Methodist Mission
NORTHERN

Homelessness in New Zealand

A Discussion and Synthesis of Research Findings

Acknowledgements

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Executive Summary

1.   Purpose of the review and key objectives

Increasing attention from media and local governments over the past few years suggests concern about homelessness is growing, yet in contrast to the vast international literature, there appears to be little information on homelessness as it manifests in the New Zealand context. The aim of the report is to take stock of the current body of New Zealand homelessness research, synthesise important findings across key empirical studies, and identify key gaps in our knowledge that would benefit from further enquiry.

2.   Contextualising homelessness in New Zealand

The review attempts to place the issue of homelessness within a wider socio-economic and political context. Particular attention is placed on examining the impact of changing housing and welfare policies on the housing experiences of New Zealanders, especially:

- Changes to state housing policy in the mid 1970s
- The market-driven economic reform of the Fourth Labour Government
- The restructuring of the welfare system in the early 1990s
- Changes since 1999 including the development of the New Zealand Housing Strategy

3.   The low profile and visibility of homelessness in New Zealand

Although there is increasing concern about the ability of New Zealanders to own homes and to access decent rental housing, homelessness rarely figures in public debate about housing problems. It is suggested that the perceived low numbers of street homeless people is a key reason for the low profile of homelessness in New Zealand. However, according to a British homelessness researcher (May, 2003), the number of street homeless in Auckland would actually be considered quite high in the United Kingdom. Certain characteristics of homeless people in New Zealand and aspects of New Zealand culture may have the effect of rendering homelessness culturally invisible.

4.   Defining homelessness

The report involves major attention on debates around how to define homelessness appropriately, focusing particularly on structural and individualist arguments in research internationally. It is shown that New Zealand studies have often provided little analysis of structural factors (such as accommodation histories, education and employment experiences, and poverty), focusing mainly on the problems and misfortunes of individuals. Following the work of Thorns (1987 & 1989) the review argues that homelessness should be placed along a continuum of housing need and that future studies should employ a more rigorous conceptual framework in order to more accurately assess the extent of homelessness. It is suggested that the classification system first put forward by Chamberlain & MacKenzie (1992, 2002 & 2003) presents a useful framework that could be adapted to the New Zealand context.

5.   Methodology for synthesising empirical research findings

A major portion of the review is dedicated to synthesising the empirical findings of New Zealand homelessness research. The Chamberlain & MacKenzie definitions of primary, secondary and tertiary homelessness are used as a framework to focus the discussion of local findings (briefly summarised in the table below):

Categories of homelessness (Chamberlain & MacKenzie, 1992, 2002 & 2003)

CATEGORY	DESCRIPTION
Primary	Rooflessness, absolute homelessness, or rough sleeping
Secondary	Temporary, emergency accommodation
Tertiary	Medium to long-term residence in boarding houses

6.   Studies that focus on primary homelessness

The majority of studies on homelessness in New Zealand focus on primary homeless people.

6.1   Demographic information

Gender: there is a predominance of men amongst primary homeless people. This is consistent with international literature.

Ethnicity: Maori and Pasifika tend to be over-represented. New Zealand homelessness researchers have occasionally suggested that culturally appropriate services could be of value to Maori homeless people.

Age: it is difficult to identify trends in age distribution and the most authoritative figures suggest that distribution may fluctuate considerably over time. At times, young people (aged 15-30 years) have comprised a significant portion of street homeless people.

6.2   Key issues experienced by primary homeless people

Accommodation: as confirmed by studies overseas, homeless people typically experience a high degree of 'churning' between boarding houses, the Night Shelter and the street. Sleeping rough creates difficulties around showering, washing clothes, and storing personal belongings.

Poverty and employment: unemployment appears extensively amongst homeless people, and can be a precipitating factor for homelessness and a barrier to obtaining housing once homeless. Many primary homeless people have limited education which restricts their ability to work even when re-housed.

Mental health: in line with international trends, mental health can be an issue for primary homeless people in New Zealand. Mental health issues may increase the risk of homelessness for some people, but the stress and hardship of homelessness can, over time, increase the likelihood of developing a mental illness.

Addictions: local research has shown a high incidence of alcohol, drug and gambling addiction amongst primary homeless people. Addictions can play a role in precipitating homelessness, and they often play a role in maintaining homelessness. Mainstream detoxification programmes are not always suited to the complex needs of some homeless people.

Physical health: the physical toll of homelessness means that primary homeless people are susceptible to a range of health problems. Foot health, dental health, assault and injury, chronic diseases, sexual health, and accessing health care are all major areas of concern.

Emotional health and trauma: the role that traumatic life events play in increasing the risk of homelessness is well established in the international literature. New Zealand researchers have likewise established a high incidence of trauma amongst research participants. Social isolation, no sense of belonging, and a lack of social support networks are common, while the experience of homelessness itself can further alienate people.

Convictions and imprisonment: some New Zealand studies indicate that many primary homeless people have spent time in prison. Internationally, lack of appropriate support following release from prison is associated with an increased risk of homelessness.

Experience of social service agencies: support is essential to achieving good, long-term outcomes for all homeless people, and literature consistently points to the efficacy of coordinated service responses, outreach services, and ongoing support following re-housing.

Strengths and aspirations: some local research has explicitly highlighted the importance of recognising the strengths of homeless people. Resilience, pride, and determination are qualities associated with many homeless people, who typically experience the same aspirations (for example, to good accommodation and employment) experienced by the wider community.

7. Studies that focus on secondary homelessness

In comparison to research on primary homelessness, few studies have been conducted on secondary homelessness. Available results show a high degree of similarity between the issues facing primary and secondary homeless people.

7.1 Demographic information

Ethnicity: Maori are over-represented amongst secondary homeless people but not to the same extent as for primary homeless people. Pakeha comprise a greater proportion.

Age: available data on secondary homeless people shows a predominance of younger people, especially young women.

Mobility: two researchers noted a high degree of mobility (itinerancy) amongst some of the participants in their studies.

7.2 Key issues experienced by secondary homeless people

Accommodation: women requiring emergency accommodation are generally those unable to be accommodated by local agencies catering to pregnant women or victims of domestic violence. Men have commonly been sleeping rough or living in boarding houses or flats prior to presenting to the Night Shelter. There is a need for emergency accommodation that caters to different groups of secondary homeless people, particularly women and youth.

Poverty, education and employment: low employment and low educational achievement is common amongst secondary homeless people.

Mental health and addictions: mental health and drug and alcohol addictions were shown to be an issue for some secondary homeless people.

Emotional health and trauma: for women, domestic violence was a key factor contributing to the requirement for emergency accommodation.

8.   Studies that focus on tertiary homelessness

Few studies have explored the experiences of tertiary homeless people who live in boarding houses, and only two were selected for inclusion in this section.

8.1   Demographic information

Gender: one of the studies targeted women exclusively and the other targeted men exclusively.

Ethnicity and age: unlike primary homeless people, it is possible that tertiary homeless people are likely to be Pakeha. They may also tend to be older on average.

8.2   Key issues experienced by tertiary homeless people

Accommodation, poverty and employment: one study showed 64.9 percent of research participants had been primary, secondary or tertiary homeless in their accommodation situation directly prior to their current situation. The majority of participants were unemployed, but many expressed a desire to work.

Health: tertiary homeless men commonly experience a range of mental and physical health problems and addictions. Access to mental health and addiction treatment services emerged as a key concern.

Emotional health and trauma: loneliness and isolation are significant problems for many tertiary homeless men. Women living in mixed-gender boarding houses have been shown to be vulnerable to sexual harassment and abuse.

9.   Setting a research agenda

Based on this review of New Zealand homelessness research, the following gaps in knowledge are apparent:

9.1   *Quantitative studies that employ large, statistically representative samples*

Most homelessness research in New Zealand has utilised qualitative methodologies, which are invaluable for providing detailed and nuanced analysis of the issues facing homeless people. However, large scale quantitative studies would be useful for assessing the extent of homelessness, for tracking trends over time, and for providing more accurate demographic information about homeless people.

9.2   *Structural analysis*

Analysis of the impact of structural factors, such as accommodation histories and poverty, on the experience of homeless individuals remains an under-researched area in New Zealand.

9.3   *Secondary and tertiary homelessness*

Primary homelessness has been researched to a far greater extent than secondary and tertiary homelessness.

9.4   *Subgroups of homeless people*

Few studies target specific subgroups of homeless people, but those that do indicate that issues and needs can be very different across different groups.

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1 Introduction

1.1 Background and Rationale

In the introduction to her 2001 Masters thesis, which explored the intersection of space and homelessness in Auckland City, Cooper writes:

One day I was having a conversation with a person (a home-owner in Parnell[1]), and when asked about my year, I explained that I was studying homelessness in Auckland. 'Homelessness?' he snickered, 'In Auckland?' in what appeared to be disbelief that such a thing either existed or could be prolific enough to require study (Cooper, 2001: 3).

This excerpt describes a scenario that is probably quite familiar to New Zealand homelessness researchers, and it raises an issue that in many ways goes to the heart of this review: homelessness, simply, is rarely considered to be a problem of any significance in New Zealand society. Certainly, New Zealand does not appear to have a homelessness problem on the scale experienced by large cities overseas where panhandlers line the streets and bums congregate around small fires in downtown ghettos. Nonetheless, the last count of rough sleepers in the Auckland CBD (the night of 17th June 2007) revealed a total of 65 people bedding down on Auckland streets in a three kilometre radius of the Sky Tower. A further 69 people who would otherwise have been sleeping on the streets were counted in a range of temporary accommodation facilities, including the night shelter, police cells, the Auckland Hospital emergency department, detoxification facilities, and various hostels (Ellis, 2007).

Increasing attention from media and local governments over the past few years suggests concern about homelessness is growing, yet in contrast to the vast international literature, there appears to be little information on homelessness as it manifests in the New Zealand context. Besides a few of the better known studies (such as O'Brien & de Haan, 2000), other local research is not always widely available, for example, there are a number of excellent Masters theses in university libraries. In addition, much of the empirical data available is out of date (there are a number of studies that were conducted in the 1980s), and in the main, studies employ small, non-representative samples that pertain only to a specific locality, usually one of the major cities. Overall, faced with such paucity of

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[1] Parnell is an upmarket inner city Auckland suburb.

accessible and relevant information, it can be difficult to obtain a clear sense of the extent and seriousness of homelessness in New Zealand.

This report represents one attempt to begin to rectify this situation. Early efforts to compile a full bibliography of New Zealand homelessness research[2] revealed the apparent absence of a literature review that evaluated the existing body of work. It was decided that conducting a formal review would provide a way to take stock of this material, glean useful information, and highlight important gaps that require further enquiry. In doing so, the major objective of this report is to create a resource that will assist researchers, social service agencies and policy makers as they continue to develop their understanding of homelessness and ways to respond to it effectively.

It must be said that even though this report has aimed to seek out and include mention of all local research no matter how obscure, it is not the intention for this report to be viewed as an annotated bibliography per se. This is because the material that emerged during the information gathering stage proved to be so varied in its scope and focus that it became important to approach it in a range of ways. For instance, many of the older studies that present data of questionable relevance today nonetheless provide valuable insights into the way homelessness has been viewed by researchers, politicians and public over the last 30 years. These studies, which help to place homelessness within a broader social and historical context, are discussed in Section 2.

A further area that warranted additional attention concerned the way that homelessness has been defined in New Zealand studies, which overall shows little consistency. Ongoing debate around how to define homelessness appropriately is a feature of the international literature and it has been shown that this is not just an academic concern, but rather, has a direct impact on policy and service responses (Shlay & Rossi, 1992; Neale, 1997a; Chamberlain & MacKenzie, 2002; Anderson, 2003; Pleace & Quilgars, 2003). For example, one of the persistent assumptions about homelessness is that it only affects a small minority of individuals who 'choose' this lifestyle and that they are people who cannot (or do not want to) be 'helped' (Neale, 1997a). A second objective of the report is thus to review the main ways that homelessness has been defined in New Zealand, and to consider what might constitute an appropriate framework for thinking about homelessness: a framework that debunks some of the myths about it and moves the idea of responding to it effectively firmly into the realm of possibility.

The starting point for this exercise is the assertion of New Zealand sociologist, Thorns (1987 & 1989), that homelessness needs to be placed along a 'continuum of housing issues', a move that would redefine homelessness away from an issue solely of individual misfortune. Thorns' argument reflects

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[2] The compilation of this bibliography was jointly conducted with Kate Amory.

one of the predominant trends overseas in which homelessness is regarded as an issue which primarily relates to a lack of adequate housing, a view that is also encapsulated in the Australian categories of primary, secondary and tertiary homelessness (Chamberlain & MacKenzie, 1992, 2002 & 2003) which were operationalised for use during the 1996 and 2001 Australian censuses.

A distinct advantage of the Chamberlain & MacKenzie definitions is the way they identify distinct types of homelessness, representing different groups with different needs requiring different policy responses. In an attempt to explore the usefulness of this system for the New Zealand context, this report has used the primary, secondary and tertiary definitions as a framework to structure the discussion of local empirical studies and to synthesise key findings for each group, for example, trends around gender, age, ethnicity, employment, accommodation history, and so on. Employing this framework also facilitates the identification of key gaps in local knowledge that require research attention. For example, it becomes clear that there has been an overemphasis on researching street homelessness at the expense of researching the use of emergency accommodation or boarding houses, both considered forms of homelessness in Australia. Overall, it is concluded that the Chamberlain & MacKenzie definitions could indeed function as a useful framework for achieving greater understanding of the complexity of homelessness in New Zealand and for directing targeted research, policy, and service responses.

1.2   Report Structure

The overarching role of Sections 2 and 3 is to consider the way homelessness has been and is framed as an issue in New Zealand. Section 2 locates the problem of homelessness within a socio-economic context by sketching broad changes that have occurred in social and economic policy, the welfare system, housing policy, the housing system, and in the field of housing research. It traces the emergence of homelessness as an issue in the 1980s through to contemporary debates about housing affordability, in which the issue of homelessness is notable by its absence.

Section 3 pinpoints the perceived low numbers of street homeless people as the key reason for the low profile of homelessness in New Zealand. However, comments from visiting UK academic, May (2003), on the severity of homelessness in Auckland and the increasing focus on homelessness at the level of local government suggest the issue is perhaps more severe than is widely believed. Section 3 finishes by briefly considering what local bodies are doing to address homelessness in their areas.

Section 4 is concerned with definitional debates with special attention given to describing definitions that centralise the role of structural factors in homelessness (such as housing and poverty), and those that regard individual choice or individual failings to be the primary cause of homelessness. It is argued that despite awareness of the importance of structural factors, New Zealand research

continues to focus more on the individual circumstances of homeless people and to focus attention primarily on street homelessness. At this point, the Australian classification system of primary, secondary and tertiary homelessness (Chamberlain & MacKenzie, 1992, 2002 & 2003) is described and put forward as a potentially useful framework for the New Zealand context.

In order to demonstrate how the Australian classification system might facilitate better understanding of homelessness here, the discussion and synthesis of New Zealand studies is structured into sections on primary, secondary and tertiary homelessness. Section 5 briefly describes the advantages of this methodological approach and the limitations and omissions that resulted.

Sections 6, 7 and 8 summarise the findings of New Zealand research on primary, secondary and tertiary homeless people. The material is organised into demographic data and a discussion of key issues experienced. Throughout these sections, key international studies are used to draw out the significance of New Zealand findings.

Section 9 contains some overall reflections on the state of homelessness research in New Zealand. A research agenda is put forward that emphasises the need for large scale quantitative studies, the exploration of structural causality, and targeted studies that investigate the specific needs of different groups of homeless people.

Section 10 provides a full bibliography of the works cited in this review. The references are organised in two lists: New Zealand references and International references.

2 A Brief History of Homelessness and Housing Need in New Zealand

2.1 Introduction

This section describes some of the wider dynamics that have impacted on the emergence of homelessness and housing need as issues within the public arena. The framing of this section has been driven solely by research and commentary that has focused on exploring and explaining homelessness and it cannot claim to represent a definitive historical account of housing issues in New Zealand. It is instead a modest attempt to highlight the instances when homelessness occasionally moved from the margins towards the centre of public concern, and to examine what may have been going on in the wider socio-economic context to stimulate such concern. Emphasis has been placed on examining the interplay between two key themes: homelessness and housing research through the 1980s and 1990s, and changes in social policy (especially in housing policy) over the same period.

2.2 Trouble in Paradise?

Historically, New Zealand enjoyed the reputation of being a well-housed country with home ownership rates amongst the highest in the Western world (King, 2003). In part, this was due to early New Zealand housing policy, which was driven by a concern for public health and welfare. The state played a significant role in the provision of decent, low-cost state housing and low-cost mortgages for people who wished to own their own home (Hurley, 1993).

For many New Zealand researchers, the housing problems now plaguing increasing numbers of low-income people had their genesis in social and economic shifts that began in the mid 1970s when a policy was introduced that enabled people living in state homes to purchase them. A significant reduction in the state housing stock resulted, which increased demand for private rental housing. This in turn pushed up the price of rental accommodation, but when the government imposed a rent freeze in an attempt to regulate this dynamic, many private landlords sold their increasingly unprofitable stock. Overall, this resulted in a major decrease in the availability of rental housing (Waldegrave & Coventry, 1987). A rapid decline in the number of houses being built also occurred from the mid 1970s with the construction industry undergoing a major contraction following the boom years in the 1960s and early 1970s (Loomis, 1987; Thorns, 1987).

Around the same time, a range of social and demographic factors were placing pressure on the housing market. New Zealand experienced a distinct growth in unemployment during the 1970s: there were 6,416 registered unemployed in 1974, but by 1982 this figure had risen to 55,424, or approximately 4.5 percent of the workforce (McClintock, 1982). Demographically, the population was experiencing a 'youth bulge' caused by the increasing number of live births in 1951-1962. Changing patterns amongst households included more marital break-ups and the tendency for young people to go flatting earlier (McClintock, 1982), and the single person household (widows, students, pensioners) became the fastest growing type of household (Loomis, 1987).

Overall, increasing demand for housing led to increases in accommodation costs. Home ownership rates began to slide and competition for housing at the 'affordable' end of the market intensified, propelling many low income people into poverty (McClintock, 1982; Lea & Cole, 1983; Panoho, 1985; Thorns, 1987; Kilgour, 1989; Kearns, Smith & Abbott, 1991). By the early 1980s, demand for emergency housing was rising, causing much concern for the voluntary agencies that began to experience strain on their scarce resources (Hanley, 1979; McClintock, 1982; Percy, 1982; Ecumenical Secretariat on Development, 1983; Lea & Cole, 1983).

2.3   An Emerging Concern: Early 1980s Homelessness Research

Percy (1982) conducted one of the earliest systematic studies for the National Housing Commission into households presenting to Auckland agencies with housing problems. With reference to the British Housing (Homeless Persons) Act 1977, Percy found that amongst the 559 households studied, 76 percent would have met the criteria for homelessness as defined by the Act. They included situations of:

- Separated families
- Household in emergency housing
- Violence as a problem
- Marital breakdown with violence
- Inadequate housing (e.g. caravan, garage)
- Overcrowding as a problem with three or more people per bedroom
- Likely to become homeless within 28 days
- Sleeping in a car, tent or park
- In hospital, prison or on Rotorua Island
- Doubled up in a state rental home
- Sexual harassment
- House up for sale

- Health hazard

- Overcrowding as a problem with under three people per bedroom

- Incompatibility

A study in Christchurch conducted by Lea & Cole (1983) used a similar methodology and revealed a very comparable result: of the 345 households that approached agencies with serious housing need over the period of data gathering, 77 percent would have been classified as homeless under the British Act.

A study of homeless families in the Hutt Valley (Jacobi, Coventry & Waldegrave, 1983) showed that prior to contacting the Family Centre in Lower Hutt with requests for accommodation, 62 percent of the families had been living with friends or relatives, with 41 percent citing crowding as the major reason for why the situation was no longer sustainable. Maori and Pacific Island people were disproportionately affected, comprising 68 percent of the families studied, and at the time, only 10.6 percent of the general population. Young children less than 5 years old were also over-represented (52 percent of the children in the study), which led the authors to express concern about the psychological and physical impact of an unstable environment and continual movement from house to house on children. Another major concern was that the length of time it was taking for people to access the housing they required had increased markedly, a reflection of increasing demand on housing services brought about by redundancies in the area.

Although numbers of literally homeless people sleeping on city streets remained low in New Zealand, in the early 1980s there was a sudden upsurge of street kids in cities around the country. References to the growing problem of street kids are noted in a range of studies from that era (McClintock, 1982; Lea & Cole, 1983; Smith & Dowling, 1987), with McClintock linking this phenomenon to wider social and economic pressures. The Department of Internal Affairs (1983) report on youth homelessness estimated there were around 1,300 homeless or unsuitably housed young people nationally. McClintock (1982) argued that most street kids had a relatively short homeless career because the behaviours required to survive life on the streets generally brought them into contact with police, leading to incarceration and eventual rehabilitation. However, he expressed concern for a core group of kids who were not being successfully moved off the street. Because they were failing to develop the skills necessary to cope with the stresses and strains of mainstream community life, they risked becoming chronically homeless.

2.4   The Crisis Deepens

Like other capitalist economies around the world, New Zealand began experiencing runaway inflation and economic stagnation during the 1980s (Kearns, Smith & Abbott, 1991). The election of the Fourth Labour Government in 1984 heralded a new era for social policy characterised by market-driven economic reform. With a new emphasis on achieving the traditional social objectives of the Labour party through commercial and competitive means, widespread privatisation of state assets occurred (Cheyne, O'Brien & Belgrave, 1997). Housing was initially an exception to this trend. The Housing Corporation was not privatised, and supply-side initiatives such as low interest loans to Local Authorities for housing continued (Roberts, 1998; Thorns, in review). However, house prices, mortgage interest rates, and rent prices continued to rise steadily, and the situation for low income New Zealanders worsened.

As the public voiced its concern, the Labour Government established a Royal Commission on Social Policy, charged with the task of examining the policies that were required to ensure a just and fair society (Cheyne, O'Brien & Belgrave, 1997). In the Human Rights Commission's (1987) submission, it was argued that New Zealand was "not...taking all appropriate steps...to deal with a growing problem of homelessness" (1987: 2). With reference to Article 25 of the Universal Declaration of Human Rights, which states that everyone has the right to a standard of living adequate for the health and well-being of them and their family, the Commission systematically cited a body of evidence demonstrating that many New Zealanders were experiencing deterioration in their living conditions.

When the Royal Commission on Social Policy was published, it too reported research that put the number of homeless households in New Zealand at 17,000 to 20,000, arguing that these figures had "widespread acceptance as the actual level of homelessness" (Roberts, 1988: 160). As Roberts argued, homeless people are not just those who are forced to live without shelter, but also included people who were faced with serious housing need. One of the studies cited by Roberts was conducted by the state funded National Housing Commission in 1988. It defined 'serious housing need' as a situation that involved at least one of the following housing problems:

- Forced overcrowding: two or more families in the same household, not by choice. Overcrowding, or doubling-up, was identified as a key strategy that low income people used to mitigate housing related costs
- Substandard housing: housing that lacks adequate physical protection or basic washing or cooking facilities
- Temporary housing: living in caravans, tents and cars not by choice

- Unaffordable housing: a situation where housing costs consume over half of a below average income

The study indicated that serious housing need was affecting approximately 17,500 New Zealand households. Furthermore, it was apparent that the problems were not distributed evenly across the population. Households in Central and Southern Auckland represented 60 percent of the national total of households in serious housing need. Maori were significantly over-represented and young people, single women, ex-psychiatric patients, and people with disabilities were all disproportionately affected.   A wide range of physical and mental health problems were associated with people forced to live in such conditions (National Housing Commission, 1988).

2.5   Statutory Legislation

In the mid 1980s the New Zealand Housing Network, which was comprised of representatives from the not-for-profit sector, was pushing for an amendment to the Housing Act 1974 that would establish a statutory obligation to provide housing for the homeless. Based on the British Housing (Homeless Persons) Act 1977, the definition of homelessness advocated by the Housing Network was wide, stating that homelessness existed if:

- People are already evicted or a Court Order exists
- They cannot secure entry to accommodation
- Domestic violence makes it impossible for them to occupy accommodation
- They are living with unwilling relatives or friends
- They are in a moveable structure and have nowhere to park it
- They are threatened with homelessness
- They are squatting
- They are already homeless or threatened with homelessness because of flood, fire or other disaster
- They are occupying emergency accommodation

The information kitset published by the Network (see Foy, Hurley, Helmondollar, Maynard, Slade & Roberts, 1986) argued that because there had never been a statutory obligation to house people in New Zealand, the provision of public housing was not always related to need, but to political expediency. The Network stated that this had resulted in public housing stock being downscaled at times when demand was on the increase. Furthermore, they noted that statutory requirements at the time existed in three key areas of public welfare – education, health and social welfare – while the Housing Corporation was simply imbued with certain 'functions' and 'powers' to provide housing and

housing assistance. The implication was that housing was not regarded as a fundamental human requirement (Hanley, 1979), an attitude that stood in stark contrast to that of some researchers who were placing housing at the very centre of social policy:

Shelter is recognised internationally as a basic human right along with food, clothing and warmth. These four needs underpin all other measures for ensuring people's well-being. Housing provision is therefore qualitatively different from most other social services. Failure in housing provision will frustrate all other efforts to achieve social equity and equality of opportunity (National Housing Commission, 1988: xiv).

Unfortunately, the deep concern expressed by the voluntary sector in the mid-late 1980s failed to alter the direction of New Zealand public policy. As Cheyne, O'Brien & Belgrave (1997) explain, the Royal Commission on Social Policy came at a time of major neo-liberal swing. It was criticised for being too long and too diffuse and had minimal impact on future reform. Instead, the initiative was passed to Cabinet committees who commissioned a series of reports, largely from key business people with acknowledged neo-liberal views. With regard to housing, Treasury announced in 1988 that the Housing Corporation was confusing social issues and commercial objectives, claiming that the housing market had no special problems other than cost, which could be adequately addressed with income supplements (Gillespie, 1991).

2.6   Welfare and Housing Policy Changes in the 1990s

When National won the next election, New Zealand social policy continued to shift further in the direction of market liberalism.   In 1991 inflation and unemployment was still high, and in response, the National Government embarked on the wholesale restructuring of the welfare system, arguing that the government had been over-spending on welfare and that the situation was not sustainable. Criticising the current system for being unfair, creating dependency, and not giving people the incentive to undertake paid work, the emphasis shifted to providing assistance targeted on 'genuine' need. Benefits were reconstructed as a "safety net…below which people will not be allowed to fall provided they demonstrate they are prepared to help themselves" (Shipley, Upton, Smith, & Luxton, 1991: 13). The reforms were accompanied by Ruth Richardson's 1990 Economic Statement and 1991 'Mother of All Budgets', which instituted a range of benefit cuts and changes to criteria, which, for example, reduced the Unemployment Benefit by $14 per week, and raised the age for youth benefits from 20 to 25 (Kelsey, 1993).

With regard to housing policy, the new emphasis was on income support in the form of the Accommodation Supplement, which was calculated on income levels and accommodation costs (a demand side indicator). While the then Minister of Housing argued that the reforms would

encourage fairness, self reliance, efficiency and personal choice (Luxton, 1991), rents increased rapidly leaving many people worse off (Hurley, 1993; Bang, 1998; King, 2003; Rankine, 2005). The Housing Restructuring Act 1992 established a new crown-owned entity (Housing New Zealand (HNZ)) that was solely responsible for managing the state's housing stock. HNZ was expected to be as profitable and efficient as a commercially oriented business while still assisting the Crown to meet its social objectives (Murphy, 2003). The income-related rent formula for state homes ceased and throughout 1992-1999 the government sold around 11,000 state-owned rental units to private buyers, revoked the state-owned mortgage fund, and reduced maintenance on remaining state housing (Rankine, 2005). It soon became apparent that housing problems were escalating at an alarming rate. A study by Waldegrave & Sawrey (1994) found that households experiencing serious housing need had more than doubled since the earlier study undertaken by the National Housing Commission in 1988, rising from 17,000 in 1988 to 48,800 in 1993.

The drive for homelessness legislation momentarily found increased profile when Labour MP, Jim Anderton, tabled his Housing Corporation (Homeless Persons) Amendment Bill in 1991. Hansard records (8th May 1991) show that, reiterating many of the same arguments that had been put forward by the Housing Network, Anderton argued that the State had a responsibility to provide housing to its citizens. Yet just about all speakers who followed Anderton either expressed concern or rejected the Bill on the basis that the British legislation had instituted a bureaucratic and legalistic system and directed most funding into the provision of emergency accommodation. Speakers who favoured the political right-wing pointed to the Accommodation Supplement as the best way to resolve housing issues. More left-wing speakers claimed that the answer to homelessness was to address the problem of housing supply by building more houses. Interestingly, two speakers (Hasler and Maharey) considered that the Bill raised important questions about the role of the State in housing and therefore should go to a select committee. Their concerns were later echoed by Thorns (2000) who argues that the Housing Restructuring Act 1992:

…created a tension that has never been satisfactorily resolved between the state's social responsibility, thus why it stays in housing at all, and the market imperatives it has put in place through its reorganisation, especially of Housing New Zealand requiring it to operate in a commercial way (Thorns, 2000: 131-132).

Throughout this time, the decentralisation or devolution of government social services to community agencies was occurring (Cheyne, O'Brien & Belgrave, 1997; Simonsen, 1998; Morris & O'Brien, 1999). Framed as a way to 'empower' the community by allowing greater control over the provision of social services, the move actually placed a greater burden of responsibility on the under-funded sector. Many agencies had to scale down activities, re-focus their service provision, or close down (Bruner, 1994, cited in Simonsen, 1998).

2.7   Housing Research in the 1990s

Researchers continued to publish evidence showing that many low income New Zealanders were experiencing housing stress. Kearns, Smith & Abbott (1992) argued that even if New Zealand was experiencing lower proportions of absolute homelessness relative to other cities internationally, there was clear evidence for high numbers of people living in precarious situations, substandard housing, or presenting to agencies with serious housing need. In this regard, they argued that:

Absolute homelessness represents only the tip of the iceberg...there are many thousands more who represent the incipient homeless...the plight of the currently homeless is desperate, but just around the corner is a potentially vast population of ill-housed people, many of whom are little more than one additional domestic crisis away from being on the streets (Kearns, Smith & Abbott, 1991: 369).

Large-scale systematic research in 1989-1990 into the effect of housing on health by Kearns, Smith & Abbott[3] clearly established that a change in housing policy will influence the health of the population, and a change in health policy is likely to have an impact on the housing experiences of some groups. This is because people with poor health or special mobility needs are disproportionately vulnerable to housing difficulties (Kearns & Smith, 1994).

Waldegrave (2000) provides a useful summary of some key pieces of research that traced the impact of the housing reforms during the 1990s. The *New Zealand Poverty Measurement Project* (headed by Waldegrave) showed that housing costs are the single largest contributor to the poverty gap. Despite the Accommodation Supplement, over 70 percent of state tenants and a third of private renters were living below the poverty line because their housing costs were so high. A study of urban Maori state tenants (Waldegrave, Love & Stuart, 2000) showed that more than one in five households were short of essentials every week after paying housing costs. Over 83 percent were short at least some of the time. A common response to exorbitant housing costs was to take in extra people to help with costs, or to house someone unable to meet their own living costs. This frequently resulted in problems with crowding. Another study by Waldegrave, King & Stuart (1999) provided a snap shot of the living conditions of low income households around New Zealand. It showed that 44 percent paid more than 40 percent of their income after tax on rent/mortgage, 25 percent paid over 50 percent of their income after tax on rent/mortgage, and 40 percent of houses were crowded. These figures take on further significance in light of the growing consensus that paying over 30

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[3] This research was published in a number of articles including Kearns (1995), Kearns & Smith (1994), Kearns, Smith & Abbott (1991), Kearns, Smith & Abbott (1992), Smith, Kearns & Abbott (1992a) and Smith, Kearns & Abbott (1992b).

percent of gross income towards housing costs (rent or mortgage) equals housing related poverty (Peace, Kell, Pere, Marshall & Ballantyne, 2002).

As Waldegrave (2000) argues, the primary issue that emerged in these studies was the high proportions of rent to income that many New Zealand households were being expected to pay. The introduction of the Accommodation Supplement was intended to be fairer to both state and private market renters and give people greater personal choice over their housing, however:

…the reforms may have created greater horizontal equity, but at the expense of vertical equity…prior to the reforms, at least those in state houses on a benefit, paid an affordable rent and kept 75% of their residual after tax income, while those in the private sector rentals struggled with market rents. It appears as though the reformed housing policy simply equalised everyone downwards to the insecure level of those in the private sector rentals (Waldegrave, 2000: 15).

Thorns (2000) points out that an unforeseen result of the welfare reforms was that private sector rents were stimulated in response to the increased capacity of people in receipt of the Accommodation Supplement to pay for housing. Data from a government commissioned report showed that the introduction of targeted income support increased the level of housing related poverty (Colmar Brunton, 1996, cited in Thorns, 2000). Unfortunately, other state funded research into housing was substantially reduced in the 1990s. The National Housing Commission was abolished in 1988, and the major interest of the Ministry of Housing was in examining the impact of the Accommodation Supplement. According to Thorns (in review), significant housing research capacity was lost. Research continued in universities, but in the main, it was not well connected to the policy process.

2.8   The New Policy Agenda, 1999-Present

The 1999 election brought a swing to the centre-left and a shift to a 'third-way' agenda which placed new emphasis on social responsibility, but did so while still upholding the need for a global free trade agenda and internationally competitive markets. In 2000 the Labour Coalition Government re-introduced income-related rents for state housing tenants. Housing New Zealand was renamed Housing New Zealand Corporation (HNZC) and was charged with meeting social objectives beyond the management of rental stock. Research, or 'evidence-based policy', once again emerged as a priority, and one outcome has been the establishment of the Centre for Housing Research Aotearoa New Zealand (CHRANZ) (Thorns, in review).

However, the emphasis on growing comparative economic advantage in the global marketplace does not always sit well alongside the theme of social responsibility in the new policy agenda. As King

(2003) explains, people's individual socio-economic circumstances are influenced by individual and community level characteristics, but also by the macroeconomic conditions in their own country and in the wider global economy. Globalisation has created economic growth for developed countries but this growth has been unevenly distributed and, for individuals, has been strongly patterned by socio-economic factors. Recent research bears this out, highlighting the particular difficulties faced by a range of diverse groups including single men, because families with children have priority status for state housing (Smith, Robinson & Atkin-Read, 2006), people with mental health issues, for whom housing is a major factor in prevention and recovery from illness (Peace & Kell, 2001; Peace et al., 2002; O'Brien & Leggatt-Cook, 2006), and Maori, who despite placing high value on home ownership, experience major barriers to owning their own homes (Waldegrave, King, Walker & Fitzgerald, 2006).

Housing supply (or availability) remains a key issue, particularly at the affordable end of the market, while the persistent buoyancy of the private rental market has ensured low-income people continue to struggle to meet the cost of housing and other expenses. Applications to Housing New Zealand remain high and waiting lists are long (Rankine, 2005). The situation is especially severe in Auckland. The Auckland Regional Council's Affordable Housing Strategy (2003) argues that Auckland is a 'special case' with respect to housing affordability, demonstrating that:

- HNZC waiting lists for Auckland are the highest in the country
- House prices and rent are higher
- Aucklanders spend more of their income on housing than elsewhere in the country, especially those in the bottom 40 percent of household income

Statistics on crowding show that Auckland is the most crowded region in New Zealand. Manukau City is the most crowded territorial authority, with crowding increasing by 37.4 percent from 1986 to 2001, compared with an overall national decline of 10.7 percent for the same period (Statistics New Zealand, 2003: 44). According to Badcock & Waldegrave (2004), public housing stock is likely to remain small in relation to the total housing market and HNZC's role as a landlord will also remain modest. The problem is that HNZC lacks the capital resources to fund a significant expansion of income related rental housing (McKinlay-Douglas, 2000).

A major initiative of the new government has been the development of the New Zealand Housing Strategy (HNZC, 2005) which outlines a focus on growing the social housing sector through partnerships between the public and private sector, non-government organisations and local government, modernising housing stock, modelling socially and environmentally responsible practice, working more closely with communities and tenants, and assisting households away from public housing and into independent living. However, it is still too early to assess the impact of the

Housing Strategy and to determine if actions taken have alleviated the housing problems of New Zealanders.

2.9   Final Comments: Circumscribing Homelessness?

The only mention of homelessness in the New Zealand Housing Strategy is a statement about a small group (4 percent) of people with mental health issues who are "homeless or transient" (HNZC, 2005: 66). The Strategy states that funding policies and support for emergency housing will be reviewed in recognition of growing numbers of people experiencing a housing crisis, but this is not framed as an issue of homelessness[4]. A quick survey of the major party policies on housing and housing need shows that National still upholds the Accommodation Supplement as the key way to ensure access to housing and equity between people renting from the state and within the private market (National's Plan for Housing, 2006[5]). Labour is committed to working in partnership with community organisations, local government, iwi and agencies to improve the delivery of social housing, and is also continuing to build new state homes (Labour Party State and Rental Housing Policy, 2006[6]). It appears that although there is increasing concern about the ability of New Zealanders to own homes and to access decent rental housing, 'homelessness' per se remains fairly marginal as a social issue and does not usually figure as such in public debate about housing problems.

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[4] It is worth noting that emergency housing and shelters are frequently criticised by overseas writers as they fail to confront the wider crisis of affordable housing (DeVerteuil, 2006).
[5] Sourced from www.national.org.nz
[6] Sourced from www.labour.org.nz

3 Exploring the Low Profile of Homelessness in New Zealand

3.1 Introduction

Internationally, there had been increasing alarm throughout the 1980s about the rapid growth in the numbers and visibility of homeless people in cities in America, France, Great Britain and Australia (Thorns, 1987; Hill, 1994; Hartman, 2000), and this undoubtedly contributed to the attention on homelessness in New Zealand. In 1987 the International Year of Shelter for the Homeless was launched and this global focus on homelessness, which encompassed the problem of housing inadequacy (UNCHS, 2000), was taken up by researchers and lobby groups like the New Zealand Housing Network. Yet attempts to establish homelessness policy in New Zealand appeared to fail, and as a social issue, homelessness remained relatively marginal. There are several possible reasons why this has happened.

The attempt to instate statutory legislation following the British Housing (Homeless Persons) Act 1977 was a strategy to obtain government recognition that homelessness was a legitimate social problem worthy of public debate and resources (Elliot, 1998). However, the calls for statutory legislation were largely coming from the voluntary sector in reaction to mounting pressure on their scarce resources (Human Rights Commission, 1987; Roberts, 1987) and not everyone who recognised homelessness as a problem was in favour of statutory legislation[7]. In the wider context, awareness of homelessness was occurring at a time when New Zealand had embarked on a neo-liberal 'experiment', becoming the most privatised nation in the world within the space of a few years (Kelsey, 1995). 'Homelessness' and serious housing need had been openly discussed in research produced by the National Housing Commission, but the lack of state funded housing research conducted through the 1990s probably played some role in obscuring the issue.

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[7] For instance, Thorns (1987) argued that homelessness and inadequate housing was the result of structural factors affecting the supply of affordable housing. In Britain, the Homeless Persons Act was resulting in the redirection of resources to meet immediate needs by housing homeless people temporarily in boarding houses and hotels, which did little to address the long-term problem of inadequate housing stock. Likewise, reactions to Jim Anderton's Housing Corporation Amendment Bill showed wide disapproval of the British system. Speakers argued that legal wrangling over definitions and entitlement was directing large sums of money into lawyers' pockets. The system of housing tribunals and local government discrepancies was considered cumbersome and ineffective, and most money seemed to go into providing short-term solutions rather than increasing housing stock. For further information, Gillespie's (1991) law thesis contains an excellent exploration of the British Housing (Homeless Persons) Act 1977 and the attempt to instate similar statutory legislation in New Zealand.

Above all, the problem seems to be one of visibility. In 2004, the Human Rights Commission published a status report on human rights in New Zealand (*Human Rights in New Zealand Today*). It argued that census statistics indicated New Zealand did not have a large problem with homelessness, and suggested that rates of homelessness had stabilised: in 1996, around 960 people were classified as being of 'no fixed abode', compared with 594 in 1991. It should be noted that the 2001 census recorded 2,409 people with no fixed abode, suggesting that homelessness is rising. However, given the difficulty of accessing and therefore counting most homeless people, this simple measurement is likely to be a conservative estimate of homelessness at best (O'Brien & de Haan, 2000). The *New Zealand Action Plan for Human Rights* (Human Rights Commission, 2005) confirmed that homelessness does exist in New Zealand, and that national and local strategies are required to address the problem effectively. Nonetheless, it states that while a significant group experiences a range of serious housing needs, numbers of literally homeless people in New Zealand *remain low overall*. This, arguably, is the crux of the problem.

3.2   The Numbers Debate

When homelessness began to emerge as a major problem in cities around the world, a number of theories were put forward in an attempt to explain the (more or less) simultaneous emergence of a housing crisis in a number of different countries. According to Kearns, Smith & Abbott (1992: 282), the most plausible hypothesis was that "the forces of economic restructuring resulted in declining economic conditions at the same time as a reduction in the amount of affordable housing". A brief survey of the international literature shows that homelessness is frequently linked to a specific set of social and economic forces, especially globalisation, which has contributed to the dismantling of the welfare state (Daly, 1996), changes in the labour market leading to the growth of temporary, contingent, and precarious jobs (Hill, 1994; Daly, 1996; Hartman, 2000; Arnold, 2004), the deinstitutionalisation of psychiatric care (Hill, 1994; Daly, 1996), the shortage of housing, and failure of the state to ensure adequate housing stock to absorb demographic trends (Hartman, 2000).

Even though New Zealand experienced the same forces that were stimulating a rapid increase in numbers of literally homeless people sleeping rough on city streets around the world, numbers did remain comparatively low in New Zealand. A recent Masters of Commerce thesis (Adamidès, 2002) suggests a possible explanation. In a study of the French and New Zealand housing markets, Adamidès argues that the specific characteristics of housing markets are linked to different forms and extent of homelessness. For instance, New Zealand has a much higher rate of 'hidden' homelessness (in this study considered to include crowding and substandard housing) than France because housing quality and size are far more standardised in France. With regard to rough sleeping France has the greater problem. This is attributed to the higher housing costs and under-development of low-cost housing in France when compared with the same factors in New Zealand.

In 2003 British academic and homelessness researcher, Jon May, undertook a sabbatical at the University of Auckland and conducted some scoping of the issue here. While he never published his observations and findings, his unpublished notes are very interesting[8]. According to May, the estimated number of rough sleepers in Auckland (which in 2003 was put at around 100-120 by Auckland agencies) would actually be considered quite high in the United Kingdom:

Bristol...had the highest number of people on the streets of any city other than London at the turn of the decade, but even at its worst never had more than 80: in a city of 500,000 people. Manchester is also seen to have had a serious street homeless problem, but 'only' had about 40 people on the street a few years ago – in a city of 1m [sic] people. So Auckland DOES have a significant street homelessness problem relative to other advanced western countries (May, 2003: 4).

May goes on to argue that the homeless population in Auckland (a city of around 400,000 people) exhibited some important differences from their British counterparts. In the United Kingdom, the single largest group of homeless people are aged under 25 years, largely because young people receive less housing benefit than people over 25, and 16-17 year olds are ineligible for any kind of benefit at all. Addictions to Class A drugs (heroin and crack cocaine) are common amongst street homeless people in the United Kingdom, and as a result, there is a high level of begging as people attempt to support their habit. Finally, because of the high visibility of homelessness in the 1980s and 1990s, and the fact that the younger population attracted more public sympathy, major government responses and support for voluntary agencies have resulted in a reduction in rough sleeping.

Moreover, May identified a number of factors that ensure homeless people in Auckland typically maintain a low public profile. For a start, the geography of Auckland provides lots of open spaces to hide away from the public gaze, a point also noted in a 1992 thesis on Auckland street kids (Lindsay, 1992). The casual nature of the New Zealand dress sense allows homeless people to 'blend in' more easily[9], and some street people make a conscious effort to dress tidily to minimise discrimination (see Schmidt, 2000[10]). Although alcohol and cannabis are widely used, Class A drug use is not a major problem amongst homeless people in Auckland. The combination of welfare payments and the services provided by the Missions further reduces the need to beg in Auckland. May also thinks there

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[8] The unpublished notes were sourced directly from the author.
[9] May's point about the casual nature of NZ dress sense working to obscure street homelessness is made in Laurenson's (2005) thesis and came from a 2005 email conversation between May and Laurenson rather than the unpublished notes from which I quote all other points made by May.
[10] Other studies have also mentioned this: a participant in the O'Brien & de Haan (2000) study commented that some homeless people dress 'flash' and Smith & Dowling (1987) stated that younger street people could often pass for ordinary citizens in Wellington.

is something of a mental block at work that renders homelessness 'culturally invisible' in New Zealand. As he explains:

...for so many people it is simply unimaginable that a nation built on the myth of the quarter acre dream could have a problem of homelessness (May, 2003: 4).

In relation to this point, a thesis on homelessness in Auckland (Cooper, 2001) contains an excellent discussion of the myth that there is no homelessness in New Zealand, only socially deviant people who could access housing if they chose to. To illustrate, Cooper cites evidence from parliamentary debates during the lead up to the APEC Summit in 1999. The Auckland Domain was to be closed for three days during the summit, and concern had been expressed by Auckland agencies about the welfare of homeless people who would be displaced by these actions. A speaker from the National party argued:

...there are only a few people who make the Domain their home. These are people who prefer that lifestyle (O'Reagan, Hansard, 3rd June 1999).

Overall, stories about homelessness are very rare in the New Zealand media. According to May, when they do appear, it is striking how often the problem of homelessness is 'displaced', for instance, with reference to the shock New Zealanders have experienced when confronted with homelessness overseas. The implication is that 'real' homelessness is a problem 'elsewhere'. In this regard, May argues:

It should be remembered that most people even in cities like London will come into contact with homeless people via media stories rather than directly on the street. If the media in NZ gives little coverage to homelessness, it is not surprising so few people – including politicians and policy makers – are aware of the scale of the problem (May, 2003: 5).

3.3   Local Government Responses to Homelessness

In the past few years there has been growing attention on homelessness at the local government level, which some researchers associate with the increasing regulation of public space by local governments (Laurenson, 2005; Laurenson & Collins, 2006). The following subsections briefly outline the emergence of homelessness as an issue in Wellington, Auckland and Christchurch, and describe each city's approach to addressing it.

3.3.1 Wellington

A study by Al-Nasrallah, Amory, Blackett, Chan, Moore, Oldfield, O'Sullivan, Senanayaka, Simpson, Thrupp, & van Rij (2005) credits the death of well-known Wellington homeless man, Robert Jones, in 2003 as giving momentum to an issue that had been "percolating quietly in the background" (Al-Nasrallah et al., 2005: 2) for some time. Jones' death coincided with a review of the Wellington Public Places Bylaw, which would have prohibited sleeping in public places (among other things). A heated public debate ensued, and in response to these events, a Homelessness Taskforce was instated. A key achievement was the development of Wellington's *Homelessness Strategy* in 2004. Key issues for the Council under this strategy include:

- Services for people in Council accommodation who require ongoing support to maintain their tenancies
- Integrated services for 'at-risk' people congregating in Wellington's parks
- Ensuring access to services for homeless people
- Outreach services for at risk tenants and homeless people
- Ongoing advocacy relationship with Capital and Coast District Health Board to promote the provision of health services to address gaps in detoxification facilities, community mental health, drug and alcohol services
- Strengthening partnerships with the community
- Partnership with Police on responding to concerns for the community

Wellington City Council has developed a productive partnership (Project Margin) with Wellington agency Downtown Community Ministries (DCM), which is successfully supporting homeless people off the streets and into Council owned accommodation. A small core of chronic street alcoholics has proved difficult to assist, but the Homelessness Prevention Steering Group is now campaigning for a 'wet-house' which could accommodate these particularly vulnerable individuals (Wild, 2006).

3.3.2 Auckland

Recently, safety has been emerging as a key concern for Aucklanders and visitors to the city, and homeless people are increasingly perceived to present a threat, especially at night (No Doubt, 2003; Casey & Crothers, 2005). No Doubt (2003: 29) acknowledged that central business districts worldwide tended to attract homeless people and that in New Zealand there were few support services for them. The study concluded that homelessness was not the image of the CBD "sought by many", and cautioned that it was "inevitable" that the problem would grow as the CBD grew.

A follow up study commissioned by Safer Auckland City (No Doubt, 2004) pointed out that the troublesome homeless are a subset of the wider homeless population, and that problematic behaviour is an issue of public conduct not homelessness per se. A major barrier in New Zealand is that the lack of knowledge about homelessness makes it difficult for agencies and government to adapt responses to changing need. There is no evidence on the efficacy of particular responses to addressing homelessness here, and very little is known about how people become homeless. In 2005 another study into homelessness was commissioned (Gravitas, 2005) and its overarching goal was to understand current service delivery and determine the appropriate role for the Auckland City Council in responding to homelessness. The study revealed four major service gaps:

- Emergency accommodation
- After hours service
- Supported transitional housing
- A case management approach

Other secondary gaps included:

- Accommodation (affordable housing and emergency housing)
- Health services (detoxification facilities, mobile health education, needle exchange)
- Youth services
- Pro-active outreach services
- Training and skills (life skills and employment skills training facilities and opportunities, budgeting, and staff/volunteer training)
- Strategic needs (coordinated approach to homelessness, formalised partnerships between government organisations and providers, coordinated objectives for reducing homelessness, information sharing, and inter-agency working groups)

Out of this research the *Auckland City Action Plan on Homelessness* (2005) was developed. The plan outlines the Council's role as one of providing oversight of homelessness and public space issues, collaboration with other agencies to improve coordination, advocacy to central government, and leadership and public awareness. A notable achievement to date has been the commencement of outreach services.

3.3.3 Christchurch

Studies into service gaps in Christchurch (Mora, 2002) and the perspectives, aspirations and challenges of street homeless (Mora, 2003) were already increasing awareness of homelessness in

the city. In 2005 a fire at Cashel Chambers where young homeless people were squatting brought the issue to the fore, leading to the establishment of a Task Group on Homelessness. In their report for the Christchurch City Council, Millar, Gormon, Greer, Thorpe & Mora (2005) argued that homelessness was a reality in Christchurch, and that it was not limited to 'vagrancy', but encompassed a much larger, and more hidden, population of inadequately housed people. The Task Group recommended that:

- A directory of housing resources and support services be developed
- Inter-agency conversations between the District Health Board, Housing New Zealand Corporation, Community Corrections and Child, Youth & Family be undertaken to identify gaps in services
- Research into the extent and needs of homeless people in Christchurch
- More support for agencies currently involved with housing
- Recognition that housing is essential to the wider community and the well-being of homeless people

3.4   Conclusion

In recent years, local bodies have been increasingly active in terms of responding to homelessness, but to date, responses have mainly focused on rough sleepers and have been less concerned with less severe forms of homelessness or wider issues relating to the housing market[11]. It is clear that widespread social and economic changes over the past 30 years have generated a marked increase in housing insecurity for low-income New Zealanders. Yet because the perception is that numbers of literally homeless people have remained low, homelessness is understood largely as a problem of deviance for a minority group, and is not widely considered to be related to the housing issues of many. In contrast, the US based National Alliance to End Homelessness (2003) argues that affordable housing policies are essential for homelessness prevention and alleviation, and that housing instability for extremely low-income individuals will continue without a substantial increase in the supply of affordable housing. This disjuncture in New Zealand policy points to the necessity of employing a more rigorous conceptual framework that places homelessness on a continuum of housing need. The following section explores these themes in greater detail.

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[11] Note that this may be shifting as understanding of homelessness grows amongst local bodies, researchers and service providers. In March 2007 the New Zealand Coalition to End Homelessness (NZCEH) was set up with representation from around the country and financial support from Auckland and Wellington City Councils. One of its aims is to put homelessness on the national political agenda (Ellis, 2007).

4   Understanding Homelessness: Debates and Definitions

4.1   Introduction

A major difficulty in both historical and contemporary New Zealand debates about homelessness is that there is no accepted definition or definitions of homelessness. The existing body of New Zealand research shows little consistency in the use of the term, using it to refer to people sleeping outside or in improvised shelters, to situations of overcrowding, to people on the state housing waiting list, or to households with serious housing need. For the general New Zealand public, especially those without first-hand experience of housing problems, homelessness tends to evoke images of elderly drunks in parks, bag ladies, street kids and panhandlers: all largely constructs of popular culture (Winter & Barnes, 1998). As Percy argued back in 1982, the lack of agreement about what homelessness means reflected the limited awareness of different types of homelessness in New Zealand society, arguably a problem that continues to persist.

A key objective of this review is to demonstrate the need for greater clarity concerning what homelessness entails. One way to do this is to employ Thorns' (1987 & 1989) 'continuum of housing need' (see Figure 1 below) with one end of the continuum comprising individuals with no accommodation whatsoever. Those experiencing inadequate accommodation are situated further along:

Figure 1: Continuum of Housing Needs[12]
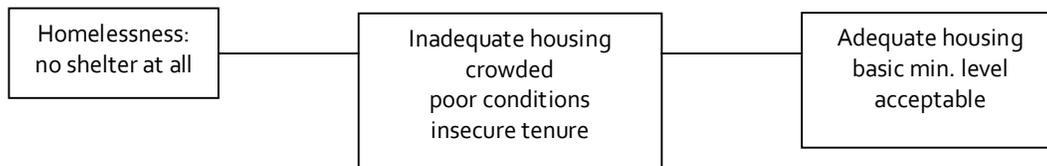
When considered as a body of work, most New Zealand literature that explicitly sets out to explore homelessness (i.e. from the 'homelessness' end of the continuum) expresses broad understanding of the issue even when the target population under study is more narrowly defined. For example:

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[12] Figure sourced from Thorns, 1989

Homelessness…cannot be simply defined as a lack of a roof over one's head, but extends outwards to include the need for safe, secure and affordable housing for all (Millar et al., 2005: 1).

Research that originates further along the continuum, exploring housing affordability, crowding, substandard housing and so on is rarely framed in terms of 'homelessness'. Because homelessness per se is not usually mentioned in this material, it is easy to maintain the assumption that homelessness is a separate issue affecting only a small minority of particularly troubled individuals. Yet, like Thorns, international researchers such as Neale (1997a) consider homelessness to be integral to the housing system and inseparable from other aspects of housing need. Under this view, theories of homelessness and policies to tackle it cannot be separated from other aspects of housing.

This section attempts to demonstrate the value of adopting a wider definition of homelessness that is connected to housing issues. It does so by first examining major definitional trends in homelessness research as a way to critique the narrow focus on literal (street) homelessness in much New Zealand research. The Australian homelessness classification system developed by Chamberlain & MacKenzie (1992) is presented as a useful framework that has led to greater understanding of homelessness and appropriate responses to it in the Australian context.

4.2   Defining Homelessness

4.2.1   An Issue of Housing or Social Exclusion?

International literature on homelessness is characterised by continuing debate about the definition of homelessness. No single definition is universally accepted and used by policy makers and researchers. One of the more common ways to define homelessness is in relation to the lack of housing. This allows different categories to be put forward such as *rooflessness*, or 'living rough'; *houselessness*, which involves a reliance on emergency accommodation or institutions; and *inadequate housing*, which includes a range of situations such as insecure accommodation, intolerable conditions, and involuntary sharing (Edgar, Doherty & Mina-Coull, 1999). Sometimes a narrow or literal definition is favoured, as there is usually little disagreement that the most visible group, rough sleepers, are literally homeless. Even so, just as many researchers advocate the use of a wider definition that includes precariously housed people (UNCHS, 2000).

Many researchers employ the notion of social exclusion, or the loss of social ties and relations that are exacerbated by the loss of housing (Edgar et al., 1999). These types of definitions typically

involve a more holistic understanding of home and homelessness. For instance, Neil & Fopp (1992, cited in Robinson, 2002) identify the following characteristics of a home:

- Security of tenure
- Adequate physical standards
- Social relations
- Personal security
- Affordability
- Privacy
- Control and autonomy
- Identity
- Access
- Compatibility
- Appropriateness

In this framework, homelessness is not just the lack of a physical dwelling, but a condition of exclusion from society. This kind of binary configuration can sometimes have the unintended consequence of characterising homelessness as "a totalising condition of lack" (Robinson, 2002: 32), and runs the risk of overemphasising the incapacity of homeless people. Nonetheless, definitions based on the notion of social exclusion are more sensitive to the social, emotional and spiritual dimensions of homelessness[13].

In her 2001 thesis on homelessness in Auckland, Cooper develops a useful model that helps to synthesise these major ways of understanding homelessness:

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[13] A range of other definitions exist, for example, UNCHS (2000) identifies typologies based on housing quality, the risk or potential of homelessness, typologies based on time, and models based on responsibility for alleviating action.
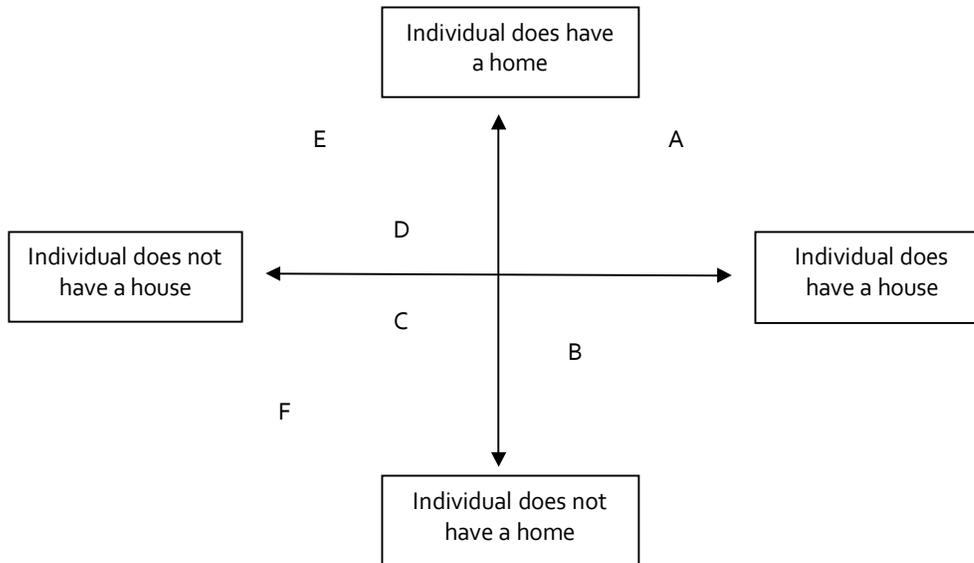
As Cooper explains, person A lives in an adequate house where they feel secure and safe. Person B is living in physically adequate accommodation, but may be suffering from abuse, neglect or feelings of displacement. Their situation negates the emotive dimension of 'home' and they will be considered homeless under some definitions. Persons C and D are both experiencing inadequate accommodation, such as substandard, unaffordable or overcrowded housing. They are the hidden or incipient homeless (Kearns et al., 1991) who could slip into literal homelessness at any time. However, person D is more emotionally secure in their accommodation: perhaps they are staying with close friends. Person E is literally homeless but their emotional connection to the street and the street community may mean they feel at home on the street. This person might be a street kid whose past experience of housing was one of abuse and neglect. Person F is also literally homeless, but their total social isolation subjugates any sense of home.

4.2.2   Structure and Individual

The significance of debates around definitions has been long recognised by homelessness researchers who have demonstrated that the way homelessness is conceptualised has a direct impact on the way policy is shaped (Shlay & Rossi, 1992; Neale, 1997a; Anderson, 2003; Pleace & Quilgars, 2003). For some researchers, defining homelessness is more than a semantic exercise,

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[14] Figure sourced from Cooper, 2001

constituting a political act that determines how society understands and responds to homelessness (Cooper, 1995, cited in UNCHS, 2000; Chamberlain & MacKenzie, 2002).

According to Neale (1997a), there are two main ways of understanding homelessness: the individualist (or agency) approach, and the structural approach. Individualist definitions, which dominate the American homelessness research tradition (Christian, 2003; O'Connell, 2003), place central importance on the role of the individual in the experience of homelessness. As Neale explains, this is generally conceptualised in one of two key ways. The first argument holds that homelessness is the result of personal failings or personal choice; in other words, homeless people are blamed for directly creating the conditions of their lives. This argument typified much historical rhetoric about homelessness, and frequently persists in the view of homeless people held today. Policy responses utilising this type of conception tend to involve the minimal provision of basic services.

In contrast, the second type of individualist argument operates under a more humanitarian paradigm, and considers that people become homeless due to individual failures for which they cannot be held totally responsible (such as mental illness). Resultant policy responses tend to comprise humanitarian assistance, particularly in the form of intensive case management and social work intervention. In the first type of individualist definition, homeless people are the 'undeserving poor', while under the alternative individualist framework they are more 'deserving'.

Alternatively, in the privileging of socio-economic factors for explaining homelessness, structural explanations argue that the reasons for homelessness are located beyond the control of individuals in macro-socioeconomic factors such as the housing and labour markets, and the governmental policies that regulate these factors. Structural explanations of homelessness broadly characterise homelessness research that has originated in the United Kingdom and Europe (Christian, 2003; O'Connell, 2003). Typical policy responses emphasise recommendations for broad societal intervention together with housing subsidies and the provision of temporary or affordable permanent accommodation.

More recently, homelessness research is attempting to conceptualise homelessness in more complex and nuanced ways, which has led to the emergence of a third discourse of empowerment and participation (Edgar et al., 1999; Anderson & Christian, 2003; Mora, 2003; Latour, 2006), and new emphasis on the social and cultural aspects of homelessness (Lemos & Durkacz, 2002; Hodgetts, Radley, Chamberlain & Hodgetts, in review). A major study into homelessness in New Zealand,

headed by University of Waikato academic Darrin Hodgetts, has recently commenced and is investigating this aspect of homelessness[15].

4.3   Structure and Individual in New Zealand Homelessness Research

4.3.1   Early Homelessness Research

In 1989 Thorns argued that a tension was apparent in the existing New Zealand homelessness literature between a focus on the distress of individuals and the wider structural factors that were seen to be the root cause of the growing problem of homelessness. In his view, homelessness was being viewed too narrowly as a personal trouble related to personal circumstances, such as loss of income, deviance or sickness, or as a result of choice by members of a counter-culture[16]. Thorns cites the Wellington study by Smith & Dowling (1987) as a prime example of New Zealand research that focused on images of homeless people as unemployed, mentally unwell, alcoholics, victims of marriage breakdown, tramps and vagrants. Smith & Dowling's study opens by describing the growing concern within the community about "old men in overcoats, shuffling through the streets" (1987: 2) and the fear that homeless people "exist in their hundreds, a crisis beyond the capabilities of the combined agencies" (1987: 2). The study focuses largely on the psycho-pathology of the research participants[17].

In contrast, Thorns describes how the data that was emerging from New Zealand research (Percy, 1982; Lea & Cole, 1983) during the 1980s was demonstrating that homeless people were a heterogeneous group who were nonetheless linked by virtue of the inadequacy of their income, which restricted their ability to access and sustain adequate housing. These studies suggested that the basis of homelessness in New Zealand was structural. 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.

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[15] The study will employ a range of data gathering methods, including the photo-voice method developed successfully in UK research with homeless people (see Radley, Hodgetts & Cullen, 2005).

[16] McClintock's (1982) study of Christchurch Night Shelter residents is one of the few studies to explicitly connect the Shelter's increasing occupancy rates to wider social, demographic and economic trends, but Thorns does not discuss this report.

[17] Although not mentioned by Thorns, the early 1980s literature on street kids is another instance of research and commentary that perpetuated the notion of homelessness as deviant. Bevan's (1982) documentation of formal and informal literature on street kids in New Zealand suggests they were seen largely as trouble-makers, anti-social and a public nuisance. Although the Subcommittee on Young Offenders (1983) and the Department of Internal Affair's report on youth homelessness (1983) both advocated the development of transitional youth housing and preventative measures to support young people at risk, according to Bevan, one of the main responses was punitive. Since 1978 when the 'disco kid' problem first received media coverage, police would conduct street 'sweeps' to round up young people and send them home.

Furthermore, researchers were consistently pointing to the inequalities relating to ethnicity and gender that were apparent amongst homeless people (Percy, 1982; Thorns, 1987; Waldegrave & Coventry, 1987; National Housing Commission, 1988; Kilgour, 1989; Hurley, 1993). It was the overwhelming evidence for the diversity of the homeless population and clear indications that structural inequalities impacted on housing access that led Thorns (1987 & 1989) to put forward the notion of a 'continuum of housing need' in order to allow a more sensitive analysis of degrees of housing deprivation. Thorns insisted that housing need and homelessness needed to be understood structurally in relation to systems of housing production, allocation and access, housing costs and affordability.

4.3.2   Recent Homelessness Research

As indicated in the introduction to this section, recent studies on literal homelessness usually make reference to the impact of broad structural factors on homelessness, and conduct some exploration of issues homeless people face around employment and accommodation. However, as the synthesis of research findings in Sections 6, 7 and 8 will show, the major focus of data gathering tends to be on the background and personal history of individuals, the issues they experience on a daily basis, and the specific needs they have.

For instance, Al-Nasrallah et al. (2005) constructs a typology of key pathways into homelessness, described as Driven, Drawn and Dropped. While involving consideration of unemployment and problematic accommodation, the generic stories are of the demise of individuals, and experiences are not situated in relation to broader social and economic trends. In contrast, the literature review in O'Brien & de Haan's (2000) study strongly positions homelessness in a context of neo-liberal political ideology, the growth of social exclusion and poverty, and the decline in social service provisions in areas such as adequate housing. However, despite this focus on structural causation, the authors have not taken a structural approach towards data gathering and analysis. Instead, the focus is squarely on the dysfunctional family backgrounds of the participants, their experience of traumatic events in adulthood, periods spent in institutions (in prison or psychiatric hospitals), and the wider health issues they face (especially addictions and mental health problems).

It is possible that the persistence of a somewhat individualist focus within these studies reflects the interests of the agencies that have commissioned the research. While not downplaying the importance of this kind of information for agencies who work closely with homeless people, usually on an individual basis, the lack of overt connection between the experiences of individuals and wider structural dynamics ensures the focus remains squarely on individuals. However, a further possible reason for the limited structural analysis in many New Zealand studies is that research participants may not have been forthcoming with this kind of information. Hartman (2000) writes that in his

study of newly homeless people in America, participants rarely attributed their homelessness to the lack of housing or the changing economy. Instead, they internalised their problems, seeing them almost solely as a result of *their* inability to hold a job, *their* problematic alcohol or drug use, *their* recent imprisonment, or *their* domestic problems.

Not all New Zealand studies focus entirely on individual circumstances. One recent study that involved intensive data gathering with street homeless people over an eight month period resulted in a useful model for understanding the "complex web of interacting micro, meso and macro dynamics [that] underpin the challenges currently confronting 'streeties'" (Mora, 2003: 5). Challenges at the micro level include:

- Personal histories (which often revealed great personal tragedy and loss)
- Alcohol/drug/solvent use (which may be used as a coping strategy)
- Mental health issues
- Individual issues around not trusting people
- Resilience
- Street community
- Identifying as homeless
- The daily crises of obtaining food and where to sleep

Meso challenges refer to the barriers individuals often face when they are initiating steps towards goals. They include:

- Being turned away from agencies or stood down
- Accessibility of existing services is an issue
- The lack of support and encouragement that people experience
- Public intolerance and/or indifference
- Lack of a drop-in centre
- The lack of opportunities to achieve goals

The macro level refers to overarching structural issues including:

- Lack of affordable housing
- Shortage of emergency accommodation
- Lack of or low income
- Circular pattern of unemployment, convictions and imprisonment
- Low education and limited literacy

Recent research in Hamilton (Calnan, 2007) proposes a similar model that is more complex again. The ecological model of homelessness put forward by Nelson & Prilleltensky (2005) holds that no one individual lives in isolation of contextual factors that contribute to society, and attempts to capture the interactions between individuals and the multiple social systems in which they are embedded. These kinds of models allow for a more holistic, nuanced understanding of homelessness and an appreciation that a range of complex dynamics will combine to define the homeless experience as unique for each individual.

4.3.3 The Persistent Focus on Street Homelessness

A further issue is that most New Zealand homelessness research continues to focus on street homeless people, possibly because they are the most visible group. There is indeed some value in treating rough sleepers as a distinct group within the homeless population. As New Zealand researchers have observed, people become chronically homeless because they have 'slipped through the gaps' (Al'Nasrallah et al., 2005). Internationally, chronic street homelessness is regarded as the result of multiple system failures to deliver appropriate prevention, early intervention, crisis intervention and long-term support to vulnerable people. It is well recognised that strategies to address chronic homelessness must take into account the multiple and complex needs that are more likely to develop the longer people remain on the street (Burt, Hedderson, Zweig, Ortiz, Aron-Turnham & Johnson, 2004).

However, long-term street homeless people represent an extreme form of homelessness and almost certainly are the minority group in terms of absolute numbers. The next section outlines the cultural definition of homelessness which is widely accepted and used in Australia by researchers and policy makers. It is argued that a similar system applied to the New Zealand context would enable a far more sensitive analysis of various kinds of homelessness and would result in a much clearer picture of the extent and seriousness of homelessness in our society.

4.4 The Australian Homeless Classification System

As indicated in Section 4.2, a universally accepted definition of homelessness remains elusive. This presents a problem for social policy, because:

...without agreement on definition it is not possible to produce statistics on the homeless population, and without reliable statistics it is impossible to allocate resources...the problem with such 'theoretical despair' is that is undermines the development of sound policy (Chamberlain & MacKenzie, 2002: 3).

Towards the late 1990s in Australia a general consensus emerged about an operational definition of homelessness that was relevant to the Australian context. This definition, first articulated by Chamberlain & MacKenzie (1992), holds that homelessness and inadequate housing are socially constructed concepts that reflect the housing practices of any given society[18]. It is the 'cultural expectation' in Australia that most people will live in suburban houses or self-contained flats, and home ownership is widely considered to be the most desirable form of tenure. As Chamberlain & MacKenzie (2002 & 2003) explain, within this context, the minimum standard of housing that most people in Australia can expect to achieve is a small rental flat with a bedroom, living room, kitchen, bathroom and an element of security of tenure. This minimum standard emerges as a benchmark which enables various types of homelessness to be articulated, as summarised in Table 1 below:

Table 1: Categories of Homelessness[19]

CATEGORY	DESCRIPTION
Primary	Rooflessness, absolute homelessness, or rough sleeping. Also includes people squatting in derelict buildings, or improvised shelters including tents and cars
Secondary	Temporary, emergency accommodation including: • People staying in SAAP accommodation[20] • People staying with other households (usually friends or family) • People staying temporarily in boarding houses or private hotels (operationally defined as 12 weeks or less)
Tertiary	Medium to long-term residence in boarding houses without security of tenure and without a separate bedroom, bathroom or kitchen facilities

This system has wide acceptance in Australia and its adoption by the Australian Bureau of Statistics (ABS) in the national census has produced the most authoritative statistics on the extent and variety of homelessness in Australia to date. The 2001 Australian census was the second census to target Australia's homeless population and in total, 100,000 primary, secondary and tertiary homeless people were counted on census night. The breakdown showed 14.2 percent were primary homeless, 62.8 percent were secondary homeless and the remaining 23 percent were tertiary homeless[21] (Chamberlain & MacKenzie, 2003). Special enumeration strategies were used to improve the identification of primary homeless people who are notoriously difficult to count accurately.

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[18] It is interesting to note that a similar argument has been made with reference to the New Zealand context by Roberts (1988: 161): "the extent of the problem depends on a definition of the term 'adequate housing'. It is important that the measure of 'adequate' is matched against the predominant prevailing standards of housing in the community".

[19] Information for table sourced from Chamberlain & MacKenzie, 2002 and 2003

[20] The Australian Supported Accommodation Assistance Program (SAAP) is the largest provider of state funded emergency accommodation in Australia. SAAP services comprise hostels for the homeless, night shelters, and refuges.

[21] Chamberlain & MacKenzie do recognise a further category of housing deprivation which relates to the marginally housed, however, to date this category has not been included in the Australian census.

It is undoubtedly easier to think of homelessness as representing a small group of particularly isolated individuals living on the extreme margins of society. Yet the picture changes radically when homelessness is investigated in a systematic way using clearly defined categories. For instance, in Australia, data shows that the largest group of homeless people are the secondary homeless who move from one form of temporary accommodation to another, a dynamic that Robinson (2003) refers to as 'iterative' homelessness. As Argent & Rolley (2006) explain, increasing awareness of the 'web of causation' in relation to homelessness and the lack of exit points from a homeless career has now led to a distinct emphasis on addressing the wider causes of homelessness with early intervention and prevention strategies. Many of these programs are state and local government funded, and rely on the coordination of a wide range of government and community agencies. It seems clear that the Australian census data has helped to illuminate the increasing diversity of the homeless population. This has led to:

...an acknowledgement of the complexity of the 'causes' of homelessness. Indeed, understanding of causes has shifted from a focus on the characteristics of the homeless person to an increasing acceptance of the importance of exogenous, structural forces acting in concert with a wide range of triggers which are known to have a role in precipitating those at risk of homelessness into incipient homelessness and producing or exacerbating a 'homeless career' as identified by Chamberlain and MacKenzie (2003) (Argent & Rolley, 2006: 210).

4.5   Conclusion

This section concludes the first part of the report, which has attempted to place the issue of homelessness within a historical, social and political setting, and to identify some key issues within the body of local research. Much New Zealand research has been primarily exploratory in nature, focusing on identifying the needs and issues of (mainly primary) homeless people. This work has been critically important for advancing our understanding of homelessness in New Zealand and has assisted social service agencies to work more effectively with homeless people. However, it seems possible that homelessness research which focuses narrowly on primary homeless people and undervalues the contribution of structural dynamics to the causation of homelessness unintentionally perpetuates stereotypical assumptions of homeless people as deviant, maladjusted, and victims of their own poor choices. It has been argued that placing homelessness on a continuum of housing need and employing categories that recognise various forms of homelessness not only allows for a more sophisticated and nuanced analysis of the phenomenon, but may also result in more effective intervention and prevention services and policy.

The second part of this report uses the Chamberlain & MacKenzie classification system to structure the synthesis of New Zealand homelessness research findings. While any number of frameworks

could have been used to this end[22], it was considered that the wide acceptance of the Chamberlain & MacKenzie system in Australia and its ability to be operationalised for use during the 1996 and 2001 censuses suggest it could be useful for increasing understanding of homelessness in New Zealand. A distinct advantage of the Chamberlain & MacKenzie system is the way it identifies separate categories of homelessness, which represent different groups with different needs requiring different policy responses. The fact that a range of recent New Zealand studies make explicit reference to the distinction between primary, secondary and tertiary homelessness further confirms the appeal of this type of classification system (O'Brien & de Haan, 2000; Wellington Homelessness Strategy, 2004; No Doubt, 2004; Gravitas, 2005; Ellis & Carroll, 2005; Calnan, 2007; Ellis, 2007). It is suggested that the adoption of a similar system warrants further consideration by New Zealand researchers, agencies and government.

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[22] As noted in Section 4.2.1, the field of homelessness research is characterised by a large degree of conceptual uncertainty, and critics may note that the Chamberlain & MacKenzie definitions centralise the role of housing in homelessness rather than other criteria such as social exclusion or individual vulnerabilities.

5 Methodological Issues and Limitations

5.1 Introduction

Compared with the vast international literature on homelessness, the New Zealand context is characterised by a distinct paucity of local information. We simply do not have the long history of researching this issue that is evident in Europe, America and Australia. As explained in Section 1, the perceived scantiness of New Zealand information was one of the major motivations for conducting this review. The original intention of the project was to undertake an exhaustive review of New Zealand homelessness research, but in the course of the project a range of issues were encountered that have played a major role in shaping the final report. This section briefly describes these issues.

5.1.1 Locating Material

It was not always easy to locate and obtain some homelessness research, especially older studies where few copies remain. It is likely that there are some studies that have been overlooked, such as agency reports and other studies that were not lodged in public or university libraries.

5.1.2 Setting Parameters for Material Included

This project was conceptualised prior to recognising the importance of placing homelessness on a continuum of housing need. When it became clear that issues of crowding, housing affordability and so on, were part of the continuum, the body of material relevant to the review quickly mushroomed. Before long it became clear that it was unrealistic to attempt to map the entire continuum within the timeframe set for the project. Consequently, an alternative framework was sought.

By this time, it had become clear that the Australian classification system put forward by Chamberlain & MacKenzie (1992, 2002 & 2003) had emerged as a leading framework in Australia and was also attracting the attention of increasing numbers of New Zealand researchers and agencies. As described in Section 4.4, much of the appeal of this system appears to lie in its ability to categorise different types of homelessness and to facilitate understanding of the complex factors that can exacerbate and trap people in homelessness. It was decided that the classifications of primary, secondary and tertiary homelessness as defined by Chamberlain & MacKenzie constituted a good method for breaking up the body of work into more manageable and meaningful categories that

would also facilitate the identification of gaps in local knowledge. Furthermore, by exploring the usefulness of the Australian system for understanding homelessness in the local context, it is hoped that this report also points to the importance of gaining greater agreement around homelessness definitions in New Zealand.

It is unfortunate that the timeframe did not allow consideration of research on the marginally housed. However, the demographics, needs and issues of households with serious housing need have been subjected to more extensive scrutiny in New Zealand and this literature is more widely known than much of the literature on more severe types of homelessness. It is hoped that the discussions in Sections 2, 3 and 4 are sufficient for establishing the connection between issues faced by the marginally housed and more severe forms of homelessness.

The choice of framework also means that studies which do not collect empirical data directly from homeless people have not been incorporated in the synthesis that follows. These studies do, nonetheless, consider a range of equally important aspects of homelessness and include several excellent postgraduate theses by Frost (1989) on housing design, Gillespie (1991) on the legal aspects of homelessness, Elliot (1998) on the discursive construction of homelessness, Lynch (1999) on housing and health, Adamidès (2002) on the dynamics of the French and New Zealand housing markets in relation to homelessness, and Laurenson (2005) on local government anti-homeless regulations.

5.1.3   Problems with Retrospective Classification

The decision to focus specifically on empirical studies with primary, secondary and tertiary homelessness came with a further set of issues. Some of the studies clearly defined the target group of participants while others were more loosely defined and in many cases it was a matter of 'forcing' studies into the category where they fitted best. For example, the Al-Nasrallah et al. (2005) study included some participants who were housed in state or council flats, but since the backgrounds of all participants were characterised by rough sleeping, the study was included in the findings on primary homelessness. Likewise, Smith & Dowling's (1987) study involved classifying people presenting at a social service agency as vagrant or non-vagrant, a distinction that was determined solely by the number of contacts during the data gathering (vagrants were defined as heavy utilisers of the services and non-vagrants were 'casual users'). After deliberation, it was decided to refer to Smith & Dowling's total sample and to include these findings in the section on primary homelessness. Finally, the Smith et al. (2006) report is dominated by men who live in boarding houses, so this study appears in the section on tertiary homelessness.

5.1.4   Other Omissions and Limitations

Existing studies on serious housing need (such as Percy, 1982; Lea & Cole, 1983; Waldegrave & Sawry, 1994; Bang, 1998, and many others) clearly include a wide range of participants, some of whom would fit into the chosen framework. However, they also include large numbers of marginally housed people who sit outside the framework, and for this reason, they have been omitted from Sections 6-8 and are discussed in Section 2.

An obvious gap in the secondary homelessness category is the omission of research on crowding (such as Statistics New Zealand, 2003) and specific types of emergency housing such as refuges that cater to women escaping domestic violence (such as Chapman, 1997). Once again, time constraints limited the ability to identify, locate and examine all material relevant to these categories of homelessness, and as a result, the discussion of secondary homelessness is limited to studies on night shelter occupants. Only two studies on tertiary homelessness were identified[23].

5.2   Studies Considered

The studies that are considered in the following sections are shown in Table 2 below:

Table 2: Empirical Studies on Primary, Secondary and Tertiary Homelessness

PRIMARY	SECONDARY	TERTIARY
Calnan 2007 Ellis 2007 Al-Nasrallah et al. 2005 Ellis & Carroll 2005 Ellis 2004 Mora 2003 Cooper 2001 Sorton 2001 O'Brien & de Haan 2000[24] Moyle 1997 Lindsay 1992 Wilkinson 1980[25]	Simonsen 1998[26] Kilgour 1989 Panoho 1985 McClintock 1982 Ayres 1974	Smith et al. 2006 Baxter 1996

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[23] Two historical studies on boarding houses, Daysh (1996) and McClure (2005) were identified but omitted from inclusion in the synthesis because they did not collect empirical data directly from tertiary homeless people.
[24] Also see O'Brien & de Haan's 2002 journal article.
[25] Also see Wilkinson's 1983 book chapter.
[26] Simonsen's 1998 thesis on emergency accommodation for young people in Hamilton did involve speaking with young people about their preferences as part of the data collection. Unfortunately, it was not possible to access the data in time to include it in the review, hence, Simonsen's work is not discussed in Section 6 on secondary homelessness.

6   Research on Primary Homeless People in New Zealand

6.1   Introduction

Overall, New Zealand research on primary homeless people is dominated by studies using qualitative methods. These studies, conducted by Lindsay (1992), O'Brien & de Haan (2000), Mora (2003) and others, provide complex detail about the experiences of homeless people. Although it is impossible to do full justice to these studies in the limited space of this review, selected points, comments and quotes are used throughout to add depth to the statistical information and to highlight the quality and richness of this local information. In relation to the statistical data that is reproduced below, it is important to note that apart from the three street counts (Ellis, 2004; Ellis & Carroll, 2005; Ellis, 2007), none of the existing studies on primary homeless people attempted to obtain a random sample. This means that the findings must be taken as indicative rather than authoritative.

The findings from the selected studies are organised in subsections that summarise demographics, key issues experienced, and strengths and aspirations. Where possible, discussions refer to key international studies to help draw out the significance of the New Zealand research.

6.2   Demographics

6.2.1   Gender

Table 3 summarises the gender breakdown of the New Zealand studies that collected this information, showing that men are over-represented in the primary homeless population in New Zealand:

STUDY	GENDER (PERCENT)		
	Men	**Women**	**Unknown/Other**
Ellis 2007	78.5	16.9	4.6
Al-Nasrallah et al. 2005	97	3	0
Ellis & Carroll 2005	80	16	4
Ellis 2004	82.8	15.6	1.6
May 2003 (Auckland City Mission figures)	87	13	0
O'Brien & de Haan 2000	71	29	0
Lindsay 1992	72	Not stipulated	0
Smith & Dowling 1987 (total sample 1982)	79.7	20.3 (included one transsexual)	0
Smith & Dowling 1987 (total sample 1984)	90.7	9.3	0
Smith & Dowling 1987 (total sample 1986)	84.5	15.5	0

The predominance of men is consistent with international findings but the figures above suggest that the gender imbalance could be even more pronounced in New Zealand. The 2001 Australian census showed that 61 percent of primary homeless people were men with the remaining 39 percent women (Chamberlain & MacKenzie, 2003). It is interesting to note that Smith & Dowling (1987) include mention of one transsexual woman in their 1982 vagrant sample. Overseas studies show that gay, lesbian, transsexual and transgender individuals experience a higher risk of homelessness and may have different needs to other homeless people (Ray, 2006). Future New Zealand research needs to allow scope to identify this population.

6.2.2 Ethnicity

Available studies show that the three predominant ethnic groupings amongst primary homeless people are Maori, Pakeha and Pacifika, with Maori and Pacifika being over-represented relative to their proportion in the general population (see Table 4 below). Lindsay (1992) noted that many of the street kids in his sample belonged to more than one ethnic group.

Table 4: Ethnicity of New Zealand Primary Homeless People

STUDY	ETHNIC GROUP (PERCENT)				
	Pakeha	Maori	Pacifika	Asian	Other/unknown
Ellis 2007	26.2	50.8	1.5	3.1	18.4
Al-Nasrallah et al. 2005	20	30	3.3	0	46.7
Ellis & Carroll 2005	27	58		0	15
Gravitas 2005 (Auckland City Mission figures)[27]	19	54	26	2	1
Ellis 2004	21.9	60.9		3.1	14.1
May 2003 (Auckland City Mission figures)	19	54	25	0	2
O'Brien & de Haan 2000	45.8	41.7	12.5	0	0
Lindsay 1992	26	58	16	0	0
Smith & Dowling 1987 (total sample 1982)	83.2	15.5	0	0	1.3
Smith & Dowling 1987 (total sample 1984)	57.7	34.3	0	0	8
Smith & Dowling 1987 (total sample 1986)	65.4	25.4	0	0	9.2

Indigenous people are over-represented in homeless populations in Australia, Canada and the United States. Literature that explicitly investigates this subgroup typically argues that structural disadvantage and the loss of cultural identity linked to the forces of colonisation have resulted in indigenous groups being disproportionately affected by a range of factors that are commonly regarded as increasing the risk of homelessness (Beavis, Klos, Carter & Douchant, 1997; Keys Young, 1998; Surgeon General's Report, 1999).

In like manner, McIntosh (2005) defines homelessness for Maori as the absence of both shelter and place, equating it with dispossession and the loss of cultural anchor. She argues that for many, homelessness begins as a symbolic state that is transformed over time into an actual state[28]. Alternatively, Moyle's (1997) study of how homeless people in inner city Christchurch create 'home' across urban space argued that because 'home', for Maori, is tied to the land, in a certain sense mainstream notions of homelessness, which tend to involve the lack of adequate shelter, are not always suitable. He suggests that Maori homeless people conceivably do have a 'home' and are merely spatially removed from it, an idea that bears similarity to the 'metaphorical homelessness' of a domestic violence victim living in an adequate dwelling but without the quality of safety associated with a home (Kearns & Smith, 1994). Kearns (2006) refers to the potential of Durie's (1998) *whare*

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[27] Note that the figures cited in the Gravitas report add up to 102 percent
[28] Australian literature indicates a similar dynamic in Aboriginal homelessness noting that for indigenous Australians, 'home' does not necessarily equate with the 'western' notion of home. As Huggins (2006) puts it: "Australia has been our home for such a long time. We know nowhere else...our home, our land is not just a place to be, a roof over our heads...it is our life force".

tapawha model of Maori health as a way to understand the complexities of homelessness, particularly for Maori. Durie's model distinguishes between physical, mental/emotional, social and spiritual aspects of well-being, and advocates nurturing the dimension of *turangawaewae:* considered "a place to stand from which one can whakapapa back to the land" (Maori Women's Housing Research Project, 1991: 15).

Some of the agencies interviewed by Al-Nasrallah et al. (2005) indicated there was a need for services that address the needs of Maori in an appropriate cultural context. Interestingly, in their study of Auckland City Mission clients, O'Brien & de Haan (2000) found that participants' views were mixed on the need for a cultural focus in agencies addressing homelessness. For a couple, this was a potentially significant area of work:

…[cultural 'stuff'] definitely lifts the spirits of Maori people. All these Maori's out on the streets, they're proud of being Maori, but they've got no way to express it… (O'Brien & de Haan, 2000: 61).

Other clients felt culturally appropriate services were not important, while still others felt that if the needs of Maori clients were explicitly addressed, then so should the needs of Pacifika and Asian clients.

6.2.3   Age

Existing research suggests that the age distribution of New Zealand primary homeless people tends to fluctuate over time, but that youth (15-30) may comprise one of the larger subgroups. As shown in Table 5 below, in the first two Auckland street counts, the largest age group represented was aged 21-30 years, with this group showing quite a large increase between 2004 and 2005. Both counts showed a high number of young people aged 15-30 years (42.2 percent in 2004 and 37 percent in 2005). The 2007 street count figures are quite different, however, with the largest group aged 31-40, and a reduction in the number of young people aged 15-30 years to 18.4 percent. Smith & Dowling (1987) reported that age distribution was bi-modal amongst their samples of Wellington service users, with the first group peaking at 20-24 and a larger group peaking in their early 50s. Internationally, young people represent one of the fastest growing groups of primary homeless people (Dachner & Tarasuk, 2002; Chamberlain & MacKenzie, 2003).

Table 5: Age Groups in the Auckland Street Counts[29]

YEAR	AGE GROUP (PERCENT OF TOTAL SAMPLE)						
	15-20	21-30	31-40	41-50	51-60	61-70	Unknown
2004	17.2	25	21.8	20.3	1.6	0	14.1
2005	2	35	28.4	16	7.4	2.5	8.7
2007	1.5	16.9	29.3	21.5	20		10.8

May's (2003) figures from the Auckland City Mission database showed that the biggest single group were in their 20s (about 42 percent). As May explains, this is a period when people are usually single and attempting to live independently in an increasingly difficult housing market. It is therefore quite logical that the most vulnerable people amongst this age cohort will have an increased risk of homelessness. It is relevant to note that (anecdotally) the number of homeless people was quite low in Auckland until the 1980s when there was a sudden upsurge in street kids (May, 2003), which in the wider literature, is linked to difficulties at home, and rising unemployment and accommodation costs in the wider context (McClintock, 1982; Department of Internal Affairs, 1983; Simonsen, 1998). The Subcommittee on Young Offenders (1983) stated that (anecdotally) Maori and Pacific peoples were disproportionately represented, which was linked to the loss of tribal and cultural identity experienced by these groups, and the clash between traditional values and mainstream Pakeha values.

The Subcommittee on Young Offenders (1983) estimated there were hundreds of kids on Wellington streets and in excess of 1,000 on Auckland streets *by day* with 50 sleeping out in Wellington over night and 100-200 in Auckland. This day-night fluctuation in the street kid population was picked up by Lindsay (1992) who differentiated between three main types of street kids. 'Part-time' street kids made an appearance on the street each night only to return home late at night. 'Temporary' street kids lived on the street for less than two years before moving back home or to another abode. Together, these groups formed "a continually fluctuating cluster...around a central core of permanent residents of the street" (Lindsay, 1992: 106). These permanent, or 'hard core', street kids were a relatively small group who had been living on the street for at least two years more or less continuously and exhibited the 'street kid culture' to the greatest degree.

The 1980s street kid phenomenon is significant because May (2003) argues that some of the homeless people who are now in their 30s (33 percent of Auckland City Mission homeless clients were aged 31-40 in 2003) have been on the streets for a long time and may have been some of the original

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[29] Information for table sourced from Ellis (2007), Ellis & Carroll (2005), and Ellis (2004).

1980s street kids. MacKenzie & Chamberlain (2003) argue that one of the key pathways into chronic adult homelessness is the non-rehabilitation of young homeless people. Services for young homeless people, who have been shown to be disproportionately vulnerable to sexual exploitation and violent victimisation while homeless (Hyde, 2005), are an important area of homelessness response and prevention. Internationally, the foyer model, which combines hostel accommodation with training and employment support, has proven to be a highly successful model for addressing youth homelessness (Quilgars & Anderson, 1997; May, 2000).

6.2.4 Marital Status

No quantitative data on the marital status of primary homeless people in New Zealand appears to exist. One of the only references to this demographic occurs in Lindsay (1992) who states that formal marriage was unknown amongst Auckland street kids in his sample, but that de facto relationships were common, several which had resulted in children. He noted that pregnancy and/or parenthood was often a catalyst for young people to get off the street.

6.3 Key Issues Experienced

6.3.1 Accommodation

In Mora's (2003) sample, 87 percent described difficulties with rough sleeping and expressed concern about the availability of affordable accommodation. The scarcity of low-cost housing is internationally recognised as a key causal factor in homelessness (Hill, 1994), with some researchers arguing it is the primary cause of homelessness (Hartman, 2000).

Primary homeless people often spend the night at shelters when they have the money or when it is particularly cold, and they also stay with friends on occasion (Wilkinson, 1980; O'Brien & de Haan, 2000). This illustrates the high level of mobility between various types of homelessness which is a well documented feature of the population (Chamberlain & MacKenzie, 2003). In his discussions with Auckland agencies, May (2003) suggested that few homeless people had come direct from family breakdowns and most seemed to have a history of 'churning' between boarding houses, the Night Shelter and the street (this dynamic is explored more thoroughly with reference to May's 2000 journal article in Section 8.3.1). Because of the process of gentrification, there are fewer boarding houses in Auckland which has meant a growth in the street homeless population. May also commented that some clients of homeless agencies had secured HNZC flats in the suburbs but had found it difficult to adjust away from the street community.

Two studies highlight the need for emergency accommodation that caters to specific groups, particularly women who are the minority of rough sleepers and who are more vulnerable than men (O'Brien & de Haan, 2000; Mora, 2003). Sleeping rough created a range of other difficulties around showering and washing dirty clothes (O'Brien & de Haan, 2000). The difficulties homeless people experience in retaining their personal belongings was picked up in a range of studies (Moyle, 1997; O'Brien & de Haan, 2000; Cooper, 2001; Mora, 2003). There is a limit to the amount of possessions people can carry with them at any one time, and essentials such as a sleeping bag often have to take precedence over precious personal items. Hiding belongings or getting other people to look after them often results in items being stolen or mislaid. Both Cooper (2001) and the Gravitas report (2005) recommended the development of locker facilities for homeless people.

6.3.2 Poverty, Employment and Education

Unemployment appears extensively in New Zealand studies on homelessness and typically only a minority of participants are actively undertaking employment (usually casual employment) at the time of the study (O'Brien & de Haan, 2000; Mora, 2003; Al-Nasrallah et al., 2005). Unemployment was cited as a barrier to becoming housed, or unemployment as a precipitating factor for homelessness in 53.3 percent of Al-Nasrallah et al.'s (2005) sample. Lack of employment has been linked to criminal history (Mora, 2003; Al-Nasrallah et al., 2005) and alcoholism, with alcohol and drug dependency tending to strongly impact on opportunities for and performance during employment (O'Brien & de Haan, 2000; Mora, 2003). In Mora's sample, 53 percent described tattoos, having no fixed abode, illiteracy, and personal health problems as additional barriers to employment.

The majority of participants in the Al-Nasrallah et al. (2005) study reported that traumatic and problematic home environments (sometimes punctuated by institutional care) probably resulted in early disruption to the education of some of their participants. A specific pattern of poor achievement at school, truancy, or a lack of educational qualifications was noted in 16.6 percent of their sample. Mora (2003) noted that low education and limited literacy appeared frequently amongst the homeless people she studied, and Lindsay found that 76 percent of hard core street kids had no qualifications. In contrast, O'Brien & de Haan (2000) described the educational backgrounds of participants in their sample as surprisingly diverse with a few reporting major achievements in secondary and tertiary education.

According to recent UK figures, only 2 percent of homeless people are in full-time work at any one time (Luby & Welch, 2006) which makes them one of the societal groups who are most disadvantaged in relation to the labour market. High rates of unemployment tend to persist even after people have been re-housed and the minority who do manage to get and keep a job tend to be those who are more 'privileged' to begin with, possessing educational qualifications and a work

history (Busch-Geertsema, 2005). Luby & Welch's (2006) study showed that 37 percent of homeless people have no qualifications whatsoever (compared with 10 percent of the general population) and 19 percent have difficulties reading and writing (compared with 2-3 percent of the general population). Homeless people, who clearly have a great need for training, are quite unlikely (or unable) to access traditional educational facilities. This is due in large part to the fact that programmes and staff are often not adequate for dealing with the complex issues facing many homeless people (Camardese & Youngman, 1996; MacKnee & Mervyn, 2002).

A recent UK study by Jones & Pleace (2005) argues there is growing recognition that factors other than accommodation and resettlement support are important in ensuring that formerly homeless people resettle in their new homes and communities. A range of needs and characteristics including social and economic exclusion, emotional poverty, boredom, lack of meaningful activity and poor social support networks, are associated with homelessness. Drop-in centers that supplement the provision of basic services with training and education services are currently emerging as a key way to address the alleviation and prevention of homelessness in a more holistic way. 'Meaningful activity', or activities not explicitly connected to training or education outcomes, are also valuable for mitigating boredom, isolation, and helping people regain self-esteem.

Historically, most countries begin their response by tackling homelessness at the emergency/crisis stage (soup kitchens, clothing provision etc.), but over time the awareness that such services have limited ability to resolve homelessness usually leads to more transformative initiatives (UNCHS, 2000: 100-101). Recognition that poverty, unemployment and related difficulties in accessing decent, affordable housing are key factors in all types of homelessness, the development of training, education and employment assistance initiatives for homeless people are becoming increasingly common overseas.

6.3.3 Mental Health

Research has shown that around 50 percent of homeless people in the UK experience mental health issues (Gorton, 2003). In fact, one of the structural factors commonly linked to homelessness in contemporary western countries is the deinstitutionalisation of clinical mental health services involving the placement of people who would have resided in mental health institutions in the community (Daly, 1996; Peace et al., 2002). Although most New Zealand homelessness researchers indicate that mental health issues are reasonably prevalent amongst homeless people, little statistical information is provided. The most recent figure available comes from the Al-Nasrallah et al. (2005) study in which mental health was cited as an issue by 40 percent of participants. Smith & Dowling's 1982 sample showed 53.5 percent had had a past admission to a psychiatric hospital and 32.5 percent were classified by a doctor as being in need of psychiatric assistance and/or displaying

significant psychiatric symptoms. In contrast, Lindsay (1992) noted an incidence of psychiatric disorders amongst only 7 percent of the hard core street kids in his sample. According to O'Brien & de Haan (2000), schizophrenia and depression were the most common mental health issues experienced by homeless people in their study.

O'Brien & de Haan (2000) are one of the few New Zealand researchers to probe the relationship between homelessness and mental illness more deeply. They stress that mental health issues are not usually the primary cause of homelessness. A number of participants in their study talked about difficulties in their experiences with the mental health system, describing issues around access to services, service resourcing, and the quality of services available. This suggests that inadequate community based care may play a role in increasing the risk of homelessness for vulnerable people with mental health issues. Australian researcher, Robinson (2003), argues that while mental illness can increase the risk of homelessness, the stress and hardship experienced on a daily basis by homeless people can, over time, greatly increase the chance of them developing a mental illness.

In his study of three Auckland men with mental health issues and homelessness, Sorton (2001) sought to understand how his participants managed their mental illness while coping with their day-to-day living in a situation of having no permanent residence. He identified three major issues common to his participants that help to provide a sense of the daily struggles behind the statistics on mental health and homelessness: disaffiliation, financial freedom, and personal safety.

Disaffiliation, or the absence or attenuation of affiliate bonds that link settled persons to a network of interconnected social structures, was a key issue for his participants (and is a common theme in the international literature). Interestingly, Sorton found that, while sad about the loss of family connections, participants rarely blamed their families and usually provided reasons for why contact was sparse or absent (for example, families were 'too busy' or 'had their own lives to live'). Social isolation from families was further compounded by the lack of eye contact and smiles his participants received from passing strangers. Sorton concluded that disaffiliation from family and community had a strong impact on participants' self-esteem and sense of identity.

Financial freedom was the second major concern identified, and in this regard, it is interesting to note international research that argues homeless mentally ill people typically experience even more barriers to employability and financial resources than other homeless people (Toro et al., 1991, cited in Sorton, 2001: 60). Adequate income and the availability of affordable housing are key barriers to accessing adequate and stable housing. The lack of a residence and the inability to cook means money is often spent on takeaway food which erodes income and begging can further reduce self-esteem for homeless mentally ill people. One of the main accommodation options considered economically accessible for Sorton's participants was boarding houses. However, all three felt that

the majority of their benefit would be paid to the management of the house, leaving little left over for personal goods.

Personal safety was the third theme identified by Sorton. The research he reviewed suggests homeless mentally ill people had higher rates of drug misuse and were more likely than other homeless people to exhibit anti-social behaviour. Interestingly, Sorton's participants emphasised the potential threat from other homeless people, especially those that were younger and misused drugs. Finding a safe place to sleep undisturbed was a major ongoing concern.

A final issue to note in this section is that international studies show that it is common for homeless people to exhibit dual diagnosis, experiencing either psychiatric or intellectual disability in combination with problematic drug or alcohol use. This group is considered an extremely vulnerable subsection of the homeless population, experiencing the most difficulties accessing and receiving appropriate support (Fletcher, 1999). While no New Zealand statistical data has been published on the prevalence of dual diagnosis amongst homeless people, Wellington agencies interviewed by Al-Nasrallah et al. (2005) identified a lack of services generally for people with complex needs, including dual diagnosis.

6.3.4   Addictions

Canadian studies show that alcohol and drug misuse is endemic amongst homeless people, with alcohol problems around 6-7 times more likely than amongst the general population (Frankish, Hwang & Quantz, 2003). Attempts at quantifying alcohol and substance misuse amongst New Zealand homeless people confirm this is a common issue. Al-Nasrallah et al. (2005) found that problematic alcohol use affected 25 out of the 30 (83.3 percent) participants interviewed. Drug/substance misuse likewise affected 25 participants. Amongst Smith & Dowling's 1982 sample, 46.5 percent had had prior admissions for alcohol treatment and 44.2 percent had a current alcohol problem. Finally, Lindsay (1992) found alcoholism present amongst 41 percent of the hard core street kids he studied, and drug addiction amongst 58 percent (with marijuana being the most common drug used). Lindsay also ascertained that 47 percent of the street kids showed damage from chronic solvent misuse.

In qualitative studies by Mora (2003) and O'Brien & de Haan (2000) it is argued that alcohol and drug dependency create additional problems for homeless people such as poor health, relationship issues, accommodation problems, and legal difficulties related to the criminal aspects of illegal drug taking. Dependency also tends to impact on opportunities for and performance during employment. O'Brien & de Haan argue that it is important not to assume that alcohol and drug use are a cause of homelessness; their study suggests that it is as much a consequence of homelessness as a cause (this

conjecture is supported in the international literature, see Hartman (2000) for example). Both Mora and O'Brien & de Haan noted that alcohol, drug and solvent misuse were most often used as a coping strategy for homeless people, to provide some temporary relief from their surroundings and the difficulties of daily life, or to bury feelings associated with painful past experience. In this regard, alcohol and drug misuse are sometimes factors that contribute to the maintenance of homelessness, as illustrated in the following quote:

I can't save at all. All my money goes on to addictions. That's my number one priority in life...I think I'm on the streets because I stayed on the streets because of my addictions and the fears and paranoia that goes with it (Al-Nasrallah et al., 2005: 33).

Fletcher (1999) notes that in Australia, the limitations of existing drug and alcohol services to adequately support the more complex needs of homeless people is a particular problem. A shortage of detoxification programmes and the increasing emphasis on home-based withdrawal treatments that clearly do not suit homeless people are additional issues within that context. Many of the participants in Mora's (2003) study who had drug or alcohol problems had had contact with drug and alcohol services and/or had experienced detoxification programmes but either objected to the stipulated conditions or had slipped up in some way. The Wellington City *Homelessness Strategy* (2004) and the Gravitas (2005) report both note a shortage of detoxification facilities in New Zealand[30].

Finally, gambling addictions are frequently picked up in studies on homelessness with Al-Nasrallah et al. (2005) finding that problematic gambling affected 36.6 percent of their participants. The actions taken to feed gambling habits often require criminal activity, especially when a Work and Income benefit is the only source of income. One participant in O'Brien & de Haan's (2000) study described being barred from Sky City Casino because of theft within the casino. He regarded gambling negatively as his "main fault" (2000: 42) and the key reason why he was homeless.

6.3.5 Physical Health

The physical toll of sleeping rough, coping with active addictions and daily stressors, and eating poor quality food means that primary homeless people are highly susceptible to a range of often quite severe health problems. Leading homelessness scholar, Daly (1996), cites American research that found poor physical health was a factor in homelessness for one in five women, one in four men, and

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[30] As mentioned earlier in Section 2.3.1, the New Zealand homeless population does not exhibit the widespread use of harder drugs like heroin and crack cocaine that are key problems in Australia and other western countries. Methamphetamine (P) use is increasingly prevalent in New Zealand and this could well be an issue for homeless people here.

one in three chronically homeless people. Lindsay's (1992) sample of Auckland hard core street kids showed that 68 percent had one or more of the following health problems:

- Deformed bones as a result of fighting
- Sexually transmitted diseases
- Venereal disease
- Liver disease
- Heart disorders
- Varying degrees of pneumonia
- Skin diseases
- Malnutrition and under-nutrition

Foot health: O'Brien & de Haan (2000) point out the special significance of healthy feet for homeless people who require good mobility to access essential services. Inadequate footwear, prolonged exposure to moisture and long periods of walking and standing have been linked to the development of skin and foot diseases such as cellulitis and impetigo (Frankish et al, 2003).

Dental health: dental health has been recognised as a problem for homeless people locally (Calnan, 2007; O'Brien & de Haan, 2000), which is partly because dental care is unaffordable. Poor nutrition and inadequate dental hygiene are major causes of poor dental health amongst homeless people overseas, but missing teeth as the result of accidents or violence are also common (Frankish et al., 2003; Fletcher, 1999).

Assault and injury: a range of Canadian studies reviewed by Frankish, et al. (2003) show that violence is often a constant threat to the health of homeless people. A survey in Toronto found that 40 percent of homeless people had been assaulted and 21 percent of homeless women had been raped in the past year. Another study found that homeless people are about nine times more likely to be murdered than non-homeless people. Injuries as a result of falls or being struck by motor vehicles can sometimes cause death, as can unintentional overdoses. Personal safety was a key concern for 47 percent of Mora's (2003) sample, who recalled numerous occasions when they had been threatened, assaulted and robbed. Finding a safe place to sleep at night is an ongoing worry, and homeless people are notoriously vigilant about keeping the locations of their 'spot' secret (Moyle, 1997). Anecdotal evidence suggests some people prefer to stay up all night in internet cafes and sleep during the day when it is safer (Ellis & Carroll, 2005). The threat of violence from other homeless people is also a common problem reported by Mora, but interestingly, participants tended to explain that homeless people look out for each other 'when it counts'.

Other health issues: O'Brien & de Haan (2000) note the presence of physical health problems such as asthma, eye conditions and epilepsy amongst their sample, and some of Mora's (2003) participants mentioned general issues with weight loss, fatigue, little appetite, digestive difficulties, memory loss, anxiety, and trouble sleeping. A range of other health problems have been associated with homelessness, including tuberculosis (TB), and chronic diseases like chronic obstructive pulmonary disease, arthritis, and other musculoskeletal disorders. Conditions like hypertension and diabetes are also common, and tend to be inadequately controlled (Frankish et al., 2003). A British study by Evans & Dowler (1999) showed that the poor quality food served by many voluntary agencies meant that homeless people who depended on soup kitchens for food were frequently malnourished.

Homeless people are also at increased risk of sexually transmitted diseases, unplanned pregnancy, viral hepatitis, and HIV infection, especially if they have addictions and involvement in prostitution (Frankish, et al., 2003). HIV has not been reported as a notable problem amongst New Zealand homeless people, probably because injecting drugs is not such an issue here. Also, Lindsay (1992) found that prostitution was relatively rare amongst hard core street kids, but it is not possible to know whether this is a feature of other subgroups of primary homeless people or not. Finally, homeless people are also at greatly increased risk of death (Hodgetts et al., in review; Frankish et al., 2003). As Hodgetts et al. reports, international studies have shown that compared with the general population, homeless people are 34 times more likely to commit suicide and 25 times more likely to die at any point in their homeless lives.

Accessing health care: homeless men are quite unlikely to seek out health care services (Fletcher, 1999; Calnan, 2007). The focus on daily survival often precludes homeless people seeking medical attention until problems have become severe (Wilkinson, 1983; Davey & Button, 1999; Calnan, 2007). Few medical facilities and services openly target the needs of homeless people in New Zealand, and the social problems associated with the stigma of homelessness might also play a role in preventing homeless people from accessing mainstream health care. The experience of services in Australia and Britain suggests that targeted workers for homeless people and assertive outreach by multi-disciplinary, mobile health and food supply teams can make a real difference to the health of homeless people (Fletcher, 1999; Gorton, 2003).

6.3.6   Emotional Health and Trauma

The role that traumatic life events play in increasing the risk of homelessness is well established in the international literature (Munoz, Panadero, Santos & Quiroga, 2005). Davey & Button (1999) report significant rates of emotional trauma amongst homeless Aboriginal people in Adelaide, with loneliness, remorse, and anger about family and relationship breakdown, and despair regarding hopeless employment prospects noted as the most common types of emotional trauma.

Mora's (2003) intensive personal contact with homeless people during the eight-month period of active data gathering in her study afforded a unique opportunity to explore the emotional health of her participants in detail. She concluded that the personal histories of homeless people often reveal great personal tragedy and loss, and are sometimes characterised by significant verbal, physical and/or sexual childhood abuse. Over a quarter of her sample (27 percent) talked about the difficulty they had trusting others, often a conscious self-protection strategy that is exacerbated by the stigma of homelessness and the hostility directed towards them from the public, government departments, and even social service agencies. O'Brien & de Haan (2000) explored the family background and personal history of their participants, revealing common themes of disruption, neglect and abuse. As Table 6 below shows, Al-Nasrallah et al. (2005) sought to quantify the rate of various forms of childhood trauma or difficulties amongst their sample:

Table 6: Childhood Trauma amongst Primary Homeless People[31]

THEME	INTERVIEWEES AFFECTED
Childhood abuse (physical, emotional or sexual)	15/30 (50 percent)
Family breakdown or instability (includes family fights, violence or abuse, parental relationship breakdown, and runaway behaviour)	21/30 (70 percent)
Experience of foster care	10/30 (33.3 percent)
Frequent moving/change in housing	11/30 (36.6 percent)
Institutional care as child or adolescent (includes boy's homes, borstals, prison, or psychiatric institution)	17/30 (56.6 percent)
Traumatic parental death	4/30 (13.3 percent)

Key traumatic events sometimes occurred later in life. One participant in O'Brien & de Haan's study directly linked an experience of rape at the age of 16 with her subsequent homelessness:

...I really believe that I became like this in my life because I hated myself...rape hurts the psyche or the soul (2000: 37).

The same participant suggested that many homeless people had suffered abuse, and that the resulting low self-esteem was a key factor contributing to their homelessness. This corresponds with Al-Nasrallah et al.'s (2005) finding that 50 percent of their participants demonstrated a distinct pattern of negative beliefs about themselves or a negative self-image. Social isolation, no sense of belonging, and the lack of social support networks were identified as common issues, a theme also identified by Mora (2003).

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[31] Information for table sourced from Al-Nasrallah et al., 2005

Australian researcher, Robinson (2006), posits a useful framework for understanding persistent homelessness, or why some people seem to remain caught up in repeated cycles of losing their housing, health, family and hope. She argues that chronically homeless people are usually traumatised and that trauma is often experienced repeatedly during the life course[32]. Robinson uses the notion of 'vulnerability' as a way to link structural social exclusion with the repeated experience of trauma, showing how structural inequalities (poverty, isolation, unemployment) are experienced as a state of being for marginalised individuals, and how further emotional trauma and crises have a by-product effect on the capacity to maintain housing.

One way to understand homelessness is to think of it as a gradual process that involves the loss of significant roles, relationships and possessions (such as a home) that are critical for the definition of self-identity. Past traumatic experiences can seriously undermine emotional health, but the experience of homelessness itself further alienates vulnerable people (Pleace, 1997). Boydell et al. (2000) draws attention to this under-researched spiritual dimension of homelessness, arguing that the depersonalisation and stigmatisation characteristically experienced by homeless people seriously undermines positive constructions of self and personal identity. Many homeless people could benefit from counselling services to help them come to terms with traumatic experiences, to regain self-esteem, and to rebuild broken relationships with family and friends (Pleace, 1997; Lemos & Durkacz, 2002).

6.3.7   Convictions and Imprisonment

Lindsay (1992) reports that criminal activity is common amongst hard core street kids and mainly takes the form of petty theft from houses and shops, cars, car conversions and trespassing. Petty theft was sometimes committed to meet material needs and transportation requirements, or simply for entertainment purposes. Approximately 90 percent of his sample had been arrested and charged at least once and of these, 48 percent had a total of more than 10 charges, with 37 percent having been arrested more than 10 times. Most had spent time in prison. In Al-Nasrallah et al.'s (2005) sample 73.3 percent had spent time in prison as an adult, and 56.6 percent reported ongoing experience of trouble with the police. A common issue for participants in Mora's (2003) study was the treatment they received from police, with the manner in which police approach, question, search, and instruct people to 'move on', seeming like a deliberate strategy to intimidate homeless people.

International research has consistently recognised that the social exclusion facing many people when they leave prison markedly increases their risk of homelessness and re-offending. Many ex-prisoners

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[32] In her study of women's experiences of New Zealand boarding houses, discussed in Section 8, Baxter (1996: 102) pre-empts Robinson's point, describing how she was "at times overwhelmed by the abuses some of the women had suffered and the misfortunes that had befallen them. They were distressing incidents that had seemingly acted like dominos, bringing disaster after disaster crashing down on their lives".

do not have access to suitable accommodation on release, and those with mental health issues, intellectual disability, young unattached men on short sentences, and single women with children are the major groups that are particularly vulnerable to poor housing on being released (Baldry, McDonnell, Maplestone & Peeters, 2006). Baldry et al. (2006) showed that a common pattern for vulnerable people leaving prison was to move in and out of various states of homelessness, staying in a range of temporary situations including with friends and family and homeless shelters. It is clear that suitable housing is a vital factor in the social reintegration of ex-prisoners.

6.3.8 Experience of Social Service Agencies

Amongst the homeless people Mora (2003) interviewed, 93 percent described a range of difficulties they experienced when dealing with Work and Income, many of which were also picked up by O'Brien & de Haan (2000). The way people were treated by case managers was a key issue, with several people feeling frustrated and humiliated by the manner of staff towards them. There was also concern expressed about people getting what they were entitled to, while a participant in the Al-Nasrallah et al. (2005) study felt it was wrong to give people money to 'do nothing' while refusing to support constructive ideas they had. Additional issues included the difficulty of securing a benefit without a fixed address and the burden of debt repayment.

Support is essential to achieving good, long-term outcomes when working with marginalised people and there is a good body of research that points to the advantages of coordinated service responses and the importance of ongoing support following re-housing (Busch-Geertsema, 2005; Tosi, 2005). It can be very difficult to engage some chronic street homeless people to the extent where significant change can be effected. Outreach services are critical (Burt et al., 2004), and also important is the approach taken by agencies working at the coalface. Drop-in centres and soup kitchens are sometimes the first or only point of contact for isolated homeless people, and trusting relationships with staff are critical for establishing a proactive working relationship that moves people towards independent living (Memmott, Long & Chambers, 2003; Johnson, Cloke & May, 2005).

Sorton (2001) noted that participants in his study of homeless people with mental illness found the relatively informal approach and non-threatening environment of the Auckland DHB Homeless Team were some of the main reasons why they used the service. Other factors included the availability of coffee, a warm room, and the occasional sandwich or pie that staff would buy. This is reflected in international research that shows clinicians who work with this subgroup of homeless people often have to depart from clinical norms and focus on creating a climate of credibility and trust with clientele. Providing a sympathetic ear to listen to general concerns being expressed and ensuring that basic needs are met can act as powerful incentives for people to become involved in treatment.

Likewise, O'Brien & de Haan (2000 & 2002) noted that participants seemed to value the opportunity to sit and talk about their lives, experiences and aspirations. Participants also placed great emphasis on being accepted by agencies. They wanted to be treated with respect and dignity, and for this to flow over into seemingly simple things such as hygiene practices and the way food is provided. Nearly half of Mora's (2003) sample (47 percent) described a range of difficulties with social service agencies, including the rules and regulations of some agencies and the judgemental attitudes they encountered.

Drop-in centres, which traditionally provide food, clothing, washing facilities and basic health care, are a reasonably common service response in New Zealand. Yet as Calnan (2007) points out, services like soup kitchens and shelters have been criticised for doing little to move people out of homelessness, and at worst, creating dependent behaviour that works to sustain homelessness. Some researchers are arguing that the funding used to run these types of services would be better directed towards programmes that shift people "from outside the system to inside the system where they can be intensively managed, cared for and rehabilitated" (Calnan, 2007: 26).

While this approach is increasingly advocated by successful agencies such as Common Ground (Haggerty, 2005 & 2006), tensions remain. It is interesting to note that Auckland street kids regard mainstream society as "saturated with structures potentially threatening to their freedom", claiming that "their distrust of authority of any sort is a crucial concept to grasp" (Lindsay, 1992: 120). In Lindsay's view, this explains why street kids are more attracted to church-based organisations that are "deliberately structured as little as possible…[adopting] something of a hermeneutic style" (1992: 121). As O'Brien & de Haan (2000 & 2002) note, not all homeless people want to be re-integrated (at least not at the moment), and it is possible that agencies that take a heavy handed approach to requiring participation may lead some homeless people to avoid them.

6.4   Strengths and Aspirations

When considering research on primary homelessness, it is easy to be overwhelmed by the sheer extent of complex difficulties many homeless people live with. As a condition of exclusion from society, homelessness can sometimes appear as "a totalising condition of lack" (Robinson, 2002: 32), but it is important to challenge this view, because seeing people only in terms of their incapacity ensures that predominantly negative and pathological images of homelessness are the ideas that are reinforced. It then becomes easy for the mainstream community to think it understands what homeless people lack and therefore need.

Contemporary Strengths based social work practice involves recognising people's strengths and empowering them to build capacity to manage their own lives (Chapin, 1995; Thrasher & Mowbray,

1995). However, very little research has been conducted into the strengths and abilities of homeless people or aspects of their wellness (Boydell, Goering, & Morrell-Bellai, 2000). It is gratifying, therefore, to note that several New Zealand researchers do highlight the strengths and capacities they have observed amongst their participants, with one (Mora, 2003) particularly emphasising the importance of promoting opportunities for people to develop individual and collective strengths.

Both Sorton (2001) and Mora (2003) point out the enormous resilience and skill for survival that homeless people demonstrate. They know how to obtain food and other essentials necessary for daily life. Sorton describes the courage it can take for people to choose a lifestyle that they feel allows them to control their lives rather than being 'taken care of' even when this often involves hunger, rejection, loneliness, potential violence and stress. This observation is echoed by Smith & Dowling (1987) who discuss 'pride' and 'determination' at length, citing the example of a previously homeless man who chose to leave a rest home and return to the streets:

...his reasons were that he did not fit in, the Resthome residents were all there waiting to die. His pride does not allow him the quality of life others would expect (1987: 9).

Lindsay (1992), Cooper (2001), Mora (2003), and Smith et al. (2006)[33] draw attention to the strong sense of community amongst homeless people and the way the street community is a source of friends who will support each other to access services and ensure their personal safety. Lindsay observed a supportive extended family situation amongst Auckland street kids, with particular people taking the role of a parental figure especially in relation to newcomers who had to learn where to go, where not to go, how to conduct themselves, and how to get things they needed. Many homeless people's experiences of housing may not have been positive (Kearns et al., 1992), and finding a family on the street may produce a sense of stability previously unknown.

Finally, O'Brien & de Haan (2000) identified a distinct set of aspirations amongst their participants, arguing that the goals of homeless people parallel the goals and ambitions of the wider community. A common theme to emerge was the desire to find good accommodation to provide the opportunity to live in a safe, clean environment; another, to rebuild relationships with family members. Participants also expressed the desire to find employment, undergo training, or to start up a business. As the researchers argue:

We acknowledge that these dreams, hopes and aspirations may not translate into actions, an experience that is not peculiar to the homeless. We acknowledge too that some of the daily behaviours of some of

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[33] Most of the participants in the Smith et al. (2006) study were housed in Salvation Army hostels, but a small proportion had a history of street homelessness. It was this group that drew attention to the social connectedness they found in the street community.

the homeless…is at variance to these dreams, hopes and aspirations. Nevertheless, it is essential to acknowledge those dreams, hopes and aspirations for it is those which…provide some critical motivational possibilities for those working with the homeless (O'Brien & de Haan, 2000: 58).

Mora (2003) also identified aspirations amongst her participants, but in the main, these points referred to the need for specific services. One point is particularly interesting to note in light of the above discussion: 73 percent of Mora's participants wanted greater acceptance of homeless people by the wider community. They wanted less judgement, less hostility, and less intolerance directed at them. In addition, they said they would value the opportunity to have their views heard and respected. Mora's earlier (2002) study with Christchurch agencies showed that 14 percent of agencies stressed the importance of hearing people's stories in their own words, understanding how other people saw the world, and learning about their views and aspirations.

6.5   Final Comments

Overall, New Zealand research on primary homeless people corresponds well with international findings, suggesting that, although few in number, the largely exploratory studies have resulted in a good body of information that tells us quite a bit about the needs, characteristics and experiences of rough sleepers. A few gaps are apparent, such as data on gay, lesbian and transgender homeless people, the needs of people with dual diagnosis, and information about the use of the drug P amongst rough sleepers. The value of developing culturally relevant services is also an area that could benefit from being explored more thoroughly.

7 Research on Secondary Homeless People in New Zealand

7.1 Introduction

All four[34] studies discussed in this section were conducted in Christchurch. Ayres (1974) studied the occupants of the Christchurch City Mission Night Shelter using a survey method that gathered information directly from the participants. In 1982, McClintock conducted a follow-up study on the Night Shelter, this time using the shelter records as his data source. Panoho's (1985) study was conducted in response to concern amongst Christchurch agencies that single women (without children or partners) with emergency accommodation needs were not being adequately catered for in the area. It involved the use of a questionnaire filled in by the Christchurch agencies that women were approaching. The study resulted in the development of the Night Shelter for Women in 1986, and in 1989, Kilgour conducted a follow-up study of shelter occupants using shelter records as the data source. As for Section 6, the findings from the selected studies are organised in subsections that summarise demographics and key issues experienced and incorporate findings from international studies.

7.2 Demographics

7.2.1 Gender

During the testing period (one month) for Ayres' (1974) study, 113 individual men and nine women were accommodated at the Night Shelter. The other study on the Christchurch Night Shelter (McClintock, 1982) showed that occupants were overwhelmingly men (only one woman was recorded). The other two studies by Panoho (1985) and Kilgour (1989) both focused solely on women.

Homeless families, especially those headed by women, are the fastest growing subgroup amongst the homeless in the United States (Hill, 1994; Thrasher & Mowbray, 1995) and in Canada (Lush, 2006). In Australia, it is widely recognised that even though women are the minority amongst the

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[34] As indicated in Section 5 (note 26), the data from Simonsen (1998) was not able to be included in this section.

primary homeless, they constitute a significant portion of the secondary homeless population. The increasing numbers of women are one face of the "new homelessness": causalities of globalisation, labour market deregulation, and reduction in welfare. Some researchers argue that women's increased vulnerability has resulted in the feminisation of poverty (Adkins, Barnett, Greenhalgh & Heffernan, 2003).

7.2.2 Ethnicity

As for the studies on primary homelessness, Table 7 below shows that Maori are over-represented in data on night shelter residents, but not to the same extent as amongst primary homeless people:

Table 7: Ethnicity of Secondary Homeless People

STUDY	ETHNIC GROUP (PERCENT)				
	Pakeha	Maori	Pacifika	Asian	Unknown/Other
Kilgour 1989	About 75	About 25	0	0	0
McClintock 1982	71.1	27.1	0	0	1.8
Ayres 1974	66	29	5	0	0

At the time of McClintock's (1982) study, Maori comprised only 4.8 percent of the Christchurch population. The over-representation of Maori amongst the Night Shelter residents was argued to be an indication of their lower socio-economic status overall, however, McClintock also noted that young Maori males frequently followed a migratory pattern of behaviour as they travelled around the country in search of employment. This often resulted in them requiring emergency accommodation.

7.2.3 Age

Ayres' (1974) study showed a predominance of younger people with 40 percent under 20, 80 percent less than 40 and only 16 percent over 55. The nine women who used the shelter during the period of data gathering were all young (16-24 years), and shelter staff considered them all to have severely deprived social skills. 'Disturbed youth' (15-19 years) comprised 31 percent of the participants. These young people were unemployed, emotionally immature, often aggressive, and frequently indulged in alcohol or substance use.

McClintock (1982) does not provide clear information on age groups, all data being presented in complex cross-tabulations. The oldest group of clients were alcoholics with an average age of 45 years. Younger clients (in the 20-29 years age group) were more likely to be from out of town, unemployed, and displaying evidence of mental illness or drug addiction.

Panoho (1985) collected information on two age groups only, and results showed that 70.4 percent were between 17 years to 70 years. The remaining 29.6 percent of women requesting emergency accommodation were aged under 17 years. However, she reports that the youth agencies involved in the study stated that homelessness amongst very young women was prevalent but that many of these women were reluctant to approach agencies for help. Of the young women who were included in the study, two were pregnant, four were runaways from institutions, and four had left home as a result of family pressures, namely harassment, physical and sexual abuse, and eviction.

Kilgour's (1989) study showed a predominance of younger women, with 70 percent of women aged under 30. Women aged 40 and over were almost exclusively Pakeha. Reasons for coming to the Night Shelter for Women proved to be patterned by age with financial problems and travelling from out of town in search of employment and accommodation more typical amongst younger women. Australian research reported by Adkins et al. (2003) shows that a significant number of homeless women are under 25 years of age, suggesting that age plays a major role in a woman's ability to live independently, gain access to income, and negotiate housing.

7.2.4   Marital Status

In Ayres' (1974) study, 79 percent of the men had never married and the remaining 21 percent were separated, divorced or widowed. Ayres suggests that loneliness could be a key factor in the social isolation and non-coping of these men: "severe deprivation of personal relationships is apparent and often freely voiced by these individuals" (Ayres, 1974: 31). Only 8 percent reported regular contact with their families. Partnership status was recorded around half the time in the records of the Night Shelter for Women (Kilgour, 1989). The data showed that the older a woman was, the more likely she was to have been or be in a partnership (84 percent of women over 40). The other half were single, but this is probably a reflection of the relative youthfulness of the occupants: only 10 percent of the women under 20 were partnered or previously partnered.

7.2.5   Mobility

Unlike the studies on primary homelessness, three out of the four studies on secondary homelessness explored the mobility patterns of participants. McClintock (1982) writes that age had considerable bearing on the migration patterns of the occupants. About 37 percent of the clients had come from outside Christchurch immediately prior to their stay in the shelter. The highly mobile clients were most likely to be in the 20-29 years age group, and were often unemployed (41 percent), exhibiting symptoms of mental illness (56 percent) and drug addiction (83 percent).

Panoho's (1985) study found that nearly 14 percent of the women were from out of town and cited this as their main reason for being homeless. However, there were some other women who gave an alternative (main) reason for why they were homeless, but also happened to be from out of town, and Panoho concludes that the true number of itinerant women was masked in the study. In Kilgour's (1989) later study, 40 percent of shelter occupants usually resided in another part of the country. A variety of reasons are suggested for women travelling to Christchurch, including 'social' reasons (such as visiting a child in the care of someone else), and 'business' reasons (such as getting an abortion or keeping an appointment with the Social Welfare Department).

7.3   Key Issues Experienced

7.3.1   Accommodation

For 56 percent of the participants in Ayres' (1974) study, sleeping rough, boarding houses and flats were home before they came to the shelter. It was determined that the combination of no board or other accommodation, no job, and no money led to 74 percent of the men coming to the Night Shelter. In Panoho's (1985) study, 75 percent of the women required immediate shelter. Of these cases, less than half were able to be accommodated by Christchurch agencies. Women who were not pregnant or victims of domestic violence frequently found that the criteria of many existing facilities obstructed their ability to access accommodation (only six beds in Christchurch were found to cater to women who presented without pregnancy or domestic violence). The remaining 25 percent required alternative accommodation, but did have access to shelter with a friend or at the family home. These situations were unsustainable, and may have even been damaging. Hostels and boarding houses sometimes catered for women, but were often unaffordable. In short, Panoho argues that many of the women:

...see their only hope of long term accommodation in terms of a relationship with a man, and/or becoming pregnant and, as a result, gaining an allowance. Only as a result of either having a partner or a baby do women on their own (with little or no resources) gain social/financial recognition (Panoho, 1985: 21-22).

Prior to coming to the Night Shelter for Women, half had been living in a house (whether rented, owned, shared or alone was not recorded). One quarter had been staying with friends, parents or relatives, and the final quarter had been accommodated by voluntary organisations, institutions, hotels, hostels, or had been living on the streets, in garages, or in camping grounds (Kilgour, 1989). Two studies on primary homelessness (O'Brien & de Haan, 2000; Mora, 2003) highlighted the importance of emergency accommodation that catered to women. In Kilgour's (1989) study it was

reported that the Night Shelter for Women had a policy of allowing women to stay for a maximum of one month. The most common period of stay was one night (43 percent), followed by up to one week (37 percent). Only a small number of cases involved a stay for the maximum period of one month (3 percent).

Both Ayres (1974) and McClintock (1982) expressed concern about the reliance of some clients on the shelter. McClintock showed that a small number of clients were heavily reliant on the Night Shelter accommodation, and it had become almost a permanent home for them. Clients with the longest average stay were aged over 50 years, and had issues with alcoholism and mental illness. Ayres reported a considerable 'return rate' (63 percent of users were previously known to staff before the testing period) which suggested that a stay at the shelter was not sufficient for most people to get back on their feet. Ayres recommended that a social worker be attached to the shelter, arguing that:

...instead of the Night Shelter being the 'dust-bin' of society, it could become the first step of re-entry into the community – a road to obtaining self-esteem, a purpose for life, and becoming a participating, productive member of the community (Ayres, 1974: 38).

Emergency shelters are one of the most basic forms of accommodation and assistance for homeless people, but UNCHS (2000: 171) calls them a "knee-jerk reaction to the situation of people lacking shelter". While shelters are undeniably a valuable service to ensure survival in the short-term, UNCHS argues it is essential that additional efforts are made to re-integrate homeless people. Shelters overseas have been shown to function quite effectively as a locus for outreach and other welfare services aimed at addressing additional needs beyond the immediate need for shelter.

7.3.2 Poverty, Employment and Education

Ayres (1974) reports that only 37 percent of the participants in her study had jobs, but of that 37 percent, only 64 percent had been in their current jobs less than two weeks. She writes that the issue was not a lack of jobs (Ayres' report was conducted at a time of very low unemployment), but that many of the men found it difficult to stay in any one job for more than a few days due to their "disturbance", or the monotony of the job (Ayres, 1974: 32). Participants in Ayres (1974) study showed low educational attainment overall, with most having left school at 15 years or before. A startling 25 percent had received primary school education only, and most of the men judged their school performance as average or less.

While Panoho's (1985) study did not specifically ask a question about employment, it was established that 13 women were unemployed. Five were not receiving the unemployment benefit, four of whom were too young to be eligible. In Kilgour's (1989) study, nearly 75 percent of the women were

receiving a benefit. Only 14 percent were in some kind of paid employment, all of whom were Pakeha. Lack of money was found to be the second most important reason for housing need.

Kilgour (1989) reports that both overseas and local studies suggest single women are disadvantaged in the housing market because of their lower incomes relative to men and their marginal position in the labour market (which she argues is due to expectations of future reproduction). In addition, their low priority for state housing because of policies to assist families, and their lower home ownership rates means they are concentrated in the private rental sector and are more vulnerable to the changing dynamics of that market. Housing affordability was found to be a major problem for all women in Kilgour's study, especially the youngest and the oldest women.

7.3.3 Mental Health

Ayres (1974) reports that 57 percent of her sample had both alcohol and mental health issues, while in McClintock's (1982: 46) study, only 8.6 percent were considered to be "psychiatrically disturbed". At the Night Shelter for Women, 22 percent of women in their 20s and 27 percent of women in their 30s had mental health issues that contributed to their housing need. Women with mental health issues were more likely to be Pakeha (Kilgour, 1989). Kilgour writes that it is likely that many of these women were ex-psychiatric patients experiencing the well-documented 'revolving-door' problem, as women with mental health issues were the group most likely to return to the shelter.

7.3.4 Addictions

Ayres (1974: 38) states that excessive drinking was prevalent amongst her participants, with a small group of chronic alcoholics using methylated spirits as their "main diet". McClintock's (1982) study showed 34.3 percent of shelter occupants were alcoholic and 5.7 percent showed evidence of drug addiction. At the Night Shelter for Women, 7 percent of women in their 20s and 14 percent of women in their 30s had a serious alcohol and/or drug problem. Women with substance misuse issues were more likely to be Maori (Kilgour, 1989).

7.3.5 Emotional Health and Trauma

As shown in Table 8 below, Panoho's (1985) study showed that one quarter of the women presenting to Christchurch agencies for emergency accommodation were victims of domestic violence. Three of the 15 domestic violence victims were from out of town, showing that in some cases it is necessary for women to travel to another area and become homeless in order to preserve their personal safety.

Besides the four women who had come to Christchurch to get a pregnancy termination, six other women were pregnant at the time of the study.

Table 8: Reasons for Homelessness for Christchurch Women[35]

REASON FOR HOMELESSNESS	NUMBER AFFECTED
Domestic violence	15/58 (26 percent)
Family pressures	12/58 (20.6 percent)
Eviction	8/58 (13.8 percent)
From out of town; no money	7/58 (12.1 percent)
Financial reasons	6/58 (10.3 percent)
Runaways from institutions	4/58 (6.9 percent)
From out of town for a pregnancy termination	4/58 (6.9 percent)
Rape	1/58 (1.7 percent)
Released from prison	1/58 (1.7 percent)

Kilgour (1989) also found that relationship breakdown was a common reason for coming to the Night Shelter, but the combination of relationship breakdown and violence was most common to women in their 30s. Domestic violence was more frequent amongst older women. Internationally, it is recognised that abusive living conditions, particularly physical violence and sexual abuse by an adult male, are key reasons why women and/or children leave the family home and risk becoming homeless (Hill, 1994; Adkins et al., 2003). Poor women in this situation are particularly disadvantaged, being less able to draw on financial support from their extended families. However, homeless families rarely become roofless (primary homeless) because of the housing need priority given to families, which is usually defined by the presence of at least one minor child or one pregnant woman (Gaubatz, 2001).

7.3.6   Convictions and Imprisonment

In Ayres' (1974) study, 9 percent of men had just been released from prison, as had one woman in Panoho's (1985) study.

7.4   Final Comments

The discussions in this section have shown that there is a clear overlap between many of the issues faced by primary and secondary homeless people. This is because homeless people are known to exhibit a high degree of mobility between various types of homelessness, spending the night at a shelter when it is cold, or staying with friends when space and relationships allow (Wilkinson, 1980;

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[35] Information for table sourced from Panoho, 1985

O'Brien & de Haan, 2000; Chamberlain & MacKenzie, 2003). However, there is a clear lack of studies that explore the issues and needs of the 'hidden' secondary homeless, who rarely or never sleep rough, but stay with friends and family on a more long-term basis or constantly move between various types of temporary accommodation situations.

Studies by Panoho (1982) and Kilgour (1989) have shown that the causes of homelessness are strongly gendered. It is critical for research to regard gender as a key variable patterning homelessness, and for agencies to understand the value of gendered responses to homelessness. As Baxter (1996) draws out in her study on women's experiences of boarding houses (discussed in Section 7), issues for homeless women can be very different than for homeless men, yet historically, homelessness studies have not considered homeless women's needs to be substantially different from men's. This has happened partly because there are fewer primary (visible) homeless women, but must be reconsidered in light of international trends that show women (and families headed by women) are more and more at risk of homelessness. Although Australian census data indicates that women make up only about one quarter of boarding house residents, they comprise nearly half of secondary homeless people staying with friends and families. In addition, they and their children are the major recipients of accommodation services for domestic violence victims (Chamberlain & MacKenzie, 2003). This suggests another key gap in the New Zealand literature on secondary homelessness concerns homeless children[36].

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[36] There is some New Zealand material on crowding and its impact on children, see Johnson, 2003.

8   Research on Tertiary Homeless People in New Zealand

8.1   Introduction

Although, as Baxter (1996) notes, New Zealand communities have a long history of boarding house provision, research that investigates the characteristics and needs of long-term boarding house residents are relatively uncommon. Only two studies were selected for inclusion in this section: Baxter's (1996) study of women's boarding house experiences, and Smith, Robinson & Atkin-Read (2006), one of the few New Zealand homelessness studies to use sizable samples (168 survey respondents and 77 focus group participants).

As for the previous sections, the findings from the selected studies are organised in subsections that summarise demographics and key issues and incorporate findings from international studies to help draw out the significance of New Zealand research.

8.2   Demographics

8.2.1   Gender

No data on the gender composition of boarding house residents is available, and the two studies targeted women only (Baxter) and men only (Smith et al.).

8.2.2   Ethnicity

In contrast to the predominance of Maori amongst many of the studies on primary homelessness, the majority of men in Smith et al. (2006) were Pakeha (74.1 percent). The remainder were almost all Maori (20.4 percent). In Baxter's (1996) study, the 12 participants were also mainly Pakeha.

8.2.3   Age

Compared with the available data on primary homelessness, tertiary homeless people tend to be older on average. Smith et al.'s (2006) study was dominated by older men aged over 40 years. The

biggest single group (nearly 27 percent) were aged 50-59 years, and 19 percent were aged 60 and over. Recent figures are suggesting that older Australian people (65 and over), especially those who are dependent on the government for their income and the private rental market for their housing, have experienced a decrease in their wealth and an increase in their housing vulnerability over the past decade. Around 225,000 older Australians are marginally housed (generally due to housing affordability problems), and at high risk of losing their housing and being propelled into various forms of homelessness (Morris, Judd & Kavanagh, 2005).

8.2.4   Marital Status

In Smith et al.'s (2006) survey sample, a high proportion (76.6 percent) was single, which is similar to the marital status of secondary homeless men (Ayres, 1974). In contrast, the women in Baxter's (1996) sample had much higher rates of partnership, with 64 percent moving to a boarding house following a relationship breakdown. This matches well with international studies that show relationship breakdown is the most common reason for homelessness amongst women. As Baxter explains, women are often dependent on men for their housing, and it is this dependency that makes them vulnerable when relationships end. Over half of the women had children.

Smith et al.'s (2006) study also included focus groups in order to more fully explore issues. For the men who were separated or divorced, the break up of their relationships often left them economically and emotionally deprived. For many of the men who had children, child support payments exacerbated their difficulties paying for accommodation and other expenses.

8.3   Key Issues Experienced

8.3.1   Accommodation, Poverty and Employment

This section discusses accommodation and poverty together, because Smith et al.'s (2006) study suggests that for many of the men, these issues were intricately related. Nearly 70 percent of the men were living in a Salvation Army hostel[37]. Many of the men had been in these hostels long-term (range one day to 37 years with a median tenure of 20 months), which suggests they were a relatively secure accommodation option. The other 30 percent of participants lived in a range of other accommodation facilities, including council housing, HNZC housing, night shelters, and private rental accommodation. These facilities were less secure, and occupants had a median tenure of between four and five months.

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[37] The over-representation of participants in Salvation Army hostels reflects the approach taken to sample selection, which recruited participants from Salvation Army accommodation, drop-in centres, and drug and alcohol treatment centres.

The accommodation history of the men showed that before living in their current accommodation, 34.9 percent had been renting (usually from a private landlord, HNZC or Council) or had been living in a house or flat with or without a mortgage. The remaining 64.9 percent[38] came from a variety of situations, which subsequently placed into Chamberlain & MacKenzie's categories of primary, secondary or tertiary homeless showed that:

- 10.6 percent were primary homeless[39]
- 10 percent were secondary homeless[40]
- 44.3 percent were tertiary homeless[41]

The focus group discussions revealed that men struggled with the shortage of housing suitable for single men. Many also indicated a need for support, budgeting advice, and help with setting up a flat. With regard to tenure mobility, the majority (78.9 percent) had lived in one to three places during the previous two years. The remainder showed various higher levels of mobility, with 3.5 percent having lived in over 16 places during the past year.

In relation to poverty and employment, the majority of the men (87 percent) were receiving a Work and Income benefit. Nearly 83 percent were paying debt, child support and fines out of their income, with quite a high number (41 percent) repaying Work and Income debt. Debt repayment is serious as it usually lowers an already low income, trapping people in poverty. Overall the men had low levels of residual income, with a median of $60 left after bills had been paid. They often struggled to eat well, buy clothing, pay for transport, or afford minor pleasures such as cigarettes.

In the focus groups, many men expressed a desire to work, but stated they faced numerous barriers relating to discrimination (often because of criminal convictions), the impact of mental health and addiction issues, and a lack of qualifications. In the survey data, 54 percent of the men had left school without any qualifications, although nearly 11 percent had a trade or technical college qualification or a university qualification. Many of the men felt the approach to training and employment taken by Work and Income did not take adequate account of their individual circumstances.

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[38] Note that the percentages provided by Smith et al. add up to 99.8 percent
[39] Primary homeless included the Smith et al. categories of 'homeless: no place to live' (7.5 percent) and 'caravan or camping ground' (3.1 percent)
[40] Secondary homeless included the Smith et al. categories of 'sharing a house/flat rented or owned by relatives or friends' (7.5 percent) and 'night shelter' (2.5 percent)
[41] Tertiary homeless included the Smith et al. categories of 'Salvation Army hostel' (7.5 percent), 'boarding house' (13.1 percent), 'boarding' (10.6 percent), 'supported accommodation' (6.9 percent), and 'prison' (6.2 percent)

It is interesting to compare the findings of Smith et al. (2006) with May's (2000) research on British single homeless people. May's study found that the majority of homeless people experienced episodic homelessness with each period of literal homelessness interspersed with much longer periods in rented accommodation. In addition, accommodation cycles were strongly patterned by people's finances, especially their ability to undertake and sustain employment and avoid debt. Recent reviews of existing UK research support May's supposition, agreeing that poverty and unemployment are even stronger predictors of homelessness than the housing market. This is probably because poverty and unemployment restrict access to affordable, adequate, suitable and sustainable housing (see Anderson & Christian, 2003). The different characteristics and needs of three major groups of homeless people are summarised in Table 9 below:

Table 9: Needs of First-time, Chronic, and Episodic Homeless People[42]

CATEGORY	GENERAL CHARACTERISTICS
People who are visibly homeless for the first time	This group is more likely to have a range of personal needs but their homelessness is usually precipitated by crises such as unemployment, leaving the prison system, or family breakdown. Unless they are successfully rehabilitated within a reasonably short space of time, this group runs the risk of becoming long-term homeless. Emergency housing, transitional housing, and support to access other forms of housing and support services are key responses for this group.
The truly long-term homeless	This group usually manifests multiple high needs which play a key role in sustaining their homelessness. The long-term homeless often develop a personal identity that is connected to the street and other homeless people. They may feel little desire (or feel powerless) to change their situation. Supported housing is often considered an appropriate response for this group.
Episodic homeless	This group represents the vast majority of homeless people. They are housed in hostels, public housing and privately rented housing but their social and economic exclusion means they remain vulnerable.

According to May, the key issues for episodic homeless people include:

- The relative lack of hostels
- Being reliant on rented accommodation is insecure and if people have to move suddenly, homelessness becomes a risk
- Chronic unemployment severely limits housing options
- Accommodation that is affordable is often inadequate and of poor standard. It is quite common for people in this group to become homeless because they have become fed up with looking for something better

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[42] Information for table sourced from May, 2000

- Economic vulnerability is ongoing, and homelessness often results because people either lost their job, because they moved in order to try and find work, or because job loss preceded and added to another crisis that led to the loss of accommodation

In May's view, integrated models that offer accommodation in conjunction with training opportunities and job access support (such as the foyer model that has been used successfully with homeless youth, see Quilgars & Anderson, 1997) are a better solution to episodic homelessness than accommodation alone.

8.3.2 Health Status

The self-reported health status questions in the Smith et al. (2006) study showed that 62 percent of the survey sample had a mental health condition, 57 percent had a physical health issue, and 43 percent acknowledged they had an addiction issue. For many of the men, the breakdown of a relationship seemed to precipitate depression and drug or alcohol misuse. Access to mental health services emerged as a major issue, and the authors state there is a shortage of early intervention addiction treatment options that could prevent a serious, long-term addiction developing.

A study by Quine, Kendig, Russell & Touchard (2004) showed that older homeless people living in boarding houses and shelters typically experience a range of health problems, some quite serious. The men in their sample often had difficulty accessing health care, and in general, they lacked the basic requirements for healthy aging, namely adequate income and housing.

Literature on mental health and housing suggests that the health of mentally unwell people is adversely affected by unsuitable accommodation options. People with mental health issues often have to live alone, but the shortage of one-bedroom state and rental housing in New Zealand often limits their ability to access such facilities (Peace & Kell, 2001; Peace et al., 2002; O'Brien & Leggatt-Cook, 2006). Sorton's (2001) study of homeless, mentally ill men in Auckland cites evidence that the lack of privacy and independence in boarding houses is often unsuitable for mentally ill people, which leads many to brave the inevitable hardship and return to the street (Rivlin & Imbimbo, 1989, in Sorton, 2001: 60).

8.3.3 Emotional Health and Trauma

Some of the men in Smith et al.'s (2006) focus groups discussed loneliness and social isolation as major issues and many of the men who lived in Salvation Army hostels valued the companionship they found there. In contrast, Baxter's (1996) study of women's boarding house experiences showed that women are extremely vulnerable to harassment and abuse in commercial, mixed-gender

boarding houses. The women in Baxter's study expressed a great deal of fear in relation to their safety, which related mainly to the shared areas of the house and to the behaviour of other residents who were usually men. A concerning 73 percent claimed to feel unsafe, 82 percent had experienced sexual harassment, 65 percent had been pressured for sex, and two of the women (16 percent) had been raped. Most of the women felt that the boarding house managers could not offer them support or protection and most felt unable to lay a complaint about misconduct.

8.3.4   Convictions and Imprisonment

Over 63 percent of the men in Smith et al.'s (2006) survey sample had been convicted of a criminal offence and 27.7 percent had been in prison at least once, most for less than one year (nearly 60 percent). The focus groups revealed that there was very little assistance given to men to help them reintegrate into society upon leaving prison. Importantly, it takes two weeks for a Work and Income benefit to be paid following release, and the $350 provided by the 'Steps to Freedom' grant is usually not enough to pay for necessary expenses during this time. As discussed in Section 6.3.7, research shows that suitable housing is a vital factor in ex-prisoner's social reintegration.

8.3.5   Experience of Social Service Agencies

A number of men in Smith et al's (2006) study reported experiencing negative attitudes from Work and Income. They also felt that the agency was not always forthcoming with information and did not make it easy for them to access their entitlements.

8.4   Final Comments

According to Neale (1997b), hostels are widely believed to be an inferior form of accommodation, characterised by poor-quality and insanitary facilities and institutionalised living arrangements, such as dormitories and communal dining. The lack of support services in hostels means they are often regarded as little more than 'holding pens', however, some hostels are now offering resettlement services. In both the United Kingdom (Luby & Welch, 2006) and Australia (Davis, 1999), boarding houses are coming under increasing government regulation to improve standards and services, and May's (2000) research points to the value of linking hostel accommodation with training, education and employment access services.

A number of studies have shown that the majority of homeless people say they would prefer to live in mainstream, self-contained housing on a long-term and secure basis (Busch-Geertsema, 2005), however, other research indicates that hostels can be a good option for people who desire the

security of staff supervision and the company afforded by communal living (Neale, 1997b). This would seem to be the case for many of the men who lived in Salvation Army hostels. One issue agencies and councils need to remain aware of is that the processes of gentrification are frequently linked to homelessness (Hill, 1994), with the closure of inner city boarding houses often associated with a rise in street homelessness (May, 2003).

Finally, as Hagar (2006) argues, the issues that Baxter (1996) raised in relation to women's vulnerability in hostels presents a strong argument for the necessity of women-only facilities with associated high quality specialised services to help them overcome the health problems and traumas caused by domestic violence.

9   Conclusion: Setting a Research Agenda

9.1   Overarching Comments

While most New Zealanders may support the abstract principle of all New Zealanders being entitled to decent housing as a citizenship right, their understanding of the nature and extent of the problem of homelessness in their own communities is poor... Winter & Barnes (1998: 5).

As Thorns (1987) wrote, drawing on the seminal work of Mills (1972), individual lives are often shaped by events and circumstances that are not easily rectified by individual action. This is because the causes of these events are located in the wider social and economic system over which the individual has limited control. Frequently, personal troubles are considered to be the fault of the individual and attributed to their failure to, for instance, receive the correct education or work hard enough.

In a situation where there is little clear and widely available information it is easy to think that 'homelessness' is not really a social problem because it affects only a small minority of people, members of a deviant counter-culture who do not really want to live like the rest of us anyway. Yet few would deny that housing affordability is a problem across all New Zealand communities, or that crowding and substandard housing is an issue in parts of our cities and rural areas. Many people would accept that access to housing and the ability to sustain it are not equally available to individuals, and that some groups are more likely to experience vulnerability in relation to the housing and labour markets because of personal needs relating to mental health issues or disability. Yet much to the frustration of social service agencies that work with homeless people on a daily basis, the idea that homelessness is a problem in New Zealand is still often met with the kind of incredulity described in the excerpt from Cooper (2001) in Section 1.

The low profile of homelessness here is often attributed to the low visibility of primary homeless people. Yet public concern about homelessness has slowly been increasing (No Doubt, 2003; Al-Nasrallah et al., 2005; Casey & Crothers, 2005), and the No Doubt (2003) report predicts that homelessness will continue to grow. It is also difficult to dismiss May's (2003) provocative comments that the numbers of rough sleepers we have locally would be considered a serious street homelessness problem in the United Kingdom.

A major difficulty constraining understanding of homelessness in our cities is that the current body of New Zealand research cannot reliably inform us about the true extent and scale of the issue. We seriously lack the kind of large scale studies that have been conducted overseas that could give us a more accurate profile of the most visible and of the most hidden forms of homelessness. To date, research on homelessness has been patchy, conducted mainly by agencies and postgraduate students, and is often not particularly well connected to current policy frameworks or the wider socio-economic context. It is also rarely connected to the large body of research on the marginally housed, the population who Kearns et al. (1991) call the 'incipient homeless': those who remain constantly vulnerable to crises that could propel them into more severe forms of homelessness.

The way homelessness is understood is intrinsically political, because identifying a problem as a social issue legitimises it as worthy of public attention and resources. When homelessness is viewed as a housing issue and placed within a continuum of housing need, the picture changes radically. Rough sleeping is redefined as the result of cumulative system failures to address the accommodation and income needs of individuals who, for a range of complex reasons, find themselves in a particularly vulnerable position with few options, supports, and resources to draw on. Homelessness thus re-emerges as an:

...intolerable social malaise that, if protracted, is highly damaging to an individual's self-worth, morale and health. The experience stigmatises not only the individual but also the society that permits (or fails to prevent) the occurrence (Crane, Warnes & Fu, 2006: 156).

9.2   Setting a Research Agenda

An obvious gap in New Zealand studies on homelessness is a lack of quantitative studies using large, randomly selected samples that would allow us to estimate the size and characteristics of the population with greater accuracy, track fluctuations over time, and to generate meaningful data on the demographic profiles of homeless people. Without large scale quantitative research we can have little understanding of the true extent and seriousness of homelessness in New Zealand. To date, the study by Smith et al. (2006), which focused on tertiary homeless men, and the three street counts conducted in Auckland (Ellis, 2004; Ellis & Carroll, 2005; Ellis, 2007) probably represent the largest and most representative samples at our disposal. The few other studies that report some statistical data have not always been able to gather or analyse the information in an authoritative manner. For example, the Al-Nasrallah et al. (2005) study analysed 30 existing interview transcripts that had been collected by Downtown Community Ministries at an earlier date. It was therefore not possible to ensure consistency in the information collected across the sample.

Internationally, collecting statistical data on homelessness is considered an essential tool in addressing homelessness because it allows communities and agencies to evaluate the level of need, allocate resources, and appraise the impact of programmes and strategies (Culhane & Metraux, 1998; Burt et al., 2004; Haggerty, 2005 & 2006; National Alliance to End Homelessness, 2003). Ideally, three types of quantitative data collection would take place in New Zealand: census counts, standardised database systems for agencies who work with homeless people, and regular street counts.

Census data collection would assist in quantifying various types of homelessness and would provide a demographic profile of homeless people. It is important to note that because privacy and independence are often highly valued by homeless people (Mora, 2003), they can be a notoriously difficult population to access for research. Nonetheless, Chamberlain & MacKenzie (2003) have illustrated that it is possible to use special enumeration strategies to improve the accuracy of census counts. Standardised databases (sometimes called Homelessness Management Systems), are increasingly used by agencies overseas to help track homeless people and coordinate multi-agency service responses. While not strictly 'research', if this kind of administrative data is regularly updated, it can provide detailed information about service demand at the level of specific clients, specific providers, and for specific localities. Moreover, with careful cleaning of the data, agency database records can be subjected to more rigorous analysis (Culhane & Metraux, 1998), and the New Zealand studies by McClintock (1982) and Kilgour (1989) are good examples of the use of agency records as a data source. Finally, point-in-time street counts are invaluable for providing a base measurement of primary homelessness, and to evaluate the impact of strategies to reduce street homelessness (Haggerty, 2005 & 2006).

In addition to quantitative data, Robinson (2006) emphasises the value of qualitative research for understanding homelessness, particularly for achieving a linkage between structural social exclusion and the repeated experience of trauma experienced by homeless individuals. Studies on primary homelessness in New Zealand have predominantly used qualitative methods (see Table 10 below), and have provided often quite detailed information pertaining to the major issues facing this group even though sample sizes are typically small. However, as argued in Section 4, it could be worthwhile for future studies to place more emphasis on exploring the impact of structural factors on the circumstances of individuals.

Table 10: Methodologies in New Zealand Primary Homeless Studies (sample sizes are noted in brackets)

QUANTITATIVE		QUALITATIVE	
Street counts	Ellis & Carroll 2005	Semi-structured interviews	Calnan 2007 *(n=4)*
	Ellis 2004		Al-Nasrallah et al. 2005 *(n=30)*
			Sorton 2001 *(n=3)*
			O'Brien & de Haan 2000 *(n=24)*
Survey (closed questions)	Lindsay 1992 *(n=29)*	Unstructured interviews	Mora 2003 *(n=15)*
	Smith & Dowling 1987 *(total sample n=251, 257 & 195 respectively for 1982, 1984, 1986)*	Participant-observation (ethnography)	Cooper 2001
			Moyle 1997
			Lindsay 1992
			Wilkinson 1980

As shown in Table 11 below, many of the studies involving primary data collection have been undertaken by Masters students who have tended to use quite small samples (probably a reflection of the limited resources and time available to students). These theses tend to use qualitative methods, and are often driven by more academic (as opposed to policy) concerns, such as the discursive construction of home and homelessness. They have nonetheless produced quite an impressive body of empirical findings and conceptual reflection, and some studies that involved close association with homeless agencies throughout the research process (such as those by Baxter, 1996 and Calnan, 2007) have generated excellent practical recommendations. Unfortunately, most postgraduate theses are not published and thus do not reach a wide audience (some exceptions are the articles published by Wilkinson, 1983 and Laurenson & Collins, 2006).

Table 11: Postgraduate Studies involving Primary Data Collection with Homeless People

PRIMARY	SECONDARY	TERTIARY
Calnan 2007 Cooper 2001 Sorton 2001 Moyle 1997 Lindsay 1992 Wilkinson 1980	Simonsen 1998	Baxter 1996

The four participant-observation studies (Wilkinson, 1980; Lindsay, 1992; Moyle, 1997; Cooper, 2001), arguably give us the most detailed insights into the social and cultural dimensions of homelessness. All of these studies are more or less concerned with how homeless people carve out private (or 'home') space within public space, for example, through their daily routines (Wilkinson;

Cooper) or through the positioning of their bodies (Cooper). The studies also contain detailed investigations of how homeless people construct their identity as homeless people, by acting in a way that resists mainstream power structures (Moyle), by actively constructing a status system amongst themselves (Wilkinson), and by undertaking complex positioning in relation to their situation, actively producing homelessness, and in turn being constituted by it (Lindsay).

As demonstrated earlier, there is a lack of studies on secondary and tertiary homelessness, however, a further issue is that many of the studies that encompass all three categories treat homeless people as a homogenous population with relatively similar needs. As Table 12 below shows, very few studies target a specific subgroup, and those that do reveal that subgroups of homeless people can have very distinct needs and issues. Future research would do well to focus on specific demographic groups, for example, we know little about the needs of older homeless people, gay, lesbian and transgender homeless people, or how various ethnic groups differ in their experience of homelessness.

Table 12: Studies on Selected Groups

YOUTH	WOMEN	MEN	MENTAL HEALTH
Simonsen 1998	Baxter 1996	Calnan 2007	Sorton 2001
Lindsay 1992	Kilgour 1989	Smith et al. 2006	
	Panoho 1985		

A number of gaps remain, and several studies have made good recommendations for further research (see for example, Cooper, 2001; No Doubt, 2004; Ellis, 2004; Ellis & Carroll, 2005). Following these writers, it is pertinent to particularly stress the need for:

- Scoping studies that explore the strategies, successes and mistakes made by communities overseas in their approach to addressing homelessness
- Studies that evaluate the efficacy of particular responses to addressing homelessness in New Zealand
- Retrospective studies among ex-homeless people to explore pathways out of homelessness
- Longitudinal studies that track homeless people over time to determine how homeless people move from one sort of homelessness into another

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