# HOUSING SUPPORT SERVICES FOR FAMILIES/WHĀNAU AND INDIVIDUALS WHO HAVE EXPERIENCED HOMELESSNESS: A CASE STUDY OF VISIONWEST COMMUNITY TRUST, WEST AUCKLAND

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# ABSTRACT

Recent research from New Zealand suggests that one in every 120 people in New Zealand are facing homelessness or severe housing deprivation. We also know that many people who are homeless are never counted, living in caravan parks, in overcrowded houses or boarding houses, and are what is often referred to in literature as the 'hidden homeless'. With an increasing lack of supply of safe, affordable and secure housing in regions such as Auckland and Christchurch, the issue of homelessness is intensifying. This research will look at effective ways of providing housing support services for people who have been homeless, often due to traumatic or complex issues including abuse, relationship breakdowns, addictions, bad debt, mental health, crime, poverty and unemployment.

Models of supportive housing are discussed, with a special emphasis on the *Housing First* model of supportive housing and reviewing the VisionWest Community Trust's version of the Housing First model. Key themes regarding reasons for homelessness are discussed as are some of the structural and policy issues that underpin homelessness and the interplay of both the systemic and individual issues that face people who are homeless.

The research was based on the lived experience of the participants (almost all solo mothers) in 10 houses in VisionWest's social housing project. All of the participants and their families had been homeless, half without shelter, and the other half living in overcrowded or uninhabitable accommodation, with many having very traumatic and complex histories (abuse, trauma, addiction and imprisonment). The process enabled the participants to share their perspective on some of the issues that have led to homelessness and the change resulting from being part of VisionWest's supportive housing programme.

The research found that providing supportive housing such as VisionWest's *Housing First* model is a very successful approach in supporting people out of homelessness, including those with traumatic and complex histories, enabling them to look to their future and the future of their children with a sense of hope based on real social, psychological and economic progress. Based on international literature and information available in New Zealand, it was found that this model costs a fraction of the price associated with other interventions such as emergency housing, prison or health and welfare interventions. It is therefore crucial that government officials, policy makers, funders and community housing providers join together to find innovative solutions for the funding of supportive housing services throughout New Zealand.

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# CHAPTER 1: OVERVIEW

## 1.1    Introduction to the Research Project

Homelessness or severe housing deprivation is a problem that can no longer be ignored in New Zealand.  Recent research using census data from 2001 and 2006 suggest that there are at least 34,000 people in New Zealand who are facing severe housing deprivation or homelessness as at 2006.  That equates to nearly 1 in every 120 New Zealanders who are homeless or facing severe housing deprivation (Amore, Viggers, Baker, Howden-Chapman, 2013).

I am CEO of VisionWest Community Trust, an organisation that provides a range of holistic wrap around support services, including emergency and long term supportive housing for low income families. I am only too aware of the impact that homelessness can have on an individual or family/ whānau's health and wellbeing.  A family of ten, including Mum, Dad and eight children recently visited us (September, 2013), desperately seeking safe, secure and affordable housing.  They are all living in one room in a caravan park and paying $325.00 a week to do so.  We could not help them, but hope to do so in the near future. The implications of homelessness  for families such as this one and for communities and society as a whole are high, impacting in areas such as housing, health, education, poverty and inequality, training and employment, crime/imprisonment, addictions, mental wellbeing and wellbeing for children.  Overseas research indicates that supportive housing such as in the *Housing First* model is extremely effective in improving outcomes for people who have been long term homeless (Tsembersi, Gulcur. & Nakae., 2004), and also cost efficient, reducing costs in areas such as health, crime/imprisonment, emergency accommodation, hospitalisation and the use of mental health services (ACT Government, Community Services, 2012).

West Auckland currently has the highest waiting list for state housing in the country (HNZ, 2013), and it is well documented that Auckland is facing a massive housing shortage, with a predicted shortfall of 90,575 houses by 2031 (Department of Building and Housing, 2010).  It is in this context of high demand and low supply of affordable housing that, in 2004, VisionWest embarked on providing first emergency and then long term supportive housing for low income families in West Auckland.  Based on VisionWest's philosophy of providing an integrated range of wrap around services, the community housing service was started with a community

development framework using a supportive housing model that provides homeless families with a house, the support of a Housing Social Worker and the appropriate support services tailored for each individual or family. A key feature of the community led supportive housing model is connecting the families with community and other support networks, building a sense of connection with other people and groups that engenders a sense of hope for the future.

Families with major underlying social issues and some who had been homeless for many years were coming to VisionWest, and we seemed to be able to bring stability and hope into their lives.  This led me to find out more about the outcomes for all those whānau and families who had been homelessness and were now in supportive housing at VisionWest Community Trust. I wanted to know what life had been like for those who had experienced homelessness; what life was like now for those who were being housed as part of VisionWest's long term supportive housing service, and what these families felt the future might look like for them.

## 1.2    Aims and Objectives

In 2009, Statistics NZ adopted a definition that would assist government and community groups to gather information using an agreed framework and terminology for homelessness. This framework provides the following categories which are used to define the participants in this research:

- Being without shelter
- Living in temporary accommodation
- Living in uninhabitable housing
- Sharing overcrowded accommodation

**The aim** of this project is to look at the outcomes for vulnerable and at risk families/whānau that have been part of this supportive housing model at VisionWest and what these can tell us about effective models of supportive community based social housing for New Zealand.

**Objectives of the Project:**

- To provide a platform for residents of VisionWest supportive housing programme to tell their story, and help inform and shape the future direction of supportive housing in Aotearoa, New Zealand.

- To critically evaluate the success of the community based supportive housing services offered to homeless families by VisionWest Community Trust.

- To provide information that will inform policy on the effectiveness and cost efficiencies of providing supportive housing services for homeless people, both internationally and in New Zealand.

- To describe a model of supportive housing for homeless people within a New Zealand context, which could be used as part of an overall strategy to meet the housing needs of these people.

## 1.3 Thesis Organisation

### Chapter Two – Literature Review

This literature review will draw from both overseas and from the small body of New Zealand research, with a focus on supportive housing services for people who have been homeless, often for many years, and who may also have come from a complex social background, yet sit outside of the well-established mental health and disability sector in New Zealand. Key features of the literature review include defining and measuring the causes of homelessness; policy and welfare regimes and implications; the interplay between structural (*macro),* individual (*micro*) and community (*meso)* issues and a review of models of supportive housing including the *Housing First* model and the community led supportive housing model offered by VisionWest.

### Chapter Three – Methodology

I will be using a mixed methods framework that will allow the analysis of data from focus groups, individual in-depth semi-structured interviews, a questionnaire and an analysis of organisational information. A transformative paradigm with a strong social justice focus will guide the research, whereby participants can talk about their lived experience of homelessness, and what difference living in VisionWest's supportive housing has made in their lives and the lives of their children.

*Chapter Four – Findings*

A description and an overview of the demographics of the participant group will be provided as well as an analysis of the key themes that emerged throughout the research process.

*Chapter Five – Discussion, Recommendations and Conclusion*

A discussion will be presented based on the findings and key themes that emerged from the participant data and from the literature review.  Recommendations and a conclusion will be offered that are in line with the aims of the project.

# CHAPTER 2:  LITERATURE REVIEW

## 2.1   Introduction

"To have somewhere we call home is a fundamental part of our human dignity.  Home is the place where we build our families and find space to develop alongside friends and loved ones" President of Housing Justice, UK.  (Presbyterian Church, 2008, p. 10).

Shelter is a basic and fundamental need in the lives of all people, being a place to sleep, to keep warm and have physical and physiological security as outlined in Maslow's hierarchy of needs (Maslow, 1970, as cited in Waldegrave, King, Walker & Fitzgerald, 2006).  Having a place to live, however, is much more than just shelter. Having a place we call home contributes to a sense of wellbeing, where people feel in relationship with their neighbours and connected and contributing to their community, with security of tenure being an important part of that connectivity.  Children are established in local schools where they can flourish and grow and people can gain a sense of stability in their lives leading to opportunities in furthering their social, training and work opportunities.

Increased pressure on the housing market and a lack of available safe, affordable and sustainable housing for lower income people has increased the visibility of homelessness in New Zealand. Although there is inadequate information on the profile of homelessness in this country, it would appear to be similar to that of overseas where the experience of family breakdown; young people leaving institutional care; poverty; unemployment; trauma and domestic violence; over-crowding; mental illness; crime and/or addictions; lack of access and availability to state housing; poor housing affordability; and a shortage of housing are all issues leading to homelessness (Richards, 2009).

Research shows that supportive housing can be a cost effective approach in assisting people out of homelessness into affordable and sustained tenancies. In supportive housing models, accommodation is offered, as well as services such as support for training, employment, self-care, relationship building, access to specialised equipment and many other services.  This approach has long been accepted in New Zealand in the area of disability and mental health. These models were designed, in part, as a necessary response to the deinstitutionalisation of the large state run psychiatric and psychopaedic institutions over the last 50 years (Slade, 2008). Studies of positive outcomes associated with supportive housing from the United States

(Corporation of Supportive Housing, 2013 ) show an increase in incomes and people returning to work and a reduction in welfare payments, emergency health services and referrals to detox groups (Richards, 2009).

Due to the increased visibility of homelessness and housing need for at-risk and vulnerable families and individuals in New Zealand, this literature review will focus on the value supportive housing services offer for people who have been homeless.  In particular, it will focus on people who sit outside of the well-established mental health and disability sectors, yet often come from complex and distressed backgrounds and who need support to assist them out of homelessness into sustained tenancies.  Other issues covered will include an overview of responses to homelessness and housing need; models of supportive housing in New Zealand and overseas; and issues that relate to homelessness such as poverty, trauma and abuse, gender issues with a focus on women, youth homelessness and addictions.  Some of the structural and policy issues that underpin homelessness will also be discussed, while looking at the interplay of both the systemic and individual issues that people who are homeless face.

## 2.2   Defining and Measuring Homelessness

A review of literature reveals that there is no one universally accepted definition of homelessness.  However, there is a range of widely accepted issues that are part of the description of homelessness.  These issues cover living situations that:

- Do not allow for a person's family or partner to live with them.
- Put people at risk of losing their accommodation.
- Have people in accommodation that is not adequate e.g. housing that is of poor quality and/or overcrowding.
- Have people in accommodation that is not permanent e.g. hostels, prison, hospital.
- Put people at risk of domestic violence or being harassed in their place of living.
- Have people who are not able to gain access to housing due to various barriers.
- Have people sleeping rough on the streets.  (McNaughton, 2005).

The European Typology on Homelessness and Housing Exclusion (ETHOS) has been widely accepted by European countries and has been adopted by New Zealand to be used as a

conceptual framework for a new definition of homelessness in New Zealand (Statistics New Zealand, 2009, cited in Busch-Geertsema, 2010).

Busch-Geertsema (2010) explains that the journey to adopting a definition of homelessness has progressed over time, with earlier attempts looking at homelessness on a continuum, with sleeping rough on one end and insecure accommodation on the other end. Four broad categories were then devised including rooflessness, houselessness, living in insecure accommodation and living in inadequate accommodation. This framework is useful and gives us a broader understanding of the issues around homelessness while also demonstrating that homelessness is far greater than sleeping rough. An area of controversy, explored by Busch-Geertsema, is whether a person that is due to be released from an institution such as prison or hospital or people who are under threat of eviction or violence should be categorised as homeless. In New Zealand, these people would be excluded from being actually homeless, until they have moved into one of the "homeless" categories (Statistics New Zealand, 2009).

Anderson (2010) tries to get around this problem and others of definition in the categories of insecure accommodation and inadequate housing suggesting that "we conceptualise definitions of being housed in terms of appropriate shelter along with minimum standards to facilitate wider participation in society" (p.43). Suggested minimum standards include:

- Reasonable choice (dwelling and neighbourhood)
- Reasonable standards (size, type, condition)
- Affordable costs (rent or rent allowance do not preclude employment)
- Reasonable security of tenure (medium to long term)
- Reasonable support services (independent living and participation in civic society)
- Reasonable living income (employment or state support) (p43).

Clear definitions of homelessness are important for both policy makers and funders and for those working in the housing arena to make clearer assessment of needs and the funding required to meet those needs (Busch-Geertsema, 2010). The extent of homelessness and its cost is potentially huge. Avramov (1996) estimated a total of 2.7 million people were homeless in the European Union (EU). This included people who were moved from house to house or rented on a short term basis or who were accessing services for homeless people. Busch-Geertsema (2010) notes the complexities of this kind of research due to the vastly different

ways that the various countries in the EU have collected data regarding homelessness.  Busch-Geertsema discusses how there has been no new figure produced since Avramov's research of fifteen years ago despite the progress that has been made regarding the definition and research into the area of homelessness, stating that "only a minority of EU countries have developed a more comprehensive homelessness information strategy…and we are still quite some steps away from having comparable numbers at the national level, let alone a total number of homeless persons in Europe" (Busch-Geertsema, 2010, p. 34).

The definition confusion around what is homelessness, infects the data about what might be successful approaches to reducing or eliminating homelessness.  Approaches that have been adopted in measuring the level of homelessness in the EU have included:

- Surveys (counts) at a national; city and Local Authority level
- Registers at the Municipal (client-based), Service Provider and NGO (client based) level
- Census (market surveys) at a National level and surveys through the housing market; housing needs assessments and homelessness surveys (Busch-Geertsema, 2010)

The Scandinavian countries are noted by Busch-Geertsema (2010) as being the most advanced in using national household surveys and measuring trends over a period of time, and argues that we need to both develop national household surveys which give a retrospective profile of the homeless people using housing support services and to proactively measure the outcomes and effects of housing service provision for clients who are currently accessing housing support services. Other areas that need to be measured include youth homelessness; the hidden homeless; people who are about to be discharged from institutional care; long-term homelessness; repeat homelessness and the need to measure the costs associated with homelessness and the benefits of targeted interventions.

Counting numbers of homeless people by way of housing surveys such as the census, however, has obvious limitations. For example Kearns (2013) writes regarding census information in America, that although innovations have been incorporated to better count the number of homeless, this population group continue to be undercounted as the locations of homeless people are usually not visited, resulting in decades of census data not accurately reflecting the size and scale of homelessness in the United States.  He goes on to suggest that strategies that further incorporate community organisations and the mobilisation of homeless people

themselves, as counters for the census, would gain access to a wider group of people, resulting in a more accurate picture of the homeless population.

## 2.3   Defining Homelessness in New Zealand

There is only a small body of literature in New Zealand on the issue of homelessness and thus it is challenging to gain a clear picture of the true extent and seriousness of homelessness in New Zealand.  Leggatt- Cook's 2007 report brings together current research on homelessness in New Zealand and will be drawn on throughout this literature review.  Leggatt-Cook (2007) and Richards (2009) suggest that a definition for homelessness in New Zealand has been problematic as in the past homelessness has been viewed as people sleeping rough and vagrants, therefore excluding other forms of severe housing need and people living in insecure accommodation.  Researchers in New Zealand prior to 2009 adopted the definition of homelessness used by Chamberlain and MacKenzie (1992, as cited in Richards, 2009).  "This definition divides homelessness into Primary (rough sleepers, no housing); Secondary (transient – between shelters); Tertiary (in manifestly sub-standard and insecure housing) and Marginal (overcrowded, substandard) homeless categories" (p9).  This definition has helped clarify the issues and inform Australian policy makers (Richards, 2009, Leggatt-Cook, 2007, Gravitas Research, 2009 and Worthington, 2008).

Statistics NZ (2009) agreed that a definition of homelessness was required for official statistics gathering, so that both community groups and the Government can make well informed decisions and plan appropriate services for people experiencing homelessness.  The framework and definitions for homelessness were adopted from the European typology of homelessness and housing exclusion (ETHOS) and this framework was adjusted to meet the New Zealand environment. The categories that Statistics NZ adopted for future use in New Zealand also reflect Chamberlain and Mackenzie's categories and are as follows:

- Without shelter
- Temporary Accommodation
- Uninhabitable housing
- Sharing accommodation

Table 2.1 below demonstrates how these categories operate in a New Zealand context in comparison to the European context (Statistics NZ, 2009, p.14), showing the development of the definitions and the challenge of aligning with international definitions.

| Table 2. 1: New Zealand Homelessness DRAFT Operation Categories and DRAFT Equivalents to ETHOS Operation Categories | | | | |
|---|---|---|---|---|
| **NZ conceptual categories** | **NZ living situations definition** | **NZ operational category DRAFT** | **Constraints to operationalisation of NZ definitional categories** | **Ethos operational category (2006 & 2007) (1) DRAFT equivalents** |
| Without shelter | Living situations that provide no shelter or makeshift shelter are considered as without shelter. | Without shelter 1a. People living rough 1b. People living in improvised dwellings | The likelihood is that people without shelter may only be measured when in contact with a provider, agency or researcher. | Roofless 1. People living rough 11. People living in temporary/non-standard structures but category 11.1 may only partially be equivalent (caravan) and 11.2 relates to both 1a (NZ caves) and 1b. (NZ shacks). |
| Temporary accommodation | Living situations are considered temporary accommodation when they provide shelter over-night, or when 24 hour accommodation is provided in a *non-private dwelling,* and are not intended to be lived in long-term. | Temporary accommodation 2a. People staying in night shelters 2b. People staying in transitional supported accommodation 2c. People staying in women's refuges 2d. People staying in boarding houses 2e. People staying in camping grounds/motorcamps 2f. People staying in homeless hostel 2g. People staying in a marae | The likelihood is that people staying long-term in motor camps and boarding houses, may only be measured when in contact with a provider, agency or researcher. | Houseless 2. People staying in a night shelter 3. People in accommodation for the homeless 4. People in women's shelter 11. People living in temporary/non-standard structures - except some non-standard and temporary structures are included in the NZ 1b operational category (see draft classification, Appendix 2). |
| Sharing accommodation | Living situations that provide temporary accommodation for people through sharing someone else's private dwelling. | Sharing accommodation 3a People sharing accommodation with someone else's household. | The likelihood is that people sharing accommodation may only be measured when in contact with a provider, agency or researcher. | Insecure 8. People living in insecure accommodation but only category 8.1 Temporarily with family /friends applies to NZ 3a. |
| Uninhabitable housing | Living situations where people reside in a dilapidated building are considered uninhabitable housing. | Uninhabitable housing 4a People staying in uninhabitable housing. | The likelihood is that people residing in dilapidated dwellings may only be measured when in contact with a provider, agency or researcher. | Inadequate 12. People living in unfit housing. |

These terms help to determine the size and scope of the issue in New Zealand as data is recorded under these headings by community groups, Government organisations and statutory information data collectors such as Statistics NZ.  Statistics NZ note that measuring homelessness will possibly only happen when a person is in contact with a provider, organisation or researcher and that ideally a number of variables should be collected alongside the homelessness data, including  age, sex, ethnicity, location (where appropriate), family makeup, group relationships and iwi/hapu where required.

In S.2.2, I refer to the continuum of housing need spanning from no shelter at all to inadequate housing (overcrowding, insecurity around tenure and substandard living conditions) to adequate housing which is the bare minimum for appropriate housing (Thorns, 1989). Thorns suggests that using this kind of housing continuum model reveals "both concealed and visible homelessness and the adequacy of accommodation" (p.256).  However, Leggatt-Cook (2007) suggests that in the past, research into other aspects of the continuum of housing need such as overcrowding, housing affordability and poor quality housing is not usually referenced as "homelessness"  and therefore one assumes that homelessness is a different issue "affecting only a small minority of particularly troubled individuals"(p. 35). Further to this, Thorns (1989) states that research into the area of homelessness in New Zealand has largely been focussed on the individual issues that homeless people face and therefore the structural issues of (for example) inadequate supply of affordable housing have not been addressed. Leggatt-Cook suggests that there is merit in accepting a broader definition of homelessness (using the continuum approach) that incorporates the individual issues yet also relates to the wider structural housing issues, and that other researchers, including international researchers, "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" (Leggatt-Cook, 2007, p.35). There are challenges with this view in that it appears that all areas of housing and homelessness are connected together, which does make it difficult to separate out specific areas for further research.

More recently some researchers have taken this broader definitional approach and framed homelessness in terms of the interconnection of the structural dynamics at the macro level, personal processes at the micro level and an intermediate step or meso level where these factors connect. Evangelista (2010) and Mora (2003, as cited in Leggatt-Cook, 2007) discuss the

complex relationship of the micro, meso and macro dynamics that homeless people have to tackle. Leggatt-Cook suggests that "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" (p.42). These concepts will now be discussed in more detail.

## 2.4   Causes of Homelessness

Homelessness is a comprehensive issue and a range of theoretical perspectives need to be explored to help understand the issue and the provision of welfare services for homeless people (Neale, 1997). Neale contests that: absolute and universal truths regarding homelessness and homeless people do not exist; there are many differences between people who experience homelessness and cannot be explained well by a grand theory or by structural forces including capitalism and patriarchy; but there is some common ground around shared experiences regarding homelessness and these experiences must be located in the broader context of the culture, history and social environment. McNaughton (2005) concurs - every person has had their own unique journey into homelessness and will often have their own unique and often complex journey out of homelessness. She states that homelessness is a symptom of a range of both structural and underlying individual social issues such as "inequality, unemployment, disadvantaged communities, poor housing, substance misuse, traumatic experiences and family relationship breakdown" (p.10).

New Zealand researchers, O'Brien and de Haan (2000) suggest that the two main questions that underpin the housing debate are regarding whether homelessness is linked to individual issues or broader structural issues. They discuss the change in the welfare state whereby state support has declined resulting in a reduction in social services in areas such as appropriate housing. Other areas discussed are the issues of unemployment leading to increased levels of poverty and the deinstitutionalisation of psychiatric facilities which is also mentioned by Aspinall (2007).

A structuralist approach to the subject is taken by Kearns, Smith & Abbott (1992). They argue that the most feasible hypothesis for the growing number of homeless in New Zealand was that as general economic restructuring took place, a decline in the economic climate developed which led to a reduction in the amount of affordable housing available. Taking a

broader view they discuss homelessness in the context of inadequate housing; reductions in welfare benefits and housing assistance in 1991 and the dismantling of the welfare state. Leggatt-Cook (2007), drawing from international literature, agrees that homelessness is frequently linked to social and economic forces, especially globalisation, leading to the reforming of the state welfare systems. This includes changes in the labour market; the deinstitutionalisation of psychiatric care; a housing shortage and the lack of foresight from the state to ensure adequate and affordable housing was available to take account of these changes in demographics. The overall state of the housing market is the major contributor to structural homelessness argues Tellar (2010) and access to the general affordable housing pool for marginalised groups is of deep concern even when countries have strong welfare systems in place. However, other systems such as the labour market and the welfare system are all part of understanding the issue of exclusion in the area of housing.

Further supporting the structuralist approach, Leggatt-Cook (2007) also identifies indicators of individual distress aligned with homelessness, but dependent on structural factors behind issues such as poverty, poor education, unemployment, physical and mental illness, addictions and convictions and imprisonment.  Pillinger (2007) suggests in addition to the impact of systemic forces and Government policies, homelessness is also linked to smaller community and individual forces as well. So while the individual distress can be seen as evidence of systemic failure, these events can also be unique to that individual – e.g.  a traumatic event such as a major accident, a house fire, suddenly becoming unemployed, the sudden death of a loved one, or having a disability or illness  - can be part of the trajectory leading to homelessness.  Often these individual issues are exacerbated by the structural issues such as the availability of affordable housing; access to a range of housing solutions and security of housing for people who are homeless.

McNaughton (2005) agrees that both structural and the individual forces work together to create the dynamics whereby someone finds themselves homeless, quoting the work of the Homelessness Task Force in Scotland (Kemp, Lynch & Mackay, 2001. P1),

> It is important to distinguish between the presenting ... cause of homelessness and the underlying structural causes.  The latter provides the context within which particular individuals are unable to cope with an adverse event in their lives.  Thus personal factors and individual behaviour may determine who

becomes homeless under unfavourable structural conditions. .... In other words, homelessness is likely to result from the complex inter-play between structural and behavioural factors.

This leads us to the position taken in this piece of research; that it is the interaction of both the structural forces and individual issues, which are explored further in this review, when combined together, impact on people who are homeless and that the interaction with organisations that provide services to people who are homeless can support people in moving out of homelessness.  In this context we now look at the *Macro, Meso* and *Micro* theory of Homelessness introduced previously.

### *2.4.1 Macro, Meso and Micro Homelessness*

As a means of managing the distinctions between large and small causes of homelessness a division of causes into macro*,* meso and micro is suggested by Evangelista(2010).  As argued above, homelessness is often seen as a result of an interaction between the macro level, structural systems which produce housing exclusion, and the micro level, individual issues that people face, to which is added the influence of the meso level of community systems, attitudes and behaviours, both positive (e.g. good local support systems) and negative (e.g. local ethnic tensions).  Homelessness strategies in England and Scotland address the meso with a focus on creating affordable housing and providing individualised wraparound support services (Benjaminsen & Dyb, 2010).

Mora (2003) further discusses the influence of the micro, meso and macro levels on homelessness, with challenges falling into these areas as follows:

Micro level challenges:

- Personal histories (which often revealed great personal tragedy and loss)
- Alcohol/drug/solvent abuse (which may be used as a coping strategy)
- Mental illness issues
- Individual issues around not trusting people
- Individual/family level of resilience
- Support of the local street community
- Identifying as homeless

- The daily crisis of obtaining food and somewhere to sleep

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

- Being turned away from agencies or stood down
- Lack of access to a wide range of existing services
- The lack of support and encouragement from family, friends, neighbours
- Local public intolerance and/or indifference
- Lack of a drop-in centre
- The lack of opportunities to achieve goals.

Macro level or structural issues:

- 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. Moya (2003, as cited in Leggatt-Cook, 2007, p. 41)

Interestingly, McNaughton (2005) suggests that homeless people will usually state that the individual (micro) factors in their lives have led to being homeless rather than the meso and macro factors.  Hartman (2000) suggests that homeless people in America will not often attribute their homelessness to changing economic conditions or a lack of affordable housing. He discusses that 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" (Hartman, 2000 as cited in Leggatt-Cook, 2007, p.41).  However, as McNaughton highlights, homelessness has occurred when a person is confronted by an individual issue such as unemployment, abuse or a relationship breakdown and, due to gaps and failures in the social structure, the housing need goes unmet resulting in homelessness.  Issues that sit under macro, meso and micro headings will be explored in more detail throughout this review.

## 2.4.2 Trauma and Homelessness

Sitting under the micro heading, trauma has been noted as an under researched area, which has strong links to homelessness.  Research shows that people who are homeless have a higher likelihood of having experienced some form of abuse either sexual or physical and have reported numbers of incidents of trauma in their lives (Phillips and Collins, 2003).   "Violent Victimisation" (Robinson, 2010, p.1) has been found to be a key issue amongst homeless people especially those with complex issues.  International research shows that homeless people report a "horrendous and disproportionate level of abuse including repeated experiences of childhood abuse, domestic and family violence, rape, physical and sexual assault and robbery" (Robinson, 2010, p.1).

It is suggested that trauma can both be the cause of homelessness and also the result of homelessness, with the most commonly reported incidences of trauma prior to homelessness being sexual and physical abuse or witnessing abuse and violence; witnessing sudden death; and drug and alcohol issues.  These areas could relate to trauma experienced in childhood or as an adult (Phillips and Collins, 2003).

Phillips and Collins explain that regardless of age or gender, homelessness in itself is traumatic and suggest that it "is one of the most disempowering and disconnecting experiences that can be experienced by individuals in modern society" (p.8). Homeless people,

> having already experienced the trauma of the sudden or gradual loss of
> "home" (and the loss of all of the physical, emotional and psychological safety
> that the construct of home entails), are then more vulnerable to the kind of
> traumatising experiences which often go hand-in hand with homelessness:
> assault, violence, the threat of violence, injury, accident, exploitation, loss of
> control over major life decisions, to name but a few (p.2).

New Zealand researchers have also noted the prevalence of traumatic events in the lives of people who are or have been homeless.  Leggatt-Cook (2007) draws from Mora's (2003) research, stating that "personal histories of homeless people often reveal great personal tragedy and loss, and sometimes characterised by significant verbal abuse, physical and/or sexual childhood abuse" (p.62).  Other traumatic issues that homeless people experience have been cited in a piece of work called *Slipping through the Cracks*, a study of homelessness in

Wellington. Some of the traumatic issues listed are childhood abuse; family breakdown; foster care; frequent moving or changing house; institutional care; and traumatic parental death (Al-Nasrallah, Amory, Blackett, Chan, Moore, Oldfield, O'Sullivan, Senanayaka, Simpson, Thrupp & van Rij, 2005). O'Brien & de Haan (2000) describe similar impacts of traumatic experiences.

Traumatic events such as fleeing from a violent relationship or a breakdown of a family relationship lead to a breakdown of social networks and support systems that seems to go hand in hand with homelessness. In the other direction, social isolation and a lack of family and social supports can increase the effect of trauma again leading to homelessness. Such people find it hard to maintain healthy and supportive relationships with those who could help advocate and support them through their trauma (Phillips and Collins, 2003).

A number of housing organisations are trialling the use of *Trauma Informed Care* in working with people who have been homeless (Hooper, Bassuk & Olivet, 2009). Trauma Informed Care is where housing service providers have an understanding and awareness of trauma in their work and use a strengths based approach to create environments of strong physical and emotional safety where confidentiality, privacy and respect are paramount and there are many opportunities for personal control and choice. Where this approach is being implemented by housing organisations, there is an increased level of tenant stability; a decrease in the use of substances and of mental illness; an improvement in daily living functions and a decrease in trauma symptoms; and children feel more positive and are more able to form healthy relationships. It is noted that although the evidence of trauma amongst homeless people is high, few services address this issue adequately.

### 2.4.3 Substance Misuse and Addictions

The links between homelessness and substance abuse have been acknowledged as having links between trauma and substance abuse with the observation that many people who have experienced trauma use drugs or alcohol to cope with or alleviate some of the distress caused by their situation (Phillips & Collins, 2003). Phillips & Collins go on to say that people who become homeless with a pre-existing drug or alcohol issue may increase their dependence, and the experience of trauma itself could be a trigger for substance addictions.

Homelessness seems to increase substance abuse. Australian research shows 43% of homeless people had substance abuse problems, but only one third had these problems prior

to becoming homeless (Johnson and Chamberlain, 2008).  Johnson and Chamberlain also found that there is a higher rate of people remaining homeless for twelve months or more when there are issues of substance abuse.  However, the relationship between substance abuse and homelessness is complex and varies greatly from one person to the next.   Other reasons given for substance abuse were the loss of employment; a breakdown in family relationships and supports; and creation of new social networks engaged in substance abuse and possibly homelessness; taking substances as a way of coping with oppressive or harsh environments, a way of forgetting day to day troubles, as well as fitting in with those in the homeless culture.

### 2.4.4 Inequality and Homelessness

While not disagreeing with the macro, meso, and micro model, some have suggested that the Macro issues are the key drivers of homelessness.  At the macro level, Wilkinson and Pickett (2009) in their book entitled *The Spirit Level*, discuss how poverty and related issues are a result of inequality within societies and while housing is not specifically discussed, it would seem that, issues around health, social problems and child wellbeing are directly related to the degree of inequality within specific countries.  From the data that is produced internationally it is evident that the Nordic countries, such as Finland, Sweden, Norway and Denmark, have better outcomes regarding health, social and child wellbeing and also perform better on the issue of income inequality.

Stephens and Fitzpatrick (2007, as cited in O'Sullivan, 2010) link inequality, homelessness  and welfare regimes together arguing that both the nature and the size of homelessness is linked to the welfare regimes and their interface with the housing system.  They argue that liberal/conservative welfare regimes that create high levels of inequality and poverty not only have high levels of homelessness, but those people who are homeless are mostly comprised of people who are facing barriers of access and affordability (macro) rather than complex social issues such as drug dependency and addictions.  On the other hand, the countries whose social democratic welfare regimes result in lower levels of poverty and inequality also tend to have lower levels of homelessness and those people who are homeless generally tend to have more complex issues such as mental illness and addiction issues (meso, micro) resulting in a higher need for specialised support services.

Roberts (2012) links housing and inequality in New Zealand, stating that the failure of the housing policies in New Zealand has led to greater inequality. He quoted from Johnson (2012): "our failure to ensure that all Aucklanders have a decent affordable home is due to institutional failures…We have developed, supported and nurtured systems which have sustained and even expanded inequality" (p.71). Issues of inequality are also linked to poor housing policies in New Zealand by Howden-Chapman, Bierre & Cunningham (2013), stating that the move towards market driven housing solutions and away from the provision of state housing in the 80's and 90's, increased the already growing gap between people who were able to own their own home and people who could not afford this. They suggest that these policy changes combined with other social policy restructuring, led to a widening gap between the rich and the poor.

With the rising cost of housing, without the corresponding rise in incomes, housing stress has increased with those who are most likely to be affected being single parent families; those on one income; people on a benefit and older people who rely on their pension. Those who are on low incomes are more likely to live in rental accommodation and due to this being an unregulated sector, housing stock is often in a poor condition which can lead to poor health outcomes especially for children and the older person. They comment that "inequality in housing creates other equally serious inequalities, and damages the health and lives of many of the poorest families" (Howden-Chapman et al., p. 116).

Adding to the debate, Gachet (2010) links poverty and homelessness, stating that this "has become clearer from the analyses done in recent years" (p. 216) and wants research to analyse "the slow deterioration in social welfare provision designed to deliver and support, which on the grounds of rationalizing expenditure is producing growing insecurity, and contributing to a progressively growing vulnerability to poverty" (p. 216).

### 2.4.5 Capabilities Theory

A capabilities theory which links the micro and macro models together is discussed by Tosi (2010), suggesting that poverty (macro) is not only the lack of adequate resources but also a lack of ability to make use of resources (micro). Like Gachet (2010), Tosi (2010) also calls for greater research into this area whereby the link between poverty, capabilities theory and homelessness can be established and appreciated.

Sen (2000, as cited in Evangelista, 2010) defines poverty as a "capability deprivation (that is poverty is seen as the lack of the capability to live a minimally decent life)" (p.190). This differs from the view of poverty that is seen as having a lack of income or a lack of commodities and looks more at what a person can achieve with what they have. Evangelista (2010) discusses Sen's capabilities theory proposing that this approach could bring together a number of ways of defining homelessness with regards to capabilities and the relationship between poverty, homelessness and social exclusion. In terms of homelessness and capabilities we have already seen that some people are more at risk of becoming homeless than others due to mental illness, addictions, and traumatic situations. From this perspective, capability theory adds little to the debate however, it is useful in that it suggests improving individual capabilities is part of the solution. Evangelista discusses the need to connect the structural or macro dynamics with the personal and day to day events at the micro level, and wants "services that are adapted to the person's needs [and capabilities] in achieving a "home", concluding that the "*Housing First*[1] [wrap-around, secure tenancy] approach is a model that should be taken into account" (p.199).

### 2.4.6 Gender, Youth and Homelessness

Women's homelessness is an area that is often not measured and somewhat invisible and is therefore often referred to as the *hidden homeless* (Baptista, 2010). However, the implementation of the homelessness definitions (Statistics NZ, 2009) used in the ETHOS framework mentioned previously should allow for greater visibility of this issue. A report on Women and Homelessness in Europe, edited by Edgar and Doherty (2001, cited in Baptista, 2010) explains the link between the "feminisation of poverty" and homelessness among women, and identifies poverty as a key structural cause which undermines the ability of women to secure and maintain tenancies therefore leaving them exposed to the risk of homelessness. Extreme poverty, the breakdown of the family unit, exposure to domestic violence and lack of social supports were all given as reasons for entering hostel type accommodation by women experiencing homelessness. The housing market and the labour market are also mentioned as macro structural issues that impinge on women's homelessness (Baptista, 2010).

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[1] See S2.7.1 for details

Feminist academics argue that women "are often powerless to define their own housing needs or to house themselves independently from a man because of their weak economic position and the patriarchal assumptions embedded in housing policy and practice" (Fitzpatrick 2005, p.8). Fitzpatrick adds women's vulnerability to domestic abuse and violence puts females at particular risk of being predisposed to homelessness. Thus micro issues are powerful for vulnerable women, and a higher percentage of women who are homeless have issues such as mental illness and addiction (Reeve, Casey and Goudie, 2006). They also state that there is a strong correlation between traumatic experiences such as abuse, violence and abandonment and the issue of homelessness. Over 20% of respondents from the research group were women who became homeless to escape from a violent situation.

These women often became the "hidden homeless" living with friends or with other homeless people, and many women end up having unwanted sexual relationships with men to secure their accommodation and food. Reeve et al., (2006) identified the following five types of sexual "liaisons" that involved the "exchange" of sex for somewhere to stay, usually to avoid sleeping rough on the streets. These ranged from sleeping with the ex-partner, a new partner or a number of partners as a way of finding shelter, to earning money or favours through prostitution that would enable them to find a bed for the night or period of time. Reeve, et al., (2006) suggest that many homeless women have to make these kinds of difficult choices on a regular basis, with one woman in the study even stating that prison was a better option than remaining homeless.

In a later article Reeve (2007), mirroring the previous general discussion above on the macro, meso, micro framework, but with a gendered focus, describes the issue of women's homelessness as a journey or a non-linear process with influences from a range of complex events and interactions. Macro structural forces are noted as influences from the labour and housing market and poverty; meso local institutional processes such as the provision of housing services including the application of rules of organisations and housing regulations; and micro personal experiences include issues such as addictions, mental health, relationship issues, emotional trauma and loss of a significant person. She states that these three areas all relate and interact with each other to give what has been termed a "landscape of homelessness".

In Australia men make up just over 50% of the homeless population, and are also the majority of people staying in boarding houses (72%). The majority of people sleeping on the streets or living in unsatisfactory conditions are also men (60%) and this number increases in the major cities. Reasons for male homelessness in Australia are noted as relationship breakdowns; detrimental financial events such as the loss of a job; shortage of affordable dwellings; mental illness; substance abuse; and gambling (Homelessness Australia, 2013). In New Zealand Leggatt- Cook (2007) found that studies showed an over representation of men in the primary homeless and secondary homelessness categories (street homeless or staying in night shelters) however, she also recognised the issue of the uncounted women.

As with women's homelessness, youth homelessness also often falls into the category of the hidden homeless. Quilgars (2010) discusses the issue of youth homelessness noting that some of the causes and underlying issues for youth homelessness generally occur when there is a failure in the transition process between childhood and moving from dependence on the parent or carer into independent living. This is prevalent especially for vulnerable young people or young people leaving institutional care who are unable to access and/or maintain suitable, affordable housing options.

## 2.5    The Size and Demographics of Homelessness in New Zealand

### 2.5.1 The Size of Homelessness in New Zealand

It is internationally accepted that defining the size of the issue of homelessness is challenging due to the lack of agreement around a definition of homelessness (McNaughton, 2005, Busch-Geertsema, 2010). This therefore adds to the challenge of counting the actual number of people experiencing homelessness. Clearly not every person who is experiencing homelessness will necessarily be recorded through the official methods of collecting statistics or through the statutory bodies, and the number of people who are homeless are likely to be far greater that those that are recorded. As noted there is also a type of homelessness often referred to as the hidden homeless. The hidden homeless are people who are often in temporary accommodation, living with friends or family, hostels or some form of unsuitable accommodation and are rarely accounted for in the official statistics (McNaughton, 2005). As well, Kearns et al., (1992), suggest that "absolute homelessness represents only the tip of the iceberg of the urban housing crisis. In addition to those already on the streets and in the

shelters, there are many thousands more who represent the incipient homeless population"
(p. 281).

Due to the lack of comprehensive and collated dataset in New Zealand it is difficult to get an
accurate understanding of the true size and scale of the issue of homelessness in New Zealand.
The Housing New Zealand (HNZC) waiting list is the main national dataset that can give a sense
of the number of people with housing issues, however, this will reflect an under-
representation as organisations such as VisionWest find that many homeless people have not
signed up with HNZC due to the long waiting lists and the lack of state housing available.  As at
the 31<sup>st</sup> May 2010, the HNZC waiting list showed a total of 10,555 people in need of housing
nationally, with 371 of these people having severe housing need and 4,338, significant housing
need (HNZC Website, 2010).   In 2010 HNZC launched a housing options and advice service
throughout the country in an attempt to direct people into other rental options outside of
state housing.  This led to a reduction in the HNZC waiting list.  As at the 31<sup>st</sup> May 2011, the
HNZC waiting list showed a hugely and artificially reduced total of 4,388 people in need of
housing nationally.  There were 169 of these in severe housing need and 1,642 had significant
housing need (HNZC website, 2011).  In line with the Social Housing Reform Programme,
changes were made to the criteria in the HNZC Social Allocation System (SAS) in July 2011 and
only people who are assessed as A (At risk, with severe housing need) or B (Serious, with
significant housing need) priority were eligible to gain a state house or to go on the HNZC
waiting list (HNZC website, 2013).  Since the SAS changes were made, housing organisations
such as VisionWest (2011) reported a marked increase in the number of enquiries for housing
over this time, going from nine enquires in July 2010, to 50 in July 2011 and this trend
remained consistent with an average of 50 plus enquires every month (VisionWest, 2011,
2013).  VisionWest also noted that people who seemed to be previously able to gain housing at
the A or B level were now no longer eligible.  The increase in numbers of people in urgent need
of accommodation put extra strain on the resources of community housing, and people in
emergency accommodation were staying longer as they were not eligible for housing within
the state housing sector, there was a lack of available housing as well as significant barriers to
renting in the private sector (VisionWest, 2011).

 There was a further decrease in the number of people on the HNZC waiting list after the
changes to the SAS criteria by HNZC in July 2011, with the combined figures for the A's & B's
waiting list totaling 3,379 for the month ending April 2013 with 1,172 being categorised as an

A priority and 2,207 as a B priority (Ministry of Business, Innovation and Employment, 2013). From 2010 to 2013 the figures show an overall decrease of 1,330 people on the HNZ waiting list that have been categorised as people with severe or significant need.  This is at a time in New Zealand where there is a significant shortage of affordable rental housing, especially in cities such as Auckland and Christchurch. These reductions based on changes of criteria are of concern as many people who were previously categorised as having severe or significant need, are no longer eligible for state housing.   The decreased numbers on the waiting list would also suggest that there are more people who are in the "hidden homeless" category.  Now that many, if not most people who are experiencing housing need,  are no longer captured under the HNZC Social Allocation System criteria, one can only assume that due to the increased housing shortage especially in Auckland and Christchurch, those with housing need would be in excess of the 2010 figure of 10,555.

In New Zealand, we currently do not have data through the census to measure homelessness against the categories adopted by Statistics NZ; however, the National Commission report showed that in 1988 there were 17,500 households experiencing severe housing need, and studies by Waldegrave and Sawrey (1994) indicate that these numbers had increased to 40,000 households experiencing serious housing need in 1992 and 48,800 in 1993.

A very recent piece of New Zealand research (Amore, Viggers, Baker & Howden-Chapman, 2013) has suggested the new term of "severe housing deprivation" be used to replace the term and definition of "homelessness" that was accepted by Statistics NZ (2009).  The authors suggest that "severe housing deprivation refers to people living in severely inadequate housing due to a lack of access to minimally adequate housing (LAMAH)" (p.7).   New methodology has been developed to measure severe housing deprivation and data from the 2001 and 2006 census, combined with data from emergency housing providers, has been analysed, which indicates that in 2006 there were 34,000 people who were living with severe housing deprivation according to the newly developed methodology.  The 2006 data showed that of the 34,000 people who were severely housing deprived, 22,000 (65%) were living in severely crowded housing; 6,300 (18%) were living in accommodation such as boarding houses, camping grounds or marae; 5,000 (15%) were living on the street or some other transient type dwelling and around 700 (2%) were living in emergency style accommodation. The data also showed that 75% of the people who were facing severe housing deprivation were living in the main cities, with 44% living in Auckland (Amore et al., 2013).

The Housing Shareholders Advisory (HSA Group, 2010) agrees there is a lack of good data on homelessness in New Zealand, but suggests the number of people who have no shelter is quite small and possibly less than 300.  However their estimate of the number of people who are in temporary accommodation (much of which is in rural areas and unsuitable for long term accommodation) is between 8,000 – 20,000, a high relative proportion of whom are Māori. One of the recommendations of the HSA group (2010) is to shift the function of housing assessment from HNZC to the Ministry of Social Development (MSD) where assessments are already taking place regarding the wider social needs of a person.  This approach will produce a more accurate measure of the size and scale of the housing need and will allow for supported housing to align with other MSD funded programmes such as Whānau Ora and Strengthening Families.

Although HSA estimates of street homelessness is quite low, according to unpublished research undertaken by Jon May through the University of Auckland, street homelessness numbers for Auckland (in 2003 this was estimated at 100 – 120 people) are of a similar number to cities such as Manchester (80 in a city of 500,000 people) and Bristol (40 in a city of 1m [sic] people) in the UK.  These cities are regarded as having high numbers of street homelessness in the UK (Leggatt-Cook, 2007).  May suggests that;

> ...there seems to be something of a mental block at work that renders homelessness "culturally invisible" in New Zealand ... 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  as cited in Leggatt-Cook, 2007, p.30).

### 2.5.2. The Demographics and Context of Homelessness in New Zealand

This section explores the demographics of homelessness in New Zealand in relation to different types of homelessness including *without shelter, temporary accommodation, sharing accommodation and uninhabitable housing.*

### Ethnicity

Drawing from studies in New Zealand, Leggatt-Cook (2007) notes that the degree of homelessness within the three main groups of Māori, Pacific Island people and Pākehā differs

depending on the various categories of homelessness.   Using the Chamberlain & MacKenzie (1992) description of homelessness, she suggests that Māori and Pacifika are overly represented in the primary (absolute homelessness) area; Māori are over represented in the secondary (temporary accommodation, such as night shelters) with Pākehā numbers also high in this area; the tertiary area (boarding houses) showed again a predominance of Māori and Pākehā.

Māori and Pacific Island people are also shown as being overly represented within some of the key areas of housing concern (Gravitas, 2009).  Overcrowding is noted as one of the key issues for Māori and Pacific Island people, showing that the 2006 census recorded 43% of Pacific people and 23% of Māori households were living in overcrowded situations.  Gravitas (2009) goes on to state that it is often the children of these families that are most affected by overcrowding, with poor health (high rates of meningococcal disease and respiratory illness), social and educational outcomes.  It is noted that over half of Pasifika children and over one quarter of Māori children are living in overcrowded situations (Gravitas, 2009).

Although it is hard to quantify the number of homeless Māori as compared to other populations in New Zealand, an HNZC report *Māori Housing Trends 2010*, showed that in 2006 around 13% of Māori households were living in overcrowded situations and around 12% of the Māori population were living in Housing New Zealand houses compared to 26% of Pacific Island population and 2% of Europeans (Flynn, Carne & Soa-Lafoa'I, 2010).

When asking what homelessness is for Māori, Richards (2009) argues that "the Māori experience of homelessness is ... a loss of physical connection with their whānau, hapu and Iwi which results in cultural and spiritual disconnection" (p.11).  Housing for Māori is often connected to places with powerful whakapapa (genealogy) energy, and therefore models of housing must include the spiritual, cultural, economic and status issues when addressing the housing needs and aspirations of Māori (Waldegrave, King, Walker & Fitzgerald, 2006).

Home ownership for Māori is lower than the general population in New Zealand and has been further falling since the 1950's (Waldegrave et al., 2006).  Housing policy has changed from the era in the 1940's-1989 where housing loans were made available to Māori through the Department of Māori affairs and the State Advances Corporation.  In 1989 the oversight of Māori Housing went to the Housing Corporation of New Zealand with various policies being introduced, but with a lack of co-ordination between the organisations who had the mandate

to implement these policies.  As a consequence local councils and the various Government departments were not able to cope, as the demands for Māori housing changed due to the migration of rural Māori moving to the cities to seek employment.   Waldergrave et al., suggest that low income poses a significant barrier to Māori who aspire to home ownership, with other barriers noted as high levels of debt, difficulty accessing finance, the escalating prices of houses and the lack of understanding about how to enter into home ownership. Furthermore, discrimination is a barrier for Māori who are trying to move into home ownership or the rental market.  Affordability is highlighted as a key issue, with Māori often having larger families, lower incomes and a high level of poverty. Other reports note that Māori men and women have a higher rate of living in temporary accommodation, in rental properties and in overcrowded houses and that Māori women stay longer in refuge type accommodation (Ministry of Women's affairs, 2001 as cited in Waldegrave et al., 2006).

### *Imprisonment*

In 2011 New Zealand was recorded as having the eighth highest rate of imprisonment when compared to 34 countries in the OECD, with prison rates for the United States being the highest at 743 prisoners per 100,000 through to Japan at the lower end with 58 prisoners per 100,000. New Zealand was recorded as having 199 prisoners per 100,000 compared to countries such as the United Kingdom – 138; Australia – 133; Sweden – 78; Norway – 73 and Finland 59, (Te Ara, 2013). This is worthy of note as research shows that there is a high rate of imprisonment for people who have been homeless prior to conviction  and in addition to this there is a higher risk of homelessness amongst people who have been released from prison (Kushel, Hahn, vans, Bangsberg, Moss, 2005).

### *Poverty and Unemployment*

Structural issues such as poverty and unemployment are often linked to homelessness.  In New Zealand, unemployment has continued to rise due to the effect of the economic recession with unemployment rising from 5.1% in the 2001 census to 7.1% in the 2013 census.  The highest rate of unemployment is seen in young people aged 15 – 24, sitting at an unemployment rate of 18.4% ((Statistics New Zealand, 2013).

New Zealand does not have an official poverty measure, however, measurements that are widely used in the EU and OECD countries have been used in a report on Child Poverty in New

Zealand (Children's Commissioner, 2012) with the low income or poverty thresholds fixed at 50% and 60% of median disposable household incomes, and looks at household incomes before and after housing costs.   Trends in child poverty show that there are between 170,000 (using the 60% threshold) and 270,000 (using the 50% threshold) children living in poverty in New Zealand (Perry, 2012).  Data also shows that where the adults in the household are unemployed there is a higher likelihood of children growing up in poverty.  Poverty rates, after housing costs, are around double for Māori and Pacific Island children than for Pākehā/European children (Children's Commissioner, 2012).  Housing affordability is noted as a key issue relating to child poverty, as is poor quality housing and overcrowding resulting in poor health, social and education outcomes for children (Children's Commissioner, 2012).

### *Domestic Violence*

Domestic violence and abuse are noted in S.2.4.2 as major causes of homelessness both under the macro and micro levels of homelessness.  In New Zealand family violence is relatively common although the full extent is hard to determine due to under reporting.   The highest rates of violence in partner relationships are reported among young adults living together who are on low incomes with children, and often violence has been evident since childhood.  Māori have a high representation as both victims and perpetrators of family violence.  There is a mixed view on numbers for Pacific Island families experiencing domestic violence,  however Pacific Island women who have been subject to abuse say that it is often "severe and on-going, with a high impact on children" (Lievore and Mayhew, 2007, p. 66).  In 2012, the NZ Police reported that out of 46 murders for that year, 25 or 54% were recorded as family violence murders (New Zealand Family Violence Clearinghouse, 2012).  In 2010 there were 6,309 children involved in domestic violence under the Domestic Violence Act (1995) and 1,686 under the Children, Young Persons, and Their Families Act (1989) (New Zealand Family Violence Clearinghouse, 2012).

### *Gender*

In New Zealand there is a predominance of men in the primary (without shelter) homeless category and this is consistent with findings from international research (Leggatt-Cook, 2007). However, figures from New Zealand would suggest that there is an even greater gender imbalance than in other countries. There is little data available regarding the number of

women and men who fit under the other categories of homelessness.  Leggatt-Cook (2007) cites studies of night shelters in New Zealand which show a higher number of men using these facilities compared to women.  However, as stated earlier, Legatt-Cook also recognised that women experiencing homelessness in New Zealand are often uncounted and are referred to by McNaughton (2005) as the hidden homeless.  International literature suggests that in America homeless families headed by women are the fastest growing sub set of the homeless population (Baptista, 2010).

### *Age and Youth*

The age group of people experiencing primary (without shelter) homelessness appears to fluctuate over time, with youth at times making up the largest proportion of people within this category.  Auckland street count numbers in 2004 showed 42.2% of people were aged between 15-30 years and in 2005, 37%.  In 2007 the figures changed with the largest group being the 31-40 year old age group with young people declining to 18.4% (Leggatt-Cook, 2007).  The age group for other areas of homelessness are harder to measure and studies cited are focused around night shelters which show a higher number of young people using these services.  In the tertiary area of homelessness (medium to long term housing in boarding houses), studies tended to show an older age group of people (Leggatt-Cook, 2007).

Research on youth homelessness conservatively estimates that there are between 14,500 – 20,000 at risk and vulnerable young people between the ages of 12 – 24 years of age who are living in insecure or unsafe housing.  Between the ages of 17-24 years of age it is estimated that there are 12,000 at risk or vulnerable young people are living in insecure or unsafe housing (Saville-Smith, James, Warren and Fraser, 2008). Housing for "at risk" and "vulnerable" young people is identified as an issue in New Zealand with people in this group including people with disabilities; mothers; people leaving state care; people who have addictions or who have been offenders; people in refugee families; and people recovering from a mental illness.  Estimates from research has shown that around 12.6% of at risk and vulnerable young people are living in housing that is unaffordable or poorly maintained, overcrowded and not adapted to the needs of the young person.  It is also estimated that there are a further 13.8% of these young people who are living in situations where there is drug making, crime, physical and sexual abuse and gang members. Another 2.5 % would appear to be living on the street (Saville-Smith et al., 2008).  Some of the reasons for this level of youth homelessness are a lack

of affordable housing; lack of information and support about suitable housing for young people; or negative attitudes and stigmatisation from landlords and real estate agents. Young people often lack household management skills and credentials necessary to access rental housing, and are often not helped by their past histories as tenants and a perception that young people under the age of 18 cannot enter into contracts.

### *Housing Shortage*

A shortage of affordable housing is a key issue that has impact on the numbers of homeless people in New Zealand.  The Department of Building and Housing (2010) notes that there is an increasing shortfall on the supply side of the housing market, stating that the shortfall in dwellings is estimated at 14,772 between 2011-2016; 10,603 between 2016-2021; 14,054 between 2021-2026 and a reverse in the trend is predicted between 2026-2031 producing a surplus of 2,322 dwellings.  In Auckland the shortfall of dwellings is predicted to be 90,575 in the next 20 years to 2031.  These figures are based on a number of assumptions such as increases in: the number of couples living in a house without children; sole parent families; households with only one person; and households with a mixture of people such as in flatting situations (Department of Building and Housing, 2010).

The 2010 and 2011 earthquakes created a major shortage of housing in Christchurch. Figures between the end of 2010 and the end of 2012 show there has been an overall reduction of housing stock.  Since the earthquake in February 2011, Christchurch lost 7,860 houses which were classified as "red zone" or uninhabitable and an estimated 9,100 houses are deemed to be uninhabitable due to the requirements for repairs or rebuilds.  When new builds over this period have been taken into account, there is an overall loss of housing stock of 11,500 or 6.2% in the Christchurch region.  The price of houses to both purchase and rent have increased due to the shortage of housing stock, and it has been noted that the demand for emergency or temporary type accommodation and other support services for people on a lower income has increased (Ministry of Business, Innovation and Employment, 2013).

With such an increase in the demand for housing and a shortfall in the supply side of the housing market, there will be an increasing strain on the housing market in New Zealand which will inevitably mean that those people who are already marginalized, homeless, or have a housing need will be most at risk of having no place to live, and the issue of homelessness,

which is already a growing problem in New Zealand, will escalate to become a major issue in this country.

## Population Increase and Housing Requirements

Population projections to 2031 estimate that there will be an average increase of 21,190 households per annum in New Zealand, with the largest increase by far being in the Auckland region where the increase is predicted at 10,400 per year until 2031 (Department of Building and Housing, 2010).

There has also been an impact on the rental housing market due to the reduction of the number of people who are moving into home ownership resulting in more people in what is termed the intermediate market.  Households in this market are categorised as people who are renting in the private rental sector, and where there is at least one person in the house who is in employment.  Over the last five years the percentage of people in the intermediate market renting from the private rental sector has more than doubled and has now increased to 58%.  This trend is forecast to continue rising (Department of Building and Housing, 2010). This adds pressure on the available stock of houses for people on lower incomes and it is often this group of people who are excluded from being able to access rental housing through the private rental sector.

## Housing Affordability

Housing affordability is a key issue with house prices in New Zealand escalating earlier in the decade due to high immigration; attractive interest rates; accessible credit; the encouragement of private rental investment through tax incentives and the expectation of future capital gain.  This increase in the price of housing outstripped the increase in incomes in that period and there was a greater move away from home ownership to the private rental market.  There was also an increase in demand for social housing.  This has put an increased pressure on the availability and affordability of the rental housing market, with other social implications including an increase in overcrowding, rental turnover, insecurity of tenure and an increased demand for assistance in housing (Department of Building and Housing, 2010).

In New Zealand, housing affordability is defined by the proportion of household income spent on housing costs with 30% being the measure used as a standard where housing costs above

this threshold  are seen as being unaffordable (Ministry of Social Development, 2010).  As of 2009, 27% of New Zealand households were spending in excess of 30% of their disposable income on house related costs.  The high cost of housing has a greater impact on low income households and the number of low income households spending in excess of 30% of their income on housing costs is 34%, almost double in 2009 from the number in 1988.  The Social Report 2010 (Ministry of Social Development, 2010) states that in 2009, 37% of children who were 18 years or younger were living in households where the cost of housing was in excess of 30% of the disposable household income.  This was a 5% increase from 2007.  The report also showed that housing affordability issues were more prevalent in households where at least one of the adults in the household was non-European.

In 2010, there were 67,700 households living in HNZC houses, with 89% of these tenants on Income-Related Rents.  Further to this there were approximately 480,000 households living in rental accommodation with over half of these tenants receiving the Accommodation Supplement (HSA Group, 2010).

### *Overcrowding and Unhealthy Housing*

Household crowding is noted as a key issue in the Social Report 2010 (Department of Social Welfare, 2010) stating that studies have shown a correlation between over-crowding and infectious diseases, low educational achievements and psychological distress.  In 2006, 10% of the population or 389,600 people were living in households where one or more extra bedrooms were necessary to satisfactorily house the people in the accommodation. Household crowding is more prevalent in households where there are younger people and in 2006, 17% of children 10 years old or younger were living in houses where at least one more bedroom was required.  Pacific Island people are more likely to be living in crowded households and in 2006, 43% of Pacific Island people were living in accommodation where at least one more bedroom was required; 23% for Māori; 23% for other; 20% for Asian and 4% for European New Zealanders.  People who are unemployed are more likely to live in crowded households and overcrowding is more prevalent in rental accommodation than in houses that are owned by the occupier.  Several surveys over two decades in New Zealand highlight the association of poor health for children with issues of overcrowding and cold, damp, musty and mouldy housing, with a lack of or no insulation (Chapman, Baker & Bierre, 2013).

In conclusion to this section, it is apparent that the size and complexity of homelessness in New Zealand is clearly an area that needs radical interventions and as recommended in the HSA Group (2010) report, it is evident that the current model for social housing in New Zealand is under severe stress as it grapples with the growing and emerging problems regarding demand and supply; the decline in both affordable and good quality housing stock and a large and increasing population of families and children living in poverty in New Zealand.  They call for bolder and faster moves by Government stating that failure to do so will see New Zealand's housing situation decline to unacceptable levels.  The report on solutions to child poverty in New Zealand also calls for strong measures from the Government to address issues of homelessness and housing affordability including a Warrant of Fitness for all rental housing; housing to be included as a major priority in the National Infrastructure plan; Government to take actions to increase the number of houses available for social housing by a minimum of 2,000 per year; an increase in the social housing fund to increase the supply of housing through third party providers such as community housing organisations; a review of housing subsidies; a single housing assessment point; home insulation programmes; home ownership programmes and research into on-going housing issues that affect children (Children's Commissioner, 2012).

## 2.6   Policy and Welfare Regimes

It is clearly important to have policies and strategies that prevent homelessness and lessen its impact on vulnerable people.  European researchers are calling for appropriate information to be gathered that gives an accurate picture of the level and processes of homelessness and housing exclusion to better inform policy making processes.  Researchers and policy makers in Europe now seem to agree that the direction to take in policy regarding homelessness, is one that ensures the expansion and access to affordable housing with the appropriate supports (Busch-Geertsema, 2010).

The relationship between the homelessness and welfare regimes has been an area of debate (O'Sullivan, 2010), with Edgar Doherty & Mina-Coull (1999, as cited in O'Sullivan, 2010) at one end arguing that "homelessness was an extreme form of social exclusion generated by the failure of housing and welfare regimes to provide adequate services" (p.66). Others suggest that sound income distribution policies can provide "policy makers with a way of improving the psychosocial wellbeing of whole populations" (Wilkinson and Pickett 2009, p. 233) and that

use of housing subsidies for lower income people and increasing the amount of houses available through the social housing sector will help reduce the level of homelessness (Stephens and Fitzpatrick, 2007, as cited in O'Sullivan, 2010). However,  Teller (2010) points out that this is no panacea as the most recent data from the EU shows people who are living in housing that have subsidised rents are most at risk of poverty.

O'Sullivan (2010) discusses the three welfare regimes proposed by Esping-Andersen (1990), and the impact of welfare regimes on the nature and size of homelessness.  Welfare regimes included the *liberal regime,* which recognises the importance of the market and limits the state to a smaller welfare role; examples in the EU include the UK and Ireland.  There is the *social democratic regime*, where the state plays a key role in financial redistribution for those who are unemployed ensuring that all people have adequate financial resources regardless of the market or family.  Examples of the social democratic regime in the EU can be seen in Sweden, Finland, Norway and Denmark.  Another is the *corporatist regime,*  described as having less involvement with income redistribution "and views welfare primarily as a mediator of group-based mutual aid and risk pooling, with rights to earning-related benefits depending on participation in the labour market"(p. 68).   Examples in the EU can be seen in Germany, Austria and France. O'Sullivan (2010) also suggests that other regimes are debated as being part of the wider context of the central and eastern EU.  In a review of homelessness within liberal and social democratic welfare regimes in the EU, the emergence of the *Housing First* model, which has the belief that homeless people should first be appropriately housed in permanent, secure accommodation, with the necessary supports to enable the person to sustain their tenancy (Benjaminsen and Dyb, 2010), has seen a merging of approaches regarding housing policies  between the welfare regimes, with Benjaminsen, Dyb and O'Sullivan (2009, as cited in O'Sullivan, 2010) stating:

> A focus on general housing policies and a rights-based approach centred on a statutory definition of homelessness with the corresponding intervention requirements seems to be predominant in the liberal regimes, whereas a focus on extending social services and interventions to the most marginal groups is most characteristic of the strategies of social democratic regimes.  However,

there are also clear elements of convergence as a *Housing First*[2] dominated approach has come into focus across the different types of welfare state, and prevention and targeted, individualised and tailor-made interventions are key objectives in developing national homeless policies, (p. 71).

Homelessness workers in the EU have taken on a "rights based" approach to homelessness that views access to housing as a basic human right, and that therefore homelessness can be defined as a denial of this basic human right. They show that housing sits under Article 25 of the United Nations Universal Declaration (1948) which states: "everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family, including food, clothing, housing and medical care and necessary social services" (as cited in Fitzpatrick and Watts, 2010, p.108). Article 31 of the Revised European Social Charter (1996) also promotes this human right, holding that EU states put in place processes that "promote access to housing of an adequate standard, to prevent and reduce homelessness with a view to its gradual elimination and to make housing affordable to all" (Fitzpatrick and Watts, 2010, p. 109).

Several countries (Belgium, Finland, Portugal, Spain and Sweden) have embedded housing rights into their national constitutions, while others have created legal and enforceable rights as in the UK and in France where the *DALO* law, passed in 2007, gave a legally enforceable right to housing. International evidence suggests that a statutory rights framework makes it more difficult to exclude vulnerable people from the right to access affordable and social housing. (Fitzpatrick and Watts, 2010).

Liberal regimes, such as the UK, need a *rights-based* approach to counteract neo-liberal policies which often emerge under liberal regimes. Neo-liberal policies states Kenna (2005) "reduce the public sphere and emphasise the role of the market in allocating resources" (as cited in, Fitzpatrick and Watts, 2010, p.106). He contends that "housing rights provide ... a different marker of success, and empowering homeless people and their advocates by providing them with a right of action" (p.106). Thus, rights based approaches to homelessness need to be backed by policy and funding structures that create the affordable housing.

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[2] See S2.7.1 for details

Amongst the European researchers and policy makers there now seems to be a generally accepted direction regarding homelessness policy backed by research that promotes "expanding access to stable and affordable housing, with appropriate supports" (O'Sullivan, Geerstsema, Quilgars and Please, 2010, p.9). For example, McNaughton (2005) points to the extensive research commissioned through the Homelessness Task Force in Scotland in 1999 creating 59 recommendations. The passing of the Homelessness etc. (Scotland) Act 2003 means that Scotland now has what some are calling the most progressive homelessness legislation in Western Europe. However, as McNaughton (2005) observes, while there has been "an increase in the number of people having both a right to housing and an awareness of the support that is available to them" (p. 18) there has not yet been sufficient affordable housing, leaving "support services struggling to cope with demand" (p. 19). By 2013, homelessness in Scotland had dropped 19% over a decade, and 13% over the previous year (Shelter Scotland, 2013), showing the time taken to get accommodation resources in place.

Benjaminsen and Dyb (2010) believe that NGOs, in their advocacy for an improvement in housing policies and provision of supported accommodation, play an important role in the development of national homelessness strategies. They argue the vigour of the NGO sector often reflects the lack of responsibility shown by the state in providing social services to vulnerable groups, and that the creation of homelessness strategies in the EU can be viewed as a move away from the state and from the traditional way of governing to a model that allows other parties and stakeholders to be part of the process of shaping and implementing policy. The involvement of the Government, local Government and the NGO sector and the commitment to strong research and evaluation processes are key strategies. In their implementation, the UK government is commended for its comprehensive system of stakeholder engagement, developed as part of the Supporting People Programme and US programmes for their evaluation of the effects of interventions through the *Housing First*[3] approach.

Increased Government and public awareness of the homelessness issues and a greater understanding of the need for longer term, sustainable approaches to funding for the provision of services, has led to a range of strategies and policy frameworks to reduce

[3] See S2.7.1 for details

homelessness. These national housing strategies all incorporate a *Housing First*[4] approach to some degree (Benjaminsen and Dyb, 2010).

## 2.7 Types of responses to Homelessness in Overseas countries

The NGO sector (faith based and secular) plays a key role in providing successful supportive housing, frequently using social workers as the key agents of support (Anderson, 2010).

There are a number of models of supportive housing including *the Staircase* or *continuum of care*; the *Pathways* model; *advocacy and support* models and the *Housing First* model. These models are delivered by single agencies, providing both accommodation and support services, or these tasks are split out to separate agencies, with large agencies often managing several services of both types (Anderson, 2010).

The "staircase approach" for addressing homelessness is a response to housing need which can be seen in overseas models of housing intervention.  The staircase approach has a premise that a person must work on issues such as addictions before they are able to qualify for a permanent house and may need to attend certain programmes to address these issues before moving to more stable housing (Benjaminson and Dyb, 2010).   In a similar vein to the staircase approach, the continuum of care model focuses on a "treatment first" approach to deal with individual problems and then moving through to permanent housing.  Social workers are assigned to the tenant to help address issues such as substance misuse and learning life skills to maintain a tenancy with the end goal being able to sustain a tenancy on their own (Atherton & McNaughton Nicholls 2008). The staircase/continuum of care approaches have been criticised as being linear; too prescriptive and not allowing for the needs of the individual (Anderson, 2010).

### 2.7.1 Housing First

The *Housing First* model has an underpinning principle of firstly establishing appropriate, secure permanent accommodation, regardless of whether the person has been through any other programmes first. From its beginnings in the 1990s, *Housing First* was in stark contrast to the prevailing continuum of care model with *Housing First*, necessary supports are put

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[4] See S2.7.1 for details

alongside the person to sustain their tenancy and to help with the stresses of daily living (Benjaminsen and Dyb, 2010). *The Housing First* model views suitable accommodation as the beginning point, and a forerunner for dealing with other social and health issues (Tainio and Fredriksson, 2009). Key elements of the model ensure that:

- Homeless people are housed quickly, and supports are put in place to help the person sustain the tenancy.
- The tenancy is not time limited.
- Support services are put in place for the tenant and vary depending on the need of the person.
- Housing is not dependent on agreement to receive services, rather it is based on a standard tenancy agreement with services offered to support the person in their tenancy as required by the tenant (National Alliance to End Homelessness, 2006).

The *Housing First* model was initially developed in the US mental health sector by *Pathways to Housing,* with the objective of meeting the housing need of people who were chronically homeless with mental health and/or addiction issues. This model contrasted with the commonly used continuum of care model where homeless people were staircased through a series of treatment, rehabilitation programmes, and transitional housing settings to ensure they were "housing ready". As well as secure accommodation the following support services would be typically offered in a Pathways to Housing programme: "Service Co-ordination; peer support; wellness services; basic life skills support; supportive employment services; access to psychiatrist or nursing care; substance abuse and recovery support and computer literacy training" (Pathways Vermont,2013). Pathways to Housing, New York, undertook a longitudinal study with 225 participants, to look at the effects of the *Housing First* approach for chronically homeless people with mental illness in comparison to the continuum of care model. Results showed that those who were part of the *Housing First* approach had an 80% success rate for housing retention and contradicted the theory that the chronically homeless, needed to go through a staircasing regime, in order to successfully sustain a tenancy in the long term (Tsembersi, Gulcur and Nakae, 2004). Comparative evaluation data for the continuum of care model, seems to be harder to access, with an evaluative piece of research on the continuum of care model stating that the researchers were unable to verify the success of the programme being reviewed, in terms of ending or reducing homelessness and were unable to ascertain if the programmes had been able to assist people into permanent housing as the necessary

information was not available from the continuum of care service providers (Burt, Pollack, Sosland, Mikelson, Drapa, Greenwalt & Sharkey, 2002).

The "Streets to Home" programme in Toronto, Canada, also uses a *Housing First* approach to end homelessness found that nearly 90% of people who are housed through this programme, remain in their housing.  Research conducted over a five month period of people who had formerly been homeless for either short periods of less than six months to periods of over five years, found that 50% had been housed between 13 – 24 months and 50% between 3 – 12 months.  This qualitative study found that from the 88 participants in the research project, 88% were satisfied with their housing, talking about improved stability, privacy, security and a greater sense of mental wellbeing, and 91% talked about how their life had improved since they had moved into their house.  A reduction in the use of emergency services such as ambulance use, hospital stays, police detox, and arrests was reported, while there was an increase in the use of supportive services such as the family doctor and mental health practitioners. Eighty-two percent stated that their outlook for the future was more positive, with an increased sense of self-esteem and felt they could set goals for their future while looking at volunteer, training and employment opportunities (Toronto Shelter Support & Housing Administration, 2007).

The *Housing First* approach has a clear priority on the elimination of transitional models of accommodation. While not disagreeing that the *Housing First* model has very positive outcomes, Anderson (2010) believes there will also be the need for some temporary accommodation; for example, emergency housing in crisis situations; high tolerance accommodation (e.g. wet hostels); refuges or protective accommodation for people trying to move out of violent situations; and group accommodation for vulnerable young people who are transitioning into independent living.  The model has been extended (with claims of success) well beyond the mental health sector to other population groups who have also experienced regular episodes or long-term periods of homelessness (Beyond Shelter, 2013). The demographics of the Beyond Shelter's Los Angeles' clients include:

- Families with dependent children at or below the federal poverty level in LA County.
- Families are primarily single mothers with an average of three children each

- Approximately 80% of participants are receiving welfare when they enroll in the programme.

- Approximately 90% of the families served are people of colour (African-American, Latino and Asian)

- Approximately 40% of participating families became homeless as a result of domestic violence

- Approximately 20% have a history of substance abuse

- Approximately 75% of families served would be considered multi-problem families with unstable living patterns.  (Beyond Shelter website, 2013, L.A. programs page)

Another example of the *Housing First* model can be seen in the successful work of *Common Ground*, a New York organisation. This model is now being adopted internationally in Canada, England and Australia. Common Ground organisations operate within the principles of the *Housing First* model of supportive housing and have an aim of ending chronic homelessness by way of housing the most vulnerable people in the community.  Common Ground housing provides permanent safe and secure housing with supports for tenants to help enable people to sustain their tenancy and to help improve health and independence. The housing is typically provided through an apartment style building with support services available onsite. Facilities include residential, retail and space for community groups.  There are mixed tenancies within the building combining those who have previously been chronically homeless with low income families who need housing assistance.  A community development approach is taken to ensure the local community are involved, to encourage employment opportunities and to ensure that the building adds value to the community.  This model combines the work of a specialist housing provider with that of a support service provider and has claimed to be a cost effective approach to assisting people out of homelessness (Common Ground, Queensland, 2013 and Common Ground (New York), 2013). The Common Ground programme in New York provides permanent housing with onsite support services to over 2,300 previously homeless people and working people on low incomes, with at least 95% of these people remaining in their tenancy after one year.  (Common Ground (New York), 2013). This gives an indication of the breadth and success of this programme.

The Finnish Homeless Strategy has moved from a "staircase" model, to a *Housing First* approach to tackle long-term homelessness.  As a result, Finland has seen a reduction in homelessness from around 20,000 people in the 1980's to approximately 8,000 in 2008,

indicating the success of the recent programmes that have been put in place to reduce homelessness (Tainio and Fredriksson, 2009).  In brief, the strategy of other European countries has Denmark and Norway largely following a *Housing First* model and have significantly lower rates of homelessness than Sweden where a "staircase approach" is widely used (Benjaminsen and Dyb, 2010).  In Scotland all of the large scale hostels have been closed down with an emphasis on moving to housing people into regular housing in the community using a *Housing First* approach, and Germany has also been able to obtain a reduction in homelessness without the use of temporary accommodation (Anderson, 2010).

## 2.7.2 Other models of homelessness intervention –Pathways and advocacy and support models

While the outcomes for *Housing First* are very positive, not all recipients remain in permanent housing and some become homeless again. For such people McNaughton (2005) argues a supportive housing model using a continuum of care and a longer term approach will be necessary to help resolve some of the underlying issues. She suggests that there is not one model that will suit all people and for some there is a need for a range of support services to help a person to sustain their tenancy and to find a route out of homelessness. She suggests that support will vary depending on the situation for each person and in some cases support may always be needed and therefore, due to the diversity and complexity of needs and situations, a "package" of support is suggested.  This "package" of support will change as people's circumstances change. Such packages would include early support given to someone as soon as the risk of homelessness or homelessness itself was evident. The provision of training and employment opportunities; physical and mental health support and the importance of good social networks were also cited by McNaughton as important issues to address when looking at routes out of homelessness. McNaughton also supports both emergency housing and transitional housing, as services that can provide respite while the person is looking at the longer term goals and options. However, Atherton & McNaughton Nicholls (2008) suggest that for most homeless people, going straight into permanent accommodation with appropriate support services is a better solution providing more security and asking for less adjustment.  Given the success rates of the *Housing First* approach, the Continuum of Care approach is now being brought into question (Atherton & McNaughton Nicholls, 2008).

The individualised approach advocated by McNaughton above, however, is also picked up in the *pathways approach* to housing and homelessness. (This is a different 'pathways' to the originators of the *Housing First* model in S2.6.1 above and is essentially a continuum of care model). This approach claims that homelessness is not a stagnant or permanent position and that a pathways approach acknowledges that over time people's housing needs change, often in response to either social or economic situations that may either force someone into a housing crisis or enable them to access suitable housing. In this model, housing services are people focussed (as opposed to being organisationally focussed) enabling people to move through and out of homelessness, with the first services available to potentially homeless people would be risk assessment and early intervention services (Anderson, 2010).

| Table 2. 2: Possible Pathways out of Homelessness | | | |
|---|---|---|---|
| **Homelessness state** | **Intervention 1** | **Intervention 2** | **Intervention 3** |
| Roofless/ Houseless/ Threatened with homelessness | Emergency Accommodation | Transitional Accommodation | Settled Accommodation |
| Roofless/ Houseless/ Threatened with homelessness | Emergency Accommodation | Settled Accommodation | |
| Roofless/ Houseless/ Threatened with homelessness | Transitional accommodation | Settled accommodation | |
| Roofless/ Houseless/ Threatened with homelessness | Settled accommodation | | |
| **Comprehensive needs assessment and development of services/support package** | **Service/ Support delivery** | **Service/ Support delivery** | **Service/ Support delivery** |

(Anderson, 2010, pg. 54)

This linear approach to housing is still quite dominant in the UK and the pathways approach as shown in Table 2.2 would suggest that the maximum number of interventions in a supported pathway out of homelessness would be three, for others two interventions may be suitable and for others going straight into settled accommodation would be appropriate (this would equate to the *Housing First* model as highlighted in Table 2, Anderson, 2010).

Further, or in addition, to these models some suggest that housing advocacy and advice services are a good first step before other housing interventions, particularly before people are actually homeless .  Advocacy, advice and support services support people to either access housing from the private sector or to help tenants to sustain their current accommodation and to prevent potential evictions.  Evidence from Germany and England point to a successful reduction in the numbers of people experiencing homelessness when an advocacy/advice approach is taken (Busch-Geertsema and Fitzpatrick, 2008, as cited in Anderson, 2010).

### 2.7.3 The Cost Effectiveness of the Housing First Model

The cost effectiveness of *Housing First* models including ones such as Common Ground has been an area for evaluation over recent years as the model gains momentum. Drawing from data from the Australian Street to Home *Housing First* programme, started in 2010, it was estimated that it cost around $20,000 (AU) to support a homeless person on the street, this included estimates for the use of emergency services, support teams, food and services from other charitable organisations.  However, costs for providing both the housing and the appropriate supports for people who have been chronically homeless through a *Housing First* model, is shown to cost around $35,000 (AU) per year (ACT Government, Community Services, 2012).  This is a one year slice of time cost not an analysis of longer term cost.

The well know Million-Dollar Murray story by Malcolm Gladwell (2006) is a decade long example of  how much it costs in monetary terms, to support someone living on the streets.  Murray lived and eventually died on the streets of Reno in the United States.  It was estimated that when the cost of emergency services such as hospitalisation and addiction treatments were totalled up, it had cost the state one million dollars over a ten year period just to keep Murray homeless.   Police Officer, Patrick O'Bryan, who had known Murray over the period, said, that when Murray was in a monitored system he would do well, "he would be on house arrest and he would get a job and he would save money and go to work every day, and he wouldn't drink".  Gladwell goes on to say, "but, of course, Reno didn't have a place where Murray could be given the structure he needed.  Someone must have decided that it cost too much" (p.9).

A recent media release also discusses the hidden costs of homelessness in New Zealand, stating that homeless people are being discharged from hospitals, back on to the streets, including people who have had a serious illness or an addiction problem (Heather, 2013).

Heather states that District Health Board figures indicate that there are patients being discharged to "no fixed abode" in both Auckland and Wellington every year, with others being discharged to emergency housing services.  In Auckland, there were 300 discharges to "no fixed abode".  Mike Leon, who manages the Wellington Night Shelter said, "We are pouring money into tertiary care….to get them to a point where we can kick them out again.  It's incredibly wasteful".

Evidence from Queensland and the Australian Capital Territory (ACT) suggests that the *Housing First* model is a cost effective approach with reduced costs in the areas such as health, crime/imprisonment, emergency accommodation, hospitalisation and the use of mental health services (ACT Government, Community Services, 2012).  It is also suggested that there are economic benefits as people who have previously been homeless are encouraged to participate in gaining employment (Jope, 2010, as cited in ACT Government, Community Services, 2012). Figures 2.1 and 2.2 below show the daily cost comparisons of both housing and support for chronically homeless people using the Common Ground model compared to other interventions (Common Ground Queensland, 2013).
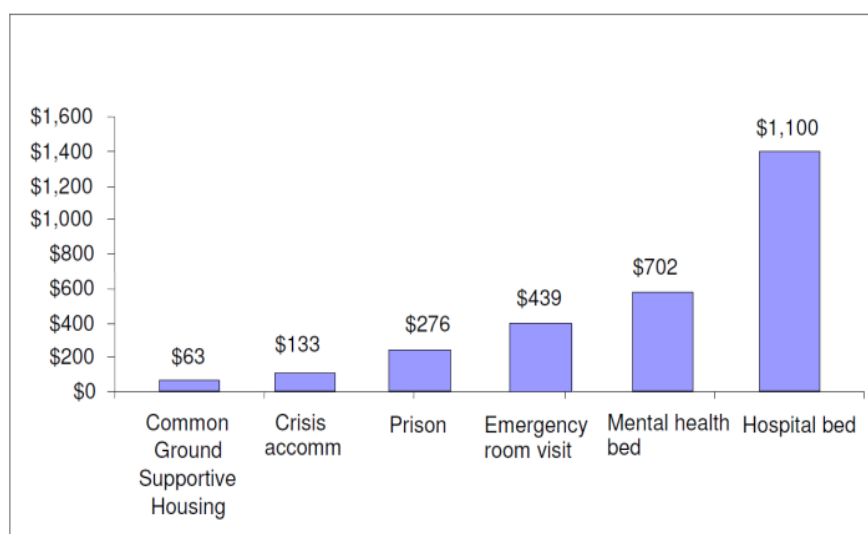


**Figure 2.1: Daily Cost Comparison Melbourne Common Ground 2010 with other Housing Options** (Common Ground Queensland, 2013)
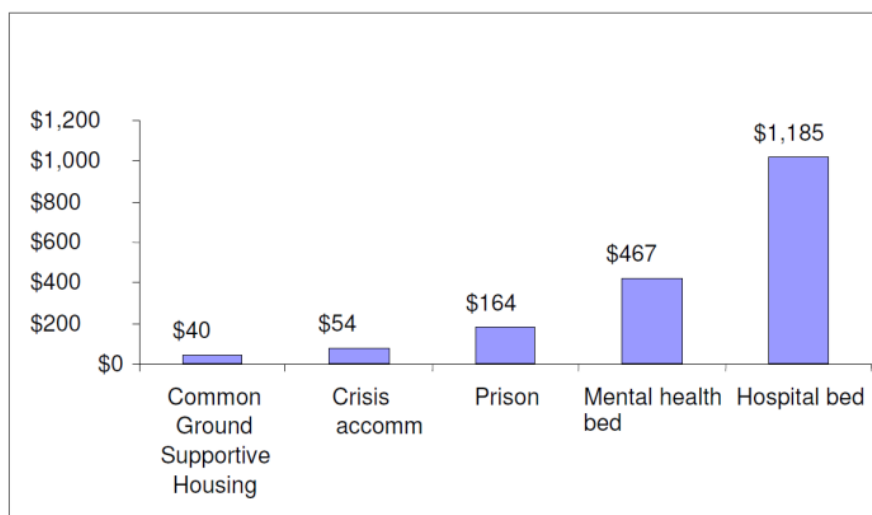
**Figure 2.2: Daily Cost Comparison US Common Ground (US$) with other Housing Options** (Common Ground Queensland, 2013)

Further cost comparisons were made in the ACT feasibility study, comparing more recent figures for the Common Ground model to other *Housing First* models that were operating in the ACT, showing that the Common Ground model is comparable to other supportive housing models.

| Residential Services | Cost/year/person | Cost/day/person |
|---|---|---|
| **Table 2. 3: Cost Comparison of the Common Ground model with other existing Housing First Models in the ACT (Australian Capital Territory).** | | |
| Housing And Support Initiative (HASI) | $33,945 | $93 |
| Managed Accommodation Programs (MAP) | $49,640 | $136 |
| Common Ground | $35,000 | $96 |

ACT Government, Community Services, 2012, p.57

Further to cost comparison models, Aldridge (2008) suggests that the quality of the service provided from client and community perspectives and the costs to both of not providing the service (as with Murray's story above) need to be accounted alongside the benchmarking and cost analysis information. In these areas "there is a great deal of work to be done to describe

them in a convincing and objective way which will be of use to service users, service providers and the funders of services, whilst avoiding the distortions of cost analysis" (p. 286).

Other studies show the costs of homelessness. In British Columbia, Canada research on health care, criminal justice and social services found that on an average, people who are homeless cost 33% more than housed individuals with the major cost being associated in the area of criminal justice (Eberle et al., 2001a, 2001b as cited in Flatau, Martin, Zaretzky, Haigh, Brady, Cooper, Edwards and Goulding, 2006). Another study by Salit, Kuh, Hartz, Vu and Mosso (1998) looked at the reasons and the length of stay in hospital for homeless people in New York, as compared to the costs for other low income people in New York City. The study found that 51.5% of the hospital admissions for homeless people were for either mental health issues or substance abuse as compared to 18.4% for public hospital patients and 27.2% for private hospital patients. Other admission issues included trauma (12.9%), AIDS (16.6%), respiratory disorders (17.2%), skin disorders and infections or parasitic diseases (8.4%). On average, the homeless person stayed 36% longer in hospital than those who were housed, with the average cost for the extra days spent in hospital being between $2,000 - $4,000.

Other confirming research from The Heartland Alliance Mid-America Institute on Poverty (2009) looked at the impact of supportive housing for homeless people with complex issues, analysing the cost savings to the state and the positive impact for residents. There were cost savings in every area researched including pre to post supportive housing. There was an overall savings of $854,744 reported over the 177 residents over a two year time period. Residents also stated that they had a better quality of life, stable housing, improved health and had less stress in their lives.

There has been a lack of research and evaluation into the area of cost effectiveness regarding services working in the area of homelessness prevention in New Zealand (Richards, 2009). A *Housing First* approach is also referred to by Richards in the recommendations section of Homelessness in Aotearoa, stating that this approach will provide early intervention of support services for people in New Zealand who are experiencing homelessness. Also in the recommendations, Richards comments on the need for an increase in funding for support programmes for people who may be at risk of becoming homeless and that these services need to be available, accessible and culturally appropriate to Māori.

## 2.8 A Brief Overview of Past Social Housing Policy in New Zealand

Although a full review of the history of social housing in New Zealand is outside the scope of this project, there are some key points that are important to note. Leggatt-Cook (2007) suggests that New Zealand's housing journey and the issue of homelessness can be contextualised by placing it in a political and socio-economic context that looks specifically at housing and welfare policies and the impact these have had for New Zealanders.

Thorns (2000) discusses how from 1958 to the housing reforms that took place in the 1990's, home ownership was targeted through the Housing Corporation of the time to help establish those families on a modest income into owning their own home through low interest borrowing schemes. In the 1990's over 70% of New Zealand households owned their own home and there were low levels of state rental housing of under 5%. Thorns states that the link between the economic and social policies over the period of the 1980's and 1990's when reforms were taking place, led to an embracing of market liberalism, with less intervention by the state and a lowering of personal taxes to encourage economic growth. The outcome, Thorns suggests, was that income distribution was less equal creating new patterns of social inequality.

As part of this economic restructuring, major housing reforms came in to play from 1991, with the state's direct involvement in the provision of rental housing moved from the Housing Corporation of New Zealand, which was operated by the state, to the new commercially driven state owned company called Housing New Zealand Ltd (Murphy & Kearns, 1994). The speed of these reforms that moved from a commitment to social rented housing to transferring assets to a commercially run company was named by Murphy & Kearns (1994) as "privatisation by stealth". As part of the reforms, market rents were introduced into the social rental sector in 1993; the state withdrew from its commitment to provide mortgage finance; housing interventions were targeted mainly to income support through the introduction of the accommodation supplement, which was available to all low income households, and other housing interventions were no longer available or scaled back. Murphey (2003) suggests that these policy changes "effectively removed the social component from the social rented sector, and although challenged and modified over time, have had significant impacts on state tenants and adversely impacted upon housing affordability for low-income groups" (p. 90).

Murphey  also suggests that a definition of social rented housing put forward by Priemus (1997) is helpful in discussing the impacts of the New Zealand housing reform policies of the 1990's.  Priemus (1997) states that the social rented sector was often determined by the following characteristics:

- Frequently, its housing was built with the help of state finance
- Its housing was subsidised by the national government
- Its principal and administrator was either the local council or a non-profit organisation operating under the watchful eye of the government
- Its rents were held below market levels
- Its dwellings were intended for, and largely occupied by, low-income households (p 554).

The move to market rents for state owned housing in 1993 was seen as a move away from the "social" aspect of social rental housing as described above by Priemus (1997), and had a major impact on both low income people and tenants of HNZ (Murphey, 2003).

The 1990's showed an increase in poverty due to housing related issues, yet there was a lack of acknowledgment that there was a real issue regarding homelessness. The homeless were primarily viewed  as people who were living rough on the streets rather than the continuum of housing need that constitutes being homeless under definitions such as have now been adopted in New Zealand by Statistics New Zealand (Leggatt-Cooke, 2007).  The key issue that came to the fore from the research in the 90's showed the high and increasing percentage of rent against income that large numbers of New Zealanders had to pay (Stephens, Waldegrave & Frater, 1995).

Thorns (2000) discusses how, the National Government of that time, put forward the notion that the policy decisions made regarding market rents for state housing tenants and the introduction of the Accommodation Supplement for low income households, would bring a greater degree of fairness to both the state and private market renters, while enabling the tenant to have a greater degree of personal choice about where they were to live.  However, Thorns suggests that the end result of the welfare reforms was that private sector landlords increased the rents due to a higher demand from people who were now enabled, through the Accommodation Supplement, to access rent in the private sector.  Housing related poverty

increased as a result of changes to benefit payments and the increase of housing costs, especially for people living in state houses (Thorns 2000). Murphey (2003) highlights the increases in rents over the period between 1992 and 1999, especially within state housing which lead to a high turnover of tenancies within state housing, and a lack of community connectedness.

In 1999 New Zealand elected a Labour Government, which reintroduced Income Related Rents for those tenants living in state housing. This new Government, which had a greater emphasis on social responsibility, still held to the need for a "global free trade agenda and internationally competitive markets" (Leggatt-Cook, 2007, p. 24). Leggatt-Cook goes on to suggest that these macro level economic conditions have an impact on the individuals, and while globalisation is said to bring increased wealth to the developed countries, New Zealand has seen a rise in the levels of poverty. Housing supply continued to be a major issue through the 90's with the greatest pressure being put on the Auckland market.

2005 saw the release of the New Zealand Housing strategy, under the direction of the Government (HNZC, 2005). This document gives an outline of strategies for growing the social housing sector and states that a wider view of housing needs to be adopted, taking a more holistic approach rather than seeing housing in an isolated area away from other policy areas. The vision, as outlined in the strategy states that "all New Zealanders have access to affordable, sustainable, good quality housing appropriate to their needs" (HNZC, 2005, p.6). Also discussed are a number of inter-related areas of action including an increase in the supply of housing; an improvement in the quality of rental accommodation; security of tenure and the development of a stronger third sector.

The third sector, or community housing sector, is seen as a growing, yet still relatively small sector, for which the Government has stated an intention of fostering growth and development through community based organisations. The HNZC 2005 report acknowledges that community based social housing providers offer both social and economic benefits in specialised areas of need and application of pooled resources and expertise. Economically, community based organisations, philanthropic givers and local Government were now partners in investing in the growth of social housing, supported by the new Housing Innovations Fund aimed at encouraging the growth of community based organisations, iwi and local Government to grow their place in providing long term and sustainable social housing.

Although the aims of the HNZC strategic plan for 2005 – 2015 are laudable, the reality of the situation is that there are increasing numbers of people who are unable to access affordable housing especially in regions such as Auckland and Canterbury.   In Auckland the Council has confirmed that there are between 20,000 – 30,000 houses short of what is needed and this is predicted to increase to a deficit of 50,000 houses by 2016 (MBIE website, housing key facts, 2013).  Johnson (2012), suggests that the grand strategies of HNZC have not yet made any major impact on the number of affordable houses that have been supplied in the market and the efforts by community housing providers to increase the stock of affordable housing, while commendable, has been small, mainly due to the inadequate funding of the sector.   Leggatt-Cook (2007) concludes:

> 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 (p. 26).

This now leads us to a discussion on current social housing policy in New Zealand.

## 2.9   Current Government Social Housing Policy

In New Zealand, the term social housing is usually used regarding the provision of affordable rental housing for people who are unable to gain access to housing through the private rental housing market.  Properties are primarily owned and managed by the state, local councils and the not for profit sector (Gravitas Research Strategy Ltd, 2009).  Social housing has a social objective rather than an economic purpose (Johnson, 2007).  The social housing sector in New Zealand constitutes 5% of the total housing sector in New Zealand and is made up of three main bodies; central Government through provision of state housing through the crown agent (Housing New Zealand Corporation), or Local Government and the Community Housing Sector. Social housing funding is aimed at certain target groups including people on low incomes; Māori and Pacific people; people with mental health issues; people with a disability and young people (Gravitas Research and Strategy Ltd, 2009).

In 2012, the Government's portfolio consisted of 69,000 houses for state housing or 4% of the total housing stock in New Zealand, most of which are rented to tenants whose rent has been capped in relation to their income, through an Income Related Rent Subsidy.    The community

housing sector provides affordable housing to low and moderate income families and in a survey undertaken by HNZC in 2010 it was noted that the community housing sector had a housing stock of 5,076 properties.  Local councils also provide some social housing and this differs from council to council (NZ Productivity Commission, 2012).

Under the current Government's Social Housing Reform Programme (SHRP), HNZC's role has been redefined to provide affordable accommodation for the people who are most in need, for the duration of that need.  The community housing sector is being encouraged to increase the supply of affordable housing, providing a pathway for people who are moving out of state housing and for those who are not able to access state housing.  Reports note that "wrap around" services are a key element when providing social housing to ensure on-going improvements for the health and wellbeing for social housing tenants (New Zealand Productivity Commission, 2012).

In 2010, the Housing Shareholders' Advisory Group (the HSA Group) was brought together by the National Government Ministers of Finance and Housing.  The objective of the HSA Group was to provide the Ministers with advice on a delivery model for state housing services to ensure an effective and efficient service for tenants who are most in need; innovative and productive ways of utilising the current social housing assets and a list of measures that are transparent and outline how any reforms could be achieved.  The report contains nineteen recommendations with a particular emphasis on

> ...leveraging the financial capacity available in Housing New Zealand Corporation's (HNZC) existing portfolio with the non-Government sector, [which] will offer a chance to refocus social and affordable housing without additional Crown capital funding, at least initially, while at the same time better targeting subsidy provision across the sector (Housing Shareholders' Advisory Group, 2010, p.4.).

Four major initiatives with 19 corresponding recommendations were put forward in the report as follows:

- Empower HNZC to focus on the "high needs" sector
- Develop third-party participation
- Instigate initiatives across the broader housing spectrum

- Clarify sector responsibilities   (Housing Shareholders' Advisory Group, 2010, p.6, 7).

After a submission process and consultation with a Social Housing Policy Reference Group the National Government have picked up on the key recommendations made in the HSA Group report, and in December 2010 the Minister of Housing released a media statement confirming that cabinet had accepted key recommendations from the Housing Shareholders Advisory Group.  Key elements of the media release included the following:

- The key driver for policy change is that the provision of good quality state housing would now be for those who were most in need, for the duration of their need.  The state house for life model is no longer a sustainable model. Reviewable tenancies will operate from the 1$^{st}$ July 2011.

- A housing continuum model where people move out of state housing and into the community or private rental sector will be supported by growing the stock of affordable housing. The Government will work with the community housing sector to enable this.

- Where people are positioned, in relation to the continuum will be established by matching dwellings to the need of the tenant. Future assessment initiatives include reviewing the assessment of housing need being done by the Ministry of Social Development, and looking to see how the assessment of housing need can be integrated with the assessment of other social needs and supports to avoid duplication between Government departments.

- Policy responsibility will move from HNZC to the Department of Building and Housing (DBH), who will further review how the role of Māori and Pasifika housing providers can be developed (Heatley, 2010).

In June 2011 the Minister of Housing announced that a $40 million fund had been set aside to be used to grow the volume of social and affordable housing by third sector providers and that a new funding delivery arm called the Social Housing Unit (SHU) would be established in July 2011.  The Minister stated that SHU would administer funds, land or surplus state housing stock to help grow third sector housing providers into a mature social housing sector.  The Minister said that a Ministerial Advisory Panel of three to four members would be established to advise the Ministers of the progress of the SHU and of the social housing growth and

reforms (Heatley, 2011). Further to the 2011 budget announcement, an allocation to the social housing fund of $104.1 million was announced as part of the 2012 budget with the aim of growing the community housing sector over the next three years (Heatley, 2012).

The budget of 2013 provided the new Minister of Housing, Hon. Dr. Nick Smith, the platform to make announcements regarding the proposed changes to further progress the social housing reform programme.  The Social Housing Reform (Housing Restructuring and Tenancy Matters Amendment) Bill passed its first reading in Parliament on the 17th May 2013, with the Minister of Housing stating that this Bill "facilitates the development of a more diverse range of community providers in the social housing sector.  It does this by providing them with access to the income-related rent subsidy currently only available to Housing New Zealand" (Smith, 2013).  Smith goes on to say that "the Government recognises that community housing providers such as churches, NGOs, disability providers and local trusts are very good at providing a comprehensive wrap-around service for clients."    The key changes proposed in the Bill include:

- Income Related Rent subsidies (IRRS) will be extended to eligible community housing providers to create more flexible and innovative solutions to social housing needs, in line with international best practice. The Government will be providing $26.6million over four years to support this;
- A regulatory framework will be created to ensure protection of taxpayer investment in social housing which includes regular tenancy reviews for all state housing tenants and other social housing tenants who receive an income-related rent; and,
- The assessment of people's housing needs will move from Housing New Zealand Corporation (HNZC) to the Ministry of Social Development (MSD) to enable a more comprehensive view of people's social support needs.(Social Housing Unit, website, news, 2013)

Other housing announcements in the budget of 2013 included a Warrant of Fitness programme to be trialled firstly through Housing New Zealand properties, then extended to other social housing providers and possibly further extended to the private rental sector if the Government is providing a housing subsidy (Smith, 2013).  Special legislation is also being

introduced to allow the Government to work with Councils to shorten the process for developing and building affordable housing (Smith, 2013).

New Zealand has moved into the Social Housing Reform Programme (SHRP) which began in 2010 following the HSA Group report to the Ministers of Housing and Finance. Policy advice is now sitting with the newly formed Ministry of Business, Innovation and Employment from July, 2011.  The reform programme has four key outcomes including "greater involvement of third-sector providers of social housing; Housing New Zealand focussed on providing social housing to those with high needs while their needs last;  increased effectiveness of financial assistance and aligning organisation and responsibilities of Government agencies"  (Ministry of Business, Innovation and Employment, website page: sector information, 2013).

These changes signal a shift in the policy direction for the provision of social and affordable housing in New Zealand, swinging away from a country where the primary provider of social and affordable housing has been with the state to what could, in the future be a more diverse social housing sector including both state  and community housing organisations , providing a mixture of housing and support options to people who are homeless or facing housing issues across the continuum of housing need.  Time will only tell what effect policies such as the expansion of Income Related Rents; reviewable tenancies and integrated housing and welfare needs assessments will have in helping people who are in need of social housing in New Zealand.  However, the allocation of $26.6 million for Income Related Rent Subsidies over four years for new eligible community housing tenants, compared to the $662 million per annum allocation for the income-related rent subsidy for eligible Housing New Zealand Corporation (HNZC) tenants (New Zealand Treasury, 2013) will not be enough to enable the needed growth to create a diverse social housing sector and further significant measures will need to be made including capital grants for new houses, stock transfer options and appropriate funding for supportive housing services.

## 2.10 New Zealand Models of Supportive Housing

### 2.10.1 Overview

Richards (2009) states that service delivery for homeless people in New Zealand is generally fragmented; with a lack of co-ordination and without any apparent funding framework especially in the area of housing support services.  Slade (2008) concurs that the provision of housing support services has not grown with a planned approach, is quite fragmented and primarily based on localised responses to need with the provision of support often provided by faith based or Māori/Iwi community organisations.  He notes that Housing Support providers deliver services that are innovative, flexible and responsive to the needs in the community and can operate in a more holistic and cost effective way than central or local Government. Also stated is that housing support models have widely been accepted in New Zealand by the District Health Boards in relation to mental health services and services for older people and the Ministry of Health for services for the disabled, however there is no clear Government framework for supportive housing services that sit outside of these sectors.

In 2010, Community Housing Aotearoa (CHA), New Zealand's peak body for Community Housing, had a member base of 171 groups who fell into a number of categories ranging from an interest in housing issues, through to research and providing housing support and advocacy services to provide housing including building and development of housing.  Many of these member organisations fall into the areas of mental health, disability or caring for the older person as these sectors have well developed models of providing appropriate support services to enable people to live independently in their home; however, in the area of homelessness that is outside of these sectors, there are only 12  housing providers (excluding the very small agencies with less than four houses), providing long term supportive housing for low income families with serious housing need.  Around half of these organisations were focussed more on providing emergency or transitional housing and it appears that some of the groups employ housing social workers or support workers to support people as needed.  Also in this group were a number of Māori housing organisations.

The  CHA website also references the formation of Te Mataphi – He Tirohanga Mo Te Iwi Trust, a peak body for Māori housing initiatives/providers with one of the key objectives being "to promote a supportive process for the development of practical housing strategies for Māori

and their communities" (CHA, 2013). Slade (2007) explains that Māori housing organisations operate with a holistic approach with services often spanning the breadth of community and covering needs such as social support, housing, health, education as well as community and economic development. This is clearly an area for growth and development and Whānau Ora is seen to be the "best fit" within Government to move forward Māori housing aspirations (NZ Productivity Commission, 2012).

### 2.10.2 Examples of Models of Supportive Housing for Low Income People

Although a full evaluation of other models of supportive housing for low income people in New Zealand is outside the scope of this project, a brief description of four Auckland based supportive housing services, including VisionWest, are as follows:

### Lifewise

Lifewise is a community based organisation in Auckland that provides a range of services to families in need, including working in the area of homelessness. Over the last two years Lifewise has been able to find housing for over 100 long term homeless people, and to support them in addressing some of the underlying issues which have led to homelessness. While not directly providing permanent housing, Lifewise provides "a pathway to permanent housing with targeted wrap around services" (Lifewise, 2013). The wrap around services are aimed at "addressing the underlying issues of homelessness" and engage in activities that enhance "life skills and experiences" and community integration. Lifewise runs an innovative community cafe hub which provides food to homeless people.

### Monte Cecilia Housing Trust

Monte Cecilia Housing Trust provides a range of supports to help low income families to access and sustain their tenancy. Affordable emergency and transitional housing is provided for low income families. The Trust owns 23 houses where families can live for 1 – 3 years while planning toward a more sustainable housing option and 12 units for emergency housing where families stay for a three – twenty four month period. In this time families life skills are developed as well as benefiting from comprehensive support services. "The Trust has found that when families are supported through a housing crisis and a sustainable housing solution is established, their home environment becomes stable" (Monte Cecilia Housing Trust website,

2013).  The Trust has a team of housing social workers that works alongside the families. Services of the Trust range from advice, advocacy and supportive housing through a number of Trust properties.  The supportive housing programme has an aim of supporting families to transition to appropriate long term housing either in the state or private rental sector.  The Trust provides "strength-based and culturally appropriate, case management for families in crisis" (Monte Cecilia Housing Trust website, 2013).

### De Paul House, Northcote

De Paul House currently owns nine units on the North Shore in Auckland and works with families who are homeless and are usually on a low income by providing temporary housing for three to six months and support for the family.   Support services provided help to address the issues that have led to the family being homeless and then see the family re housed in the community, either in the private sector or with HNZ.  Family support is by way of advocacy, social work and counselling support.  Services such as preschool education, budgeting, parenting and employment skills, life skill classes e.g. literacy, cooking and sewing are provided as well as assistance from their food, furniture, household goods and clothing banks.  De Paul House is also a centre from which families can access clinical services, health checks, dental checks and other support needed.   Their aim is to move a family from dependency to becoming independent.  De Paul House state that they have many success stories through this model of supportive housing and say that it is common to hear from past residents of their temporary housing, who say comments such as "I have a full time job now", "my daughter has just started university" and "without De Paul House I would not have got out of that dark tunnel I was in" (De Paul House, website, 2013)

### VisionWest Community Trust

VisionWest Community Trust (formerly the Friendship Centre Trust) has been operating in the West Auckland community since 1988 and provides a wrap around and integrated range of services including housing; homecare; kindergarten; education and training; counselling; food bank; budgeting and community care (VisionWest, 2013).   VisionWest has been providing emergency and long term supportive housing since 2004 with a Housing Social Worker working alongside the tenants, using a supportive housing framework similar to that of the *Housing First* model.  It is however, acknowledged that due to a housing shortage within Auckland and

within the Trust itself, that people accessing the housing services of VisionWest are often housed within the emergency housing of VisionWest until permanent housing can be found.

VisionWest's housing programme originally started in 2004 with Emergency Housing, based on the need in the community at that time, however, tenants were quick to inform staff that what they really needed was long term, affordable, healthy housing with security of tenure. VisionWest Community Trust, therefore, made the decision to adopt a supportive housing approach to providing long term housing for lower income people who often have a range of complex social issues. The model is based on feedback from tenants, the Trust's own knowledge of positive outcomes for people who are supported to make change when they are provided with a range of wrap around support services and also based on research looking at positive outcomes from other supportive housing models such as the *Housing First* model. At the beginning of this research VisionWest had 5 properties for the use of emergency and short term housing and 12 for long term supportive housing.

The Housing Social Worker's role is seen as a critical part of the success of providing supportive housing. The VisionWest's Housing Social Worker will initially work quite intensively with a new tenant especially those with more complex issues, the support will then drop back to weekly or monthly appointments with the tenant, as necessary.

The tenants of VisionWest Community Housing have a mixture of issues that need addressing such as recent experiences of homelessness, overcrowding, imprisonment and/or domestic violence and sexual, physical and/or mental illness. These experiences are often connected with trauma, broken relationships, addictions, severe depression and other mental health issues.

The wrap around *Housing First* approach starts with a full holistic assessment of the tenant's housing, education, and health needs; the impacts on children; opportunities for training and employment; and the management of emotional and underlying social issues. Within the framework of stable housing, acceptance and belonging and increased self-confidence, they can set goals, re-story their past, present and future, do some training and/or get a job. They can take up one of VisionWest's volunteer roles, be part of the church community, share in a meal at the "Hub", attend the coffee group to mix with other parents, or otherwise get connected into their community. VisionWest also provides access to advocacy and support in areas such as working with CYFS, WINZ, HNZ and the courts; support in setting life goals and

dealing with issues such as grief, depression, addictions and mental health issues and resourcing people to connect with programmes and their community (VisionWest, website, 2013).

While this research project aims to demonstrate the effectiveness of the VisionWest version of *Housing First,* what we do know at the outset is that from 2006 – 2010, of the houses owned for long term supportive tenancies, only two people have moved on, in both cases to other stable rental situations. This is seen as one of the indicators of the success of the programme, as homeless people are traditionally transient particularly when a crisis arises.

An investment approach in providing supportive housing for people who have been homeless, would appear to be relatively inexpensive  when compared to other interventions, such as imprisonment at $91,000 per annum (Department of Corrections, 2011), hospitalisation, and children going into foster care. The future cost on wellbeing, education, training and employment from poor interventions is also high.

As can be seen in Table 2.4, based on VisionWest's organisational information taken over a one year period in 2011/2012, regarding the twelve houses used for long term supportive housing at the time of this research project, the cost of providing both the house and the support from the social worker and other wrap around services  came to $23,774 (NZ) per annum, per family/house or around $65.13 per day. The cost of purchasing these houses however was heavily subsidised through a 15% cash contribution from VisionWest, some philanthropic funding and grants, suspensory loans and interest free loans from the Government through the Housing Innovation Fund (HIF).  This therefore, greatly reduced the annual costs of loan repayments for VisionWest on these houses.  If VisionWest had purchased these same houses at this period, without any investment from their own funds or other sources, the cost of providing the house (mainly in loan repayments, because of the much smaller capital investment, and lack of loan rebates), would be an additional $18,921 (NZ) per annum, per/house bring the total cost for both the house and supportive services to $42,695 or $117/per day, per house/family.  This funding model continues to develop as different funding regimes are introduced by the Government and as economies of scale are achieved through the growth of VisionWest's housing service.

| | HIF/VisionWest and philanthropic contributions | Additional cost of housing without HIF/VisionWest and philanthropic contributions | Total |
|---|---|---|---|
| Funding Source | | | |
| Cost of housing including overheads and interest/principal loan repayments. Per house/per annum | $18,397 | $18,921 | $37,318 |
| Housing Social Worker costs including overheads. Per family/per annum | $3,177 | | $3,177 |
| Cost of other *wrap around* services - Per family/per annum | $2,200 | | $2,200 |
| Total annual cost of housing including social worker and wrap around support. Per house/per annum | $23,774 | $18,921 | $42,695 |
| Cost per day of housing including social worker and wrap around support | $65.13 | $51.84 | $117.00 |

Table 2. 4: Cost of VisionWest Supportive Housing Model as at 2011/2012 based on 12 long term supportive houses (NZ$)

VisionWest (2014)

The role of the Housing Social Worker has been included in the total cost of providing long term supportive housing. At the time of this research, it was estimated that up to half of the social worker's hours could have been allocated to the 12 long term housing tenants. With overhead expenses included, the Housing Social Worker costs equated to $3,177 per tenant, per annum. However, as VisionWest's housing service has continued to grow, the ratio for the Housing Social Worker is now allocated at a 1/30 ratio of active clients, understanding that some tenants will require a higher degree of support for a period of time than others. Some tenants, who have been with VisionWest for a number of years, may require very little contact with the social worker at all, with support floating on and off as required for longer term

tenants.  The 1/30 ratio for the Housing Social Worker service equates to $2,541 per family, per annum.

VisionWest has also made some estimates of the costs for other *wrap around* support services such as budgeting, counselling, foodbank, kindergarten and the community care programme that may have been used by the long term tenants in 2011/2012.  VisionWest estimates that the wrap around services could have cost up to $2,200 per family, per annum and these costs should be added to give a fuller estimate of the costs of the VisionWest supportive housing programme at the time of this research.  As with social work support these *wrap around* costs will fall as tenants become more self-managing.

Funding for the Housing Social Worker and the other wrap around services listed, is primarily received from philanthropic trusts, donations, sponsorship, some fee for service (counselling and kindergarten) and a small amount of funding through the Government, with the exception of the kindergarten which is primarily funded through the Government.

There is not the scope within this Master's thesis to explore the cost of other supportive housing models in New Zealand and to compare this to data regarding the cost of imprisonment, health, justice, education, employment, foster care as well as the impact of other social factors that come in to play when people are homeless and this would certainly be worthy of further research in the future.  However, within the scope of the project, the costs that VisionWest have provided for their supportive housing service, at the time of this research, are comparable to those shown in Table 2.3 for providing housing through a *Housing First* model in Australia, with a cost of $33,945 to $49,640 (AU) per annum (ACT Government, Community Services, 2012), and also are supported by the international literature on this subject.

## 2.11  Conclusion

In this literature review, I have tried to set out the context and actuality of homelessness in New Zealand, the explanations of and solutions to homelessness, the evidence of progress being made in this area, and the policy and housing environment in which we are endeavouring to get safe and secure and supportive housing for homeless people. Firstly, I have tried to show that despite the complex nature and causation of homelessness there are definitions of homelessness that have universal currency and are slowly being incorporated

into the measurement of homelessness in New Zealand. While there is a lack of comprehensive hard data, the data we do have and the comparisons that we can make with similar jurisdictions identify that homelessness is a major social problem in New Zealand.

When we look at the causes of homelessness, the structural/systemic/macro factors (e.g. housing affordability, levels of inequality and poverty) stand out, particularly when we review the negative changes in these factors that have occurred since the 1980s in New Zealand. However, meso and micro factors such as lack of community engagement, stigmatisation, trauma, addictions and illness all can have a powerful influence in the trajectory of homelessness. As well negative conditions in the macro (e.g. poverty) create negative conditions in the micro (e.g. family violence).

As well as the direct evidence of homelessness in New Zealand, there is powerful evidence that New Zealand governments have created and possibly continue to create the conditions for homelessness. Rapidly increasing social inequality and the cost of housing relative to incomes, and our high rates of imprisonment and family violence are but a short list of factors that feed into homelessness. New policy approaches to supportive social housing and the housing shortage may help improve conditions, but currently the funding given to community based social housing projects is tiny relative to the state housing budget.

Internationally it would seem that New Zealand's increasingly liberal approach to welfare has been less successful than the social democratic and corporatist approaches of many European countries, although taking a rights based approach to homelessness, seems to be creating a convergence between these different models. Such an approach fits well with the *Housing First* model which has had a number of successful iterations in the US and corresponds to the Finnish approach to homelessness which has led to dramatic reductions of homelessness in that country. The overseas literature has shown that the *Housing First* model can, cost-effectively, create safe, secure and supportive homes for people who have previously been homeless.

Finally, I briefly describe some of the models of supportive social housing in New Zealand, looking particularly at the VisionWest's wrap around *Housing First* approach as this will be the subject of my research in the following chapters. It is my hope that this project will help support the small but growing body of literature in New Zealand regarding homelessness and

supportive housing, with the aim of ensuring those who are most vulnerable gain access and are helped to sustain what every human has a right to – a safe and affordable home.

# CHAPTER 3 – METHODOLOGY

## 3.1. Introduction

The issue of homelessness and housing for vulnerable and at risk families/whānau and individuals is complex and touches life across a number of areas such as health, justice, education and social justice, to name a few. My intention with this project is to produce a piece of research which will spotlight the lived experience of people who have been homeless and give their perspective on some of the issues that have led to homelessness and the change resulting from being part of VisionWest's supportive housing programme. This research has an aim of informing policy makers who are working in the area of housing and social issues, about the resources and supports that are necessary if we are going to bring people out of homelessness and prevent it from happening to others. This research will also allow for an evaluation of VisionWest's *Housing First* programme, exploring, from a tenant's perspective, what is working well and what could be done differently.

## 3.2. Research Approach

As this piece of research will be examining the lived experience of people who have been homeless and are now living in supportive housing, I will be using a social justice and transformative paradigm. This paradigm, Mertens (2003) suggests "is characterized as placing central importance on the lives and experiences of marginalized groups such as women, ethnic/racial minorities, members of the gay and lesbian communities, people with disabilities and those who are poor" (p. 139, 140). It, provides a framework where issues of inequality and social justice can be explored and permits the researcher to interact with the research participants in a way which helps build trust and assists in developing questions and defining issues that engage with the social milieu of the participants and that might lead to positive and transformative outcomes for them or people like them. The social justice agenda within the transformative paradigm confronts the dominant practices of human oppression and injustice and has a strong human rights emphasis which needs to sit in an ethical framework that is both rights and social justice based (Denzin and Giardina, 2009).

Sweetman, Badiee and Creswell (2010) describe some additional criteria of the transformative paradigm. Drawing mainly on Mertens (2003) they list the advocacy stance of the paradigm and the importance of the researcher acknowledging this at the outset ("declaring a theoretical lens" p.2); including in the literature review discussions of "diversity and oppression" (p.3); and that participants in the project are appropriately labelled (not stigmatised). Outcomes from the research should "benefit the community" (p.3) and participants should be "actively engaged in the project" (p.3). Power relationships should be clearly explained and results from the project "should facilitate social change" (p.4). These criteria for a transformative paradigm provide a useful framework for this project which starts with a strong social justice agenda and where issues such as poverty, inequality and housing as a basic human right have been explored through the literature review. While the participant group have all been identified as "homeless", they have not had to carry additional labels such as *mental illness* or *disability* in order to get access to support. The label of homeless identifies that they are vulnerable to *falling between the cracks* as there are no standard services funded for this group, all of whom face issues of poverty and often have traumatic experiences in their lives that have ultimately led to becoming homeless.

One of the aims of the project is to give voice to the participants in the project. As well as interviews and focus groups and a participant questionnaire, participant input will be sought through feedback sessions and a research Advisory Group. Issues regarding power relationships will be discussed with the participants to ensure they are comfortable talking with me as the researcher due to my role as CEO in the organisation. I also acknowledge that my role as CEO of VisionWest will have some influence on my ways of knowing and on how I understand and interpret the experiences and stories offered by the participants. I am hopeful however, that the process of personally interviewing and listening to the lived experience of the participants will assist me as an advocate for social justice and change in the area of housing and that the feedback processes will ensure that I honour the stories of the participants.

Sitting under the transformative paradigm, the research structure will also include elements from the constructivist and the interpretivist paradigms. Cuba and Lincoln (1994) see these approaches as having an ontological perspective in which knowledge is made up from cognitive or social constructions which have to be interpreted through the discourse of the participants by those who are sufficiently competent and trusted to report on the insider

perspective. Schwandt (1994) states that the interpretivist and constructivist approach guides researches towards a specific outlook:

> Proponents of these persuasions share the goal of understanding the complex world of lived experience from the point of view of those who live in it. This goal is variously spoken of as an abiding concern for the life world, for the emic [insider] point of view, for understanding meaning, for grasping the actor's definition of the situation, for Verstehen [understanding what it is like to be in the shoes of others]. The world of lived reality and situation-specific meanings that constitute the general object of investigation is thought to be constructed by social actors (p. 118).

Creswell (2011) also discusses social constructivism and interpretivism suggesting that within this framework, people try to make meaning of the place they live and work and these meanings often differ depending on their individual experiences. The researcher therefore needs to search for the diversity of thoughts rather than looking for just a few themes or ideas, and to develop theory or a view on the relationships between themes. Creswell states that interpretivist and constructionist use interviews with broad and open-ended questions to enable the participant to construct their understanding of the situation. The researcher also recognises and acknowledges that their own experiences in life will influence how they interpret the situation and must clearly "position themselves" in the research with regard to this. This process is also known as bracketing and in qualitative research it is suggested that this practice can "mitigate the potential deleterious effects of unacknowledged preconceptions related to the research and thereby to increase the rigor of the project" (Tufford and Newman, 2011, p. 81).

I have been discussing interpretivism and constructionism as if they were the same thing. As Andrews (2012) points out, they are not. He notes that, "while interpretivists value the human subjective experience, they seek to develop an objective science to study and describe it" and suggests that "there is then a tension evident between objective interpretation of subjective experiences" (p.2). Andrews goes on to claim that interpretivists want to "apply a logical empiricist methodology to human inquiry" (p.2) whereas, constructivism would see such a goal as inconsistent with their critique of positivist methods and the power relationships inherent in them.

The debate between interpretivism and positivism is discussed by Guest, MacQueen & Namey (2012) stating that the interpretivist perspective is about the story that is told and the meaning that can be interpreted from the discourse and the analysis is strictly qualitative. Positivism on the other hand comes from a background based in empiricism which insists that interpretation must be made directly from the data and collected within a transparent and systematic measurement framework. With regard to qualitative data, positivist researchers will systematically explore the structures and categories within the data such that it can be reduced to a series of numeric values. They discuss the concept of applied thematic analysis which uses a mixture of approaches including positivism and interpretivism and brings them together into one methodological framework.

I will be incorporating interpretivism and to a lesser degree elements from the positivist approach into my analysis through the use of thematic analysis. The relationship between social constructionism and positivism is more uneasy as the process of aggregating meaning into categories denies some of the depth, context and uniqueness of discourse and situates the researcher as the expert. The transformative paradigm, however, seeks to manage this relationship, by making social justice the keystone of the project. In such a process categorisation is backed by rich verbatim and participant advisory processes that both justify the categories and demonstrate their limitations (Mertens, 2003).

## 3.3. Mixed Methods

My research will seek to incorporate the key criteria as outlined for a transformative paradigm within a mixed methods framework. Mixed methods research has been defined by Johnson and Onwuegbuzie (2004) as the "third wave or third research movement" (p. 17) allowing the researcher to combine or mix both qualitative methods which can for example provide a rich and deep understanding of people's personal experience in a certain situation, and quantitative methods, which can for example provide numerical data for analysis over a larger group of people. Creswell (2010) agrees that a mixed methods approach allows for both the collection of qualitative (QUAL) and quantitative (QUAN) data, and involves the bringing together of these two fields. Creswell (2011) claims that a mixed methods approach is often employed based on pragmatic grounds whereby the researcher chooses to collect data either sequentially or simultaneously to give the researcher a wider understanding of the research problem.

There are strengths and weaknesses for both qualitative and quantitative research and Johnson and Onwuegbuzie (2004) explain that qualitative research allows for an in-depth understanding to be gained from smaller numbers of people and can allow for comparisons amongst a group of people. Descriptions of peoples situations can be in rich detail as they understand their situation in the local setting and this data can be used to produce "an explanatory theory about a phenomenon"(p.20). However, using purely a qualitative method means that it is challenging to make numerical projections and the information may not be able to be transferred to other settings. Results, too, may include more of a bias from the researcher.

Quantitative research on the other hand can provide, in a relatively short amount of time, quite detailed numerical information, which can be used in a more generalised research setting and can also possibly have more influence on people in positions of power such as Government and funding agencies. However, quantitative research may not actually convey the local peoples' view on the matter under research and the data produced may be too general to be used in local situations.

Johnson and Onwuegbuzie (2004) state that an aim of mixed methods research is to gather from the strengths of both the qualitative and the quantitative research methods and to minimise the weaknesses of both throughout the research study. Strengths of mixed methods research are noted as giving greater meaning to the numbers through the use of narratives and pictures and numbers can add "precision" (p. 21) to the narratives; the researcher can use a more extensive range of research questions and techniques, using the strengths of one method to mitigate the weaknesses in another and a stronger conclusion can be drawn by bringing together the evidence and findings from both methods. Some of the weaknesses of mixed methods are noted as being a time consuming approach which can be challenging for one person to carry out both the qualitative and quantitative aspects of the research. The researcher also will need to learn about a number of research methods and how to use these and bring them together correctly.

As part of my mixed methods approach, I will be using two qualitative methods - a focus group and in-depth, semi-structured narrative interviews for long term supportive housing tenants of VisionWest, and one quantitative - a questionnaire. I will also use a review process to collect

organisational data, and information regarding the cost-effectiveness of the supportive housing model used by VisionWest.

## 3.4. Focus Groups

Focus groups are typically groups of between 5 and 12 people brought together to discuss a particular research topic. They are an efficient way of getting an in-depth perspective of a small group of people on a particular topic (Kamberelis & Dimitriadis, 2005).   Usually the people in the group will not be known to each other so a space for safe conversations is created as people come together and share their experiences with others.  The power that a researcher can hold over a participant in interviews can be redistributed throughout the group and this in turn can often lead to a very rich or thick description of the issues being discussed. Finch and Lewis (2003) suggest that the dynamics that exist in an in depth interview are quite different to those created in a focus group in that the participants are not only sharing their experience from their own point of view, but through listening to the experiences of others, asking questions of each other and commenting further. Getting good facilitation for focus groups is challenging (Morgan, 1996), and for sensitive topics this is particularly true, with some topics being possibly off-limits for focus groups because of the deep personal enquiry they require.  Poor facilitation can lead to domination of the group by one or two individuals or by the facilitator (Agar and MacDonald, 1995, as cited in Morgan, 1996), leading to a collapse of trust and the closing down of the discussion.

## 3.5. Narrative Interviews

Interviews and semi-structured or open ended interviews, as in Narrative Inquiry are discussed by Chase (2013) stating that this is a sub grouping of qualitative inquiry and is based around a particular interest from the perspective of those who have lived through the experience.   She goes on to say that narrative inquiry allows for meaning to be made from peoples' stories, experiences, actions, events and seeing the outworking of these experiences or events over a period of time.   Riessman (2008) suggests that the goal in narrative interviewing is to provide an environment where a fuller and more detailed account is given than the restricted or general answers given in a more formal interview setting.  She discusses how the interview process will have a conversation type approach and will allow for longer times of talking where

the story might take turns and move on to other topics, which can then be explored to give more insight into the experiences of the person.

Interviewing, especially semi-structured interviews, were found by Sweetman et al., (2010), to be the most commonly used method for qualitative data collection within a transformative framework for mixed method studies. Semi-structured interviews, like narrative interviewing is an interview method used to collect qualitative data by having an interview forum that enables the participant to share their thoughts and views on a particular issue.  A conversation technique for interviewing is used where the researcher aims to build a connection with the participant.  The researcher will set the research topic and have some questions prepared with the purpose of understanding the participants thoughts on the matter.  These questions are open-ended and new questions will arise through the discussion as the participant's story opens up new territory that the researcher seeks to understand (Sociology Central, nd). Strengths of this method include ease of recording and that people are able to share in depth regarding an issue often with little direction from the interviewer, which adds validity to the research. However, the reliability of interview data is weak, due to typically small participant samples and good interviewing is time consuming, and a difficult and skilful process requiring careful listening, sensitive questioning and avoidance of researcher bias (Sociology Central, nd).

Davidson (2003) discusses how to create strong narrative processes within a semi-structured interview format.  The questions in a narrative enquiry need to be structured in a format that allows the story to be told in a way that the participant is comfortable and suggests that it is helpful to start with easy descriptive questions, leading to simple evaluative questions.  As trust is established questions can be raised about more sensitive or sometimes traumatic issues which will then move to looking at more in depth evaluations regarding comparisons between what life was like before and what life is like now.  He suggests that the final stage of interviewing will be around looking at solutions and resolutions, which should leave the interview at a point of hope for the future.

## 3.6.  Surveys and questionnaires

The use of a survey or questionnaire as part of a mixed methods research project is another approach that is often used, with benefits noted as being able to identify patterns; raise

further questions that can be explored through an interview process; providing insights into emerging concepts; providing validity to the analysis; assisting in identifying divergent cases which can then lead to further questioning (Bazeley, 2010). Bazeley also suggests that when surveys or questionnaires are used in combination with interviews that the integration of the data can provide challenges and is often best integrated after separate analysis from all of the data sources as part of the findings and conclusions section.

## 3.7. Supplementary organisational evaluative data

This research is also evaluating the effectiveness of the VisionWest Supportive Housing programme. Evaluation within a social science context, "has the fundamental purpose of making judgements about the merit and worth of programmes and policies" (Rallis and Rossman, 2003, p. 493). A mixed methods approach is particularly useful in an evaluative context as both qualitative and some quantitative data will be incorporated. Organisational evaluative data can be gathered in various pre-existing forms, for instance, service and financial reports, assessments and outcome questionnaires. Also interviews with key project staff are possible (Rallis and Rossman, 2003).

As explained above, using mixed methods can, through triangulation, improve the validity and reliability of research where different methods support similar conclusions. The effective use of a particular research method is often dependent on the skilfulness of the researcher and their experience of topic under study.

## 3.8. Methods of data collection

The proposed methods of data collection for this project are focus groups; in depth semi-structured interviews; a questionnaire and organisational evaluative data. These methods of data collection have been discussed and confirmed through the research Advisory Group, which will have on going input into project through the stages of analysis and final report preparation. The Advisory Group consists of three tenants, (two Māori and one Pakeha tenant) and the Trust's Housing Social Worker, who is of Māori (Ngati Porou and Nga Puhi), Samoan and European decent and is both trusted and highly respected by the tenants of VisionWest. All tenants will be invited to join the Advisory Group for key feedback sessions. In this collaborative way, the process will give a good range of areas for inquiry and produce good

methods for acquiring the information that we are seeking as a group. Bishop (2005) also states that "establishing a research group as if it were an extended family is one form of embodying the process of whakawhānaungatanga as a research strategy (p. 119)".

All adult tenants of VisionWest's long term Supportive Housing will be invited to be part of the focus groups, questionnaires and the individual interviews through a person who is external to the organisation. The Trust has twelve such houses used for long term supportive housing at the start of this research project. The tenants will be the mothers and/or fathers who head the whānau/families, with a mixture of age and ethnicities including Māori, Pacific Island and Pakeha.

## Focus Groups

There will be two focus groups of around six people in each, made up of randomly assigned long term supportive housing tenants from VisionWest. There will be two note takers as well as myself as the facilitator for each focus group. Beginning the enquiry process with focus groups will, in part, set the agenda for the individual interviews adding a further dimension to the research findings and giving a greater understanding of the collective experience of people who have lived through homelessness and are now in supportive housing services.

Questions for the focus groups and the semi-structured interviews are formulated according to Davidson's (2003) descriptive, evaluative, solution, past, present, future framework and grouped under headings are as follows:

1. Causes and Issues leading to homelessness (descriptive/past)
2. Housing Support themes – the experience of VisionWest (descriptive)
3. Life now with and without VisionWest housing and supports  - successes and challenges (evaluative, present)
4. Suggested improvements for VisionWest (solution/future)
5. Looking forward to what the future holds (solution/future)

The focus groups will generate good discussion points which I will take into the interviews to build on the experiences shared in the group setting. Participants will be given a transcript of the focus group and be able to make changes to their contributions. See appendix 4 for the Focus group structure and proposed questions.

## Questionnaire

At the end of the focus groups, participants will be given a questionnaire to fill out in their own time and to be returned to me for collating. The questionnaire has 19 questions and should take the participant around 30 minutes at the most to complete. Mostly, a 1 – 5 Likert scale will be used for participant responses along the option for comments. Where a question is left unanswered, this will be counted as *unsure* or "3". The questionnaire will provide demographic data regarding ethnicity, age, gender, family make-up, length of tenure with VisionWest and income, as well as inviting the participants to give feedback on the quality of VisionWest supportive housing service and their interactions with the Housing Social Worker. The questionnaire will provide information regarding how satisfied/dissatisfied tenants are overall and in specific service areas and how things might be improved (see appendix 5 for the questionnaire).

## Semi Structured, in-depth Interviews – Narrative Inquiry

Semi structured, in-depth interviews will take place with all long term tenants of VisionWest who have consented to be part of this research project (a maximum of 12 participants). These interviews will be relatively informal in structure and will allow the participant to tell their story in a way that will allow for a greater depth and fullness in the answers. As in the focus groups, Davidson's (2003) interviewing framework will be used including questions that allow for descriptive, evaluative, solution, past, present and future oriented discussions. There will be four areas covered in the questions with further prompts as needed where conversation does not of its own accord create the necessary depth and breadth to understand homelessness and the effects of supportive housing. The first question will be descriptive and more of a story starter, inviting the participant to talk about their past leading to their experiences of homelessness. This will lead to another descriptive question, about what led them to VisionWest and about their experience since being housed with VisionWest. An evaluative question will be asked regarding what has worked well and any suggestions for different ways of working. Finally a future oriented question will be asked about where they are heading and what does the future look like now. Please refer to appendix 6 for the interview questions. I will use a tape recorder as well as taking notes at the interview. Participants will be given a transcript of their interview and be able to make changes to it should they wish to.

**Organisational Evaluative Review**

At times in the research I will want to report on organisational information that will help provide context to the housing support programme and to the data collected from the participants. In particular, the costs of providing VisionWest services will be drawn from the organisation's financial data. The Housing Social Worker (as part of the Advisory Group) will be interviewed to help get an understanding of her role and the issues that people face when they come into social housing. I will not be viewing the client files or be provided with the specifics of individual clients lives and their progress, however, the Housing Social Worker will be asked for an assessment of each participant in relation to their level of homelessness and of traumatic events prior to coming to VisionWest.

## 3.9. Data Analysis

The methods for data analysis will firstly be descriptive, capturing the detail of the lived experience of the participants in the focus group and the interviews, addressing the questions suggested for these two methods. I will be using a thematic analysis method for analysing the data generated from the focus groups and the interviews. Thematic analysis is a process that allows for the coding of qualitative data through identifying themes in a systematic framework and also enables qualitative data to be translated into quantitative information if so desired (Boyatzis, 1998). Boyatzis suggests that a theme is a pattern that is discovered in the qualitative information that will help to describe and structure the information and can also assist with interpreting the issue being researched. He asserts that an inductive or data driven approach offers greater validity against one that simply addresses pre-existing constructs and criteria. I will use both approaches, firstly grouping themes under the focus groups and interview question headings and from key areas of literature (e.g. the risk factors that relate to homelessness) as well as, secondly, looking for emergent issues that are unique to this study.

Ritchie, Spence and O'Connor (2003) discuss thematic charting as a way to organise data into key themes and emergent categories. They state that "thematic charting is a process which refers to the summarising of the key points of each piece of data – retaining its context and the language in which it was expressed – and placing it in the thematic matrix (p. 244). I will use their thematic charting method to help analyse the themes that emerge in the data. Thematic charting involves organising transcript under key themes and key words used; selecting

content (quotes from the transcript); and identifying the participant and location (page number) within the transcript.

Six phases for thematic analysis will be used following Braun & Clarke (2006). These include firstly transcribing the data and thoroughly familiarising yourself with the content, followed by coding special features that emerge in the data in a systematic process. These codes are then analysed for possible themes, which are reviewed and refined to the point where the key themes can be defined and named. This refining process will involve shifting merging and splitting of themes. As well, some themes may be added and others removed or altered from discussions with members of the Advisory Group, but all themes will have to be clearly supported by narrative from the participants. Once the themes have been tied down I will recheck the transcripts for the presence, absence or degree of agreement amongst the participants which will then enable me to count the strength of each theme and sub theme. I will provide narrative detail that will give evidence to how I have categorised my data and will enable me to explore the richness and variations between each sub-theme. My supervisor will then check the theme consistency (their alignment with transcript) and explanatory power.

Data that is collected through the thematic charting process will also be entered by theme into an excel spread sheet to analyse the frequency of occurrence, patterns and trends as well as look for variations from different participants. The categorised narrative data and the demographic and questionnaire data collected will be put into an Excel spread sheet to provide descriptive statistics and to explore relationships between variables. Descriptive statistics will be important in detailing the environments and personal situations prior to community based supportive social housing interventions.

The housing social worker's assessment of levels of homeless and traumatic events will be backed up by participant transcript and used to explore how these features are aligned with the outcomes of the VisionWest programme. The other use of organisational evaluative data will be used to identify the costs of VisionWest's community based supportive housing and create a financial model (see S2.10.2) that can, in future projects, be used to compare the cost of providing a Housing First model in New Zealand, with the overseas data presented in S.2.7.3. I have addressed in sections 3.3 to 3.7, the key limitations of what is primarily a piece of qualitative research. In summary, the validity of the data presented will be enhanced by:

- The clear structure outlined for the thematic analysis;
- The presentation of sufficient verbatim is presented for each sub-theme to validate the sub-themes that emerged through the thematic analysis process;
- The process of triangulation between quantitative and qualitative date;
- A check on the appropriateness of my coding and categorisation of themes and sub-themes by my supervisor, with the aim of a 95% level of agreement;  and
- Agreement from the research Advisory Group and the participants that the voice of the participants is being captured correctly and that the emergent themes and the direction that the analysis is taking is appropriate.

## 3.10. Ethics Issues

This research complies with the guidelines set out in the Unitec Research Ethics document (Unitec, 2010).  See appendix 1 for the application document to the Unitec Research Ethics Committee. Ethical issues that relate specifically to Narrative Inquiry are discussed by Chase (2013) who suggests that due to the longer stories that are often told and published through the process of narrative inquiry, there is an increased risk that the participant will feel more exposed or vulnerable through the research project. Clandinin & Murphy (2007, as cited in Chase, 2013) suggest that narrative researchers should go back to the research participants once they understand how they will use and publish the research information and seek participants' permission again to use their stories.

I have consent from VisionWest to undertake this research and a letter of consent is attached as appendix 2. As the CEO of VisionWest, there are ethical issues regarding issues of power imbalance and the potential for people to feel that they have to participate in this piece of research.  The Unitec Ethics Committee (appendix 1) approved a recruitment process for participation facilitated by a person independent of VisionWest Housing services that ensured that tenants felt totally free to choose whether or not they wanted to participate in the research project. If a tenant agreed to participate, the facilitator was to support them should they have any issues with the data collection process.   Information sheets (see appendix 3) were provided to tenants regarding the research process and how the information would be managed.

Although I have a good relationship with a number of our tenants, I do not in any way work directly with them. Any issues that arise relating to tenancies or support generally are dealt with by the Housing Social Worker and/or the housing team that deals with tenancy management and housing support issues. If tenants wish to complain about anything to do with the research process, their information sheet would direct them to my supervisor in the first instance and the Ethics Committee secretary in the second. Any complaint directed at me through VisionWest would, under VisionWest's policy, be dealt with by an independent facilitator, who, if the complaint was serious, could take it to the Chair of the VisionWest Board.

Regarding my role as the interviewer and the focus group facilitator, as CEO of VisionWest, I am often in a position where I am in front of people or in groups where I can be an influence regarding housing issues or be an advocate for people who experience homelessness. I believe that there will be a real benefit in directly undertaking the interviews myself and facilitating the focus groups, as hearing the lived experience of tenants directly will have a great impact in my own understanding of the issues facing people who have been homeless and now live in supportive housing, and this in turn will help make me a better advocate for people who are homeless or face housing issues and enabling me to have a more informed voice when I take part in various social housing forums, such as the Ministerial Advisory Panel for Social Housing that I have been a member of.

Once the focus groups and interviews have been transcribed, the interview transcripts will be given to the participants in a sealed envelope by the Housing Social Worker to review, change where needed and sign off. Preliminary findings from the research will be discussed in a meeting where the research Advisory Group and all participants of the project will be invited to attend and to give feedback. The publication process will also be discussed with the group to ensure they are comfortable with the process.

To help ensure anonymity, participant verbatim will not be labelled in any way that will allow readers to build a composite of any individual participant. If there are any couples involved, I will refer to them as one person. I will also cluster the demographic information to ensure participants cannot be identified through the demographic data provided.

## 3.11. Key Limitations and Strengths

While this project both draws on and contributes to international research on effective models for supportive housing, the small participant group for this research has come from only one organisation situated in West Auckland with unique features (extreme housing shortage, built-in community support). This means that it is hard to identify the service features that have the most effect. The findings therefore are hard to compare to outcomes from other models of housing in New Zealand or from the international literature. A further potential limitation of the project is the degree of independence and objectivity in the data collection and authorship of this research due to my role as CEO of VisionWest Community Trust. Methods of mitigating the challenges around this issue are noted in S.3.10 above, and we will find that there are sufficient examples of dissatisfaction with VisionWest to suggest that participants' narratives were both full and unconstrained. A final limitation is that one purpose of the project has been meeting the thesis requirements of the Unitec degree of Master of Social Practice. This has placed restrictions on the size and the scope of the study, and the detail and level of which the complex issues of homelessness and supportive housing can be explored.

The project, however, will provide a robust base for future evaluation of the success of supportive housing in New Zealand. This project will also provide the opportunity to have in-depth interviews with people who have experienced various degrees of homelessness, and have now been stable in supportive housing for a number of years. The stories of the participants will allow the reader to have insight into the journey of homelessness, some of the underlying reasons for homelessness and the impact that supportive housing has had for the participants and their families.

# CHAPTER 4:  FINDINGS OF THE RESEARCH

## 4.1 Introduction

This results chapter contains the key findings and themes that are taken from the focus groups; semi-structured in-depth interviews; the participant questionnaire; organisational data gathered through an interview with VisionWest's Housing Social Worker and through analysis of organisational information.  The data has been grouped under two main headings, with five associated themes into key area headings (roman numerals I-V).

1. Life before being housed at VisionWest - what life was like for the participants who had experienced homelessness

    I.   Causes and issues leading to homelessness
         Overarching themes included:   Abuse and trauma, broken relationships, lack of supports, poverty, affordability and lack of housing options.

2. Life now, life without VisionWest and the future - what life is like now for the participant in long term supportive housing and what might the future now look like.

    II.   Housing Support themes
    III.  Life without a VisionWest house/supports
    IV.   Housing challenges and suggested improvements
    V.    Looking forward
          Overarching themes:  there was an exploration of the complexity and importance of support and the meaning of belonging and community.  How security and support has now enabled the participants to hope for a different and better future.

Under the key area of causes and issues leading to homelessness, I will explore the extent to which the participants in this research presented with risk factors that the literature review has connected strongly to the experience of homelessness. The participants fall into two reasonably distinct groups, one I define as having high indicators (HI) for risk of homelessness and the other I define as having medium indicators (MI). These names describe the difference in risk between the groups and not the absolute level of risk of homelessness. Table 4.3 in section 4.3 gives data on which this categorisation was based.

## 4.2 Description and Demographics of Participants:

All twelve tenants who were part of the long term supportive housing programme initially agreed to be part of the research. There was a general consensus from the tenants that they welcomed the opportunity to input into the issue of homelessness in New Zealand. In the interview process a number of the participants expressed the hope that their story would help make a difference in addressing issues of housing and support in New Zealand. One of the participants, for example, commented that she felt proud that her story could help to bring about change for the future of supportive housing in New Zealand and was happy to be part of the project. "…it's behind the scenes for me, but I'm still giving."

During the start-up phase of the project, two of the twelve tenants dropped out. One tenant, a single mum who was living in a three bedroom home and no longer had any children in her care, withdrew her consent as she was unhappy with a decision that had been made by the Tenancy Manager to re-house her in a two bedroom house a few hundred yards from her current home. She decided to leave her house and to withdraw from the research. She is now living with her sister and sister's child and another friend in a rental home in the private rental market. The second tenant who had consented to be part of the process and was present in the first focus group, left her two bedroom unit in a great hurry and we were unable to make contact with her to continue with the interview process. This young mum moved from VisionWest to go and live with her mother, which in the opinion of the Housing Social Worker, was a reasonable solution for this person as she had gained some good insights into how to live independently; had learnt some valuable parenting skills and had also learnt how to put in place some healthy boundaries.

These two cases highlight the complexities surrounding supportive housing and that one model won't meet the needs of all people, as a flatting situation would more than likely have better suited these people. Turnover within long term supportive housing at VisionWest is typically low, with these two tenancies being the only departures experienced over the five year period. On the whole tenants are very keen to stay housed with VisionWest, due to the more affordable rent and the supports they receive. The final participant group was therefore made up of ten tenants. To safe guard the anonymity of the participants no identifiers are used that would enable participant information to be connected from one section to another.

Table 4.1 presents the demographic profile of the participants. They come from across the age span, but half are under 35.  The ethnic breakdown of the participant group is predominantly Māori (or a mixture of Māori/European or Māori/Pacific Island) or 30% Pacific Island.   Eight of the ten participants are single mothers with their children; one is single woman with no children and there is one couple with children who have been identified as one participant. At the time of collecting the data in December 2011, a majority of the tenants had been living in a VisionWest house for more than three years and all of the tenants are all still in place in 2013 – 18 months later. Seventy percent of the participants show that they are Christian and for some this area of spirituality has probably grown in their lives due to the strong connections that many of them have with the community of people at Glen Eden Baptist Church.

| Table 4. 1: Demographic Profile of the Participants.  Percent in each Category | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Gender | All participants were women with the exception that one "participant" was the only couple in the study | | | | | | | | |
| Age | 25-34 | 50% | 35-44 | 20% | 45-54 | 20% | 55-59 | 10% | |
| Ethnicity | Māori | 40% | Pacific Island | 30% | NZ European | 20% | Other | 10% | |
| Participants with children | 90% | | | | | | | | |
| Number of people living in the house | 3 or less people | 70% | 4 people | 30% | | | | | |
| Length of tenancy | 6 months - 1 year | 10% | 1-2 years | 20% | 3-5 years | 70% | | | |
| Religious affiliation | none | 30% | Christian | 60% | Christian/ Māori Christian | 10% | | | |
| Housing subsidies | yes | 100% | | | | | | | |
| Employment status | Looking after the family/ home | 50% | Unemployed & Available for work | 10% | Permanently sick/disabled | 10% | Employee in full or part-time time job | 20% | Full time education at Unitec | 10% |
| Income type | Income Support | 80% | Child benefit | 20% | Employment earnings | 20% | Other state benefits | 10% | |
| Income threshold | less than $14,300 | 10% | $14,300 to $25,272 | 50% | $25,272 to $35,152 | 40% | | | |

The data also shows that 90% of participants received the Accommodation Supplement (AS) which is an allowance from Government to contribute towards housing costs for low income people. All participants are on low incomes (under $35,153) and at the time that the research started only one of the participants had work and this was part time. During the research two other participants had gained full time employment. The first through a work training scheme at VisionWest that then led to other work opportunities and the second through volunteering at VisionWest, through to part time work at VisionWest and then on to full time work with another organisation. It is important to note however that although these people were in full time employment, they were still in the low income bracket, earning no more than $25,272 per annum.

From analysing the organisational data provided by the Housing Social Worker, we could determine that the ten participants came to VisionWest in varying states of homelessness as defined by NZ Statistics (2009) as can be seen in the Table 4.2 below. *Without Shelter*, as defined by NZ Statistics (2009), is where a person is living in a situation that provides no shelter including living on the street or living in a car. Four of the five participants categorised as being *without shelter* are from the HI group. The fifth person in the HI group, has also many long periods of homelessness, however, was living in substandard housing or *uninhabitable housing* immediately prior to coming to VisionWest.

| Table 4. 2: Categories of Homelessness prior to VisionWest | | |
|---|---|---|
| **Category** | **High** | **Medium** |
| Without Shelter | 80% | 20% |
| Sharing Accommodation | 0% | 80% |
| Uninhabitable housing | 20% | 0% |
| Temporary Accommodation | 0% | 0% |

There are a number of factors as to why people were without shelter including being released from prison with nowhere to live; nowhere to live after fleeing from a violent relationship and a pending prison sentence; nowhere to live after being served an eviction notice and not being able to access housing through Housing NZ or the private rental sector; living on the street or in the car and for a participant from the HI group, being discharged from hospital after being severely beaten by her boyfriend with no place to go left her homeless and seeking emergency housing,

> I just tired of being on the street and I always kept thinking I should ring Jill & Mary Anne (VisionWest) for a house, but I got a lot of pride. But I got to the point when I just got out of hospital so going back to the street wasn't really an alternative.

Another in the HI group participant, described street homeless thus:

> I was on there (living on the streets) for three Christmases … and then I went to Wolf (Auckland City Mission) and Wolf got me through to detox, and food … but yeah I lived on the streets for three years and then I just had enough. Got a hiding actually from the smallest skinniest prostitute out there, and thought oh yeah I hear you God, he wanted me off. And cried out [again] to Wolf and he put me into detox…went back to the streets got ACC money and bought myself a car and that's about the time you met me in the car cause ….I got told by CYFs if I didn't find a place fast and get settled they were going to take my baby.

One HI participant, the only person under the category of *uninhabitable housing* in Table 4.2, talks about the unhealthy state of the house she was renting in the private sector;

> It wasn't a good place to live, like I was really worried about and trying to get the black mould off the wall in my son's room at the front, where the window was, and there was water running down the wall in my room, I couldn't believe it, it wasn't a good place to bring up a child at all.

One of the MI participants has also been classed as *without shelter* as she had been evicted from her house and had no other place to go. The $400/week house she was living in was almost *uninhabitable:*

> I worry about the kid's health … no carpet, very cold. Every winter we all stick together, no fireplace, no whatever - a very cold house. When it is raining all the top around here the water is coming down.

*Sharing Accommodation* is defined as a temporary place to live through sharing someone else's accommodation.  All four of the participants in this category are from the MI group and were living in overcrowded housing situations.  As one participant said; "…where I was staying it was overcrowded and I didn't like how they were treating my children, and I didn't want to live like that".  Another described her experience, saying:



> …there was heaps of us. Probably nine of us in three bedrooms.  We slept in the lounge on the couch…we stayed with my uncle and there were five of them in the house but the house was quite big, it still wasn't big enough to hold all the family because there was another family staying there….roughly I will say sixteen (people)….because you see the way they work things is about sharing, like in the island that is how the family does it, and when they come over here for a place to start their life, so maybe one of the family members will say "oh you can come and stay with us until you sort out a place to stay".

*Temporary accommodation* is defined by Statistics NZ (2009) as living in accommodation which is only meant for temporary circumstances including transitional supportive accommodation for the homeless.  Eight of the ten participants first went into VisionWest emergency housing (there were no long-term houses available) before moving into their long term tenancies with VisionWest.  Also it is important to note that many of the participants talked about living in

temporary accommodation at one point or another. For example, in the focus group, a HI participant talked about the transient nature of temporary accommodation and related her journey of homelessness to a picture she had chosen as part of a focus group exercise to help people talk about their experiences.

> I chose this picture cause it kind of reminds me of before I came to VisionWest. I was sort of transient, never lived in a house more than six months.  I lived in caravans a couple of times, like I was …. homeless for an 8 year period, that's what it felt like…. We moved all the time, we would move once every three months, once every six months. One part there, I lost count of the houses.  I was looking at my daughter's Plunket book the other day and I think I had like 32 houses in a short period of time. In like about 5 years I had all those houses, she was like "did we live there and there?"  It was weird.

It is clear from reviewing the admission data, that all participants were facing desperate housing situations before coming into long term supportive housing.  For those people who were without shelter, the situation was somewhat harsher and more desperate than for those who were in uninhabitable housing or sharing accommodation and it would also seem that the group that were without shelter had less supports available to them than for those who were sharing accommodation.  This lack of support from family and friends, community and/or Government appears to be one of the key issues that ultimately leads to street homelessness.

## 4.3 Key Themes: Life before being housed at VisionWest

Poverty, abuse, trauma and a lack of family or community supports were themes that emerged as having a major impact on the participants in conjunction with homelessness. These issues will now be explored under the headings that emerged through the interviews and the focus group.

### 4.3.1  The issues associated with homelessness

Data shown in Table 4.3 describes the high impact and general issues faced by the participants before coming to VisionWest. This data is a summary from the in depth interviews (presented in detail in section 4.3 below) with tenants and from an interview and information provided by

the Housing Social Worker.  Information provided by the Housing Social Worker confirmed the
issues listed in Table 4.3

| | High impact issues | | | | | General issues | | | | | | Summary | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Assessment Risk | Harmful or broken relationships | Abuse/trauma/ safety | Addictions/drugs and alcohol | Street Homelessness | Prison/Crime/ Mental institution | Lack of supports | Moving around/ lack of stability | Barriers in accessing housing | Affordability/financial hardship | Lack of housing choices/options | Impact on children | High impact causes | All causes |
| **High indicator group (HI)** | 5 | 5 | 4 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 23 | **52** |
| **Medium Indicator group (MI)** | 4 | 4 | 1 | 0 | 0 | 2 | 3 | 5 | 5 | 5 | 4 | 8 | **34** |
| **Totals** | 9 | 9 | 5 | 5 | 4 | 7 | 8 | 10 | 10 | 10 | 9 | 31 | **86** |

**Table 4. 3: Interview and Focus Group Data: Issues associated with Homelessness - Number of Participants**

The issues discussed by participants were divided into two groups, one being *high impact
issues* and other more *general issues*.  The *high impact issues*, coupled with a lack of financial
and support resources demonstrate a higher level of complexity regarding housing and often,
as can be seen in section 2.4 of the literature review, result in or are strongly associated with
street homelessness.  Participants who had four or more *high impact issues* were placed in the
*high indicator group* (HI) while others with less than four *high impact issues* were placed in the
*medium indicator group* (MI). As can be seen in tables 4.2 and 4.3 the participants not only had
a mixture of experiences ranging from street homelessness to sharing accommodation with
others, they also had a number of issues from their past that impacted on their lives and their
ability to gain and sustain a tenancy. The HI group had almost three times more of these issues
than the MI group (23 vs 8). Following is a detailed description of the *high impact causes* and

*general causes* of homelessness as discussed by the participants in the high and medium indicator groups.

## 4.3.2   High Impact Causes of Homelessness

*Harmful or Broken Relationships*

Nine out of the ten participants talked about the impact of harmful or broken relationships on their housing situation.  Breakdown in family or partner relationships were common themes for both groups, however, for the HI participants there was a higher rate of *high impact issues* occurring that impacted on relationships such as violence and abusive relationships, addictions, harmful affiliations with people such as gang members and mixing with a group of people who were harmful in terms of drugs and lifestyle.  This can be seen through the following story,

> with my partner there was lot of violence and he was an alcoholic for quite a
> long time so that caused us to get kicked out of houses because of the
> drinking, the violence, and drugs, he would buy drugs instead of paying the
> rent….it was continuous, a cycle we were all caught up in, it just went on and
> on like that for years…. Breaking the law, drinking & gambling.

Going back to live with her abusive father was the only housing option open to one of the HI participants.  "There was a lot of history between my father and I ... and so I didn't what to be there, but at the same time for the baby sake I had to be" and another HI participant said "the people I was hanging out with weren't the best type of people … I remember the first time I was homeless I actually put myself there because someone who was living with me was not very desirable."

For some the relationship breakdown goes right back to childhood.  One of the HI participants talked about her relationship with her mum.

> It goes right back to probably my youth, I've been sleeping at others people's
> homes or boarding with other people and finding places to stay since I was
> 14…..my mum and I clash, I've tried to figure it out for years but can't, all I
> know is she loves me but doesn't like me, and I realise that's got something to
> do with her now and not me, and so rejection has made me jump, so every

time someone had enough of me or rejects me I find somewhere else to go or

sleep on the street just so I'm not a nuisance.

Having a family that was gang affiliated made it hard for one HI participant to settle down in a house.  She said,

I moved (away from Auckland) and that didn't go too well, the house I had was

OK but my family ruined it for me so I just came back to Auckland.  I ruined it

for myself, but I sort of got involved with my family a little bit too much I

think…most of the brothers and sisters are gang affiliated, and it wasn't good

for my kids… I got drawn into it.

For people in the MI group the issues were more contained to relationship breakdowns with a partner or family member. For example, one of the MI participants couldn't leave Auckland when her relationship with her partner broke down, as she, "got a court order from my son's dad saying that I couldn't move out of Auckland."   Another MI participant said, "Before we came here we stayed with mum and dad and something happened there and we got kicked out of the house and stayed at women's refuge."   Yet another talked about moving about with her children, staying first with siblings, then her parents, moving every six to twelve months and avoiding living with the father of her children, "I was actually living with my brother and his partner and they were both working but they were having relationship problems so I ended up staying with my parents cause I didn't want to stay with the father."  Moving into VisionWest's emergency housing was the only option for one MI participant when relationships broke down from living in an overcrowded living situation, "me and my sister have sister rivalry and I thought I had to get out…there was a big argument."

These harmful or broken relationships are often a precursor to a period of homelessness for people as they seek to find other housing options. Without good support or financial resources they often end up in an overcrowded house, in temporary or unsuitable accommodation or on the streets.

### Abuse/Trauma/Safety

 There are clear links between abuse, trauma and homelessness and 90% of the participants talked about abuse, trauma and issues of safety in their lives.  All five of the HI participants had

suffered from trauma that was associated with issues of abuse, violence and/or safety. Four of the five participants of the HI group talked about violent or abusive situations and their consequences and one of the five talked about the trauma of losing her mother at an early age which led to living in a situation where drugs and alcohol were present and ultimately leading to leaving home at an early age and later, imprisonment. She said,

> I lost my mum at a very young age and that was my whole reason of why I had to leave to… a very small township. I lived there for seven or eight years and during those seven and eight years it was mainly around alcohol and drinking and looking after the kids. I had had enough, they pushed me to the edge and we ended up arguing and I ended up just leaving.

Living on the streets or in a boarding house was the alternative to living in abusive situations for one HI participant,

> Sometimes I would purposefully put myself on the street because he wasn't there and he wouldn't know where to find me… Sometimes I stayed at friends' houses, but the problem with that is he would know where to find me. But if you're on the street they can't find you.

For two of the participants from the HI group, the abuse started as little children and had continued through to their adult lives. One participant said, "I was raped at 5 – 5 ½, that's when my mum was working a lot, so there's that. I promised myself it would never come through to my kids but it did, the violence came through." She left home at 14 and was in and out of homeless situations for most of her adult life. Another HI participant was also abused as a child and that led to her living in a mental institution for five years and then later on the street. We can also see that abuse followed her through to adult life and that her support network continued to get smaller and smaller.

> I found that directly before I came to West Auckland I was in a different kind of abusive relationship and that person kept trying to track me down through the person I lived with and that made me want to not rely on other people in the community because of the person he was.

Two of the MI participants talked about traumatic events that had happened in their lives. One was a refugee: "I came to New Zealand for a better life when I was 13…first place we went to was the refugee place in Mangere and we were there for about three months… It was scary at the beginning – I was 13. Everything was totally different – whole new culture." Another participant's husband's sudden death led to a descent into homelessness. Her grief overwhelmed her and she needed to leave the house and her bad memories of her husband passing away there. Her church said

> it was a good idea to think about moving to another place cause you used to
> remember your husband right in the house and don't make the children suffer.
> That was when we got that place for $400 a week and I so suffer. That place …
> I got more sick, I already sick, but I never show to my kids. I'm crying in my
> heart because look at the kids. They're only sweet things, and when they say
> I'm hungry…

Other supports fell away and she was served an eviction notice, and she was on the waiting list for state housing. Her housing crisis became evident through a budgeting session she was having at VisionWest.

For one MI participant neglect rather than outright abuse seemed to be the major issue.

> Our childhood wasn't very good at all, both my parents were in gangs so they
> weren't into drugs but they were alcoholics. There's nine of us…I was second
> eldest so I was left at home with the younger ones… We moved up to
> Auckland in 93, I would have been 13 or 14 I think…and we stayed in a 1
> bedroom flat…there was only 7 of us then. Even when we moved up life
> wasn't good up here… my parents…drinking was still a problem for us, the only
> thing that changed from down there was between the two, was there wasn't
> much violence up here but alcohol was still involved. So didn't have much
> support, I loved school but didn't have much support there.

Living in overcrowded situations was part of living in an abusive environment for two of the MI participants, "we are all in one family 12 people living in one house, that is how we live, just as we have been brought up…but it's always abusive." Another who was living in a house with

about nine people said, "before we came here we stayed with mum and dad and something happened there and we got kicked out of the house and stayed at women's refuge."

Through these stories we can see that there is a range of traumas, caused by events such as ongoing childhood abuse and neglect that can have a major impact on a person's ability to acquire and sustain a tenancy.  Severe trauma of the sort experienced by almost all the participants, coupled with the lack of support and financial resources needed to secure housing in the private market seem to be major contributors to their homelessness, and it would appear that through the number of times the participants had moved in and out of homelessness, this would have continued without some kind of supportive housing intervention.

### *Addictions, Drugs and Alcohol*

There would appear to be a strong link between homelessness, trauma and addictions, with four of the five participants in the HI and one in the MI group referring to drugs, gambling, alcohol and addictions.  All four of the HI participants who talked about addictions, had suffered abuse and violence and had also experienced street or youth homelessness.  Three of the four had spent time in prison or home detention. One had been in an abusive relationship and later lost her job because of "the people I was hanging out with - I was getting more involved in drugs". Another HI participant talked about her strategy for maintaining her addiction.

> My biggest reasons (for being homeless) are addiction and trauma...I was homeless on the street, but before that I shared accommodation and being truthful, it was about my addictions. So if I shared accommodation with a cousin we had a little extra money and we could treat ourselves a little more or our children a little more and we could keep our once a week or twice a week addiction.

However, sharing didn't always work. Here the partner's addictions led to periods of homelessness for one of the HI participants and her children.

> Right from the word go, cause my partner was an alcoholic, he would drink whenever he could and would spend all the money cause he was working. And

> every time I came to him to pay for something he would spend all the money
>
> and disappear for days and just wouldn't help me pay the rent so I didn't drink
>
> at that point….Just financially we would struggle.

For another, the addiction was gambling and this ultimately led to stealing and later spending time in prison,

> He was gambling way before he met me.  At first, I was against it.  I was
>
> against for a whole 2 years, until he actually took me to a place… I found it was
>
> addictive.  At the time I didn't know, but it was.  I ended up not paying my rent
>
> and power and it was getting hard.

Growing up in a gang family where there was violence and alcohol misuse was the precursor for the one participant from the MI group having an addiction issue.

> Drugs and alcohol became a part of my life…. I wasn't like addicted. I did enjoy
>
> it, and so I guess the first guy who paid me attention I had a child to and that
>
> was my daughter.  I think I was still a bit...  I didn't mature in my head… so I
>
> was still a child raising a child so….  I was 20 years old, but I didn't feel like an
>
> adult.

From the information available from the participants it would seem that the interplay between trauma and addictions has increased the risk of long term severe homelessness for those people in the HI group.  There would also appear to be relationship between addictions and lack of family and partner support for the HI group.  This is in line with literature as can be seen under substance misuse and addictions in the literature review, which suggests that homelessness, trauma, addictions, social disconnection and isolation are issues that impact on each other.

### *Street and /or Youth Homelessness*

All of HI participants experienced street and/or youth homelessness but none of the MI group did. This kind of homelessness occurred when there were no other housing options or when the options that were available were unsafe and would lead back to abusive situations.  One of the HI participants had been in an abusive relationship and experienced several episodes of being street homeless before coming to VisionWest.

I remember the first time I was homeless. I actually put myself there because someone who was living with me was not very desirable and it was easier to go on the street to get away than it was to find a new house…. I knew if I moved somewhere he would come with me, whereas if I moved onto the street he would find somewhere else…  The second time when [I had moved] I got beaten up… Yeah, I let someone move in with me and stay, and they were selling drugs so I got raided and I was evicted from the place.

One woman was at an extreme low the last time she lived on the street. She said,

I felt used and abused and went to the street.  From there at the age of 36 and I couldn't believe it I had nothing, going nutty and I went "Lord I'm coming home", I said to him "bring me home, I want to die".

In the focus group exercise, the same woman chose the following picture to describe her experience of homelessness,



I chose this picture because for me it's abandonment – broken promises,… I actually did do that on Queen Street, and I laid in a sleeping bag... I think that was one of my lowest points, because I remember thinking as all these people walking past me and I'm laid out in this sleeping bag, drunk, and I can hear everybody going past and not one person stopped, but one person stopped to give me a kick and so I felt this is the end of me.

Street homelessness seems to be a major issue for people coming out of prison or a mental institution.  When one of the HI participants  was asked about where she slept and how she fed herself when she lived on the streets after being released from prison, she commented that she would sleep in the parks or the cemetery and use the public toilets and as for eating, she said "Well, I didn't."

After five years in a mental institution one of the HI participants lived in bedsits or where ever she could.

> I'd spend about 3 – 4 weeks in each one…and before those motorways …we had this sort of setup where there was this culvert and we would sleep there one night and we would go over to the concrete house…

Two of the HI participants talked about youth homelessness, leaving home when they were around fourteen, leading to either street homelessness in later life or long periods of homelessness and insecure housing. One told about how she falsified her age when she was young to try and gain housing in a boarding house,

> I've been sleeping at others people's homes or boarding with other people and finding places to stay since I was 14…. I went to town, I mucked around for a while, cried for a while, tried to stay at my cousin's place for a while. She lived with her mother in town - couldn't do that.  So what I did was back in the days you could make your own birth certificates basically and I created a birth certificate through a photocopy and made myself 15 ½….

> I left (home) when I was 14, … just never went back… I was still young… I did third form then I left, ... met my partner (at 16) and a year later had my daughter and then a year after that my other daughter. ..Right from the word go, … my partner was an alcoholic.

Abuse and trauma, addictions and being released from a prison or mental institution, coupled with a lack of supports and financial resources, appear to be major contributing factors for those people who have either experienced youth or street homelessness.

### Prison; Crime; Mental Institution

Prison, crime and living in a mental institution were areas that were only noted by participants from the HI group, with four of the five people in that group having been affected.  The stories of the participants confirm the links between trauma, abuse, addictions, mental illness, crime, imprisonment and homelessness and the inevitable impact that this all has on children in these households.  One participant said "… for 4 or 5 years I was in this mental institution [and] that

solved the problem of homelessness in a sort of way but, after that I went from place to place to place."

Living in an abusive situation culminated in one of the HI participants stealing and being convicted. She worried about losing her kids, saying, "[the police] were just thinking of the kids and [said] if you don't find somewhere to go you will have to go to jail, so I ended up staying in the flat [at VisionWest], I was really lucky." As a result she was able to serve her sentence through home detention in a VisionWest house.

As mentioned earlier, the trauma through losing her mum at an early age was the start of one of the HI participant's homelessness journey, which led in turn to imprisonment.

> I ended up getting into more trouble. Stealing and gambling…. Every time I
> didn't know what to do with myself. I never did it when my girls were around,
> I always did it when they weren't around… I still ended up feeding the
> machines. And then I ended up losing my house, getting evicted from my flat
> and that is when I got caught with all my wrong doings and went inside….
> When I got released [from prison] I had nowhere to go…., I didn't know how to
> ask for help.

Another HI participant ended up spending four months in prison after being convicted of fraud.

> It was actually after the first time I put myself homeless. ..[I] put myself on the
> street to get rid of the guy cause he was pressuring me to change some
> documents so he could get some loans and things like that. It was the only way
> to get away from him and stop doing things like that.

Prison, like mental hospital was better than being homeless. "People find it really strange but actually I didn't mind [being in prison]… Even when I got out, I even for a long time wished I could go back." Getting out was not a release. .

> Life in prison is just a lot easier, …it was just a certain respect for each other
> and we knew we had to get along cause we were in such a small place….you
> know you have got a roof, and shelter and three square meals a day and you
> don't have the pretences of people you get when you are out in the world,

people aren't as fake. I know when I got out of prison I was really worried about where I was going to go. I was not given any options, you know nobody even asked if I had somewhere to go, and so I found a place but it was straight back to where I was before I went to prison.

A lack of support was a key theme that came through from the participants who had been involved in crime and had been sentenced to either imprisonment or home detention.

### 4.3.3 General Causes of Homelessness

In this section, I continue with the detailed presentation of the issues from Table 4.3 around the general causes of homelessness which, in most cases, affect both HI and MI groups equally.

#### Lack of Supports

All of the HI participants talked about a lack of supports as opposed to 40% from the MI, which would indicate that this is a major issue for people who have come from more challenging backgrounds covered above. All those who had periodically been without shelter or in uninhabitable accommodation had also experienced (almost by definition) a lack of support. These participants have indicated that there were a number of reasons for the lack of supports including addictions, abuse and trauma, prison and crime. They had family members that were part of gangs; they did not know their neighbours or community due to often moving around; they were disassociated from cultural and family roots due to abuse and they did not know how to ask for help or support when it was not available from family or friends.

Being disconnected from the whānau, community and neighbourhood was seen as an issue by four HI participants and one MI participant. Looking first at the HI participants one said

After I went to jail I kind of distanced myself from my family... Well it was probably both ways. We didn't want anything to do with each other. Recently we patched things up, but when I went back on the streets last time I just pretended everything was OK. I didn't want to disappoint them again.

Toxic families was a theme. Another participant was disconnected from her Māori roots stating that "my mother also pushed into us English views. Māori will get you nowhere in the system,

because of up north there was a lot of in-house abuse, sexual abuse. She didn't want us to know any of our family." Similarly an HI participant who had moved away from a violent relationship, said, "… it was so hard, I felt really alone, ….my family, even though I am the youngest, … are not really supportive at all. It's just horrible to say that but they are quite selfish and violent."

Having a chaotic family meant that participants did not know how to get help from their communities and neighbours - "I didn't know anybody around the place. I think that added to the problem sort of thing. Just not knowing who there was or where to go… I didn't even know who the neighbours were." Another added that "when I got released [from prison]I had nowhere to go… I didn't know how to ask for help and ... I was too stubborn and had too much pride."

This was also true for one MI participant, struggling without family help to bring up a child on her own without support, "not having any other support made it really difficult for me… and I didn't really have anybody else even to just go and talk to. It was really hard." Her harmful and chaotic family lifestyle [the violence, gang connections and the addictions] meant that there was no real support even when her parents moved and tried to change their lifestyle.

Having a healthy support network in place seems to be a key survival ingredient for finding suitable housing especially for HI participants. Lack of supports seemed in this next section, a cause of constant moving from house to house, destabilizing the family.

***Moving Around/Lack of Stability***

Eighty percent of the participants (all the HI and 60% of the MI participants) talked about the number of times they had moved from place to place just to survive, and the lack of stability that this created for themselves and for their children. All of the HI participants talked about the stress of moving around a lot, seemingly driven, by the consequences of addictions, abuse, trauma and crime. Moving from place to place was one way of surviving when coming out of a mental institution for one woman. She would move about every three to four weeks – "half the houses were horrible and the other houses were condemned." Fleeing from abusive and harmful relationships was another woman's reason for moving around. "I moved from place to place to place hoping to find somewhere to sleep the night with a friend or something like that. And worse case we would head up to the park." The trauma of losing her mum at an

early age seemed to set another woman off on a journey of moving from one family member to another. "I moved to my cousin's, [then to] her daughter and lived there… I worked for a fair bit and there was another argument there at home and I ended up moving somewhere else by myself in a boarding house."

One participant over a period of five years lived in 32 houses and was routinely evicted due to her partner's addictions and having no money to pay the rent. The impact on the children "was horrible" and the efforts she made to compensate were extreme.

> They [the children] were little. For a while they didn't really notice it. The craziest thing though was when we were moving I kept them at the same schools, it was hard and I don't know why I did that but I really tried to keep them at the same school, and one part I was coming from South Auckland to take them to school to West Auckland, it was madness. But I think that might have helped them be a little bit more stable and it didn't draw attention to myself as well.

Another participant talked about how she had moved from house to house, to boarding houses and living on the streets with a life of abuse, trauma and addictions, watching her children suffer.

> Him and I were together and we were sharing with two other families and it was always drunk and stoned …I liked it but I didn't. I liked it cause we were safe and we had somewhere to be, but I didn't like it because I had to live their rules, being in their home and I always jumped around [moved house] actually. If I wasn't with them I was with friends, cousin, sister every now and again, but you know how you feel the rejection coming on I started moving on…. Then I ended up in a refuge, a couple of refuges actually. I had decided I'm not allowing my kids to grow like this…

For those three in the MI group who moved a lot, all were single parents. For them, moving around has a stronger association with general issues in Table 4.3 such as a lack of housing choices and financial hardship rather than the high impact issues. As with the HI participants, however, the impact of moving on children was a major concern. Two of the participants from

this group talked about how they would stay with friends of family if they could, or just find somewhere else to stay. One said;

> I always felt like I was a nomad – like I had nowhere to go – I didn't have a place of my own. I didn't have much of my own, I was asking to borrow.  And the children weren't allowed to touch things because they weren't ours.

This disconnection from community, created by moving from house to house often impacts on the education and welfare of children.  One single mum talked about this, saying;

> I just moved from house to house… Roughly I would stay about 6 months to 12 months… I had 2 babies… it was hard but I didn't want to leave them with anyone… in the end I knew I had to start putting my children first

The housing crisis for the third single mum started when she broke up with her partner and had no job and a small child to care for.  Financial hardship (poverty) lead to frequent evictions and over a three year period, she moved about fifteen times, constantly living on the edge.

> You can never relax.  I was always thinking about I'm one week behind rent, before you know it you're, like, behind nine weeks rent.  It just creeps up on you and you start to kind of panic.  Oh my God, when is the landlord going to come down or send me a letter or something like that.

The two MI participants that were not affected by repeated moving around had some support from either their family or their church.  One participant had support from their family, although this also led to a breakdown in relationships due to overcrowding.  "Dad… kicked us out of the house. We went to look for help everywhere and it was so hard because…the whole time we [always] stay with family… We went to women's refuge."  The other was the woman whose husband had passed away and was advised by her church to move. Advice that was to prove disastrous as she could not afford the rent. In both cases they were then housed with VisionWest.

While financial hardship (with the added strain of caring for children) and lack of affordable and adequate housing was behind much of the moving around, for the HI participants their

flight from internal and external chaos arising from the harsh challenges in their lives, and absence of support, was the major driver.

## *Barriers in Accessing Housing*

All of the participants talked about their experiences of discrimination as a major barrier when trying to access appropriate and affordable housing in the private rental market.  They talked about being judged on their appearance and ethnicity, their financial status, if they were employed or on a benefit, whether they had children and if they did, were they a single parent on a benefit.

Two of the HI participants and one MI participant talked about racial discrimination.  One of the Māori HI participants said

> I have tidied myself up and made sure I'm presentable and gone out there and
> had racism...It pulls you down. Like you are really trying your hardest and
> there's nothing bad showing off and by the time I get home it's like "why do I
> even try?"

Another said   "I have had it myself ... being Māori going for houses. I would have to look for houses all the time and I wouldn't get them because of that", and an MI participant also talked about racial discrimination,

> You see that time, even though I was in a permanent job, I was still getting
> enough income to pay a house, but they would just look at it and I think it is
> something to do with us because we are Islanders ... because in that whole
> area, they would be just Palangis.

Probably the major experience of discrimination felt was of being a solo mum and a beneficiary. One HI participant said

> ...a lot of people didn't like it that I was a solo mum.  I had a landlord say to me
> "I'm not going to give you this house because I think you're not going to be
> able to pay the rent. You're on a benefit, no one will take you".  I've had a few
> landlords reject me just because I was on a benefit, just because of my

> income.  Very hard.  You do find a place it's not up to your standard but you
>
> have to take it. What else do you do?

Being a beneficiary was noted as a major barrier in gaining housing for the MI participants, with one single mum saying  "I got rejected a lot of times because I was on a benefit….they would tell me straight up to my face I couldn't believe it.  They would say oh no sorry I can't take you."  Others agreed with  this saying "I got the same, the real estate just looked at me and said how much do you earn, I said I'm on a benefit and they say sorry there is no vacancies."   Another said, "they are asking are you working and I say I am on a benefit and they say ok, …they say they don't want someone on a benefit, it is good for someone working."

Discrimination did not have to be obvious. Often landlords would ask for references or credit ratings. Two people from the HI group said that they were unable to provide references.  One said "sometimes it's hard to get referees" and the other said "to some people they didn't like the fact I didn't have any previous references."  Having a bad credit rating was a barrier for one single mum in the MI group.  "In West Auckland it was quite hard especially for bad creditors, my credit is only like $2000 at the most…in West Auckland it was extremely hard, it always came back to my credit."

Accessing housing in the private market when coming out of a mental hospital or prison was also a big hurdle with one HI participant saying,

> I was in this mental institution that solved the problem of homelessness in a
>
> sort of way but, after that I went from place to place to place – but they were
>
> like bedsits and all sorts and I'd spend about 3 – 4 weeks in each one.

Coming out of prison with no benefit or job left another HI person stranded, fortunately (as it turned out) "in Glen Eden and I ended up in the CAB and I had a talk to them and they told me about you guys (VisionWest)."

Not being able to access the private market, participants could then find they were not in sufficient distress to access State housing.  Long waiting lists and generally not meeting HNZ criteria were reasons given for exclusion as one MI participant recalls.

> They were trying to get us into a Housing (HNZ) house.  It was so hard.  It was
>
> the list.  There were people waiting 2-3 years… stayed on the list for almost a

year and a half and then they call and they say … come in and do this test to
see if we can get a house… but the only thing is … I only had one kid and they
won't even look at that… You need to have 3 or 4 kids before they even look at
your situation

An HI participant also found that Housing New Zealand could not help.

I was without shelter.  Found I was pregnant.  I got told by CYFs they were
going to take my baby as soon as I dropped him. That scared me and I went to
Housing Corp in New Lynn and they had nothing for me and I sort of lost the
plot a bit there, cause I thought they would help me out being in a car. So
there's that dream world, but they referred me to here (VisionWest).

Where there is a shortage of private, community and State rental housing available,
discrimination in the private sector and very restrictive criteria in the public sector become
more significant issues.  Currently, with such a shortage of housing in places such as  Auckland
and Christchurch (Department of Building and Housing, 2010 and MBIE, 2013), it is clear that
people experiencing some form of homelessness face major barriers to accessing secure and
appropriate accommodation in which they have a chance to rebuild their lives.

### Affordability/Financial Hardship

Housing affordability and financial hardship was an issue for all the participants due to a
combination of high housing costs in Auckland and low incomes for the participants.  These
issues would often lead to participants living in substandard housing, living in overcrowded
situations or becoming homeless.

For the participants in the HI group, we have seen how the greater number of high impact
issues experienced by this group compounds the affordability issues, so that not only is the
rent unaffordable, but the challenging social issues, particularly addictions, impact on the
persons inability to pay their rent.  For example ,

…right from the word go, cause my partner was an alcoholic, he would drink
whenever he could and would spend all the money… The landlords would boot
me out, they would ask me to leave or they would come around to see me to
something at the house and my partner would go off at them, or there would

be damages to the house.  The main reason was because of rent arrears
because we just couldn't pay the rent.

In sections 4.3.2, I have reported on how the use of alcohol, drugs and gambling in the HI group have affected participants" abilities to pay the rent. For example, sharing accommodation was a way of managing the rental payments for one woman leaving enough money for her addiction, but another's gambling addiction led to "doing stealing around here and still not paying my bills. I still ended up feeding the machines.  And then I ended up losing my house, getting evicted from my flat."

In the section above, I have reported on how HI participants have been released from mental institutions or prison without the means for survival. One HI participant details how difficult this is

It was especially the first few months, and especially cause you get out and
you get your cheque for $350 and that's usually gone in a few days ...and then
it takes a couple of weeks to get your benefit sorted and that is if you're
lucky… I know people who live on the streets who haven't been on the benefit
for years because they don't know how… I knew some people who simply just
didn't know how to do it. Finding their own home and when they did that
finding the bond.  How do you get power? … or even (not knowing) how to pay
bills.

Financial pressures forced participants to return to unsafe or overcrowded family homes   One HI woman returned to her parents' home, the place of her abuse.

My son was born, I thought there is no way I can keep up the expense of a
baby plus the rent… I thought about it and thought about it, and moved into
my parents place…it wasn't ideal at all.

One MI participant described "…twelve people living in one house,  that is how we live, just as we have been brought up.  Culture wise it is affordability, that is how we put our money together, but it's always abusive."  Another MI participant also talked about how all their families lived together, saying, "there was heaps of us, probably nine of us in three bedrooms. We slept in the lounge on the couch."

While the MI participants were not dragged financially down by addictions, having enough money to survive on day-to-day and pay the rent was a major issue. Finding an affordable and appropriate home is extremely difficult. One woman said "We just keep ringing, and look in the paper, how much to pay, and the rent was too much... We would do that every day." The house she finally rented which was too expensive "$400 a week, very cold", otherwise substandard (e.g. "water leaking"), and with a landlord who "never came" to fix things up. Her own health suffered and she worried about her children's health. One of the MI single mothers describes how hard it was to manage on the income she received,

> You can't really survive because after I paid rent, I was lucky if I had $120 to
> myself to pay for food, nappies – so it's not going to cover everything I need...
> just living. I didn't have any addiction, never had any alcohol or drug problem,
> so it was never a problem for me, it was just straight out living. If I didn't pay
> my rent, whatever money that was supposed to go on my rent it's going on
> extra food or extra nappies or clothes that my son needs and stuff like that. So
> it was just trying to survive.

She said she moved about 15 times in three years because she couldn't meet her daily living expenses and pay her rent. Another young MI mum said "I ended up staying with my parents cause I didn't want to stay with the father. Well cause I had no money anyway", If things "didn't work out" she knew "I could always go back to my parents...Roughly I would stay about 6 months to 12 months."

While it would be a danger to under-estimate the support needs of the MI participants, particularly in relation to children, it would seem that access to affordable and appropriate housing addresses many if not most of the issues these people face. For the HI group, more complex issues of stability and security have to be solved as well as housing affordability.

### Lack of Housing Choices/Options

All participants talked about times in their lives where they either had a lack of, or no housing choices/options available to them. This resulted in participants living in substandard housing, living in overcrowded and/or dangerous situations, on the streets, in a caravan park or in boarding houses, hostels or emergency housing. Eight of the ten participants had been in

VisionWest's emergency housing before going into long term supportive housing, which indicates they had no other housing options left to them.

Many of reasons for the lack of housing options have already been discussed, particularly financial hardship, and the lack of supports especially when coming out of prison or when leaving a violent relationship.  Again we see that issues for those in the HI group are more complex than those in the MI group. We have heard from another two of the HI participants about the lack of housing options on release from prison in section 4.3.2. One of these participants "was living on the street, not for too long, for about two months."  Emergency housing is a last resort option, so when one HI participant was trying to escape a violent relationship, a gang family and the spectre of a recent criminal conviction, VisionWest seemed to be the only option.

> The first thing I could think of was Jill (VisionWest), I was actually living with a friend and I thought I would go and see Jill… So I ended up staying in the flat.  I was really lucky I did home detention in the flat… I think if I hadn't been involved with the church at the time I would have been really lost, because I was able to come down here once a week, sometimes three times a week.  I was really lucky to be able to do that.

Boarding houses and refuges were other housing options that were referred to, but even the latter was not necessarily a safe option, as one HI participant describes.

> I went to refuge and from there I had to leave fast. That was a horrible experience. Then I got asked to leave cause I overstayed my stay. I was threatened to be stabbed in there as well, so I was always on the alert cause, violence is not too far from the back of your mind for protectiveness. So I moved and I was looking for work, looking for somewhere to stay.

One of the HI participants talked about living in unhealthy housing as her only option,

> The house I was living in was rundown and very cold and damp. My son's health was going down. He was going through a really bad spot at that point, and I was getting really stressed about the whole thing and it was getting

worse and worse and I didn't know anywhere else I could go, Yeah it was affecting my health.

This living in unhealthy housing was also a common theme for the MI participants, with three of the five specifically talking about unhealthy housing and how they would often have to take a house that was substandard as this was the only option available.  We have already heard from one mother who was concerned for her children's health, she said, "…where I am staying no carpet, very cold, every winter we all stick together, no fireplace, no whatever, a very cold house, when it is raining all the top around here the water is coming down."  Another said, "You do find a place it's not up to your standard but you have to take it, what else do you do." She went on to explain about one of the flats she lived in,

> The worst one I had was underneath the landlord. A one bedroom place and it was really crammed in.  I felt like I was living in jail to be honest… It had cracks on the wall, leaking, very unhealthy, constantly cold.  No matter what I'd do it'd never work.  Turn on the heater it would never work it was so cold… My son got asthma when he was around one and a half and it was just .. getting worse and worse… I paid $290 a week for that.  It was just not worth it.

Going to a caravan park is another substandard housing option available. One of the MI participants recalls;

> I actually paid a bond to move into the caravan park. I was supposed to get my own unit that was what I had paid my bond for.  When I did go there they only had a caravan.  I didn't want the caravan and I even showed them my agreement and it says a 2 bedroom unit and he said well there is not one available yet…  The caravan they showed me it was disgusting….The unit was $220, so I think I was paying the same amount for the caravan because that was the agreement on my tenancy.

These stories tell us how, despite their poverty, participants have been preyed upon by unscrupulous or indifferent landlords and a system that permits unhealthy housing to be rented out. The shortage of housing stock in Auckland, and lack of affordable and social housing in Auckland has created these conditions, in which the children face a future as bleak as the history of their parents.

*Impact on Children*

All nine of the participants that had children (4 HI and 5 MI) talked about the impact of homelessness on their children or the effect that housing and related issues had on themselves when they were children. The abuse, trauma, violence, crime and addictions we have already identified in section 4.3.2 would often lead to children being separated from parents of the HI group, and going to other family members or leaving home at an early age. One of the HI participants talked about how hard it was to be separated from her children when in prison, saying, "…because I wasn't around here to see the girls, because I was down in Wellington [in prison]... It was hard….I didn't want them [the children] to [see me]. I didn't even ring them up."

Another of the HI participants who had been in a violent relationship with a partner who had addictions and a criminal conviction, talked about her concerns for her children,

> I had gotten into trouble, so I really didn't know what to do, but I knew if I stayed there things were going to get worse for my children...I didn't want anybody taking my children from my family ... if I went to jail... They probably would have been given to my sister which is what I didn't want to happen.

One HI participant talked about a time when, despite her addictions, she felt she could keep her children safe and healthy

> You can get drunk and stoned, but do it in your own time. The kids are asleep. They've been fed. Put the money into the food first not the alcohol and the drugs first. That just drives me nuts, and so you put it into the food first and then what's left over, then you get your whatever if they are taken care of.

As we have seen several times in this section and section 4.2.3, the health of children has been a major concern to a number of participants. The MI participants talked about children getting sick in unhealthy, cold, poorly insulated, mouldy and wet homes. One MI participant said, "I worry about the kid's health" and another talked about her son's worsening asthma. A summation from an MI mother "the place is not good for the kids", is echoed by a HI mother saying, "It wasn't a good place to bring up a child at all".

We have also heard the stories of constant moving and stress on the mothers and children. Children in other people's homes not being "allowed to touch things", not knowing where they are sleeping tonight, and a mother desperately bussing her child to the same school from houses all over Auckland. One of the MI participants talked about how hard it is for children to do homework when growing up in an overcrowded house when

> There are so many kids, aye, and you are trying to do your work and there were kids running around the house... just close the door to do our homework until it's finished then we can come back out, that is like the only private time when you can actually focus on your school work.

Participants talked about their children suffering and the "horrible" impacts of transient life, and made pledges to change things, if they could. They said "I knew I had to start putting my children first." "I had decided I'm not allowing my kids to grow like this", "I promised myself it [violence] would never come through to my kids" and "I'm crying in my heart, because look at the kids. They're only sweet things, and when they say I'm hungry..." Coming to VisionWest has been a major step in turning around journeys which seemed to have no way out, particularly for the HI participants. The next section explores the extent that life has changed for these families.

## 4.4 Key themes: Life with VisionWest and the future

The key area headings for this section are housing support; what would have happened without the VisionWest supportive housing programme; current challenges and suggested improvements; and what does the future look like. Questions covering these areas were asked of participants through the interview and focus group process with the goal of finding out what kind of support had been offered, whether this had been helpful and how it had been helpful. Information from the survey is also inserted in the analysis where the content covers roughly the same area as the interview/focus group data.

### 4.4.1 Housing Support Themes

Table 4.4 shows the broad positive themes that emerged when participants were asked about how life has been at VisionWest. The challenges are addressed in section 4.4.3. Each of these themes were mentioned by 40% to 100% of participants with very little difference between

the HI and the MIs, showing both groups feeling well supported over a range of issues. Each of these support themes will now be addressed in detail.

| Table 4. 4: Interview and Focus Group Data: Positive Housing Support Themes | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Assessment of risk | Support and Access to other services | Affordable | Hopeful, healthy and safe | Better for children | Community connection | Spirituality/ Church | Space to work through life Issues |
| High Indicator | 100% | 100% | 100% | 80% | 80% | 80% | 80% |
| Medium Indicator | 100% | 100% | 100% | 100% | 80% | 80% | 40% |

*Support and Access to Other Services*

All participants talked about how they were supported by accessing other wrap around services offered by VisionWest. These include social work support, budgeting (*managing my finances*), counselling (*life skills, health and wellbeing*) and community care (*information and advice, accessing other services*). Table 4.5 shows the level of satisfaction with a range of VisionWest support services, of which the most liked were those provided by the Social Worker. Sixty-percent of the participants see her at least once a week, and 50% want that level of contact to continue and even though, for some who have been tenants for some time, this contact might simply be a quick catch up, it does shows the value of knowing there is someone available to talk to, who can support you if a problem arises in your family situation. One MI participant describes it this way "she's my stronghold – I talk to her about anything and everything, my problems, sorting out things and just for advice. ... [She's] like my rock" and one HI participant says,

> Mary Anne comes and sees me once a week, and before that I used to come
> down to the groups and if I had problems I would come and talk to Mary
> Anne. Yeah she helped us a lot. I have problems with my kids and we are
> really quite lucky. If I have something I want to talk over I go to Mary Anne and
> talk to her. I go to Janine and talk to her. It's someone else to bounce your
> ideas off. I don't know how I was doing it on my own.

In the survey, participants from the HI and MI groups evaluated the support from staff from the housing team and wider Trust services. In Table 4.5 we look at participant satisfaction for

social support.  Not all services were received and therefore evaluated by each participant and those that were not have been coded as *unmarked/unsure*.  Across the 13 areas evaluated only one person (HI) said they were dissatisfied with any of the VisionWest support services. In this case it was with the communal area facilities.

Examples of supports and services that were mentioned specifically are as follows, including some not covered in Table 4.5 such as the foodbank, church, chaplaincy, coffee group and kindergarten.

| Table 4. 5: Survey Data: Level of Satisfaction with VisionWest Social Support Services | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Service area** | **High Indicator** | | | | **Medium Indicator** | | | |
| | **Very satisfied** | **Fairly satisfied** | **Dis-satisfied** | **Unsure/ not marked** | **Very satisfied** | **Fairly satisfied** | **Dis-satisfied** | **Unsure/ not marked** |
| **Social Worker services** | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| **Response to Support services enquiries** | 100% | 0% | 0% | 0% | 80% | 20% | 0% | 0% |
| **Your support plan** | 80% | 20% | 0% | 0% | 100% | 0% | 0% | 0% |
| **Helping develop life skills** | 80% | 20% | 0% | 0% | 100% | 0% | 0% | 0% |
| **Information and advice** | 80% | 20% | 0% | 0% | 60% | 20% | 0% | 20% |
| **Help accessing other services** | 80% | 0% | 0% | 20% | 60% | 20% | 0% | 20% |
| **Help managing my finances** | 80% | 0% | 0% | 20% | 20% | 40% | 0% | 40% |
| **Advice on benefits** | 60% | 20% | 0% | 20% | 40% | 40% | 0% | 20% |
| **Communal area (Hub, Op Shop)** | 40% | 20% | 20% | 20% | 40% | 40% | 0% | 20% |
| **Advice on moving home** | 40% | 20% | 0% | 40% | 60% | 20% | 0% | 20% |
| **Monitoring health and wellbeing** | 20% | 80% | 0% | 0% | 60% | 20% | 0% | 20% |
| **Overall support services** | 80% | 20% | 0% | 0% | 80% | 0% | 0% | 20% |

- Social Worker: "having someone to go and talk to about it so you don't feel like you are having to do it on your own.  That's what I find the best….And I think too with Mary -Anne being who she is she holds you accountable and I find that good too" (HI)

- Training and employment:  "there is someone to help, and everything else like when I needed a job and you guys gave me one and then I went on to better work to give me more money….it was like I was a baby before and now I am a mature person" (MI)

- Counselling and budgeting: "I've used counselling and budgeting… Debbie helped me out a lot with my debts and stuff – didn't know how to even begin" (MI)

- "Food bank & Budgeting with Debbie, she is another good and kind person" (MI)

- Op Shop: "I love that Op Shop, I tell everybody you have to come to my op shop you will never find one as cheap as this" (HI)

- The Hub and coffee group:  "That's how you get to meet people… Things like that, the foodbank, the Hub, coffee group, stuff like that." (MI)

- Church: "I knew there was support down at VisionWest and the church and I was just all so blown away" and "I have made a lot of friends through the church and my kids enjoy the activities" (HI participants)

- Community activities: "it's a group of people who just want to move on and find true friendship – it's hard to find true friendship…  and I loved the way that they did that clothing thing all the ladies from community came in" (MI)

- Chaplaincy:  "I go to Janine (Community Chaplain) and talk to her, its someone else to bounce your ideas off.  I don't know how I was doing it on my own." (HI)

- Kindergarten: "My youngest son is the first child to ever go to Kindy, my first, the other two, I stayed home [with me] because there was no trust." (HI)

Many participants talked about accessing a number of the Trust's services and about the difference this kind of support makes, knowing that you do not have to do it on your own, and knowing that there is someone who will listen to you and help you with issues as they come up.

> I went to budgeting and counselling too…, at first that was one of my conditions for being released [from prison] early that I take up counselling.  In the end we found out that, well we worked first on my gambling issues, but we found out that the reason why I ended up with this was problems way back to

my childhood years, way back to when my mum was probably still alive…. I

don't even feel that urge [for gambling]… through the counselling and a lot of

the support from Mary- Anne and through you guys. (HI)

The other key service that participants access as tenants of VisionWest Community Trust is the Trust's Housing Support Services, which includes support for tenancy issues such as rental payments, maintenance, tenant forums for improvement of services and neighbourhood issues. Table 4.6 shows the reasons that participants contact these services.

**Table 4. 6: Survey Data: Reasons for the most recent Contact with VisionWest Housing**

|  | Tenancy Support Services | Repairs | Neighbours/ Neighbourhood issues | Transfer/ exchange | Rent/Housing benefit |
|---|---|---|---|---|---|
| **High Indicator** | 60% | 40% | 40% | 20% | 0% |
| **Medium Indicator** | 20% | 40% | 20% | 20% | 20% |

Apart from tenancy support services, the most common reason for recently contacting VisionWest Community Housing was to get repairs done. In all cases the participants agreed that the Trust was able to deal with the issue raised and that they were satisfied with the outcome. All but one participant (MI) were satisfied with the way that VisionWest Community Housing generally dealt with repairs and maintenance. All HI and 3 MI participants had had repairs done on their accommodation and two were unhappy with the overall quality of the last repair job done and two more with either poor communication or disruption around the repair – see Table 4.7 below. This meant that two of the three MI participants who had a recent repair were unhappy about an aspect of those repairs. On the other hand another MI participant had a job with property care. She said it "helped big time, yeah I had a job there and everything went well."

| | High Indicator | | | | Medium Indicator | | | |
|---|---|---|---|---|---|---|---|---|
| **Issue** | Very Good | Fairly Good | Poor | No Opinion | Very Good | Fairly Good | Poor | No Opinion |
| **Being told when workers would call** | 40% | 20% | 40% | 0% | 0% | 20% | 40% | 40% |
| **Time taken before work started** | 40% | 40% | 20% | 0% | 0% | 20% | 40% | 40% |
| **Speed with which work was completed** | 40% | 40% | 20% | 0% | 20% | 40% | 0% | 40% |
| **Keeping work and mess to a minimum** | 60% | 20% | 20% | 0% | 20% | 20% | 20% | 40% |
| **Attitude of workers** | 60% | 40% | 0% | 0% | 40% | 20% | 0% | 40% |
| **Overall quality of repair** | 40% | 40% | 20% | 0% | 40% | 0% | 20% | 40% |

**Table 4. 7: Survey Data: Participant Satisfaction with Issues relating to their last completed Repair.**

The comments made by the participants in this section suggest that the HI group feel they get more from the services than the MI group. This hint is amplified a little in Table 4.8 where the HI group are more likely to be *very satisfied* around advice on rent payments and tenancy enquiries. Maintenance again is an issue for one dissatisfied MI participant.  Despite the occasional hints of dissatisfaction, the participant overview of VisionWest support services is very positive. The niggles around repairs could possibly reflect the growing sense of ownership and pride in where they live.   One of the HI participants talked about her growing sense of stability and pride in her house and how she had contributed to enhancing the property, she said,

> ….. I've done a little bit myself [gardens] and it's good to know I've done it for
> me and I've contributed somehow and I can do it, I've caused you nothing by

prettying it up.  I like that idea because I have nothing else to give and in me it
is that way of a gift.

**Table 4. 8: Survey Data: Level of Satisfaction with VisionWest Services**

| Issue | High Indicator | | | | Medium Indicator | | | |
|---|---|---|---|---|---|---|---|---|
| | Very satisfied | Fairly satisfied | Dis-satisfied | Unsure/not marked | Very satisfied | Fairly satisfied | Dis-satisfied | Unsure/ not marked |
| **Advice on rent payments** | 100% | 0% | 0% | 0% | 40% | 40% | 0% | 20% |
| **How tenancy enquiries are dealt with generally** | 60% | 20% | 20% | 0% | 20% | 40% | 20% | 20% |
| **Overall quality of your home** | 60% | 20% | 0% | 20% | 60% | 20% | 0% | 20% |
| **Dealing with maintenance issues** | 0% | 80% | 0% | 20% | 20% | 60% | 20% | 0% |

### *Affordable*

All of the participants talked about the help it was to have rents that were about 20% less than
market rents.  Although all of the participants are entitled to an Accommodation Supplement,
because of the high market rents in Auckland there is still a big difference between what a
family is entitled to through the Accommodation Supplement and the cost of a market rental.
When answering a question in the survey about whether they were getting *value for money for
your rent*, 80% of the HI group said they were *very satisfied* and 20% said they were *fairy
satisfied*. The MI were 40% *very satisfied* and 60% *fairy satisfied.*   The higher level of
satisfaction indicated by the HI participants could be due to the severity of their homelessness
prior to being housed at VisionWest, compared to the MI participants, who had generally had
more support from family.

Examples of how these discounted rents helped the participants can be seen from the
following comments.  One HI participant commented on what a difference the affordable rent

made to her, "it makes a huge difference, I know I can afford to pay the rent and have enough to live on. I just couldn't have survived paying market rent, I could never have survived" and one of the MI participants talks about how she is now able to make all of her rental payments due to the rent being more affordable, saying, "this is the first time in my life that I have been settled like this and never missed, it's a major thing to me I have never missed a rent, that's major, I feel proud of me."

### *Hopeful, Healthy and Safe*

All of the participants from both the HI and the MI groups talked about the importance of having a safe, stable home and the security and sense of hope for the future that this has given them. Participants talked about how being part of a local community for a long period gave them confidence to relate to others. Knowing that they had security of tenure meant that they did not have to worry about the day to day survival, which gave them a sense of hope for their future and allowed them to start to think about training and employment. They said they felt safe, relaxed and peaceful and that they did not have to live in fear anymore.

One of the HI participants talked about how different she felt now that she had a secure home to stay in. "To me it's just one word, "safe", not having to worry who's going to walk in the door, when I get home [thinking] have I done something wrong." She also talked about how she wanted to work towards employment now that she was housed, saying, "I really think people in a stable house feel more secure in themselves so they want to work that's just part of their growth." Another of the HI participants talked about how she had never been able to settle, due to her history of being homeless.

> I love it. It's the first time in many years that I have had that though, I have
> been too scared, I won't personalise and I know now that I personalise. …it's
> me knowing I've got longer than 2 or 3 years living here and it me knowing
> that there's not a chance the house is going to be sold and I have to pack
> again.

Looking to the future is now a possibility for another of the HI participants. In the focus group she said:

I found the stability in being here, I don't live in fear anymore of what's going to happen next. I know its cheap rent. I don't worry about nothing or getting evicted or any of that. Being here, I pretty much grew. I'm still growing and this one (picture) I chose it because I can just sit there and chill now, I don't have to worry…. I was like really highly stressed…..now I have more hope than I ever did before. Before I was too busy worrying about where I'm going to live and how I'm going to make it, whereas now I can concentrate on finishing my studies and look at the future and be a better parent for my child and stuff like that.

One of the single mum's from the MI group talked about the major impact that having a secure house has had for her.

Before I was this person that kept to myself. I was really angry and completely depressed to be honest with you, I didn't see any hope or any future – I didn't sit down and think, OK what am I going to do with my life, you know, a year from now, two years from now, I didn't have any of that. Where now, it's like I can go, OK this part of my life is sorted. I can focus on these things now. What I want to do with my life. I actually have hope. I can see a future where before I didn't. I'm like this is how my life is going to be for the next five, ten years… It really empowers me as a person. It's hey, I can do it.

### *Better for the Children*

All of the participants that have children made some comment about how having secure housing has made a big difference to their children and their family with one of the HI participants saying, "It is a big difference, to me, my kids are free to grow, they are free to be kids." Participants talked about how their children are more stable; and that having their houses close to schools and parks meant their children could walk to school or other places in their community. One of the HI participants talked about how she now felt safe and was able to send her youngest child to Kindergarten,

VisionWest, it's the safest place I have ever been, you know Lisa, my youngest son is the first child to ever go to Kindy, my first. The other two I stayed home because there was no trust. I am scared that someone is going to touch them.

But because of the Op Shop and because you have given me another chance, I got to know the Kindy and seeing things going on and started trusting it and watching expecting something to go wrong or one person to have that sex look and I would have been out and that was my excuse to get out, but it hasn't happened.

One of the HI participants explained how her children are now more content,

… the kids are more relaxed, they don't have to worry about when they come home if they are moving again. For a while it was quite exciting for them but then it got really tiresome for them… we lived in caravan parks when my girls were maybe five & four, they used to think that was exciting because of the playgrounds, but that soon got tiring, the older they got they didn't like that.

This theme was carried on by one of the MI participants who also talked about how her children are more relaxed and how they have a sense of ownership. She said, "before it was, where are we sleeping mum. Now [it's] that's my bed, my room… They love it. They're happier." Also discussed was how they wanted their children to have opportunities in life and the desire to develop good parenting skills. One MI participant talked about how she wanted things to be different for her children, "I want a better life for them, I don't want them how my life was. And so I support them in everything they do especially with their education and that and their sports." She went on to say that now she knows she's "going to make it", she could focus on the future and her children.

### Community

Being connected and being part of a community was very important to the participants with 80% of the participants from both groups talking about this area in their interviews and this also came out very strongly as a theme in the focus groups. When asked in the survey about their neighbourhood 60% of the HI participants were *very satisfied* with their neighbourhood as a place to live and 40% *were fairly satisfied.* The MI participants were more varied in their response to this question with 20% *very satisfied,* 40% fairly *satisfied,* 20% *dissatisfied* and 20% *unsure/not marked.* This higher level of satisfaction from the HI participants could be due to the fact that they had generally experienced more severe forms of trauma and homelessness than the MI group. The one MI participant who was *dissatisfied* (see the next paragraph for the

key issues that were identified in the survey) has now chosen to move to another VisionWest house to resolve this situation. Participants were also asked in the survey if they had experienced anti-social behaviour while at home in the last 12 months. Two said they had, that they reported it and that they were happy with the way that VisionWest Community Housing dealt with it.

Table 4.9 below from the survey, refers to the issues about neighbourhoods and communities that typically annoy people. Things like other peoples' dogs, or drunken parties. As stated above only one of the MI participants marked that overall they were dissatisfied with their neighbourhood, with areas highlighted such as drunken behaviour, pets and abandoned vehicles. While three HI participants had issues in one or more of five areas that caused dissatisfaction, the other eight areas were complaint free. Of most concern are the presumably rare incidents of crime, drunk or rowdy behaviour and damage to property. One might expect the HI group to be both more aware and more alarmed by such events. Again, the overall picture is one of a high degree of satisfaction from both groups with the community they are living in.

**Table 4. 9: Survey data: The Level of Satisfaction relating to the following potentially problematic issues in the participant's neighbourhood**

| Potential problems | Dissatisfied | |
| --- | --- | --- |
| | HI | MI |
| Pets and animals | 40% | 20% |
| Rubbish or Litter | 40% | 0% |
| Other crime | 20% | 0% |
| Drunk or rowdy behaviour | 20% | 20% |
| People damaging your property | 20% | 0% |
| Abandoned or burnt out vehicles | 0% | 20% |
| Racial or other harassment | 0% | 0% |
| Noisy Neighbours | 0% | 20% |
| Vandalism and graffiti | 0% | 0% |
| Noise from traffic | 0% | 0% |
| Disruptive children/teenagers | 0% | 0% |
| Drug use or dealing | 0% | 0% |
| Car parking | 0% | 0% |

Participants often referred to Glen Eden Baptist Church when they spoke about their connections to other people and the support they experienced through being part of a wider community of people.  They also talked about the importance of having a sense of belonging and making friends who become part of your support network as can be seen from one of the HI participants saying how having a long term tenancy enabled her to form friendships,  "I know I am …a regular part of the local community and it's not like I will be here today and in six months somewhere else, so that it's easier to form those relationships" and another HI participant talked about how she feels part of the community, **"**You guys have literally been there to forward me as part of the community and for me, [you] have put a better person into the community."

One of the MI participants talked about how community was important to her as a single mother. *"*It's very important to me, because without community I don't think as a solo mum... [I would have] safety and friendship with others.  I think a lot of places should have community, a sense of belonging – for friendship, for prayer" and another MI participant goes on to talk about her involvement with a number of areas within the Trust and how she feels supported and in community, *"*…the support that you get from everybody – you get a whole community, you make friends, so it's like it's a whole package – it's wonderful to be honest."

When participants in the focus groups were asked about what they saw as the key issues or concerns for people who have been homeless, they brainstormed a list of issues that were important to them.  Interestingly, access and affordability were not mentioned in this list and the themes of *belonging and community* started to emerge.  This is in line with the theory behind Maslow's (1970) hierarchy of needs, in that, once people have been able to obtain the fundamental needs such as shelter and food, they are able to focus on social needs such as belonging and friendship.

 The list of themes that emerged from the focus groups (belonging;  acceptance, non-judgemental support;  community and being connected; being loved and learning how to love; trust and self- respect;  safety; loyalty; family; honesty; safe environment for the children) are all, one way or another, tied into being positively connected to others and ultimately to community. Here's how one HI participant described it.

> I feel stronger for being in it, I feel very supported, I feel safe like it's a little
> community, houses in a group off the main road which gives me a sense of

security and because it's attached to the Trust and church there is even more support there so it gives a sense of *belonging*.

### Spirituality/Church

80% of the participants from both groups talked about the importance of their faith or the place of church in their lives. This is fairly consistent with the survey data where 70% of the participants identified with the Christian faith. The place of church and topic of faith came up in the focus groups, and further comments were also made throughout the interviews. One of the HI participants who had experienced a high level of trauma through abuse from a very young age, explained her spiritual journey in these terms,

I do love God, but it was never in my immediate family. Never went to church or that, but I have always spoken of Him from a young age, and I think that is through trauma. I had to cry out even though I didn't know Him, but I trusted Him so much.

The church community seems to have played an important part in supporting people and connecting them with others. The participants talked about how they had made friends through the church and how they had participated in various groups and programmes. Others said that they enjoyed the sense of community provided by the church, that the children enjoyed the various church activities with one of the HI participants commenting that "it's just a totally different way of doing things ….. The sense of community is stronger here".

The importance of being accepted was discussed by one of the MI participants and she talked about the sense of belonging she has at Glen Eden Baptist Church, "It's like my church family … It means a whole lot to me. That's what I needed … My church family don't judge me and they just take me as I am". Another of the MI participants when talking about the friendships she has made through being involved with the church said "Just coming to church, being more involved, whatever activity is going on at church, and stuff like that. That's how you get to meet people… Things like that (the foodbank), the Hub, coffee group, stuff like that."

### Space to work through Life Issues

This is one of the areas where there is a bit more of a variance between the HI and MI participants, with 80 % from the HI participants and 40% from the MI participants talking

about how having stable housing enabled them to look at other issues in their lives, and how they were able to look at their future for both themselves and for their children. Possibly the contrast and sense of space is more pronounced for the HI people who have been "just surviving" on a day to day basis with multiple complex issues, compared to the MI participants who had fewer high impact issues.

Participants talked about the constant pressure of looking for somewhere to live when you are homeless. That this becomes all-consuming and you are just surviving from week to week. People spoke with quite some emotion and conviction on this subject. They could see how much they had changed by having the space to work through some of the issues in their life rather than the day to day surviving that they were used to. One of the HI participants talked about how she had grown as a person and how she could now focus on being settled, saying

> I'm really happy to have grown and I'm really enjoying it instead of hating it…I have matured as a person and I realize how to sometimes chuck out the garbage in my head that keeps me occupied. Now I have got better things to concentrate on and that is one of them - settling.

Participants talked about the courses they had been attending and about training and employment in the future and one of the HI talked about how different her life is now that she has the space to look to the future,

> It's taken huge pressure off me. I didn't realize how much time I was putting into finding a house. Always looking, always felt like I was just living on the edge all the time and I didn't have any time to focus on anything else. Just trying to pay the rent and trying to survive to the next week. Now I just don't have that worry, you know. It's a massive weight off my mind. The kids are more relaxed…. Living in the situation we were living in it was just surviving. It wasn't really living, I would never [have] had the time to ring the Unitec. I wouldn't have even bothered you know….cause I never used to think of in the future. I just never gave it a thought 10 [years] is too long, 2 years is too long. I wouldn't have ever had the courage to go and do any sort of studies. I mean it took me 2 years of seeing Mary Anne and Jill and Janine just to build my confidence up to even go and do foundations [studies at Unitec].

The two participants from the MI also talked about how they had changed with one of the MI participants saying "I've learned a lot. Being here has changed me as a person as well. It's not just changed my situation, it's changed me as a person as well" and the other talked about her learning. "I took a lot of courses, church courses – Toolbox,... Oh gosh, lots of courses. I had to break that barrier, learn to say no and mean it without regrets."

The starkness of the contrast between what the participants lives had been like when they had been homeless to what their lives are like now they are in supportive housing is dramatic and begs the question, what would their lives have looked like if there hadn't been a supportive housing option available to them.

### 4.4.2    *Life without a VisionWest house/supports (what would this have looked like - from the participant perspective)*

 This question invited the participants to think about what their lives might have looked like if they had not moved into long term supportive housing and for some participants the prospect of this seemed too overwhelming to contemplate with one HI participant saying, "I don't know, I can't imagine it."   Table 4.10 shows the themes that emerged from this question. With regard to the themes of stability, connection and hope and the impact on children, HI participants predicted a considerably bleaker future than the MI participants with 40% of the former groups also feeling that prison would emerge as an outcome.  The MI group were concerned about affordability and a return to overcrowded accommodation and all participants with children from both groups had some concerns regarding the impact that would have been on children if they had not found their way to supportive housing.

**Table 4. 10: Interview and Focus Group Data: Life without a VisionWest House/Supports**

| Assessment of risk | Less stable/less connected/no hope | Impact on children | Prison | Affordability and overcrowding |
|---|---|---|---|---|
| **High Indicator** | 100% | 80% | 40% | 20% |
| **Medium Indicator** | 60% | 100% | 0% | 40% |

### Less Stable/Less Connected/No Hope

All of the HI participants felt they would be less connected, less stable, without any sense of direction or hope for the future as compared to 60% from the MI participants. Participants from the HI group felt life would have continued in the same vein as before with one saying, "[life would be] pretty bleak. I would still be hanging around with the same people" and another whose family was gang affiliated and had experienced issues of homelessness for most of her adult life, coupled with abuse, trauma and possible imprisonment said,

> I think I would have ended up back where my family are or I would have went
> to jail….cause I never used to think of in the future I just never gave it a
> thought 10 is too long, 2 years is too long.

One of the MI participants talked about a lack of stability. "I think I would be just still roaming around going from one house to another.  I don't think I'd have a stable foundation – whatever I could afford." Another simply said, "I know now, not very good probably," she then went on to talk about the negative impact this would have on her children.

### Impact on Children

All of the HI and MI participants who have children talked about issues that would have an impact on their children such as living in an unhealthy home, moving around and going back to overcrowding.  Some specifically talked about how different life would have been for their children without having stable housing with one of the HI participants saying "I think it would be a lot more unstable for my son…. I don't want to think what it would be like for my son. Actually he would be all over the place". Another HI participant had particularly grave concerns for her children.

> They [the children] would have been separated. If their dad hadn't taken them
> they probably would have been in foster homes by now… I would have seen
> my daughter on the streets as a prostitute if I hadn't have come down this
> road. My son, intelligent as he is… I would have seen him in jail too or in a
> gang, rough and ready.

Another of the HI participants felt she would lose full custody of her children,

> I would have been probably drinking a lot more. I probably would have been
> near my family down the line. I don't know, probably having custody
> arrangements with the girls. The only reason I came back out here was
> because of the girls. I don't know, I can't imagine it. Because my girls are out
> here, I would probably try and make it out here.

Losing custody of her son was also a concern for one of the MI participants and she couldn't imagine life without him,

> I don't think life would have been great… (I would have) lost my son cause his
> dad always wanted full custody and I struggled with that for a very long time
> going back to the court – they were always going he's the better parent cause
> he had a job and he was stable and there I am on a benefit not stable. So
> yeah, I would have lost my son …. My son is a huge part of my life. I can't see
> life without him to be honest. That's the way it is for me.

Another MI participant talked about how pleased she was to see her children in a stable home and thriving at school, "I think they wouldn't be as stable as they are, I'm just so glad that they love school."

*Prison*

Two of the HI participants talked about how they would probably be in prison if they hadn't found supportive housing options. One said "I would be in jail, or dead… I have always been an emotional person and I have always blamed others for upsetting me… I am really happy I am not that person anymore." The other HI participant said "I would have went to jail … cause I never used to think of in the future. I just never gave it a thought".

*Affordability and Overcrowding*

One HI and two MI participants raised the issue of affordability with the HI participant saying she would probably have to move out of the area to live somewhere that was more affordable, "I think I would be living in Ranui or much further out sort of thing." The MI participants talked about how much money it would cost and one of the participants said they would probably have to go back to living in an overcrowded situation saying, "Probably we would go back to

families, that's the only way I can think of.  Maybe it would take us another 5 or 6 years before we go out and do something on our own".

Major changes have clearly taken place in the lives of these participants and this has had a considerable impact on their lives and the lives of their children.  In general the MI group had less concerns about their sense of what the future might look like for them and this suggests that some of the MI participants are already thinking of a future beyond VisionWest. This is part of transformational change experienced by all participants.

### 4.4.3   Housing challenges and suggested improvements for VisionWest

| Table 4. 11: Interview and Focus Group Data: Housing Challenges/Suggested improvements for VisionWest | | | | | | |
|---|---|---|---|---|---|---|
| **Assessment of risk** | **Emergency Housing/ More Housing** | **Property Maintenance** | **Stronger support group** | **Increasing Cultural Support** | **Learning Gardening skills** | **Create a Clothes swap** |
| **High Indicator** | 40% | 40% | 20% | 20% | 0% | 20% |
| **Medium Indicator** | 60% | 20% | 0% | 0% | 20% | 0% |

Participants were invited to make comments about areas that may be challenging for them and/or possible improvements that could be made. Table 4.11 summarises challenges and the areas for improvement or ideas for the future that were offered by the participants.

***Emergency Housing/More Housing***

In the interviews, three of the participants who were past Kharece House (emergency housing) tenants were concerned at the closing of the one big emergency house and moving emergency housing to individual houses in the community. While this was viewed mostly as a positive move, the value of the friendships made in living in a communal house was felt quite strongly by some participants, with one HI participant saying, "I think now that its closed and you have got the emergency houses, I think that is a lot…. but in saying that I don't know if I would have been able to make the friends as quickly."  One MI participant said she was disappointed that the one big house had been closed saying, "the best thing that happened to me and my children was moving to Kharece House….I'm a bit gutted [now that it has been closed] because we loved that place."  However, another MI participant thought it was a positive

move to have independent emergency housing "because there was a lot of fighting and when we're all together it was. Oh my gosh ... I think this [change] was the best idea ever."

Other areas discussed were around isolation and the need for shared living or flatting type living arrangements. One HI participant said of one of two original participants who had dropped out of the study:   "[She] struggled with being on her own… She hated the fact of living on her own.  I wonder if there should be certain houses that can be shared."

Having more available housing stock was a suggestion with a MI focus group participant saying "I have all the support I need from VisionWest. Just wish there were more houses through VisionWest to help families in need". Another MI participant raised the same issue, "I think more houses could be nice.  I know that you guys have to get the funding and stuff like that and if you could you would."

***Property Maintenance***

The survey information (see Table 4.7) indicates that this is the greatest area of dissatisfaction, particularly for the MI participants.  In the interviews, participants showed a real pride in their homes and having come from a place of having no home to having a good quality home, some participants felt very strongly about keeping their house well maintained.  One of the MI participants told me that she didn't like asking for work to be done as she felt she had been given so much already. "I don't want to ask for too much because you have done so much for me and I don't want to come across as greedy…." One HI participant thought that property maintenance forms would be a good idea, because they were "scared we might have to pay it [the maintenance costs] out" The forms would help them to communicate about any maintenance issues they might be having and would help "because then we know the forms are there if we have problems" These forms have now been put in place by the Tenancy Manager to aid the communication process.

***Other Ideas***

The following are a collection of ideas for new ventures or improvement of current initiatives,

Creating a stronger support group:  " I think it's where Soul Sisters (women's support group) could work a bit better in getting, ... I don't know exactly how they would do it ... more (people) together to get to know each other." (HI)

Increasing cultural support: "there are a lot of nationalities here…. and sometimes that helps, you know, if they see that there's someone there that relates to them. Sometimes that helps." (HI)

Learning Gardening Skills: "Maybe now and then we could go gardening – because I don't know how to garden, and we could have a competition, and teach each other how to grow things." (MI)

Create a clothes swap service: "Clothes swap. They should actually do that now with Christmas coming along … That's where I found a lot of my clothes. Yes, someone else's rubbish is someone else's treasure" (MI).

These findings indicate that now these participants have become settled in their homes they are able to deal with other issues outside of the daily challenge of living, including looking at future improvement opportunities for their housing situation.

### 4.4.4  Looking forward – what life could look like in the future

Table 4.12 looks at the participant's vision for the future and shows that all of the participants want to build hope for themselves and their children on their current sense of safety and security in their home. Training and employment plays a big part in most futures and 40% talked about home ownership aspirations.

| Table 4. 12: Interview and Focus Group Data: Looking Forward | | | |
|---|---|---|---|
| **Assessment of risk** | **Safe,  Secure, Hope for the future and the children** | **Training and volunteering** | **Home ownership** |
| **High Indicator** | 100% | 80% | 40% |
| **Medium Indicator** | 100% | 80% | 40% |

**Safe, Secure, Hope for the future and the children**

All of the participants talked about how they now feel safe and secure which means they can start to plan for developing in other areas. One of the HI participants explained how she now feels safe in her home,

this is surreal cause I've got the garden at the back that is being done up and it reminds me of a sanctuary ... There's still roughness in me, but I'm safe [because] ... it's me knowing I've got longer than two or three years living here and it's me knowing that there's not a chance ...the house is .. going to be sold, and I have to pack again.

Security has created for one HI participant, "a huge difference. It has turned my life right around. It's made me feel more confident, stress free about living arrangements...a lot more happier". Another HI participant talked about the "big difference" arising from the feeling of security and safety. That difference meant that "my kids are free to grow; they are free to be kids". An MI participant is now thinking in terms of how she and her child are going to construct the future. Even though her daughter is only three, growing up "in this kind of environment ...everything is all about the future and how we are going to do things."

We can see that this safe and secure environment of stable, supported and affordable housing has provided a platform for the participants to look at how they might now see the future for themselves and their children, including education, training, employment and home ownership.

***Employment, Training, Volunteering***

Part of that future for 80% of the participants is having aspirations of moving into training and employment.   One of the HI participants said how she had talked with the Housing Social Worker about her fears and aspirations for training and is now enrolled in a business administration course.  She said,

I have enrolled in a course and I am on that course now….Computer and business administration, just to give me something.  I only go two times a week and then I do the rest at home.  It keeps my mind occupied and when the kids aren't here I can concentrate on that.  Hopefully it will lead up to me getting a job.

Another HI participant, who is also in training to gain a Bachelor in Social Practice degree, sees a hopeful future ahead of her,

I think I'm going to have a good job, I think it's going to be something I want to do. My future looks good. It does… That's what it feels like. I'm standing at the door now and I can go this way or this way and I get scared. I think I can't do it, but realistically I know I can do it.

Seeing another tenant succeed in studying inspired one of the MI participants, "In the future I am hoping to go back to school and I need to go back to work… I have a plan to get a degree. I want to do it too. It's inspired me." She went on to talk about her sense of wellbeing. "I was down and now I am up. I had nothing and now I have something. Basically more happy, acceptance, church friends, and more freedom to do what I want… Education wise as well. Going back to school." Another MI participant discussed how she was looking at training that could lead to employment, however, the fees were prohibiting her from accessing suitable training. She also talked about the importance of support. She said,

I was thinking of going straight into employment but I want a career. I want a job I can enjoy so I think I'm stuck there, cause I don't know what I want to do…The course I wanted to do… I didn't want to pay the fees, so I try to look for alternative courses that are free. That didn't work out so I think you do need that support.

### Home Ownership

Forty percent of the participants from both groups also talked about their desire to own their own home, as the next step after renting. One of the HI participants said "I am thinking of buying a house and becoming even more settled" and another HI participant talked about wanting to own her home,

It is scary, now that I am settled I want a home, now, and I wonder about how I can go about doing this and I'm scared, but I want it. I'm scared about how I would rent to buy, how would I save money for maintenance, and all of those things I have never ever thought about.

One of the MI participants said "After this I don't want to go back to rental…I would like to own my own home" and another person from the MI group said,

When the kids grown up and they find a good job and we go buy a house, and

this the point I telling my kids to work hard because we not stay here forever

we just know people are helping us to stay here because we cannot afford the

expenses of rent.

In the back of their minds secure tenure is not as secure as home ownership and security of

tenure is a key issue for people who have been without a fixed home for periods of time.

Wonderful as this supportive housing opportunity is for people, these participants appear to

be grappling with questions such as, can the future really be assured, and what is that future if

one has no control over it and no responsibility for it? Where will I live if VisionWest needs this

house for someone else?

## 4.5 Conclusion to the Findings

The overview measures of participant satisfaction reveal some interesting findings.  Table 4.13

shows that all participants were satisfied that their views were being taken into account by

VisionWest Community Housing, and that Community Housing was keeping them informed

about things that might affect them as a tenant, although the MI participants felt less satisfied

than the HI participants. This was true of their overall level of satisfaction as well. So here is

this holistic, integrated social housing service, which appears to have supported the

transformation of the lives of participants, and yet the MI participants are only *fairly satisfied*

overall. It is not as if they had more complaints than the HI group or even many complaints at

all.  At this point for the MI group, satisfaction may not be the only measure of success. Being

dissatisfied and wanting to have greater control over their own future may also be a mark of

how far they have come  (they no longer need the wrap around community support) or that

starting from a point of more emotional security they didn't engage with the community  in

the way the HI group did.

**Table 4. 13: Survey Data: Satisfaction Overview of VisionWest Services**

| | HI indicator | | | MI indicator | | |
|---|---|---|---|---|---|---|
| | Very satisfied | Fairly satisfied | Unsure/ not marked | Very satisfied | Fairly satisfied | Unsure/ not marked |
| **Tenant's views are taken into account by VisionWest Community Housing?** | 80% | 20% | 0% | 80% | 20% | 0% |
| **VisionWest Community Housing keeps tenants informed about things that might affect them as tenants?** | 100% | 0% | 0% | 40% | 60% | 0% |
| **Overall level of satisfaction with the services provided by VisionWest Community Trust?** | 80% | 20% | 0% | 20% | 60% | 20% |

**Table 4. 14: Survey Data: The three most important elements of selected VisionWest services as rated by the participants**

| Service elements | High indicator | Medium Indicator* |
|---|---|---|
| **Support services overall** | 100% | 20% |
| **Keeping tenants informed** | 60% | 60% |
| **Repairs & maintenance** | 40% | 40% |
| **Value for money for your rent** | 40% | 40% |
| **Social worker** | 40% | 80% |
| **Taking the tenants views into account** | 20% | 40% |
| **Overall quality of your home** | 0% | 20% |
| **Support plan** | 0% | 20% |
| **The neighbourhood as a place to live** | 0% | 0% |

- One MI participant ticked four elements.

The journey of homelessness has been described by the participants of this project including the varying degrees of complex issues they have had to deal with.  Many of these participants have faced long term homelessness; however, we have seen that as they have become settled and stable in an affordable and safe home with appropriate supports, they have been able to deal with some of the underlying social issues in their lives and have developed friendships, a sense of belonging and community.  From the data in Table 4.14, we see that 100% of the HI participants place the highest value on the wrap around services of VisionWest whereas 80% of the MI participants place the highest value on the work of the social worker.   This is perhaps an indicator of the importance of the range of supports and services that are required for people who have a number of complex issues to deal with as opposed to the MI participants who have fewer complex issues and have valued the one on one support of the Housing Social Worker in navigating through these issues. Whether by support through the holistic wrap around services or by the support offered by the Housing Social Worker, we see that transformational changes have occurred in the lives of these participants.  We can see that they have a sense of wellbeing and stability that has enabled them to look to the future with a sense of hope as they think about opportunities for their children and further training and employment opportunities for their own lives.  For some, the possibility of home ownership is also aspired to.  These stories paint an encouraging picture for these people, and give further impetus for the on-going development of this kind of supportive housing service that also connects people with community. This will be discussed further in the discussion and recommendations section.

# CHAPTER 5: DISCUSSION, RECOMMENDATIONS AND CONCLUSION

## 5.1   Introduction

In the findings section we have heard the unfolding story of homelessness from participants in both the HI (High Indicator) and the MI (Medium Indictor) groups.  We have seen that all of the participants from both the HI and the MI groups have experienced *general issues* in their journey of homelessness, such as affordability, a lack of housing options and barriers to gaining housing, such as discrimination. Further to this, participants in the HI group have experienced four or more *high impact issues.*  We can see that there is a distinction between the HI and MI groups, with the HI group overall experiencing 23 *high impact issues* such as broken relationships, abuse/trauma, addictions, street/youth homelessness and prison/crime/mental institution, as compared to just 9 for the MI group.   It is however, important to remember that while the overall number of *high impact issues* is considerably lower in the MI group, that 80% of this group had still experienced broken relationships and some kind of abuse, trauma or safety issues in their lives, which has had an overall impact on their housing situation and therefore social support was still a key part of their journey out of homelessness.

Participants have also told us how their lives have changed now they have stable, supportive and affordable housing and that they are now able to look to their future with a sense of anticipation and hope.  All of the HI and the MI participants have told us how important it is to have the support of the Housing Social Worker and access to other support services, and the importance of having a supportive community environment where trust, belonging and safety, supports and friendships can be formed. We can see that participants are connected to a community and that their children are also connected, not only to the VisionWest community, but also to their schools and as a result will have more positive education and health outcomes.

This discussion section will now look at the key themes that have emerged from the participant data and will integrate this with the information from the literature review. Discussion points will be raised and recommendations offered in line with the aim and objectives of this research project set out in S.1.2.

## 5.2    The Complexity of Homelessness

The participants of this research project have given us an insightful picture of some of the complexities around the issue of homelessness.  All of our participants met the criteria for homelessness as defined by NZ Statistics (2009), and fitted the profile drawn from the literature of people who typically experience homelessness.  A profile that confirms that the issue of homelessness is a comprehensive and complex subject with widespread issues that interplay across a broad spectrum of areas including large structural or *macro* issues such as poverty, unemployment, housing shortages and affordability and the individual or *micro* issues for homeless people with issues such as abuse and trauma, breakdown in family relationships, addictions, imprisonment, poverty and unemployment and discrimination (Moya 2003, Leggatt-Cook 2007,  Richards, 2009, Evangelista, 2010).  These are the "high impact" issues each of which has happened to at least four out of five of the HI participants and (at a lower frequency) to all of the MI group as well.  At a more structural or *macro* level we see that the issues such as a lack of appropriate housing and affordability (the "general issues") have had an equal impact on participants in both groups. The ethnic composition of the participants, 40% Māori (or a mixture of Māori/European or Māori/Pacific Island) and 30% Pacific Island, and their poverty level incomes, are other markers of population groups that are vulnerable to homelessness.

Each participant's story is an interplay between these high impact and general issues. For example, an HI woman was abused as a child, ended up in a mental institution, became street homeless on discharge as a young person and due to affordability issues ended up going back to the place of abuse when she had a baby to take care of.   McNaughton (2005) has commented that homeless people will often identify a number of individual issues in their lives that have led to homelessness, such as abuse or the breakdown of a relationship, rather than the structural issues such as a lack of affordable housing.  Homelessness often occurs when an individual issue such as abuse or unemployment is aligned with poor access to and poor affordability of housing.  Each of our participant's stories speaks to the enormous challenges they faced at both *micro* and *macro* levels.

Added to this, over years of homelessness and wretchedly inadequate housing, was the general absence at the community organisation level (the *meso* level – Evangelista, 2010) of support systems such as housing social workers which could make a difference such as identified by Anderson (2010).  In reviewing the data from the participants, it would seem

reasonable to use the *macro, meso, micro* model (Evangelista, 2010) as a framework to help locate issues of homelessness, their interconnections and solutions.  So we have *macro* issues such as policy regarding poverty and housing affordability intersecting with individual *micro* issues such as the day to day issues of poverty, and living with trauma and abuse. Concurrently at the *meso* level we have community organisations working alongside people who are homeless and struggling to access funding from government as a result of policy decisions at the *macro* level.

## 5.3    Key Issues and Themes regarding Homelessness

### 5.3.1 Trauma and Lack of Supports – Key issues in the micro

We have covered in section 2.4.2 the extensive literature linking trauma to homelessness, both as a major cause and a major consequence, a vicious downward spiral, which if there is no intervention leads to mental illness, addictions, the removal of children and street homelessness.   Our participants' lives, and particularly the HI group are consistent with this spiral.  VisionWest's Housing Social Worker noted, that "probably 90% of our tenants have some type of undiagnosed mental health issue, and it's always as a result of trauma". Mental illness or trauma were not, however, criteria under which these participants, the entire group of long term supportive housing tenants with VisionWest at the time, were chosen.  They were chosen because of the severity of their *housing* need not because of the complexity of issues that underpinned their state of being.

When we review the narratives of participants it is easy to agree with  Robinson (2010) that homeless people report a "horrendous and disproportionate level of abuse including repeated experiences of childhood abuse, domestic and family violence, rape, physical and sexual assault and robbery" (p.1).  What is worrying, despite the obvious mental health and addictions issues, is that little is done to address the consequences of trauma.  All of the HI group and two of the MI group noted the lack of support systems and in one short paragraph one HI participant lists violence, alcoholism, drug abuse, gambling and the ongoing vicious cycle  of being thrown out of houses because money was spent on addictions rather than rent. All of this with children in tow and no response from social agencies or families that came anywhere near breaking the cycle. This supports the assertion by Phillips and Collins (2003) that those who have come from a traumatic background will often have a lack of supports due to reasons such as fleeing from a violent or abusive relationship and, once homeless, finding it

much harder to maintain healthy and supportive relationships.  Social isolation and a lack of supports increase the effects of trauma for homeless people.

What this tells us is that intervention to break the cycle has to address not just the need for safe, secure shelter of good standard, it also has to address the issues of post-traumatic stress and social isolation, and to provide support systems for the children involved, many of whom will have been exposed to traumatic events.  The alternative is long term homelessness and worse. As one participant put it, if she wasn't in supportive housing, "[she] would be in jail, or dead". It is not just the house that saved her as she tells us, "I have always been an emotional person and I have always blamed others for upsetting me…I am really happy I am not that person anymore." Counselling, being part of a community, children secure at school or pre-school, access to foodbanks, budgeting, coffee groups, church, training and employment opportunities are all part of breaking the cycle of homelessness for this group of participants.

### 5.3.2 Poverty and Affordability – Key issues in the macro

Barriers to accessing housing, affordability/financial hardship and a lack of housing options were noted by 100% of the participants as *general issues* that are associated with homelessness, as was the impact on children for all participants that had children.   Moving around/lack of stability coupled with a lack of supports were also areas noted by participants under the heading of *general issues* associated with homelessness.  However, 100% of the HI participants had issues in these areas as compared to 60% under 'moving around' and 40% under 'lack of supports' for the MI participants.  Although this is a small sample group, this does seem to indicate that people with more complex issues such as abuse and addictions are more likely to move houses more often, and that their housing issues are not just because of issues such as affordability and discrimination.  An example of this was seen when one woman from the HI group told us about a period over five years where she lived in 32 houses due to her partner's addictions and having no money to pay the rent which would lead to evictions.  Another participant moved 15 times in three years.

For others we saw that a number of the issues were due to issues of poverty, a lack of housing choice and barriers such as discrimination that led to homelessness.  An example of this was one MI participant saying that she "never had any alcohol or drug problem", but paying for rent she was "lucky if I had $120 to myself to pay for food, nappies – so it's not going to cover

everything I need".  She had no choice but to take sub-standard housing, and was frequently rejected because she was on a benefit.

In section 2.4.5 I have shown that poverty and inequality are major structural or *macro* issues that impinge on homelessness to the extent that the nature and size of homelessness is both linked to the welfare regimes and their link with the housing system (Stephens and Fitzpatrick, 2007, as cited in O'Sullivan, 2010).  Stephens and Fitzpatrick argue that homelessness is driven by high levels of inequality and poverty, rather than complex issues such as addictions and trauma. Perry (2012), writing for the Ministry of Social Development, argues that inequality is not growing in New Zealand, while more recently Rashbrooke (2013) claims that it is and that its effects are dramatic. Perry however, notes that the proportion of people spending more than 30% of their income on housing has risen by 136% since 1988, and that the most affected are the people in the bottom quintiles.  Thus, Roberts (2012) argues, housing policies in New Zealand have led to greater inequality.  How this works is shown in an analysis (Bridgman 2014) of a poor community in West Auckland (McClaren Park/Henderson South – MPHS) comparing the 2001 and 2013 Census, where a strong shift to rental properties with rents (already high) increasing faster than wages, co-occurs with greater overcrowding, sickness and disability.  As well, MPHS household incomes are falling further behind regional medians and MPHS has larger families, more solo parents and 81% of households on some form of benefit. Macro forces impacting on a specific local environment (meso) and creating households where violence, addiction, crime and abuse (the micro conditions) will lead to homelessness for some.

In this light, how do we view our results?  Is the macro environment of inequality and poverty the key point of focus?  All of the participants noted both the barriers in accessing housing and, in particular, the affordability/financial hardship that was a major reason for lack of access.   While the HI group have very powerful and complex social issues, the MI group have some social issues but stronger access and affordability issues.  For the MI group, changes in housing and social welfare policy to give greater support regarding issues of access, choice and affordability might address a major part of what this group is dealing with. The survey data from Table 4.14 suggests that the MI group place greater value on the role of the Housing Social Worker, whereas the HI group see the wrap around support services offered by VisionWest as the top priority.  This does give some indication that for the MI group, affordable and secure housing plus some support through the social worker may be adequate,

whereas the HI participants have benefited from secure housing with a wider range of wrap around services and supports.

Again we see the complexities of homelessness highlighted. It is very clear from the participant data, that the macro issues of poverty, inequality and affordability are pivotal areas to address to ensure that people who are vulnerable are able to access affordable and secure housing, without discrimination, and with the appropriate financial assistance subsidies in place. Accessing both affordable and secure housing with supports of varying degrees was important for both groups of people as they moved through the housing continuum. However, the evidence from the participants', especially those in the HI category, show us, that while ensuring affordable housing is accessible for lower income and vulnerable people is an absolutely crucial part of the solution, an affordable house alone, will not always be sufficient to support people out of ongoing homelessness. For people who have a number of social issues such as trauma, addictions, broken relationships and unemployment, a more holistic approach is required to address issues in the macro, meso and micro areas enabling people to access affordable housing with the appropriate supportive services to help the person both sustain their tenancy and to address the complex social issues they have been facing in the micro area of their day to day lives.

### 5.3.3 Capability Approach – Combining macro and micro

Poverty is also seen as a *micro* issue in literature, part of the daily lives of individuals who cannot afford to pay their living expenses once they have paid for their housing. But even at this personal level poverty is influenced by the demographics (i.e. the *macro*) for example single parents, or Māori and/or Pasifika families each of which carry higher risks of poverty (Children's Commissioner, 2012, Perry, 2012). A more useful way of looking at the role poverty plays in homelessness is to link, as Tosi's (2010) capability theory suggests, the *macro* and *micro* models, so that poverty is not only the lack of adequate resources (*macro),* but also a lack of ability to make use of the resources *(micro).* With regard to the participant group, everyone was struggling financially prior to being housed with VisionWest and all seemed to lack the capability to get the kind of help from a range of social agencies (e.g. foodbanks, budgeting services, Work and Income extra benefits or job search) that might have made a difference and while this inability to access services could be due to macro issues such as discrimination, this could also link to the capabilities theory in that participants seemed to lack some capability because, to a greater (HI) or lesser (MI) extent issues such as trauma, violence

and harmful/broken relationships, addictions or crime were dominating their thinking and emotions.

The signs that the capability of the participants has improved can be seen with all of the participants talking about how they now felt safe and secure; 90% talking about their hopes for the future; 80% talking about their aspirations for training and employment and 40% talking about home ownership goals. Tables 4.6 to 4.8 demonstrated the relationship that tenants have with their landlord. It suggests that the participants are in regular contact about a range of issues from payments, repairs and shifting to another house to problems with neighbours. They expected and generally received a good service from their landlord, but they were not always happy with what they got. In other words, the participants are now capable of managing a fair and robust relationship with their landlord. Some of this capability to live resourcefully on the income they receive will have come from having more affordable rents and security of tenure, while much of the rest will be from the support from the Housing Social Worker, the other services offered by VisionWest (e.g. counselling, budgeting and life skill development), and the sense of belonging to a community which will have given them the skills to think and the space to be.

This Capabilities theory also links to Maslow's (1970) theory of Human Motivation which depicts a hierarchy of needs, whereby basic needs such as food and shelter must be met before people can start to look to other areas such as employment, friendship, love and belonging, and then moving on to self-esteem, confidence and achievement, and finally on to areas such as problem solving, creativity and spontaneity. We certainly see aspects of this playing out in the lives of the participants. Once the participants had safe, stable and affordable housing, they were able to move past the basic survival mentality to start to connect with others and form friendships and gain a sense of belonging to a community. They have been able to move on to training, volunteering and /or employment, and have aspirations for the future for themselves and for their children. Their capabilities have been expanded from the survival mode of trying to cope with the stress of omnipresent threats to their stability and security, to being able look to the world around them and consider real choices for the future. "I was down and now I am up. I had nothing and now I have something" said one MI participant, paraphrasing the story of major change expressed by all the participants. Their stories talk of acceptance, confidence, being stress free, friendships, happiness, education and hope. It is not that life is without its challenges, but these are within virtuous circles not vicious ones. One HI participant describes it thus:

My future looks good, it does…that's what it feels like, I'm standing at the door now and I can go this way or this way and I get scared, I think I can't do it, but realistically I know I can do it.

### 5.3.4 Community, Belonging - Key issues in the meso

Between society, culture, national and international policy and macro-economics (the macro) and the individual (the micro) sits community (the meso), that local geographical space where the macro and micro collide and where our sense of *us-ness* is held, particularly if we do not have employment, strong family support or stable life structure.  Community, having a sense of belonging and hope for the future, were all important themes that came out in the interview and focus group data such as appreciating the VisionWest support systems, access to other services; being in a community; feeling hopeful in stable, secure, affordable, healthy housing; engaging spiritually and/or with the church at VisionWest; and engaging with the VisionWest kindergarten or the local schools and feeling confident about the children's future. Between 80% to 100% of the participants commented positively in all these areas, whereas all felt strongly the lack of support they had had prior to coming to VisionWest.

What creates the opportunity for this rich engagement into the *meso* of community? We have seen how affordability allows participants to escape from the crushing weight of the macro, but we have not fully described how participants climb from the miasma of trauma in the micro.   The data from the participant group shows the importance of the social worker– the one service for where 100% of the participants were *very satisfied.* They all see the social worker regularly, mostly once a week and the passion for her work is evident "she's my stronghold   … [she's] like my rock". Although the participants can talk to the social worker "about anything and everything, my problems, sorting out things and just for advice" change comes about slowly and, as one participant put it, "it took me two years of seeing Mary Anne [the social worker] and Jill [the tenancy manager] and Janine [the community chaplain] just to build my confidence up to even go and do foundations [studies at Unitec]".  So even with secure housing it took two years for a major transformational change, taking on the long haul goal of training for a career as social worker, could occur. This is about re-visioning who you are – no longer just surviving and living with chaos of violence, drug abuse  and the trauma of broken relationships, with no sense of hope for the future but a calm, confident, creative and connected person.

But it is not just the Social Worker that enables this re-visioning. We can see through the interview and focus group data that many participants access a number of support services through VisionWest (creating a support plan, developing life skills, helping with finances, benefits and health matters) all of which the users liked (no one was dissatisfied). They told us what a difference this kind of support makes, knowing that you do not have to do it on your own, and knowing that there is someone who will listen to you and help you with issues as they come up.  They talked about the value of the community chaplain, budgeting support and counselling, which for one participant was a requirement for her release from prison. That counselling enabled her to review her life's trajectory ("we found out that the reason why I ended up with this was problems way back to my childhood years") and step away from a gambling addiction.

There is a third element to this re-engagement with community and that is the way resources are positioned so that participants can connect with each other in a wider community. VisionWest has a central place where the above support services are based, where among the services there is a kindergarten, a foodbank, an opshop, a counselling centre, a place to share a cup of coffee (the coffee group), a group where people share a meal together (the hub) and a church. Participants meet for coffee or a meal and support each other with, for example, one being inspired by another who had started studying – "I have a plan to get a degree.  I want to do it too - it's inspired me".

VisionWest is part of a vibrant Baptist community, some of whom also use these services. Many of the participants have identified themselves as Christian and welcome the chance to use the chaplain, and to participate (often with their children) in services and activities organised by the church, although none are coaxed to engage with church.   It is entirely their choice.  By going to this central meeting place and by having a coffee or a meal together at groups such as the hub, participants meet and engage with each other and members of a wider community.  It is not just a social connection.  For many it is a spiritual connection as well (using this term broadly).  One participant sums up the importance of community:  "You guys have literally been there to forward me as part of the community and for me, [you] have put a better person into the community."

In conclusion to this discussion on the macro, meso, micro influences, I have shown how twin forces of poverty (macro) and trauma (micro) feed on upon each in a vicious circle. I have explained how a capability model asks not only for capability around earning and spending, but

also capability around minimising emotional turmoil. We have seen the transformative nature of access to secure, quality housing (macro) and the space that this creates for personal growth (micro) where there are services to support this. Finally I have argued that transformation is incomplete and vulnerable unless it is part of belonging to a community (meso), both socially and spiritually.

## 5.4   Evaluation of the Effectiveness of the Supportive Housing Model

### 5.4.1 The Effectiveness of VisionWest's Approach to Supportive Housing

Despite the limitations in the provision and funding of supportive housing in New Zealand (Slade, 2008 and Richards, 2009), VisionWest has been able to provide long term supportive housing with wrap around services for VisionWest tenants since 2006.  This piece of research has demonstrated the success and effectiveness of this initiative, and provides evidence that this kind of supportive housing model allows for transformational change to occur for people who have been homeless.

I have summarised in section 5.3 the evidence that is the basis of this claim.  We have clearly shown, from the narratives of the participants, the appalling circumstances of homelessness they experienced. Such conditions lead to addictions, abuse, violence, prison and mental institutions and, for the children, the spectre of replication of all the worst aspects of their parents' lives.   We have seen in their new life that the participants, all people on minimum incomes, have successfully maintained their tenancies - 30% for a period of between one to three years and 70% for four to six years – whilst having lives that are stable and fulfilling for both themselves and their children. Their children are healthy, at kindergarten or school, part of a community and, most important of all, have happy, supportive parents at home. Their futures are crowded with possibility, rather than going down a path of personal destruction.

The capabilities of the participants have grown.   They have a sense of wellbeing and an ability to start to look to the future, and we see this coming through strongly in the interview feedback in themes such as support, belonging, community, hope for the future and looking at training and employment opportunities.  These success factors clearly show that VisionWest's model of supportive housing has enabled people who have experienced homelessness in varying degrees to become stable, well housed with security of tenure and able to tackle the underlying causes to homelessness.

## 5.4.2 Does VisionWest operate a Housing First model?

In the literature (sec 2.6.2) we have discussed a number of different models of supportive housing including the "staircase" or continuum of care model, the pathway model, temporary accommodation including emergency and transitional, pre homelessness services including advocacy and advice and the *Housing First* model. A number of successful programmes using the *Housing First* model have been reviewed and while there seems to be slight variations between different organisations and countries, on the whole the premise of placing the person directly into secure long term housing with the appropriate supports seems to be consistent, with all services showing that there have been transformational outcomes for previously long term homeless people. We have also seen that there have been a number of international studies that have shown that the model is cost efficient and effective when compared to other forms of intervention and is beneficial for the tenants health and wellbeing, with results showing much improved outcomes for people who were previously homeless, including a longitudinal study, where 80% of the participants who were previously chronically homeless and were then housed within a *Housing First* model, had sustained their tenancy (Tsembersi, et al., 2004).

While Housing First began with a focus on populations with major substance abuse and severe mental diagnoses (Tsemberis & Eisenberg, 2000), our participants look more like the Los Angeles Beyond Shelter (Beyond Shelter, L.A. programs, 2013) participants (single mothers, 40% domestic violence history, 20% substance abuse, 80% on welfare). This may be because in New Zealand mental health services would be expected to provide wrap around services for those with severe mental illness. Tsemberis (2010, p52) has noted "Housing First and other supportive housing interventions may end homelessness but do not cure psychiatric disability, addiction, or poverty". Consequently, where the above conditions are severe, Housing First evaluations have not always had the same kind of over-arching success that VisionWest has had.

A key feature of Housing First, the components of "support services", needs to be revisited. We have already noted (sec 2.6.1) what the originator of Housing First defined as support services seemed very comprehensive right down to "computer literacy training" (Pathways Vermont, website, 2013, Tsemberis & Eisenberg, 2000). Johnsen & Teixeira (2012) in their review of Housing First programmes describe support services ("integrated and comprehensive community-based support") as services backed by Assertive Community

Treatment (ACT) and Intensive Case Management (ICM) models, with the former being overarching (in the manner of the Pathways model) and latter receiving "housing and clinical support, together with adjunct services such as psychiatric and medical treatment from community-based providers" (p187). These models are standard, well understood and broadly used within mental health and disability services in New Zealand (Miller, 2006; Auckland District Health Board, 2013; Capital and Coast District Health Board, 2013). Thus Housing First may not be seen as "revolutionary" by mental health and disability agencies because, following Johnsen & Teixeira's observation about its reception in the UK, "it does not represent the scale of departure from existing service provision that it has elsewhere" (p194).

To put the VisionWest results into context we need to be clear that the clients of VisionWest have not had (with one exception) a diagnosis of mental illness and while there have been addiction and substance abuse issues in and around the past experience of many the participants, none appear to have any current major addiction issues. So despite prior experience that could lead many to a severe and ongoing mental illness, this did not happen. Padgett (2007, p. 1934, cited in Johnsen, & Teixeira, 2012), claims that while Housing First offers constancy and safety of housing and daily life, what can be missing is a "hope for the future, having a job, enjoying the company and support of others, and being involved in society; had only been partially attained by service users". That is not the case in this study. Most of the items in Padgett's quote generally occur across all the participants.

Each iteration of Housing First operates in a different culture and community and therefore with different resources. Those differences begin with the extreme lack of housing in Auckland (Amore, Viggers, Baker & Howden-Chapman, 2013), meaning that possibly some of the participants (the MI group) would not have become homeless in a better resourced city. There also is the possibility that the Social Worker for this project has inspired her clients in a way others replicating her role would find difficult to do. There is one other feature unique to the VisionWest model. The Glen Eden Baptist Church is a key part of the wider framework of supports offered, with many participants engaging in activities offered by the church including courses, Sunday services, social groups and meeting points (the Hub, the coffee group), access to a chaplain and programmes for their children. They are but a small part of a wider community of hope and belonging that has enabled them to have a greater sense of connection with others and has helped them gain the confidence to learn, to gain skills through volunteering and to look at future opportunities into employment and for some, home ownership. This holistic support of physical, mental, emotional and spiritual help is

woven into VisionWest's supportive housing model and while most aspects are part of the generic *housing first* model, there are other aspects built into the model such as the wider interaction with the church and the community of the church that are possibly unique.

There are several keys to both growing and reproducing this model of housing in Auckland and in other communities in New Zealand. One key initiative will rely on the ability of the community housing provider to work alongside other community, cultural and/or faith based groups to provide a group of ordinary citizens who show genuine care and respect and welcome people who have been homeless, unwell or disabled into their communities, their events, their rituals, and their sharing of food and fun. This is a resource not often accounted for or recognised in our models, and is possibly key for success in the future. To grow the skill base and community outreach, people who are already tenants of the community housing provider can be supported to grow and to gain new skills enabling them to give back to others in the community. VisionWest's Housing Social Worker, was originally a recipient of services from VisionWest, she in turn has inspired others, and we are now seeing one of the tenants embark on her training to become a social worker. Other tenants are involved in volunteering through a variety of the community services and have become part of the community that is reaching out and embracing others. This community and leadership development approach allows for the programme to grow and it connects people with people, rather than being totally staff and service provision led.

So my answer to the question posed at the beginning of this section "does VisionWest operate a *housing first* model?", is, yes, it does. It is clear from the original models that the wrap around was meant to be comprehensive and that iterations from the mental health and disability sectors have taken that fully on board. What is not clear from the literature is how the "community" is part of the project in the very concrete way that that the VisionWest spiritual community is. In saying this I am not advocating the necessity of a faith-based approach to social housing, but for the need to connect Housing First to locations that are hubs, where there is genuine and rich interaction with a wider community.

### 5.4.3 Economic Evaluation

Funding frameworks for this kind of *housing first* model need to be established to enable the growth of other such initiatives around the country. As already mentioned in chapter 2, the scope of this research has not allowed for analysis around other areas that have high costs

associated with homelessness in New Zealand. However, imprisonment at just under $91,000 per person, per annum (Department of Corrections, 2011), was a likely outcome stated by two HI participants, if VisionWest housing had not been available to them.  The VisionWest wrap around services helps to get children into pre-school services and established safely in schools and generally living healthier, stress free lives. This avoids the costs of a range of crisis interventions such as children in foster care; hospitalisation due to ill health from overcrowding or living in unhealthy conditions; mental health services; emergency housing services; addiction services; and unemployment. All of the HI group and 60% of the MI group said they would be less stable, less connected to their community with less hope for their children's future if VisionWest had not been able to help them.  In contrast, as the participants looked to their future, all talked about how they felt safe, secure and had a sense of hope for their children and their future. Eight participants talked about their aspirations for training and employment, which suggests that in time they may be able to pay rent at a level that substantially reduces the ongoing costs of social housing. The need for wrap around services will also greatly reduce. Part of the reason that it can become so cost effective is that, embedded as it is in the community, it has a significant informal volunteer component.

I have argued in chapter 2 that Housing First models are cost effective. Internationally, it is claimed that the cost of this approach is significantly lower than other interventions such as emergency housing, prison, health interventions and ongoing costs associated with children, such as foster care and having poor educational and health outcomes (Flatau et al., 2006, Jope, 2010, ACT Government, Community Services, 2012).  The financial modelling done by the Australian Capital Territory Government in 2012, shows that annual costs associated with crisis intervention approaches can be much higher when compared to the Housing First approach.

The VisionWest supportive housing model is a cost effective approach to supporting people out of homelessness. As seen in Table 2.4, VisionWest's model for both the house and the wrap around support services (including the Housing Social Worker) at the time of this research, equalled $42,695 per annum, per house/family, without any contributions from Government or other funding sources. The VisionWest model is an investment model where an upfront commitment is made to provide homeless families with supportive, safe and affordable housing and comprehensive wrap around services.  To ignore these housing and underlying social issues, means we leave individuals, families and children in an environment where they are not able to flourish and achieve their potential in life.

## 5.5   Recommendations for the Sector and Policy Advisors

Through this research process we have seen the complexities related to housing issues and homelessness and how the *macro, meso* and *micro* issues all impact upon each other.  This section presents recommendations that address the issues that have been presented in these different areas.

### *Defining Homelessness and Counting the Numbers*

Without a clear understanding of the size and severity of homelessness in New Zealand it is difficult to deal with the issue correctly.  Section 2.5.1 of the literature review identifies how important it is to have the appropriate information gathered that will give an accurate picture of the level and processes of homelessness and housing exclusion (Edgar et al., 2007, as cited in Busch-Geertsema, 2010). Under Housing New Zealand's "social allocation system" (S.2.5.1) at least 80% if not all of the research participants for this project were not recognised as homeless or in severe housing need and were not eligible for a state house, although they clearly met the NZ Statistics (2009) criteria for homelessness.  For example one of the participants was rejected by HNZ while she was pregnant, under threat from CYFs to have the baby taken from her, and living in a car.  She and other participants are what McNaughton (2005) refers to as the "hidden homeless" who are very seldom accounted for in the official homelessness statistics.  Half of the participants in this research were in the "without shelter" category and the other half in the "severely crowded" or "uninhabitable housing" categories. Assuming they represent the more severe end of the housing crisis, based on the research by Amore et al., (2013), there could be another 34,000 people like them.

*I recommend that the Government using the relevant stakeholders establishes an agreed definition for homelessness or severe housing deprivation with an accepted measurement framework, so that HNZ, community housing providers and other government agencies such as MSD and Statistics NZ can all collect data using the same methodology.*

### *Understanding the relationship between the experience of trauma and homelessness*

The importance of the role of trauma, which has been raised in this research means that the intersection between the way that housing  issues are determined in the mental health and disability sectors, and in the social housing sector, needs further research and discussion around eligibility and models. For example, there could be many in the mental health and

disability sector who would welcome the inclusion of some of their clients in supportive social housing projects.

*I recommend that the Ministry of Social Development and the Ministry of Health, in collaboration with HNZ and community groups, develop a more robust housing assessment and allocation framework that not only captures the housing needs of the individual and family but also identifies where there are more complex issues, such as trauma, abuse, addictions and mental health issues, ensuring that people are able to access the appropriate housing and support services that are more targeted to their need. Further research should be undertaken to assess the links between trauma, abuse and homelessness in New Zealand and how practices such as Trauma Informed Care can be implemented within a supportive housing framework.*

### Growth and Development of Supportive Housing and the Housing First Model

Given the remarkable turnaround that can be evidenced in the lives of the participants in this project, there is a clear case for further research and investment by the government into this *housing first/*community development model of supportive housing that provides a wraparound approach, by housing people in secure and affordable housing and also connecting people to community at many levels such as social, cultural, spiritual, sports, the arts and life development groups.

*I recommend that further research is undertaken into the different models of supportive housing and their appropriateness in relation to different determinations of housing need in the New Zealand context.  NZ providers need to work together with researchers on this project, which would aim for recommendations regarding common definitions and terminology around "supported" or "supportive housing" and "homelessness" or "severe housing deprivation" and models of supportive housing with appropriate funding mechanisms. An area worthy of ongoing New Zealand based research would be to explore the cost of other supportive housing models in New Zealand and to compare this to data regarding the cost of imprisonment, health, justice, education, employment, foster care as well as the impact of other social factors that come in to play when people are homeless.*

Support for community led *Housing First* supportive housing makes sense on a number of levels.  These include such as giving greater efficiencies and reduced costs for government agencies through resourcing community organisations and iwi to do this kind of work and,

most importantly, enabling families to become stable and have a sense of belonging.  Parents engage in training and employment, and children living in healthy housing are connected with their local school and community instead of being stuck in the downward spiral of homelessness, abuse and broken relationships, addictions and the impacts of poverty and trauma.

*I recommend that community and iwi housing organisations aim to provide connections to, or create places where, community, support and belonging can be developed such as, with church groups, marae, community meals, community gardens, volunteering, foodbank services and participating in life skill courses.  Also, I would suggest that community housing providers also provide or have links to other community support services such as a social worker, budgeting, counselling, early childhood education and employment skills and training programmes*.

### *Creating a more Equitable Funding and Financial Assistance Framework*

Funding for supportive housing services is noted as an issue both overseas (Anderson, 2010) and in New Zealand by Richards (2009) and Slade (2008), with Slade suggesting that a "whole of government" approach to funding supportive housing services is taken.

*I recommend that the government put in place an equitable, sustainable and more substantial funding system that would allow for the growth of housing stock both in the community and state social housing sector, to ensure that there is an adequate supply of social and affordable housing available to low income and vulnerable families throughout both the state and community housing sectors. This would include funding for the housing support services and social worker support for people who have been homeless and who often have complex needs.*

*Innovative solutions for the funding of supportive housing services need to be found.  For example, funding for support services could be attached to a financial assistance subsidy which could be given to housing providers or an across government investment approach - housing, health, justice, education, training and employment, social wellbeing - could be taken for the funding of supportive housing services as all the above areas benefit.  Another strategy could be stock transfers (see S.2.9) from state to community housing providers to support a more diverse social housing sector and enable the growth and development of community housing organisations.*

This research raised the issue of affordability, and suggested that for some participants access to affordable good quality housing might have solved a number of the challenges they faced. The 2013 Government budget announcements revealed the Government's intention to extend the income related rent subsidy that has only been available to HNZ tenants, to eligible *new* tenants of community housing providers, with a goal of providing a more equitable financial assistance framework for lower income New Zealanders. If the funding matches the intentions there will be access to a more diverse range of social housing options at an affordable price, and assistance for community organisations to become financially sustainable and to look towards further growth.

While the move towards income related rents for eligible community housing tenants is a positive step, the allocation of $26.6 million over four years for *new* eligible tenants, compared to the $662 million per annum allocation for the income-related rent subsidy for eligible Housing New Zealand Corporation (HNZC) tenants (New Zealand Treasury, 2013) will not be enough to enable the needed growth in the sector. There is also a clear lack of affordable housing in regions such as Auckland (Amore et al., 2013, Department of Building and Housing, 2010), which has impacted on the participants' ability to access safe, secure and affordable housing.

To increase the range of social and affordable housing that is available to low income families, there needs to be an increase in funding to support the growth of the community housing sector, which in turn will create a more diverse social housing sector, giving greater access to affordable and supportive housing for low income people in New Zealand.

*I recommend that MSD works with both HNZC and community housing providers to determine the eligibility criteria for people to access the IRRS (Income Related Rent Subsidy) and the process for allocation of tenants to community housing providers. Future IRRS budget allocations should include both the existing community housing tenants, who were precluded from being deemed eligible to receive IRRS, and new eligible community housing tenants and allow for greater accessibility to affordable housing through the IRRS for eligible low income New Zealanders.*

### *Vision, Strategy and Policy Development for Social Housing in New Zealand*

Finally, In New Zealand there does not appear to be a clearly understood or articulated vision and strategy for social housing, and how to support people out of homelessness, that can be

agreed upon across the political parties. In the international literature (see S.2.5), some of the policy development work has a rights-based approach to housing which has been successful where it is embedded into national constitutions (Fitzpatrick and Watts, 2010). Further to the development of a rights-based approach to housing, Benjaminsen and Dyb (2010) argue that the EU national housing strategies are incorporating elements of a *"housing first"* approach. In New Zealand we do not have this kind of rights-based, supportive housing policy framework and people who are unable to access social housing, simply have to "make do". This, as we see from the participant group, has meant living in overcrowded situations, caravan parks, cars, unsafe situations or living on the streets. It is evident that there is still further policy work to be carried out in New Zealand to have a clear understanding of the issue of homelessness and how to provide a pathway out of homelessness through the provision of affordable housing with supports as needed.

*I recommend the formation of a stakeholder engagement group to develop a vision and strategies that can inform all political parties to ensure all low income New Zealanders have access to affordable quality housing with supports as necessary. This group would include Government, community groups and other key stakeholders who would work together on issues such as agreed definitions and frameworks for collecting information on homelessness; poverty and the need for affordable housing; the development a more robust housing assessment and allocation framework; the development of appropriate models of supportive housing; and funding for support services. One of the key aims of this group would be the development of a national homelessness rights based strategy that can be embedded in legislation to mitigate the risk of policies being revoked or reworked every time there is a change to the political party in government.*

## 5.6  Conclusion

As the CEO of VisionWest, I started this research journey with a sense of privilege at being able to hear the stories of the pathways into and out of homelessness from the tenants of our long term supportive housing service. I was excited about the prospect of being able to evaluate the effectiveness of VisionWest's supportive housing model, using a *Housing First* framework, while assessing this against other models discussed in the international literature. I was looking forward to being able to evaluate what was working well for tenants and what areas needed improving to ensure the best outcomes for tenants. I was also hopeful that I could produce a piece of work that would give evidence to a model of supportive housing that was

producing transformational outcomes for people and could help inform policy makers and funders for future funding streams for community housing providers who are providing supportive housing services, such as VisionWest.

There were some surprises for me as I went through the process of the interviews and focus groups as I had initially wondered if the key issue that the participants would talk about would be accessibility to appropriate housing and affordability issues.  However, although the topics of access and affordability were discussed, it was the importance of community, support and belonging that were the subjects that participants were passionate about.  They told me, how now they were settled they could start to look to the future and look at opportunities such as training and employment.  As previously discussed, Maslow's Hierarchy of Needs theory (1970) seemed to be relevant here, and participants, having now found stable housing, were able to form relationships with others and look to their future opportunities with a sense of anticipation and hope.

The participants' voice in the research contains clear messages that the VisionWest model has worked for them, and this is of real assistance in planning for the future.  The qualitative data received from the participants triangulates well with the information from the survey, focus groups and organisational data from VisionWest, as well as the literature reviewed on homelessness and supportive housing.  When considered all together, they provide a strong case for the continuance and development of supportive housing services for vulnerable people who have experienced homelessness in New Zealand.

Having gone through this very enriching research process, I can now say with confidence, based on the information from the literature review and supported by the data from the participant group, that supportive housing such as *Housing First* and the supportive housing model provided by VisionWest, are a cost effective and transformational way of supporting people on their journey out of homelessness. This kind of positive evaluation can only give support to VisionWest and other community housing providers in New Zealand, to further develop this model of supportive housing, while trying to establish financially viable models of increasing available housing stock and finding mechanisms to fund the social work and wrap around supports for this service.

Based on the success we have seen of supportive housing and the *Housing First* model throughout this project, I would urge government officials, policy makers, funders and

community housing providers to join together to find innovative solutions for the funding of supportive housing services throughout New Zealand to ensure low income New Zealanders with housing need, have access to safe, healthy and affordable housing with supports available as needed enabling people to move out of and through their journey of homelessness and leading to a life that has hope for their future and the future of their children.

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# APPENDICES

## Appendix 1: Application for Ethical Approval

**Unitec**
**NEW ZEALAND**
Te Whare Wānanga o Wairaka

**Appendix One**

**APPLICATION FOR ETHICAL APPROVAL**
**FOR A RESEARCH PROJECT – FORM A**

Form A is for all research that involves or may involve potential for contentious or sensitive issues.

*Please refer to the Guidelines Research Ethics Committee Policy and Procedure, Guidelines for Ethics Applications at Unitec and Application for ethics approval Guidelines for the use of Form A and B before filling in this form.*
*Research cannot proceed until formal approval from UREC has been given in writing.*

*(For office use only)*

| | | | |
|---|---|---|---|
| Ethics Committee Ref. No: | | Date approved: | |
| Date received: | | Period of approval: | |

**DECLARATION:**

This application is a true and correct outline of the research project. I, the supervisor and/or the applicant, undertake to notify the Unitec Research Ethics Committee whenever there is any ethically relevant variation in the research process.

The information supplied below is to the best of my knowledge and belief accurate. I have read the current guidelines and policy for ethical approval for research projects involving human participants published by the Unitec Research Ethics Committee and clearly understand my obligations and the rights of participants, particularly in so far as obtaining freely-given informed consent is concerned.

| | | Date: |
|---|---|---|
| Applicant name: | Lisa Woolley | 13/11/10 |
| Applicant signature: | | |
| Supervisor name (if applicable): | Dr Geoff Bridgeman | |
| Supervisor signature: | | |
| Head of Department name: | Dr Helene Connor | |
| Head of Department signature: | | |

**PROJECT/THESIS TITLE:**

Housing Support Services for families/whanau and individuals who have experienced homelessness in Aotearoa, New Zealand

For student projects:

| | |
|---|---|
| Conducted at which Tertiary Institution? | Unitec |
| Degree: | Master of Social Practice |
| Course number & name: | Research Thesis CSTU 9003-5990 |

**ATTACHMENTS: Checklist**

☒ Information sheet(s)      ☒ Questionnaire(s)

☒ Consent form(s)      ☒ Interview/focus group schedule(s)

Applications should be received by UREC **at least 10 working days prior** to the next advertised meeting. Every effort will then be made to resolve each application at that meeting.

## GENERAL INFORMATION

### 1.    PRINCIPAL RESEARCHER (APPLICANT) - STAFF OR STUDENT

| | |
|---|---|
| Name: | Lisa Woolley |
| Address: | 107 Tanekaha Rd, Titirangi, Auckland |
| Department: | |
| Phone No: | **09 817 6353 (Home); 09 818 0702; 027 664 5310** |
| Unitec Student ID: | **1093870** |
| e-Mail: | lisaw@VisionWest.org.nz |

Brief statement of relevant qualifications and experience:

I have been involved in the Not for Profit sector for over 28 years and have been working for VisionWest Community Trust for over 12 years. I have been involved in the community housing sector for the last 6 years and was also involved in Emergency Housing in Hollywood in the 1980's. I have a Graduate Diploma in Not for Profit Management and have completed four papers towards a Master in Social Practice degree.

### 2.    PRINCIPAL SUPERVISOR (if applicable)

| | |
|---|---|
| Name: | Dr Geoff Bridgman |
| Address (Bldg & room number): | 510-5013 |
| Department: | **Department of Social Practice** |
| Phone No: | X5071 |

Brief statement of relevant qualifications and experience:

Geoff Bridgman is a lecturer in the Unitec Social Practice programme with an extensive community background. Special research interests include Maori/Pacific nations and an analysis of social service systems and this will be of great assistance in this project

### 3.    ASSOCIATE(S)/RESEARCH PARTNER(S)/ CO-SUPERVISOR(S)/ ADVISOR(S):

| | 1 | 2 | 3 |
|---|---|---|---|
| Name: | Alan Johnson | | |
| Department: | Department of Social Practice | | |
| Qualifications: | Salvation Army Senior Policy Analyst + extensive housing experience | | |
| Role in project: | Associate supervisor | | |

Details of additional associates/research partners are attached   ☐ Yes   ☒ No

**4.      PROJECT DURATION:**

Dates during which the research methods requiring this approval will be conducted (normally one year from date of approval; a maximum of three years can be requested, after which the researcher must seek an extension):

**From:**  01/02/11                                    **To:**  30/06/12

**5.      AIMS/OBJECTIVES OF THE PROJECT:**

Describe in language that is, as far as possible, free from jargon and comprehensible to lay people.

> **The first aim** of this project is to look at the outcomes for at-risk families/whanau who have been a part of the Supported Housing model at VisionWest. **The second aim** is to provide a model of supported community based social housing for New Zealand that will help inform the policy makers at central Government and to make a case for resourcing organisations to provide secure housing and social support services for vulnerable and at risk people in New Zealand.
>
> **Objectives of the Project:**
> - To provide a platform for residents of VisionWest to tell their story and help inform and shape the future direction of Supported Housing in Aotearoa, New Zealand.
> - To evaluate the success of the housing support services offered by VisionWest Community Trust.
> - To provide information on the cost effectiveness to the State and the community by providing Supported Housing services for homeless people.
> - To provide a model of Supported Housing for low income or vulnerable people within a New Zealand context.
> - To look at opportunities for further growth and improvement of the services offered for at risk families/whanau and individuals.
> - To provide central Government and policy makers with a piece of qualitative research that will evaluate the need for funding for community housing providers and social service organisations who provide housing support services for vulnerable and at risk families/whanau and individuals in Aotearoa, New Zealand.

**6.      VALUE AND BENEFITS OF THE PROJECT:**

> This will be an important piece of research for the community housing sector in New Zealand as there has been very little research undertaken in the area of housing support services and the outcomes for vulnerable and at risk families/whanau and individuals living in Aotearoa, New Zealand, who have experienced homelessness. The potential impact of this research will mean that more of our vulnerable and at risk families/whanau and individuals find secure housing and are resourced to engage in their communities. Their children are safe and settled within their family home and their school, giving them a greater chance of achieving through education; and families/whanau and individuals are resourced to achieve their goals and work towards their aspirations in life.
>
> Supported Housing fits well within the new Whanau Ora model being promoted currently by Government (Durie, Cooper, Grennell, Snively & Tuaine, 2010) and ensures the whole family is part of the process of moving forward into a more secure future. The impact of reducing homelessness through a Supported Housing model is major and not only has huge implications in the social welfare area, through a reduction of poverty; unemployment; health issues; crime; addictions and violence but has an economic value through savings to Government and tax payer due to less intervention of Government bodies such as Child Youth and Family; Prison and justice services; use of health services and Work and Income NZ.

## METHODOLOGY

7.  **TYPE OF PROJECT AND METHODS: (Mark the appropriate boxes)**

| | |
|---|---|
| Questionnaire | ☒ |
| Focus Group | ☒ |
| Interview | ☒ |
| Experimental, Observational or Interventional Study | ☐ |
| Other (please specify) | |

Will electronic media (e.g. e-Mail or the internet) be used for the collection of data from participants?

☐ **Yes**    ☒ **No**

**Please attach copies of relevant questionnaires, schedules, protocols and/or procedures.**

8.  **SAMPLE & ANALYSIS DETAILS**

a. How many participants will be involved in the research project?

> Housing tenants
> 12 interviews, 12 questionnaires
> Two focus groups
>
> 4 representatives of social agencies

b. From what groups are the participants to be drawn (e.g. general public, specific cultural groups, special interest groups, students, geographical groups, etc)?

> All adult tenants of VisionWest's long term Supported Housing will be invited to be part of the focus groups and the individual interviews through a person who is external to the organisation. Currently the Trust has eight such houses used for long term Supported Housing and by the time of this research starting there will be another four - eight houses added to this stock, so it is hoped to have participants from 12 houses in all. In effect this will be 12 people as all the adult tenants are or are likely to be solo mothers.
>
> Based on VisionWest tenancies, approximately 50% of the tenants who participate in this research will be Maori and 30 – 40% will be Pacific Island people

c. What is the relationship between the participants and the researcher (friend, whanau/family, employee-employer, teacher-student, etc)?

Participants will be tenants of the VisionWest Community Trust's housing service who have agreed to participate in the project. The researcher is the CEO of VisionWest Community Trust.

VisionWest Community Trust provides nine services into the community and employs over 400 staff. As CEO, I have Managers for each service either reporting directly to me or to a delegated Manager. The housing service of the Trust employs a Housing Manager; a housing social worker and an Emergency Housing Manager/tenancy manager and we are currently looking to employ a fourth person. The Housing Manager reports directly to me and keeps me informed of current developments within the service. As CEO, I have been involved with contract development for housing and have worked at a strategic level to grow the Trust's housing stock and services. Tenancy Management is totally managed by the housing team and is not an area I get involved in as the CEO. The only time that a tenancy issue would come to me as the CEO would be if there was a conflict whereby the tenant may feel they need to take an issue up to the CEO to gain resolution. This has happened on only one occasion in the last 6 years, and was a very minor issue. My involvement with the tenant's is therefore minimal and would be more on a relational level as they come in and out of the Trust offices.

d. What methods will be used to recruit participants? (Include information about koha, expenses, and inducements)

I will set up a process for participation that will be facilitated by a person independent of VisionWest Housing services and a member of the Research Advisory Group that will ensure that tenants feel totally free to choose whether or not they would like to participate in the research project. If a tenant should agree to participate, the independent facilitator will support them should they have any issues with the data collection process. Once the focus groups and interviews have been transcribed an independent person will discuss any issues of accuracy of the issues captured and the publication process with the participants.

Information sheets will be provided to tenants regarding the research process and will be worded in such a way to make it clear about how the information will be managed. This will ensure that tenants are comfortable how the information will be managed and published. There will be no inducements, however, refreshments will be served at the focus groups and any child care expenses will be paid for by VisionWest.

e. How did you determine your sample size?

The sample size has been determined by the number of houses owned by VisionWest for the use of Long Term Supported Housing.

f. How will you analyse the data generated from the research project?

The methods for data analysis will firstly be descriptive, capturing the detail of the lived experience of the participants in the focus group and the interviews. I will also use a thematic framework. I will use a thematic charting method to help analyse new themes in the data as they emerge. The preliminary findings from the analysis will be presented to the research reference group for discussion to ensure the voice of all the participants is being captured correctly and that there is an agreement about emergent themes and the direction that the analysis is taking.

## 9.  MAORI PARTICIPATION:

Could your research involve Maori participation, either by deliberate selection or by random sampling? Could it impact on Maori, or be of particular relevance to Maori?

☒  **Yes/perhaps**          ☐  **No**

See HRC Guidelines for researchers on health research involving Maori (www.hrc.govt.nz)

If "yes", please explain how your research process is consistent with the provisions of the Treaty of Waitangi. State what consultations and/or collaborations, and with which iwi/group, have or will be undertaken. What involvement does this group have in the project? How will the results be disseminated to the consulted group and participants at the end of the project?

Approximately 50% of the tenant's in VisionWest's Long Term Supported Housing service are Maori and around 30 – 40% are Pacific Island people. To ensure that the research project is consistent with the provisions of the Treaty of Waitangi, I will be setting up a research reference group which will include Maori and Pacific Island tenants from VisionWest and the Trust's housing social worker who is Maori/Samoan and has completed her final year of a degree in Social Work through Te Wananga in Manukau. These people, as well as the Baptist Maori Ministries Kaihautu (David Moko, Iwi – Te Arawa) and a Maori advisor to VisionWest (Brad Haami, Iwi – Tuhoe), will help to ensure that the project is undertaken in a way that incorporates the principles of the Treaty.
Dr Helene Connor (Te Atiawa) will also be available as an advisor and Geoff Bridgeman also has a strong research background in working on Maori and Pacific Island research projects.

My own former studies in the G dip NFP Man also covered the Treaty and the Master's

## 10.     CULTURAL ISSUES:

Are members of a particular ethnic, societal or cultural group the principal participants or a sub-group of the research?

☒     **Yes**                    ☐     **No**

If "yes", what consultations have been undertaken with appropriate parties?

See No. 9

## 11.     MEDICAL RESEARCH OR RESEARCH INVOLVING HUMAN TISSUES OR BODY FLUIDS

Note that approval from an accredited Health and Disability Ethics Committee may be required, using their (or the national) application form (www.hrc.govt.nz). Please refer to this form and also contact the Research Administrator.

a.   Does the research involve the collection or use of human tissues or body fluids?

☐     **Yes, Go to 11b**          ☒     **No, Go to 12**

b.   If yes, what procedures will be used? Where and how will the material be stored?

c.   How will the material be disposed of (if applicable)?

d.   Does this research involve any invasive medical procedures, exposure to infection, the use of drugs, or constitute a clinical trial?

☐     **Yes, Go to 11e**          ☐     **No, Go to 12**

   e.  Describe the safeguards that will ensure against infection, damage, or risk to health.

<br>

## 12. MEETING ETHICAL PRINCIPLES

UREC emphasises eight guiding ethical principles governing research and teaching activities using humans. These are:

- Informed and voluntary consent
- Respect for rights and confidentiality and preservation of anonymity
- Minimisation of harm
- Cultural and social sensitivity
- Limitation of deception
- Respect for intellectual and cultural property ownership
- Avoidance of conflict of interest
- Research design adequacy

**EXPLAIN HOW THE RESEARCH PROJECT WILL ADDRESS ALL OF THE EIGHT ETHICAL PRINCIPLES AND WHAT STEPS WILL BE TAKEN TO ENSURE HARM MINIMISATION**

**Refer to Section 2, #3 'Minimisation of Harm'** (H:\Research\ETHICS\2009 Ethics Application Forms & Guidelines\2009 Ethics Policy and Guidelines) **in the Guidelines.**

- Potential participants will be given an information sheet from an independent person, clearly outlining the key issues of the research and making it clear the participation is on a voluntary basis and ensuring that the tenant's understand that this piece of research will have no implications regarding their tenancy with VisionWest and will assure them of their confidentiality.
- Tenants will be assured that the research will in no way impinge upon their rights as tenants.
- The raw transcripts of interviews will only be seen by myself and my supervisor. The advisory group will only see the information once it has been written up in a way to preserve the anonymity of each participant.
- Focus group work will be written up in such a way that individuals will not be identified.
- As the researcher I feel confident in my ability to recognise signs of stress in an interview situation. However, if a particular issue is causing a participant distress, then this will not be explored further. If the participant is still showing distress, counselling or support services will be made available to them.
- There will be a transparent process for sharing of the finalised project with the understanding that there may be some challenge areas that could be highlighted for VisionWest. The advisory group will also be involved in finding appropriate ways of making the research project available for the wider community.
- Please refer to point 9 for cultural issues
- Please refer to point 8.C re conflict of interest. Also please note:
  - Gathering information from tenants is part of an organisations best practice policies for quality assurance purposes. To this end much of the information gathered could come under a normal organisational audit or evaluation. It is also incredibly helpful from a CEO's perspective, to have the opportunity to interview tenants of our own organisation, to ensure that I have a full understanding of the issues facing people who have been homeless and therefore equipping me to be a more effective advocate on behalf of this group of people in the various forums I attend.
  - The kind of questions asked regarding in depth background information will in no way impinge on their tenancy.
  - As noted already, my relationship with the tenants does not have anything to do with their tenancy management, unless they wished to raise a grievance that was not being addressed to their liking at a management level.
- The design of the project has been worked through with my supervisor and a letter of

approval has been received from the Unitec Proposals committee dated 12/11/10

## DATA ACCESS

13.     **PROPOSED STORAGE AND ACCESS TO FILES AND DISPOSAL / STORAGE UPON CONCLUSION**

     **Consent Forms**

     **Note: Your consent forms must be retained for five (5) years before physical destruction.**

a. Who will have access to the Consent Forms?

> Myself and my supervisors

b. How will you ensure that the Consent Forms are protected from unauthorised access? How and where will the consent forms be stored?

> The consent forms will be stored in a locked filing cabinet in my office at VisionWest.

**Data**

**Note: Your data must be retained for five (5) years before physical destruction.**

c. Who will have access to the data?

> The raw data will only be viewed by myself and my supervisors.   Once I have been able to write the gathered data in a way that preserves the anonymity of the participants, then the research advisory group and participants will be given a copy to review.

d. Are there plans for future use of the data beyond those already described? (The applicant's attention is drawn to the requirements of the Privacy Act 1993.)

> No.

e. How and where will the data be stored?

> The data will be stored on the VisionWest network in an area that is password protected for access by myself only.  All personally identifying characteristics will be removed from the files.

**EXTERNAL CONNECTIONS**

**14.     INVOLVEMENT WITH ANOTHER INSTITUTION/ORGANISATION**

a. List the names of any organisations who are now or who will be involved in this research project, the type of involvement they have or are likely to have (e.g. funding [please state amount sought or received], co-researcher, venue for research, client), and indicate whether letters of support or approval from these organisations are attached.

| Name of organisation | Type of involvement | Letter attached? |
|---|---|---|
| VisionWest Community Trust | • Interviews, questionnaire and focus groups with tenants.<br>• Interview venue, refreshments and any child care assistance provided by VisionWest | Yes |
|  |  |  |
|  |  |  |
|  |  |  |

b. **ARE FUNDS BEING OBTAINED FOR THIS PROJECT?**

☒   Yes               ☐   No

Describe the investigator's, the host institution's, or a sponsoring agency's financial interest, if any, in the outcome of, or involvement in, the project.

> As mentioned above, VisionWest will be providing funding for any expenses such as refreshments; child care provision or if there were any funding required for counselling as a result of the project. VisionWest has also allowed for some staff resource to assist me with entering of any data or typing up big pieces of work. This would be done in a way to preserve anonymity. I have also been allowed ½ a day a week of release time to work on this project. The expectation of VisionWest is that a piece of work will be produced that could help improve services for people who have been homeless or have faced housing

**15.     RELATED APPLICATIONS**

a. Have you ever made any related applications to other Ethics Committees?

☐   Yes               ☒   No

b. If yes, have you enclosed copies of the applications and responses?

☐   Yes               ☐   No, Please explain

(Note that if you have already been granted Ethics approval by a University or Health and Disability Ethics Committee, you do not need further approval, but UREC must be sent a copy of the application and the approval.)

## 16.  SUBMISSION AND APPROVAL PROCESS

- A signed, hard copy of the completed application form must be sent to the UREC Secretary.
- An electronic copy of the application must also be sent, as follows:
  - Unitec **students**: Please EMAIL this form and attachments (e.g. information sheet, consent form, questionnaire, interview schedule, etc.) to your Unitec principal supervisor, who should in turn email this to the UREC secretary. **UREC will not receive applications directly from students.**
  - Unitec **staff** (as primary researcher or supervisor): Please forward this form, by email, to the UREC Secretary ethics@unitec.ac.nz
- Postgraduate students must ensure that their research proposals are **APPROVED PRIOR** to submitting the ethics application. An ethics application **cannot be processed until notification of approval** is received by the UREC Secretary.
- UREC's decision, and any conditions, will be relayed to you and your supervisor (in the case of student research).

**Contact details:**

UREC Secretary
Research Office
Building 180, Room 3008
Unitec New Zealand
Private Bag 92025
Auckland

Ph. 815 4321 ext 6162
Email: ethics@unitec.ac.nz

## Appendix 2: Letter of Consent from VisionWest Community Trust

**VisionWest**
COMMUNITY TRUST

95 Glendale Road, Glen Eden, Auckland
PO Box 20406, Glen Eden, Auckland 0641
P: 09 818 0700
F: 09 818 0701
E: Office@VisionWest.org.nz
W: www.VisionWest.org.nz

6th October 2010

Ethics Committee
Unitec
Private Bag 92025
Auckland

To whom it may concern,

Re: Consent for Lisa Woolley's Research Project – Programme: Master of Social Practice

I am writing on behalf of the Board of Trustees of VisionWest Community Trust regarding Lisa Woolley's Thesis project entitled, Housing Support Services for Families/whanau and individuals who have experienced homelessness in Aotearoa, New Zealand.

Lisa is the CEO of VisionWest and has asked the Board for consent to undertake research involving interviews and focus groups with the Trust's housing tenant's; interviews with housing staff and a review of organisational housing data.

The Board agrees that this research project will be of value in the following ways:
- further develop an understanding of the reasons for homelessness;
- capture the needs of housing tenants;
- give evidence regarding the impact of housing support services for families and for the community;
- provide an evaluative piece of work for future improvement of our housing services;
- produce a piece of research that can further inform policy makers regarding the need and benefits of community based social housing.

Lisa's role as CEO is not one of direct contact with the housing tenant's regarding tenancy and housing support issues as these are dealt with by the Trust's housing team. The Board therefore, is very supportive of Lisa undertaking this piece of research and gives full consent to work with any tenant's of the Trust who are willing to be part of this research. Consent is also given to undertake a review of organisational data and to conduct interviews with housing staff.

Yours sincerely

Steve Parker
Chairman

*Building Hope Together*
Hikoi Tumanako-tahi

## Appendix 3: Information for Research Participants

*Information for Research Participants*
*Housing Support Services for Families/Whānau and Individuals who have experienced homelessness:  A Case Study of VisionWest Community Trust, West Auckland*

Kia Ora

My name is Rachel Schuurman.  I have been asked by Lisa Woolley, CEO of VisionWest Community Trust to contact you to regarding a research thesis that Lisa is undertaking as part of her study at Unitec.

**Why this topic...**

As VisionWest has continued to grow, the Trust has become aware that the model of supported housing being developed is unique in New Zealand and needs to be properly evaluated.  It is the Trust's hope that this piece of research will help to show other organisations and policy makers the value of this kind of service, while helping to find ways to improve the Trust's services

**What will this mean for you...**

By being part of this piece of research, you will help inform others on some of the key issues around housing and the value of support services.  You will be helping to shape the future of housing programmes and support services in Aotearoa, New Zealand, and thus help other people who have been homeless or who have faced housing issues get the help they need..

I will be asking you if you would be happy to be part of a **focus group** run by Lisa with about five other tenants, followed by a **short questionnaire**.  The focus group is a group gathering where you will be discussing housing.  It will last for 60 to 90 minutes. Light refreshments will be served and there will also be assistance if child care is required.

Lisa  would  also like to have an **individual interview** of about 40 minutes with you to discuss your housing experiences in greater depth.

**The focus group and interview will be taped** to help ensure accuracy for the transcription. These tapes will later be destroyed once Lisa is sure the transcription is accurate.

The kinds of questions Lisa hopes to cover are:

- Finding out about your housing history and when you started having difficulties in finding a place to live?
- Talking about your experience in a VisionWest home – the good and not-so-good things

- How could the services at Vision-West be improved
- What are your hopes for yourself and your children in the future

You are free to withdraw or decline to answer a specific question during the focus group discussion, questionnaire or interview.  You also need to know that whether you consent to participate or not, your tenancy with VisionWest will not be affected.  Nor will your tenancy be affected in any way by your participation in this project.

**What will happen with the information gathered...**

After the transcription has been done I will give you a copy of the transcript and you can change anything you want to change, or withdraw from the research. Lisa's thesis and any subsequent reports will be written in such a way that you will not be identifiable

These reports will be presented to housing organisations and people involved in setting and informing policy regarding housing in New Zealand.  Findings may also be presented at housing conferences and forums.

**Consent**

If you agree to participate you will sign a consent form.  This does not stop you from changing your mind at a later time and asking to withdraw from the project.  This can be done by either phoning me, or sending a letter or email to the following addresses.

**Information and Concerns**

If you want further information about the project you can contact me at the above phone number and addresses.  At any time if you have concerns about the research project you may also contact Lisa's supervisor at Unitec:

Dr Geoff Bridgman

Email: gbridgman@unitec.ac.nz

Phone: 09 815 4321 x5071

If anything should happen to upset you in the focus group or interview, Lisa or you can contact me and I will assist you in getting the counselling support that you need, either through VisionWest, or, should you prefer, an outside agency.

**Confidentiality**

Any information you provide will be treated as confidential, which means that it will not be passed on to anyone else in any way that could identify you. The information received from you will be entered into a computer database accessible only through a password.  No participant names or identifying remarks will be recorded and no material, which could personally identify you, will be used in any reports on this study.

**UREC REGISTRATION NUMBER: 2010-1140**

**This study has been approved by the UNITEC Research Ethics Committee from 26/1/2011-22/6/2012. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (ph: 09 815-4321 ext 6162. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.**

## Appendix 4: Focus Group Agenda for Research

<table>
<tr>
<td colspan="3" align="center"><strong>Focus Group Agenda for Research on:<br>Housing Support Services for Families/Whānau and Individuals who have experienced homelessness</strong></td>
</tr>
<tr>
<td align="center"><strong>Timing</strong></td>
<td align="center"><strong>Part of Meeting</strong></td>
<td align="center"><strong>Outline of points to cover in the Focus Group</strong></td>
</tr>
<tr>
<td>9.30 – 10am</td>
<td>Set up</td>
<td>Set up room for focus group, set out food, boil jugs, etc. Check recording equipment.</td>
</tr>
<tr>
<td>10 – 10.30</td>
<td>Prior to start</td>
<td>Morning tea available to participants as they arrive. Informal introductions of participants and research group members.</td>
</tr>
<tr>
<td>10.30<br><br>10 minutes</td>
<td>Opening</td>
<td>
<ul>
<li>Welcome participants and giving outline of the purpose of the focus group i.e. this piece of research will help give understanding for the need and the outcomes for tenants in supported housing; while giving recommendations for further improvements for the future.</li>
<li>Go over my role as the researcher</li>
<li>Karakia – invitation to a participant to open with a karakia</li>
<li>Introduce the recorders and their role during the focus group and myself as facilitator for the morning.</li>
<li>Inform participants that the focus group will be recorded and what will happen to the recording.</li>
<li>Introductions and Whakawhānaungatanga – getting to know one another.
<ul>
<li>Everyone in the group to introduce themselves and share a little about where they grew up, the house they lived in and their experience of growing up.</li>
</ul>
</li>
<li>Give an outline of what will happen during the focus group.</li>
<li>Go over ground rules – confidentiality; respect; listening to each other's viewpoints.</li>
<li>Invite other ground rules from the participants.</li>
<li>Inform the participants about the feedback process.</li>
<li>There will be a summary of information at conclusion of the session.</li>
<li>What will happen if any of the information is published?</li>
<li>Let the participants know that the report compiled from the focus group will be available and when.</li>
<li>Give participants the opportunity for future feedback after the focus group.</li>
</ul>
</td>
</tr>
<tr>
<td>10.40<br><br>1 – 1.5 hours</td>
<td>Body</td>
<td>Question 1: What life was like before supportive housing?<br><br>Activity: Participants to pick an image from the pictures provided, that speaks to them is some way of what their life was like when they were homeless or facing housing issues.<br><br>Ask the participants to talk about their experience of being homeless or living in unsatisfactory living conditions.</td>
</tr>
</table>

*Participants are asked to share their story from their picture with the facilitator and note taker picking up any points and putting them onto a sheet of paper for discussion during feedback time, and so participants can see the points emerging.*

Question 2:  What kinds of homelessness have the participants experienced?

Activity:  Talk about the four categories of homelessness as defined by New Zealand Statistics.  Give each participant a sticky note and get them to write down which forms of homelessness they have experienced and get them to circle the one the form of homelessness they were experiencing prior to VisionWest.  Participants to stick these on the wall.

Facilitator to group and open up discussion regarding common themes and experiences and reasons for homelessness and how this led to living in a VisionWest house.

Question 3:  What life is like now as part of VisionWest supportive housing?

Activity:  Picture activity using a different set of pictures.

What difference has an affordable home with housing support and security of tenure made to you and your family?

- What helped to start with
- What continues to help
- What difference has it made to our life

Participants to share their story of how life is now using their picture as a catalyst.

Note taker to capture themes as they emerge for discussion at the end of the session.

Question 4:  Continued improvement.

Activity:  Sticky notes.

What needs to happen to help people who are facing homelessness or housing issues to ensure that all people can access safe, secure and affordable housing and what does VisionWest need to do to continue supporting people who have been homeless?

Look at key themes.

Demographics:  These will be captured in the questionnaire which will be handed out at the end of the focus groups.

| 11.50 | Wrap Up and Questionnaire | • Facilitator to thank the focus group members for their participation and ask them to look at the key points taken down.<br>• Any points missed can be added and important points highlighted by group members.<br>• Recorders to give feedback of what notes have been taken during the focus group (which should hopefully reflect what the facilitator/note taker has put onto paper)<br>• Focus group participants to give feedback about how the process has been for them and adding anything that they feel has not been covered.<br>• Facilitator to ask the participants to look at what information has come out of the group, and to rank those they think are the most important.<br>• Facilitator to go over the questionnaire and ask participants to take this away and drop it back to VisionWest in the next few weeks.<br>• Final wrap up by facilitator thanking the participants and giving them contact information if anything should arise for them as a result of the focus group. Also reminding them they can have access to the research and will be in invited to the next research reference group to hear feedback from the findings.<br>• Facilitator invites participants to have some refreshments before they leave. |
| 12.10 | Post focus group | Refreshments |
| 12.30 | Facilitator and recorders wrap up | • Discussion of the meeting, debriefing, and confirming details of note transcribing etc.<br>• Arrange a time to review the transcribed notes and analyse them.<br>• Clean up focus group area and do dishes. |

Focus Group agenda adapted from Schizophrenia Fellowship Research Agenda. Book of readings. Research Methods. Bridgeman and Gremillion (2010)

## Appendix 5: Tenants Questionnaire

**Community Housing Survey**

**VisionWest COMMUNITY TRUST**

### HOW TO COMPLETE THIS QUESTIONNAIRE

Please read the following instructions carefully before completing the questionnaire;

1. It should be completed by the tenant at this address, or partner/spouse or carer
2. Please read the instructions for each question carefully
3. Please check you have answered all questions applying to you
4. All of the information you give will be kept completely confidential. It will be only used for housing research and to monitor VisionWest's performance as a housing provider.
5. Please return the completed questionnaire in the envelope provided
6. If you do not wish to take part please return the blank questionnaire in the envelope provided

### INFORMATION ABOUT YOUR HOUSEHOLD

*THIS HELPS US BUILD UP A PICTURE OF EACH HOUSEHOLD TO SEE WHAT GROUPS OF TENANTS ARE SATISFIED WITH THEIR HOME AND THE SERVICES PROVIDED.*

**1. HOW LONG HAVE YOU BEEN A TENANT WITH VISIONWEST COMMUNITY HOUSING?**

TICK ONE BOX ONLY √

| | |
|---|---|
| Under 6 months | ☐ |
| 6 months – 1 year | ☐ |
| 1 – 2 years | ☐ |
| 3 – 5 years | ☐ |
| 6 – 10 years | ☐ |
| Don't know/can't remember | ☐ |

**2. HOW MANY PEOPLE LIVE WITH YOU IN YOUR HOUSE?**

Number of people (adults and children)_____     Number of bedrooms _____

### HOUSING SERVICES

*UNDERSTANDING HOW YOU FEEL ABOUT YOUR HOME AND THE SERVICES YOU RECEIVE IS IMPORTANT TO US.*

**3. TAKING EVERYTHING INTO ACCOUNT, HOW SATISFIED OR DISSATISFIED ARE YOU WITH THE SERVICES PROVIDED BY VISIONWEST COMMUNITY TRUST?**

TICK ONE BOX ONLY √

| | |
|---|---|
| Very satisfied | ☐ |
| Fairly satisfied | ☐ |
| Fairly dissatisfied | ☐ |
| Very dissatisfied | ☐ |

## 4. OVERALL, HOW SATISFIED OR DISSATISFIED ARE YOU WITH THE FOLLOWING?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING √

|  | Very satisfied | Fairly satisfied | Fairly dissatisfied | Very dissatisfied |
|---|---|---|---|---|
| a) The overall quality of your home | ☐ | ☐ | ☐ | ☐ |
| b) The general condition of any communal area | ☐ | ☐ | ☐ | ☐ |
| c) The general condition of any shared facilities | ☐ | ☐ | ☐ | ☐ |
| d) This neighbourhood as a place to live | ☐ | ☐ | ☐ | ☐ |
| e) The value for money for your rent | ☐ | ☐ | ☐ | ☐ |

## 5. HOW SATISFIED OR DISSATISFIED ARE YOU WITH EACH OF THE FOLLOWING SERVICES PROVIDED BY VISIONWEST COMMUNITY HOUSING?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING √

|  | Very satisfied | Fairly satisfied | Fairly dissatisfied | Very dissatisfied |
|---|---|---|---|---|
| a) Advice on rent payments | ☐ | ☐ | ☐ | ☐ |
| b) Advice on benefits | ☐ | ☐ | ☐ | ☐ |
| c) Advice on moving home | ☐ | ☐ | ☐ | ☐ |
| d) Your support plan | ☐ | ☐ | ☐ | ☐ |
| e) How enquiries are dealt with generally | ☐ | ☐ | ☐ | ☐ |

## 6. OF THE FOLLOWING, WHICH DO YOU CONSIDER TO BE THE THREE MOST IMPORTANT?

TICK NO MORE THAN 3 BOXES √

| | | |
|---|---|---|
| a) | Keeping tenants informed | ☐ |
| b) | Overall quality of your home | ☐ |
| c) | Taking tenants' views into account | ☐ |
| d) | Repairs and maintenance | ☐ |
| e) | Neighbourhood as a place to live | ☐ |
| f) | Value for money for your rent | ☐ |
| g) | Your support worker | ☐ |
| h) | Your support plan | ☐ |
| i) | Support services overall | ☐ |

## 7. TO WHAT EXTENT ARE ANY OF THE FOLLOWING A PROBLEM IN YOUR NEIGHBOURHOOD?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING √

|  | Very satisfied | Fairly satisfied | Fairly dissatisfied | Very dissatisfied |
|---|---|---|---|---|
| a) Rubbish or litter | ☐ | ☐ | ☐ | ☐ |
| b) Noisy neighbours | ☐ | ☐ | ☐ | ☐ |
| c) Pets and animals | ☐ | ☐ | ☐ | ☐ |
| d) Disruptive children/teenagers | ☐ | ☐ | ☐ | ☐ |
| e) Racial or other harassment | ☐ | ☐ | ☐ | ☐ |
| f) Drunk or rowdy behaviour | ☐ | ☐ | ☐ | ☐ |
| g) Vandalism and graffiti | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| h) | People damaging your property | ☐ | ☐ | ☐ | ☐ |
| i) | Drug use or dealing | ☐ | ☐ | ☐ | ☐ |
| j) | Abandoned or burnt out vehicles | ☐ | ☐ | ☐ | ☐ |
| k) | Other crime | ☐ | ☐ | ☐ | ☐ |
| l) | Noise from traffic | ☐ | ☐ | ☐ | ☐ |
| m) | Car parking | ☐ | ☐ | ☐ | ☐ |

## SUPPORT SERVICES

*UNDERSTANDING HOW YOU FEEL ABOUT THE SUPPORT SERVICES YOU RECEIVE IS IMPORTANT TO US.*

### 8. DO YOU RECEIVE ANY SUPPORT SERVICES?

TICK ONE BOX ONLY √

| | |
|---|---|
| Yes, provided by VisionWest Community Trust | ☐ |
| Yes, provided by other | ☐ |
| No | ☐ |
| Not sure | ☐ |

### 9. HOW SATISFIED OR DISSATISFIED ARE YOU WITH THE FOLLOWING SUPPORT SERVICES?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING √

| | | Very satisfied | Fairly satisfied | Fairly dissatisfied | Very dissatisfied |
|---|---|---|---|---|---|
| a) | Helping develop life skills | ☐ | ☐ | ☐ | ☐ |
| b) | Information and advice | ☐ | ☐ | ☐ | ☐ |
| c) | Help establishing social activities | ☐ | ☐ | ☐ | ☐ |
| d) | Help managing my finances | ☐ | ☐ | ☐ | ☐ |
| e) | How enquiries are dealt with generally | ☐ | ☐ | ☐ | ☐ |
| f) | Monitoring health and wellbeing | ☐ | ☐ | ☐ | ☐ |
| g) | Help accessing other services | ☐ | ☐ | ☐ | ☐ |
| h) | Overall support service | ☐ | ☐ | ☐ | ☐ |

## CONTACT WITH YOUR SOCIAL WORKER

*KNOWING ABOUT SATISFACTION WITH YOUR SOCIAL WORKER HELPS TO IMPROVE THE SERVICE WE PROVIDE.*

| 10. HOW OFTEN ARE YOU IN CONTACT WITH YOUR SUPPORT WORKER? | | | 11. HOW OFTEN WOULD YOU LIKE TO BE IN CONTACT WITH YOUR SUPPORT WORKER? | | |
|---|---|---|---|---|---|
| TICK ONE BOX ONLY √ | | | TICK ONE BOX ONLY √ | | |
| a) | More than once a week | ☐ | a) | More than once a week | ☐ |
| b) | Once a week | ☐ | b) | Once a week | ☐ |
| c) | Less than once a week | ☐ | c) | Less than once a week | ☐ |
| d) | Never | ☐ | d) | Never | ☐ |

**12. HOW SATISFIED OR DISSATISFIED ARE YOU WITH THE SERVICES PROVIDED BY YOUR SUPPORT WORKER?**

| | TICK ONE BOX ONLY √ |
|---|---|
| Very satisfied | ☐ |
| Fairly satisfied | ☐ |
| Fairly dissatisfied | ☐ |
| Very dissatisfied | ☐ |

## CONTACT WITH VISIONWEST COMMUNITY TRUST

*KNOWING ABOUT YOUR EXPERIENCE WHEN CONTACTING VISIONWEST COMMUNITY TRUST HELPS TO IMPROVE OUR SERVICE.*

**13. HAVE YOUR CONTACTED VISIONWEST COMMUNITY TRUST WITHIN THE LAST 12 MONTHS?**

| | TICK ONE BOX ONLY √ |
|---|---|
| Yes | ☐ |
| No | ☐ |
| Can't remember | ☐ |

**ONLY ANSWER QUESTIONS 14 TO 17 IF YOU ANSWERED YES TO 13**

**14. HOW DID YOU LAST CONTACT YOUR HOUSING ASSOCIATION?**

TICK ONE BOX ONLY √

| | |
|---|---|
| Phoned | ☐ |
| Visited office | ☐ |
| Wrote | ☐ |
| Emailed | ☐ |
| Other can't remember | ☐ |

**15. WHAT DID YOU LAST CONTACT ABOUT?**

TICK ONE BOX ONLY √

| | |
|---|---|
| Repairs | ☐ |
| Rent/housing benefit | ☐ |
| Transfer/exchange | ☐ |
| Neighbours/Neighbourhood issues | ☐ |
| Support services | ☐ |
| Garden/communal areas | ☐ |
| Other; (write in) | ☐ |
| Can't remember | ☐ |

**16. AND WERE THEY ……?**

TICK ONE BOX ONLY √

| | |
|---|---|
| Able to deal with the problem | ☐ |
| Unable to deal with the problem | ☐ |
| Neither | ☐ |
| Can't remember | ☐ |

**17. WERE YOU SATISFIED OR DISSATISFIED WITH THE FINAL OUTCOME?**

TICK ONE BOX ONLY √

| | |
|---|---|
| Satisfied | ☐ |
| Dissatisfied | ☐ |
| Neither | ☐ |
| Can't remember | ☐ |

## REPAIRS AND MAINTENANCE

*INFORMATION ABOUT REPAIRS AND MAINTENANCE HELPS US TO IMPROVE THE SERVICE WE PROVIDE.*

### 18. GENERALLY, HOW SATISFIED OR DISSATISFIED ARE YOU WITH THE WAY VISIONWEST COMMUNITY HOUSING DEALS WITH REPAIRS AND MAINTENANCE?

TICK ONE BOX ONLY √

Very satisfied ☐
Fairly satisfied ☐
Fairly dissatisfied ☐
Very dissatisfied ☐
No opinion/don't know ☐

### 19. HAVE YOU HAD ANY REPAIRS COMPLETED IN THE LAST 12 MONTHS?

TICK ONE BOX ONLY √

Yes ☐
No ☐
Can't remember ☐

ONLY ANSWER QUESTIONS 20 TO IF YOU ANSWERED YES TO 19

### 20. THINKING ABOUT YOUR LAST COMPLETED REPAIR, HOW WOULD YOU RATE IT IN TERMS OF....?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING √

| | Very good | Fairly good | Fairly poor | Very poor | No opinion |
|---|---|---|---|---|---|
| a) Being told when workers would call | ☐ | ☐ | ☐ | ☐ | ☐ |
| b) Time taken before work started | ☐ | ☐ | ☐ | ☐ | ☐ |
| c) Speed with which work was completed | ☐ | ☐ | ☐ | ☐ | ☐ |
| d) Attitude of workers | ☐ | ☐ | ☐ | ☐ | ☐ |
| e) Overall quality of repair work | ☐ | ☐ | ☐ | ☐ | ☐ |
| f) Keeping work and mess to a minimum | ☐ | ☐ | ☐ | ☐ | ☐ |

## COMMUNICATION AND INFORMATION

*PROVIDING THE RIGHT INFORMATION, AND KNOWING HOW YOU WANT TO RECEIVED IT IS IMPORTANT TO US.*

### 21. WHICH METHODS DO YOU PREFER VISIONWEST COMMUNITY HOUSING TOP USE TO INFORM YOU OR CONDULT WITH YOU ABOUT ISSUES THAT MAY AFFECT YOU?

TICK NO MORE THAN 3 BOXES √

a) Open meetings/AGM ☐
b) House meetings ☐
c) Residents groups/forums ☐
d) On-line forums ☐
e) By letter ☐
f) Telephone call ☐
g) Personal visit ☐
h) By project staff ☐
i) By email ☐
j) Magazine/newsletter ☐
k) Other (write in) ☐

| 22. How satisfied or dissatisfied are you that your views are being taken into account by VisionWest Community Housing? | | 23. How good or poor do you feel VisionWest Community Housing are at keeping you informed about things that might affect you as a tenant? | |
|---|---|---|---|
| Tick one box only √ | | Tick one box only √ | |
| Very satisfied | ☐ | Very good | ☐ |
| Fairly satisfied | ☐ | Fairly good | ☐ |
| Fairly dissatisfied | ☐ | Fairly poor | ☐ |
| Very dissatisfied | ☐ | Very poor | ☐ |
| No opinion/don't know | ☐ | | |

## Anti-social Behaviour

*Gathering information about anti0social behaviour reports will help VisionWest Community Trust to appropriately deal with them. Anti-social behaviour is any activity that impacts on other people in a negative way.*

| 24. Have you experienced anti-social while at home in the last 12 months? | | | |
|---|---|---|---|
| | Tick one box only √ | | |
| a) Yes | | ☐ | Go to 25 |
| b) No | | ☐ | Go to 27 |

| 25. Did you report it? | | | |
|---|---|---|---|
| | Tick one box only √ | | |
| a) Yes, to my landlord | | ☐ | Go to 26 |
| b) Yes to another organisation | | ☐ | Go to 2 |
| c) No | | ☐ | |

| 26. Are you happy with the way VisionWest Community Housing dealt with or is dealing with your report? | | |
|---|---|---|
| | Tick one box only √ | |
| a) Yes | | ☐ |
| b) No | | ☐ |

## Any Other Comments

27. Is there anything else you would like to say about your home and/or the services VisionWest Community Trust provides?

## BACKGROUND INFORMATION

*THIS INFORMATION IS OPTIONAL, BUT BY ANSWERING THESE QUESTIONS YOU WILL HELP US MAKE SURE VISIONWEST COMMUNITY TRUST IS NOT DISCRIMINATING AGAINST YOU OR ANYONE ELSE.*

**28.**

|  | TICK ONE BOX ONLY √ |
| --- | --- |
| **Your age** | **Tenant** |
| 16-24 | ☐ |
| 25-34 | ☐ |
| 35-44 | ☐ |
| 45-54 | ☐ |
| 55-59 | ☐ |
| 60-64 | ☐ |
| 65-74 | ☐ |
| 75-84 | ☐ |
| 85+ | ☐ |

**29.**

|  | TICK ONE BOX ONLY √ |
| --- | --- |
| **Gender** | **Tenant** |
| Male | ☐ |
| Female | ☐ |

**30. TO WHICH OF THESE GROUPS DO YOU CONSIDER YOU BELONG?**

|  | TICK ONE BOX ONLY √ |
| --- | --- |
| New Zealand European | ☐ |
| Maori | ☐ |
| Pacific Island | |
|     Samoan | ☐ |
|     Cook Islands | ☐ |
|     Tongan | ☐ |
|     Niuean | ☐ |
|     Tokelauan | ☐ |
|     Fijian | ☐ |
|     Other | ☐ |
| Asian | |
|     Southeast Asian | ☐ |
|     Chinese | ☐ |
|     Indian | ☐ |
|     Other | ☐ |
| Middle Eastern /Latin | ☐ |
| American/African | ☐ |
| Other ethnicity | ☐ |

## 31. WHAT IS YOUR RELIGION?

TICK ONE BOX ONLY √

| | |
|---|---|
| None | ☐ |
| Christian (all denominations) | ☐ |
| Buddist | ☐ |
| Hindu | ☐ |
| Judaism/Jewish | ☐ |
| Islam/Muslim | ☐ |
| Maori Christian | ☐ |
| Any other religion | ☐ |
| Prefer not to say | ☐ |

## 32. WHAT KINDS OF INCOME DO YOU RECEIVE?

| TICK ONE BOX ONLY √ | | TICK AS MANY BOXES AS APPLY √ | |
|---|---|---|---|
| **Work Status** | | | |
| Employee in full time job (30 hours or more per week) | ☐ | Earnings from employment | ☐ |
| | | Pension from a former employer | ☐ |
| Employee in part time job (less than 30 hours per week) | ☐ | Government pension | ☐ |
| | | Child benefit | ☐ |
| Self-employed – full & part time | ☐ | Income support | ☐ |
| Government supported training | ☐ | Other state benefits | ☐ |
| | | Tax credits | ☐ |
| Unemployed & available for work | ☐ | Interest from savings, etc | ☐ |
| | | Other kinds of regular allowance from outside the household | ☐ |
| Retired from work | ☐ | | |
| Full-time education at school, college or university | ☐ | | |
| | | Other sources e.g. rent, board | ☐ |
| Looking after the family/home | ☐ | No source of income | ☐ |
| Permanently sick/disabled | ☐ | | |
| Doing something else | ☐ | | |

## 33. DO YOU CURRENTLY RECEIVE ACCOMMODATION SUPPLEMENT?

TICK ONE BOX ONLY √

| | |
|---|---|
| Yes | ☐ |
| No | ☐ |
| Don't know | ☐ |

## 34. WHICH GROUP REPRESENTS YOU TOTAL NET INCOME FROM ALL THESE SOURCES AFTER DEDUCTIONS FOR INCOME TAX? IF UNSURE PLEASE ESTIMATE.

TICK ONE BOX ONLY √

| Weekly | or | Annually | |
|---|---|---|---|
| Less than $275 | | Less than $14,300 | ☐ |
| $275 to less than$486 | | $14,300 to less than $25,272 | ☐ |
| $486 to less than $676 | | $25,272 to less than $35,152 | ☐ |
| $676 to less than $930 | | $35,152 to less than $48,360 | ☐ |
| $930 and over | | $48,360 and over | ☐ |

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE RETURN IT AS REQUESTED IN THE ENVELOPE PROVIDED

## Appendix 6: Interview Questions

**Appendix 6**
**Interview Questions**
**Housing Support Services for families/whānau and individuals**
**who have experienced homelessness**

Basically the same questions will be asked as for the Focus groups, however, the questions will have further prompts as needed allowing for the conversation to go deeper and to gain further understanding regarding homelessness and the effects of receiving supported housing.

Questions will include:

1. When did you start having difficulties in finding a place to live? What was it like then? What happened after that? (A story starter that could go in several directions. I will be interested in getting a housing history and checking relationships (partners, whānau), the arrival of children, issues of employment, trouble with the law, illness, barriers to change, etc.)

2. How did you come to live in a VisionWest home? What was it like to start with? How's it been (good parts and bad parts, for you, the kids, jobs, illness, trouble, etc.)? What VisionWest support systems have you used and what happened?

3. How well has it worked? What needs to change in VisionWest? Where would you be without VisionWest?

4. Where are you heading? What needs to happen?

**UREC REGISTRATION NUMBER: (2010-1140)**

**This study has been approved by the UNITEC Research Ethics Committee from 26th January 2011 to 22nd June 2012. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (ph: 09 815-4321 ext 6162. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.**