible for coordinating and helping people in these situations.

Even the newly formed Hawke's Bay chief executives forum, consisting of regional chief executives from governmental departments and local authorities, got behind the idea and helped to secure initial funding from the Hawke's Bay District Health Board to research the extent of the problem and to develop a solution.

The results of the research was significant, it found that nearly a million dollars is lost each year in work (FTE) time alone and that approximately 282 crisis contacts are received each week that fall outside social agencies scope to help.

Together with the social services community an innovative new service design was developed which could deliver assistance on a 24/7 basis by providing:

1. **A crisis hotline** — connecting people to the vast network of social services.
2. **An on-the-spot response** — meeting the person at the point of crisis and providing immediate support and emergency accommodation while coordinating and connecting them to services.
3. **Emergency accommodation** — 24/7 access to supervised emergency beds.

The proposal was presented to back to the Hawke's Bay chief executives forum which received faint whispers of support. Most departments approached individually considered the project as *having merit*, but when the rubber met the road the regional agencies backed away from funding a service.

Upon reviewing the information received by the Social Triage project and despite the mandate to work intersectorally the CEO forum instead decided that each agency would be individually responsible to improve coordination for this vulnerable group.

This concerned us as the problem is wider than any individual departments mandate to respond. It was then supposed that the problem will likely be maintained as there are limited responses or ongoing commitments any one department can provide in the face of their core business priorities. And as we know, budgets for 'fringe' or 'grey' areas get a low priority and rarely make consideration.

Being unsatisfied with the result of the Hawke's Bay CEO forum we approached several MP's to seek higher level advocacy. The responses we received generally indicated a lack of ability to think outside the 'silo' with a clear agenda particularly by Hon Rick Barker to keep it a 'local issue' completely evading the topic of Governmental responsibility. Mr. Barker told us that, "we wouldn't want to have government ownership" and instead offered to hold a meeting with a collection of local church ministers.

We completed a wide range of strategic research to demonstrate the numerous 'links' to governmental outcomes that this service could have provided. However, as there is no specific legislation to provide any overarching social protection for people who fall into this category it appears the Government can still choose to turn its back on our most vulnerable in our communities. It would also seem that it can ignore the 42 governmental and NGO social service representatives who gave us the mandate to try and establish a Social Triage service in the Bay.

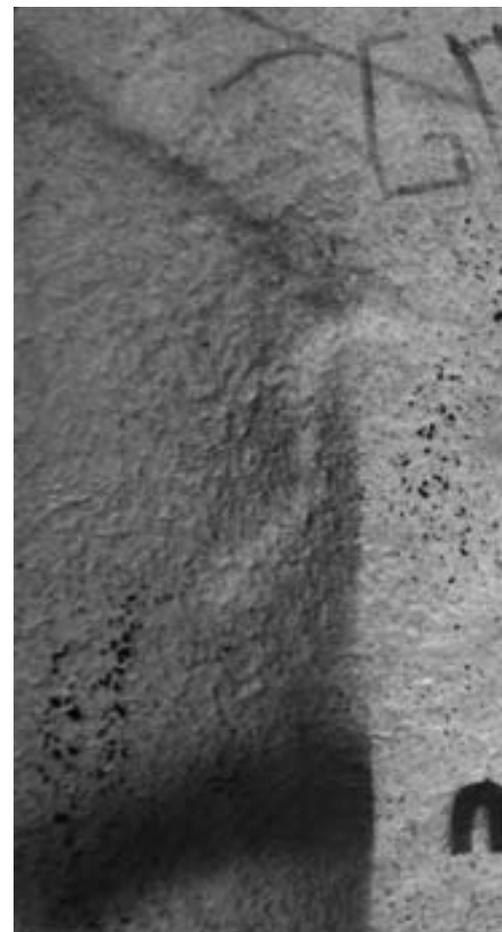
It is clear to us that a cross sectoral approach is required, however, our belief is that this could be implemented in various ways including through local government authorities, the NGO sector, interdepartmental partnerships, or through a lead agency coordinating across departments, sectors, and organisations to provide services.

Each government agency could then contribute towards combined or individual regional initiatives as a collective and make a difference. This would spread the burden,

as previously stated no one department has the funds or mandate to achieve this on their own. If this were to happen it may provide the encouragement some local authorities, whom have not engaged in this area previously, to do so with more confidence. It would also further strengthen the initiatives already in progress between local authorities and government departments whom are already working in collaboration.

However, it is our opinion that the mandate for any strategic action would need to consider two separate but intimately entwined provisions. These are, a *support component* such as coordination, advocacy and support, and; *managed emergency accommodation*, the provision of emergency needs especially supervised emergency accommodation.

Ongoing work needs to be done to establish a New Zealand Homeless Strategy and the building of specific legislative supports. It is time the government stopped turning its back on our vulnerable people and provide the mandate to implement realistic cross sectoral support. It is also time the Government showed that it can not only write good social policy but that they can also implement it. ■



# Homelessness in Hawkes Bay

## — “Paul’s Story”

**Compiled by Paula Comerford,  
Property Group/WIT**

*These following are true stories. They have been written with the person and we share it with his permission. Paul let us share his story at the National Rough Sleepers Forum in Auckland in July 2005.*

Napier’s Cerulean bells peal out their version of *Putting on the Ritz* for the millionth time. It is nine o’clock in the morning in Clive Square and the sun is now high enough to clear the palms and beam into the front porch of the Light House on the Square’s western boundary.

On the ground, just inches from the Light House front door, Paul lies on his side, a dirty old blanket pulled up over his head, held up by a scrunched-up T-shirt as a pillow. His bare ankles and grimy grey sandshoes, laces missing and tongues poking out, have missed the blanket’s reach.

Strewn all around Paul are his worldly possessions — an old radio playing pop music, an open tobacco packet and cigarette papers, a green lighter and a Countdown shopping bag with Paul’s clothes.

The sun’s rays are Paul’s heater and afford him some sleep after the cold, frosty night wandering the streets. If you keep moving at night, it’s harder for the cold or the bogey man to catch you.

If he’s really lucky, someone will have had the patience to listen to his interminable ramblings and give him a cup of coffee and a feed. But this is rare.

Just after 10, a Light House staff member steps gingerly over Paul to get to the front door. The key graunches metal on metal as it goes in and Paul stirs.

“Morning Harry, he says from under the blanket.

“Morning Paul”.

Paul flicks back the blanket.

“Can I come in and have a cup of coffee?”

“You know we’re not open yet Paul.”

“Just one mate; then I’ll go.”

The Light House is officially closed till 10 am but Harry can’t help himself.

“Okay, Paul but I’ll have to lock you in or everybody else will want to come in.”

Harry turns on the billy and gets out the vacuum cleaner while Paul gathers his gear and comes inside.

“I’ve got to get to my brother’s in New Plymouth ... I have to get a ticket ... and a card.”

Harry’s heard it all before and just nods and cleans around him. Paul continues his ramblings interspersed with little bursts of laughter. Each sentence seems disconnected with the others but Harry just shrugs. That’s just Paul.

“... the Government, y’know it has these new machines ... they have jobs because ... it’s the Government, y’know ... locks, it all locks on to you ... you’ve seen it haven’t you Harry.”

Paul continues and Harry continues cleaning.

At one point Paul moves close to Harry to make his point. Harry recoils slightly, hoping Paul won’t notice. Paul really stinks today. Must be the sandshoes without socks.

Paul stands face to face with Harry and asks: “D’you work here?”

Harry has been here nearly every day now for three years. So has Paul.

“Yeah, Paul. I work here.”

Harry keeps vacuuming and smiles. He remembers the recent visit of the Mental Health Commissioner to the Light House. Mary O’Hagan had sat and listened to the



views of the people at the drop-in centre. During the rounds of introductions, Paul looked Mary in the eye and asked.

“Are you from Onga Onga?”

Mary had smiled and said a politely, “no.”

Paul went on: “We’re all aliens y’know.”

Most of those smiled and Mary nodded. The round moved on.

It’s 2003 and Paul has been on the streets for a year now, after losing his Housing NZ house in Napier. He used to have a key worker after being decades in the mental health system and periods in institutions like Carrington with the added bonus of Electro-Convulsive Therapy.

The mental health services thought he no longer wished to have their services, so they dropped him. He left his Housing Corporation house and, voila, he is living on the streets.

Harry and the rest of staff at the Light House think Paul is one of the worst of those who have been diagnosed with mental illness. However, Paul has fallen through the cracks big time and is still falling.

He had recently come into the Light House with bright purple bruising over much of the left side of his face and broken ribs after being beaten up in the middle of Napier. Paul is quite short, quite malnourished from eating on the streets. There wasn’t much of him in the first place.

Harry had come to work recently, locked the front door, only to look outside minutes later to see Paul buck naked in the front of the building.

Most people know that much of Paul’s weekly dole is already spoken for — in the form of a “tick” bill to the local marijuana dealers.

He is always at WINZ because he loses his bank card and needs a weekly cheque. Housing NZ wants to help him off the streets and the police are getting sick of dealing with him.

Harry looks over at Paul today and thinks: It’s time we did something for you my friend, really do something. He asks him: “Dou you want a house Paul?” (and this is the real transcript of that conversation on the day)

“I’ve gotta get a house. I can’t live on the street forever. I’m not eating. My teeth are bad. My gums are starving. I haven’t got enough time to think. No money. I left the last house because the Mongie’s lived next door. They used to hassle me. Bang on my windows, wake me up in the middle of the night. I couldn’t tell Helen (from Housing NZ) that.

“I have been having showers at a motor camp. I need some fillings in my teeth.

Don’t panic. That’s what they say. Don’t panic. I’ve been everywhere. I couldn’t stay at Cornerstone because I didn’t wash the dishes properly.

“I’ve got to have a wash. I’ve got dirt under my fingernails, all over my hands. It’s because I’ve been living under a tree”.

The tree to which Paul is referring is a large leafy variety that hangs out to the ground and allows a space in the centre where Paul can stash his belongings and sleep relatively safely. A complaint from a neighbor saw the police come round and chop off the hanging branches so that Paul was exposed and could not longer sleep there.

After hearing what Paul really wanted, Harry began work on a long series of meetings with mental health services, advocacy with Housing NZ, letters to the Government and most important of all, establishing a relationship with Paul that would help steer him to a house and some support.

At one stage, Harry is locked up for the afternoon in a jail cell with Paul at the courthouse while he tries to get some sense out of Paul about how he might plead to the charges he faces.

The only way to get Paul some support from mental health services is to get his former key worker, to advocate to the NASC Team to fund some hours to support Paul.

The NASC Team eventually agrees to fund five hours a week, which, initially was used to keep feeding Paul who was painfully thin. The Light House paid a member of the community to feed Paul a roast meal every night.

The Light House had also, by now, taken over as the beneficiary of Paul’s dole, which was paid into their bank account each week and redistributed to Paul in cash.

Eventually, Housing NZ comes up with a one-bedroom flat in Marewa. The Light House takes over as the tenant in the house.

Paul is handed the keys (a spare set is held elsewhere) and is told he can move in whenever he wanted.

“But, who’s is the house?” he says.

“It’s ours, Paul. We’re the tenant. But you can use it whenever you want. The powers on, there’s a fridge and a bed.”

W.I.T staff drive off with fingers crossed.

The next morning, they call by and Paul is still there. For the first month, they pay the rent, and then ask Paul if he wants to pay the rent. He agrees and an automatic payment is set up at WINZ. Someone calls round once a week to keep the place clean, a condition from Housing NZ.

Everything is going well, with Paul saying it is “the happiest he’s been in his life”.

All is well, until ...

Paul walks into the Light House one morning really agitated, holding his head to one side so Harry can’t see the other side.

“I don’t want the house any more. Here’s the keys.”

“Why Paul?”

“Nothing no reason, I just can’t stay there any more.”

Harry peers round the side of Paul’s face and catches sight of a golf ball swelling just beside his cheek bone accompanied with red and purple bruising.

“What happened, Paul?”

“Ooh. Some bloke hit me.”

It turns out that a local thug had been visiting Paul and taking his money and anything else, including rubbish bags and anything not nailed down.

Paul won’t reveal who the thug is. He is just too frightened. The thug has also told Paul he will be back next Wednesday to collect money on dole day. Paul is very agitated.

The Light House uses its connections to find out who the thug is. Initially, people want to retaliate in kind but cooler heads prevail and a decision is made to call the local constable. The Police visit the thug who admits assaulting Paul. He is left in no uncertain terms that a repeat will mean the full weight of the law coming down on him for a very long time.

Afterwards, Paul relaxes and chugs along in his house. Now and again, he hands his keys into Housing NZ, but they are immediately relayed back to the house. He now pays his power bill occasionally and buys groceries and sometimes even saves a few dollars a week with the Light House administrator.

In December, however, Paul finally leaves his house and heads back to the streets. He is closed to mental health



services. The Light House gets a second opinion from a psychiatrist but the result is the same — he does not need mental health services. This baffles The Light House and its community who feel he is one of the most in need. He is also on the highest disability with WINZ, which does not need review for 10 years, because of his mental impairment.

### Part Two

In the months, after Paul leaves his house, he begins to attract the notice of Police. Twice he is picked up for being a public nuisance. The Light House continues to look after his money and indirectly supports him on the streets.

After one court appearance, Paul is sentenced to community service at The Light House. On another occasion in court, the Judge says he is at a loss as to know what to do with Paul.

However, in March 2004, Paul smashes a shop window and is arrested again. This time, the Police seek an acute assessment. The psychiatrist's initial verdict is that Paul is "grossly thought disordered". He is admitted to the Intensive Care Psychiatric Unit where a second psychiatrist also thinks he is grossly thought disordered and confirmed a schizophrenia diagnosis. He is also placed immediately under the Mental Health Act.

However, after a week, he is discharged without any home, without any conversations with the The Light House support workers about what he might need and no NASC representative at the meeting.

Back on the streets, his support people and The Light House community think Paul is worse than ever.

He lasts several weeks before he rings from a payphone near Valentine's restaurant and tells Harry he has again been beaten up yet again and has had his money stolen. Harry manages to get another assessment and Paul returns to the unit.

This time he stays longer, has more input and gradually stabilizes and becomes lucid on a new regime of medication. Suddenly, he is talking about being unwell in the past, how he wasn't safe on the streets, how he wants a house and support when back in the community and how the medication has been a breakthrough. He can even tell which medication has worked. He does not want to "have another breakdown" he says. His clinical support has been consistent and John is talking about dreams he has for the future. This clinical breakthrough has buoyed people at The Light House who have struggled with Paul for many years. They remark how well he is compared to years past.

WIT staff send a message to the psychiatrist

thanking Health Care Services

He is now in Te Whare Aronui awaiting a house from Housing NZ.

### Part Three

In December 2005, after months in Te Whare Aronui, Paul is getting a little twitchy. At a team meeting with Te Whare Aronui staff, WIT talks about options if a suitable Housing NZ house does not become available soon.

WIT staff mention there is a vacancy at their Munroe Street house in Napier. Paul says he would like to give that a go in the meantime.

The residents at Munroe are happy to give it a go with Paul. One of the residents says he will monitor Paul's daily medications and help with cooking etc. We agree to pay the person five hours a week to sustain Paul. WIT staff visit almost daily.

### Part Four

It is now almost two years since Paul moved to Monroe St. He has been happy and contented. WIT still helps out with managing some finances but mostly Paul potters about in his own space and his own time. A WIT staff member checks in with Paul regularly. Paul asks that WIT ensures he never ends up back on the streets.

He is still thinking about getting back into a house of his own in the future. ■





# Wellington Needs a Wet House

**By Stephanie McIntyre,  
Director,  
Downtown Community  
Ministry,  
Wellington**

Over recent years Wellington has grappled with the twin issues of homelessness and street drinking. Various responses have emerged<sup>1</sup> including the Wellington City Council contracting Downtown Community Ministry (DCM) to address homelessness in the city.

DCM staff captured service users' histories and current aspirations for housing through interviews that were subsequently analysed by students from the Wellington School of Medicine and published in a report on homelessness.<sup>2</sup> These interviews demonstrated that, contrary to the popular misconception, homelessness is rarely the result of personal lifestyle choice. The majority of people interviewed wanted a home but had experienced significant barriers to accessing and maintaining housing and had lost hope of being housed. A repeated theme was the impact of addiction, and in particular to alcohol, and an ensuing chaotic lifestyle that undermined the individual's ability to sustain a tenancy.

DCM's primary approach to addressing Wellington's homelessness has been to embrace what is internationally recognized as a "housing first" model whereby people are housed directly from rough sleeping into their own independent tenancy.

The housing first approach is backed by supports provided by DCM staff and other agencies linked up to the new tenant. The programme, dubbed Project Margin, has proved extremely successful. For example, it has demonstrated that a number of chronic alcohol dependent people with histories of homelessness can successfully manage independent tenancies, but for a relatively small group, it seems the housing first model is simply too big an ask.

Evictions still occur that stem from anti social behaviour linked to alcohol or solvent abuse. For these individuals, despite jubilation at securing housing, a pattern quickly emerges. The newly housed tenant cannot, or will not, manage their visitors; the apartment becomes "party central" and the tenant ultimately faces the consequences. Noise and damage complaints to the landlord escalate to call outs to the police and end in eviction.

The problem then becomes — where can the person go next? The entry criteria for most hostels and supported accommodation in Wellington generally requires sobriety. If it is more lenient, the tenant may be able to turn up drunk, in other words the threshold ranges from "dry" to "damp". This presents Wellington with a real dilemma. If homelessness is to be addressed how will we accommodate this high needs group who repeatedly end up in the gutter? In response to this question, DCM began exploring the possibility of establishing a "wet house" in Wellington.

The wet house project has become a collaborative effort and is now a platform of Wellington's Homelessness Prevention Strategy Group. The idea is gaining traction and has been endorsed by the Capital Coast District Health Board and the Wellington City Council, that have both committed funding to the project.

As momentum has grown, local articles have been published exploring the concept and explaining how it would work.

## What is Wet Housing?

Wet housing is not a new idea and various forms of wet shelters, hostels and day centres have been in place, most notably in the UK, for at least twenty years. The key difference between "wet" and other forms of housing is that these facilities not only welcome alcoholics as residents but allow them to openly drink on site.

Jak Wild describes a 'wet service' as offering "support for chronically dependent drinkers by accommodating both the drinker and the drinking. It recognizes that at the point of entry into the service the individual is unable to or unwilling to contemplate life without drinking. It can be any service that allows drinking on the premises, but generally refers to 'wet houses', being treatment centres that offer accommodation and support for people who are chronically alcohol dependent."<sup>3</sup>



## International Wet House Visits

In May/June 2007 I was able to visit wet house facilities in the USA, Canada, Ireland and Great Britain thanks to a Winston Churchill Memorial Trust grant.

I was fortunate to visit over 40 different services. Most are accommodation providers although I also took the opportunity to visit related services, for example a wet garden in Manchester. Whilst I specifically sought out “wet” accommodation, I discovered that there is no real consensus of what “wet” means and consequently some of the services I visited would more accurately be described as “damp”.

My real interest was not in shelters but to observe facilities that provide a genuine long term “home”, particularly for those who have already exhausted attempts at independent tenancies through a housing first model. I wanted to see if there are places for the real minority, for those who keep slipping through the cracks; where

the small group of DCM service users described above could live with dignity.

I am delighted to say that I saw numerous instances of exactly that.

These included “1811” in Seattle, Washington, various Triage projects in Vancouver, “Anishinabe Wakiagun” in Minneapolis, Minnesota, the Depaul Trust facilities in Dublin and Belfast, St Mungos, Providence Row and Aspinden Wood in London and finally Great Places and Positive Lifestyles in Manchester. I was inspired and moved by the care, respect, professionalism, realism, honesty and humour of the many people who hosted my visits and shared their experience.

## Service Philosophy

The services I visited all hold a deep commitment to keeping their clients housed. They recognise that the likely alternative would be a return to cycling between the streets, prison and the hospital emergency room.

The Depaul Trust poses the question “How high are our walls?” and provides a response stating “We aim, at Depaul Trust, to keep our walls as low as possible. Our low threshold, harm reduction approach is a pragmatic response to a social reality”.<sup>4</sup>

Frequently underpinning the service philosophy is an explicit set of values. Downtown Emergency Service Center’s (DESC) vision statement envisions “a community where: No one is treated as a throwaway person” and “No homeless person is abandoned or ignored”.<sup>5</sup>

What impressed me greatly was that these strong, respectful philosophies were demonstrably apparent in the practice of the facilities I visited. I witnessed a consistent ethos of care and realism that was modeled by the leadership and staff.

## Management of Alcohol Consumption

All facilities I visited, while accepting that residents will continue to consume alcohol,



describe their work as a harm reduction approach but efforts to engage with clients are skillfully low key. As Bill Hobson described it "We romance them to death but don't coerce them to use services".<sup>6</sup>

Key workers or case managers work to develop goals and care plans with residents that are highly individualized but "not at all pushy".<sup>7</sup>

Alcohol management ranges from an acceptance that some residents are drinking themselves to death; to controlled drinking with drinks distributed each hour; to an explicit goal of attaining sobriety. Whatever the approach, the findings are that alcohol consumption drops, for some dramatically. For example, at DESC's "1811" where alcohol consumption has on average halved.<sup>8</sup>

Facilities all have dry areas and dry hours, for example meal times. Stella Maris' wet lounges are "open for pub hours, including late closing at the weekends".<sup>9</sup>

All reject the notion that they are "enabling" drinking and insist that this is often the first

time residents have demonstrated a willingness to address their drinking behaviour. A staff member from the Depaul Trust, Dublin stated her convictions at the efficacy of the model, "the government AOD services get them from their knees to their feet, we get them walking".

### Entry Criteria

Entry criteria consistently required a demonstrated history of homelessness and long term alcohol dependency.

Some facilities have more specific thresholds, for example, Anishinabe Wakiagun admits those with five years plus of rough sleeping; 20+ admissions to county detox facilities; and two attempts at rehab.

When DESC was recruiting residents, they offered places to those on the King County's list of "200 'chronic public inebriates' in the Seattle region who had cost the most" and were "found most often at the jail, the sobering center and the public Harbourview Medial Center".<sup>10</sup>

There are few entry restrictions although some providers state that they will not admit those with a history of violence or arson.

### Demographics of Residents

Residents tend to be aged from 40+ years. The projects range in size from 11 through to 75 residents. All but the smallest accommodate both women and men as single residents and sometimes as couples.

Most services, including those designed with double rooms for couples state a preference for the provision of single rooms, albeit openly recognizing that they will, from time to time, be shared. Residents are seen as adults with the right to have sexual relationships. However all acknowledged that tensions occur around the forming, dissolving and reforming, often with a new partner, of couples.

Anishinabe Wakiagun was the only facility that is "designed primarily to serve homeless Native Americans"<sup>11</sup> although the Seattle and Vancouver projects also have a high proportion of indigenous residents. It was noticeable that few African Americans are housed in the facilities I visited.

### Safety, Rules and Evictions

All facilities endeavour to keep rules to an absolute minimum. As Kelby Grovender, Anishinabe Wakiagun describes it "If we are trying to serve clients' best interests, then we can't pin down the rules too hard".

The emphasis is on skillful de-escalation of challenging behaviour and on a consistent process of warnings so that eviction is the final consequence and only for serious misdemeanors e.g. violence.

Typically residents are free to come and go as they please but all facilities rely on strict visitor policies to enhance safety. A key feature of all newer facilities is the emphasis on a safe, secure entranceway with a secure front desk and office placed right at the entry.

Anishinabe Wakiagun is a good example. It was purpose built as a wet house eleven years ago and has a well thought through

design. Residents don't have swipe cards and all access is managed manually by the staff member on duty. Visitors and residents must pass through a series of glass doors, somewhat akin to a commercial building entranceway. This gives good weather protection in a state that experiences severe winter weather but also provides visibility into the lobby for the visitor. It also ensures that staff get the opportunity to vet visitors and check any suspicious "chinking" noises that may indicate visitors are attempting to bring alcohol on site!

Assaults on staff members are rare events so although most facilities use CCTV this is as much to view client interactions and client safety (i.e. a resident falling over in corridor) as it is to protect staff.

### Buildings and Fittings

The buildings range in quality, but at best are of a very high standard and at worst are tired older hostels in need of a refit. The older premises have inherited the poor layout and cramped conditions that were acceptable in previous decades. These features impact in numerous ways. In particular the health and safety of staff is compromised with staff citing instances of being trapped with insufficient room to manoeuvre away from drunk and aggressive residents.

Some projects have new buildings in the pipeline that will provide residents with something akin to an attractive convalescent home. "1811" and Stella Maris are examples of outstanding buildings. These newer facilities tend to include bedrooms with en suites or, in the case of "1811", studio apartments while still providing meals in a dining room and ample shared lounge facilities.

### Report Pending

I have endeavoured to convey a flavour of the benefits of this innovative response to a critical need but a full report of my findings will soon be available. In the meantime we are making good progress towards setting up our own wet house in Wellington. ■

### Footnotes

1. For example Wellington City Council's Homelessness Strategy (August 2004)
2. Slipping Through the Cracks: A Study of Homelessness in Wellington (May 2005)
3. An intervention for a current Alcohol problem: A 'Wet House' for Wellington, Jak Wild, Community Alcohol and Drug Service
4. Annual Report Depaul Trust 04/05 p. 4
5. [http://www.desc.org/documents/DESC\\_2005-2009\\_Strategic\\_Plan.pdf](http://www.desc.org/documents/DESC_2005-2009_Strategic_Plan.pdf)
6. Bill Hobson, Executive Director, DESC (interview)
7. Rachel Willey, Program Manager, Anishinabe Wakiagun (interview)
8. Bill Hobson quoting Washington State University study early findings (interview)
9. Lee Casey, Manager, Stella Maris (interview)
10. Homeless Alcoholics Receive a Permanent Place to Live, and Drink, Jessica Kowal, *New York Times* (5 July 2006)
11. <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=3182>



# Chapter 5: Advocating for the Future

## The New Zealand Coalition To End Homelessness “He turangawaewae kore, he wairua whare kore”

*This article gives an overview of the current aspirations and kaupapa of the New Zealand Coalition to End Homelessness (NZCEH). For more information about the operational processes of the NZCEH or how you can be part of the NZCEH, we will be setting up a website in 2008 [www.endhomelessness.co.nz](http://www.endhomelessness.co.nz).*

### Vision

The New Zealand Coalition to End Homelessness' (NZCEH) vision is to end homelessness in New Zealand by 2020.

### Aims and Objectives

The Coalition's aim is to get homelessness on the Government's policy agenda, with the longer-term aim that legislation will be introduced providing a statutory "safety-net" for all homeless people. The Coalition also aims to get the Government to develop and implement a National Homelessness Strategy for New Zealand.

The Coalition's objectives are to:

- Promote an understanding of homelessness across New Zealand, including agreement of a common definition, and an understanding of how homelessness affects tangata whenua
- Promote joined-up working between government agencies, local authorities, Tangata Whenua, Community & Voluntary Sector (the Sector) organisations at national, regional and local level to develop integrated services that prevent homelessness and meet the needs of homeless people
- Promote and disseminate best practice models for service delivery to homeless people across all sectors, including Māori models of practice, which meets the needs of Tangata Whenua.
- Promote and co-ordinate research and information on national homeless issues and trends
- Deliver robust policy advice to the Sector central and local government and ensure good quality information is available to decision makers and service providers

- Be seen as a key advisor to funding organisations and central government in all matters relating to homelessness

### Background

NZCEH is a coalition of interested groups, agencies and individuals who share the Coalition's vision of ending homelessness in New Zealand (NZ). Its members come from local authorities, representatives from central government agencies the Sector including church and faith based groups across NZ. Its members come from cities, towns, regions and rural areas.

### The Coalition's Kaupapa and Key Policy Issues

The Coalition's *kaupapa* is one of working in a Te Tiriti/Treaty Relationship Framework between Tangata Whenua' and Tangata Tiriti<sup>2</sup>, between government, local government and the Sector. The Coalition's kaupapa is based on a human rights approach to homelessness. The Coalition believes that every person has inherent dignity and value. Human rights recognise our freedom to make choices about our life and develop our potential as human beings. Owing to a range of circumstances and barriers, homeless people are excluded from these fundamental rights. Often their dignity and mana is diminished and they are not able to enjoy the benefits (economic, spiritual, social and cultural rights — education, employment, good health, and affordable, healthy housing) that underpin a fair and just society and are vital to the dignity, equality and security of each individual.

The Coalition's *kaupapa* recognises Te Ao Māori when considering Māori homelessness and acknowledges the value of Māori values in developing solutions to it. It is also based on taking a holistic view of homelessness and the solutions required to tackle homelessness.

### Issue 1 — Definition of homelessness

The Coalition seeks recognition of a national definition of homelessness. The Coalition calls for this definition to be accepted by NZ stakeholders including by Central and local Government. The definition is adapted from Chamberlain and McKenzie's, primary,

secondary and tertiary model. The inclusion of additional dimensions ensures it is relevant to in a NZ context and to Tangata Whenua.

In addition to the physical housing dimension of homelessness, the Coalition acknowledges the impact of physical and spiritual disconnection from whanau, hapu/ and or Iwi and Te Ao Māori, or friends, family and other social/ spiritual connections. These three dimensions may work together and have a compounding affect on people's experience of homelessness. Components of this definition maybe measured at a population level, or at an individual level, we suggest this is an area that is explored further. Four levels are suggested.

#### Primary homelessness —

people who sleep on the street or in parks, derelict buildings, cars, or in improvised shelter. Being physically and spiritually disconnected from their whanau, hapu and/or iwi, (social supports, friends, and family).

#### Secondary homelessness —

people who move between various forms of temporary shelter (friends, family, night shelters, and emergency boarding houses). People who may be physically disconnected from their whanau, hapu and/or iwi/ (social supports, friends, and family) but still have a spiritual connection with Te Ao Māori/ or other spiritual connection

#### Tertiary homelessness —

people that live long term in accommodation that is unsuitable to their needs and without security of tenure. People who may be physically disconnected from their whanau, hapu and/or iwi/ (social supports, friends, and family) but still have a spiritual connection with Te Ao Māori/ or other spiritual connection

#### Marginal homelessness —

people that live in housing that does not meet their physical needs, includes caravan parks, substandard/ and or crowded housing. Being spiritually connected with Te Ao Māori/ (or other forms of spiritual connection), and physically connected to whanau, hapu and/or iwi/ (social supports, friends, and family) but where housing does not meet their physical needs.

## NZCEH 2007

### Issue 2 — Recognition that homelessness is not a choice

The Coalition seeks recognition that homelessness is not a lifestyle choice but is a result of and an example of the most extreme form of social exclusion. Homelessness is a complex issue and is usually not just about someone's housing situation. It involves institutionalisation, systemic service failures, spiritual disconnection, entrenched social disadvantage and discrimination. People with low incomes, poor health, disabilities, and mental health and/or addiction issues are at an increased risk of homelessness. These are all areas in which Māori are over represented. This has had a detrimental effect on the *wairua* and *mana* of Māori.

### Issue 3 — Recognition that homelessness affects a wide population

The Coalition seeks recognition that homelessness affects a wide number of groups and is not confined to the single homeless, rough sleepers or street drinkers, who are often the focus of public perception and media attention. Homelessness affects a far wider range of groups including; pakeha and Māori, young people, families with children, older people, single women etc.

### Issue 4 — Recognition that homelessness occurs across the whole of New Zealand

The Coalition seeks recognition that homelessness does not just occur in the major urban areas, but also affects people in provincial centres and rural areas of New Zealand, and that there are additional problems in these areas caused by lack of services and lack of appropriate accommodation etc.

## Activities and Role of the NZCEH

The role of the Coalition is to raise awareness of homelessness as a political issue, advocate to government for primary legislation creating a duty to accommodate homeless people and to provide advice, support and best practice to agencies working with homeless people in New Zealand. The Coalition will do this by engaging in the following activities:

**Research and data:** collecting data; collating existing data; co-ordinating research; finding out who's doing what; models of effective practice that meets the needs of Tangata Whenua and Tangata Tiriti.

**Strategy:** Advocate for the development of a national strategy to end homelessness, which recognises that whilst homelessness is part of a wider policy debate around housing issues and social exclusion it requires a specific range of policy responses. The coalition will encourage the development of policy and programme development focusing on the specific issues of homelessness, whilst maintaining links to existing policy issues (e.g. juvenile justice, child protection, domestic violence, mental health and substance abuse, affordable housing, re-integration of offenders etc)

**Awareness raising/publicity:** making sure that homelessness is on the political agenda; getting serious media attention; raising the awareness of the general public; encouraging community ownership of solutions

**Advocacy:** providing a unified voice on homelessness while stressing that particular groups have specific needs; putting pressure on government (central and local) for policies and programmes and the resources to develop them

**Co-ordination:** of discussion; encouraging key agencies/people to work together; co-ordination of effort/responses

**Advice:** providing expertise; helping agencies to identify their roles

**Building relationships:** forming strategic partnerships, networking, finding champions for people and agencies that are linked closely to homelessness

**Securing resources:** for all of the above

## Current membership

The Steering Group currently comprises representatives from; Auckland City Council, Christchurch City Council, Housing New Zealand Corporation, Wellington City Council, Salvation Army, Wellington Regional Public Health, Downtown Community Ministry (Wellington), Methodist Mission — Northern, Community Housing Aotearoa Incorporated, Auckland DHB Community Mental Health Team and The Property Group, Public Health Department of Otago University, Emergency Housing Trust Whangarei, and the Community Sector Taskforce.

## Previous members

Membership has also included, the Whatever it Takes Trust (Hawkes Bay), and New Zealand Prisoner Aid and Rehabilitation Society. ■

## Footnotes

1. Generic terms for Māori comprising those with *mana whenua* responsibilities (Māori who are tied culturally to an area by *whakapapa* and whose ancestors who lived and died there), together with *Taura here* (Māori, resident in an area, but who belong to *waka* and tribes from other parts of Aotearoa/New Zealand)
2. *Tangata Tiriti* (Generic term to describe people whose rights to live in Aotearoa/New Zealand derive from Te Tiriti/Treaty of Waitangi and the arrangements that the Crown has established under a common rule of law, and the equity provisions of Article 3 of Te Tiriti/Treaty.



# Homelessness Strategy Toolkit

**Developed by  
The New Zealand Coalition  
to End Homelessness 2007**

***Our Vision: To End Homelessness  
In New Zealand By 2020***

***This toolkit has been adapted by  
the New Zealand Coalition to End  
Homelessness from work completed  
by the National Alliance to End  
Homelessness 2005, Washington DC.***

***In future additional information  
about these sections will be added  
to the NZCEH website  
[www.endhomelessness.co.nz](http://www.endhomelessness.co.nz)***

The toolkit acknowledges human rights and recognises that every person has inherent dignity, value, and the freedom to make choices about their life, and to develop their potential as human beings. Often people who are homeless are excluded from these fundamental rights, their dignity and mana is diminished, and they are excluded from the benefits (economic, spiritual, social and cultural rights to — education, employment, good health, and affordable, healthy housing), which underpin a fair and just society, which are vital to human dignity, equality and security.

The toolkit acknowledges Indigenous rights and recognises Te Ao Māori when considering homelessness, and acknowledges the value of Māori values in developing solutions to it. The toolkit is also based on a holistic view of homelessness and the primary, secondary and tertiary level solutions required to tackle it.

## Policy Framework

In order to tackle homelessness (whether locally or nationally) a policy framework is required. This will be developed and owned by those that control the resources necessary to tackle homelessness. This may be Tangata Whenua, Community and Voluntary Sector (the Sector), central government, local government (under The Local Government Act 2002), District Health Boards (under the New Zealand Public Health and Disability Act 2000) etc.

If there is no policy framework in place the process to develop one can be initiated by any of the groups mentioned but will require input from key stakeholders if the outcomes are to be successful. At the national level, this is a key role identified for the NZ Coalition to End Homelessness.

A policy framework should include the following elements:

- An agreed definition of homelessness
- An understanding of the issues, scale and nature
- Be evidence based — supported by data
- A comprehensive stakeholder analysis and service mapping to identify provision and gaps
- Development of a strategy
- A clear funding commitment

- Detailed action plans outlining accountabilities and timescales for actions
- Clear agreed outcomes:
  - Short term
  - Intermediate
  - High level

## Plan

Any policy framework needs to be supported by a robust and realistic strategy and a practical action plan. This converts the strategy into identified action points with allocated accountabilities and timescales.

To be effective the planning process will be developed cooperatively by all the key stakeholders (including Tangata Whenua, people who are or have been homeless, community groups, health and social services local government and central government agencies, and political parties). This includes allowing stakeholders to define and reach agreement on the issues to be addressed. This involvement in the planning stage makes it more likely that there is cooperative buy in and the provision of resources required to implement the plan. It is also important to ensure that the key stakeholders incorporate this agreed kaupapa into their organisational strategic priorities/annual plans etc.

## Data

To understand the scale and nature of homelessness in a locality reliable data is necessary. It is important to use a common definition of homelessness and to confirm the methods of enumeration that all parties are in agreement with. The NZCEH recommends the use of Chamberlain and McKenzie's model. This is used in Australia, and classifies homelessness into Primary, Secondary and Tertiary categories. To reflect the New Zealand context of homelessness, this has been adapted to acknowledge Te Ao Māori and to acknowledge Māori values in developing solutions to it. (For more information and resources see the Coalition's website; [www.endhomelessness.org.nz](http://www.endhomelessness.org.nz))

It is important that key stakeholders are involved in agreeing to the definition and enumeration methods to be used, and this will assist in cooperative work to systematically collect, analyse and report on figures and trends relating to homelessness, including methods which originate from Te Ao Māori.

The kinds of data collected should include information on who is homeless, how long people have been homeless, what their needs are, what are the causes of homelessness, how people have interacted with systems of care, the effectiveness of the services provided, and the number of people who are homeless. It is likely that any enumeration could include qualitative as quantitative research.

Once this information is produced and analysed it is important that stakeholders work cooperatively to address the issues appropriately.

## Emergency Prevention/ Crisis Intervention

An effective strategy will include interventions that seek to reduce the incidence of homelessness occurring by tackling crises before they result in homelessness. A preventative approach reduces the risks of people entering the cycle of homelessness, and can, therefore, greatly reduce the number of interventions required when people enter a culture of "chronic homelessness". The prevention strategy should include some or all of the following:

Interventions that reduce the risk of people not being able to pay the rent/mortgage or utility bills are available. This can include debt counselling and advocacy services, support with budgeting, access to credit unions etc.



Services and methods to prevent eviction from occurring such as specialist legal/housing advice and advocacy services that can intervene in landlord/tenant disputes

In cases where homelessness cannot be prevented it is important that any episodes of homelessness that occur are shortened and people are re-housed as quickly as possible in appropriate accommodation

It is also important that any emergency accommodation provided meets initial need of those who have become homeless, this may be different from region to region, and may include Tangata whenua, women, families, single men, and youth.

### **Systems Prevention**

This component of the strategy focuses on addressing the more fundamental issues that lead to housing crisis and subsequently homelessness. It is about ensuring that

“mainstream” delivered at the population level (not specialised in working with people who are homeless) play a role in averting homelessness by better linking with other “mainstream” services, and services who specialise in working with people who are homeless, to provide a “joined-up” case management approach.

The Systems Prevention approach seeks to ensure that the agencies that provide services to the population respond to peoples housing needs and are aware of the factors that influence people’s ability to maintain their housing, particularly the housing needs of those on low incomes, for example appropriate levels of housing assistance, type of housing offered locally by Tangata Whenua, the public and private sector, health and disability services which promote the required levels of support to maintain a home.

It also requires that the public institutions that perpetuate the cycle of homelessness take responsibility for their contribution to the issue and work towards finding solutions, this includes focusing on the organisational processes which lead to homelessness i.e. prison release, transition from child youth and family care to independent living, hospital discharges etc.

### **Specialised Service Delivery**

This section of a Strategy seeks to ensure that government agencies (Housing/Health/Social Services/Justice/Education and Employment) and other stakeholders (the Sector) work collaboratively to provide the most appropriate services and solutions for those that are homeless and have complex needs. This includes the strengthening and development of kaupapa Māori homelessness prevention services, and the acknowledgement of the specialist skill required to work with Tangata whenua who are homeless.

For those who are or have experienced homelessness there is a coordinated delivery of expert services that provide some, or all of the following services (see glossary of terms for descriptions). These services must also link with mainstream services to provide a “joined up” case management approach and promote a sustainable level of housing. Services may include:

- Street outreach programmes
- Day Services
- Advice and advocacy
- Housing brokerage
- Transitional/Interim accommodation
- Transitional Supported accommodation
- Permanent Supported Housing
- Permanent Independent housing
- Kaupapa Māori services and positions

### **Sustainable and long-term solutions**

The Strategy will also ensure that the stakeholders (the Sector, housing, health, social services, justice, education and employment) put into place sustainable and long term solutions to prevent homelessness recurring.

An effective strategy will ensure that your community has services, which work together to offer sustainable and long-term solutions to people’s pathways out of homelessness. The services and solutions may include:

- Social supports and community networks
- Permanent supported accommodation
- Physical reconnection with whanau, hapu and/or iwi and spiritual connection with Te Ao Māori
- Permanent housing options for those on a low income (public/private partnerships)
- Secure income and quality employment opportunities ■





**Housing New Zealand**  
Housing New Zealand Corporation



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