



New Zealand Coalition
to End Homelessness

*“He turangawaewae kore,
he wairua whare kore”*

Homelessness in Aotearoa: Issues and Recommendations

Author

This paper was prepared by Steve Richards for Sustainability Ltd as a report to the New Zealand Coalition to End Homelessness. Iris Pahau of AWE Consultants Limited has inserted the kaupapa Maori component of this paper to provide a Tangata Whenua perspective on homelessness and solutions.

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Regional Public Health
Better Health For The Greater Wellington Region



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Glossary of Abbreviations

ACC	Accident Compensation Corporation
AHURI	Australian Housing and Urban Renewal Institute
CGH	Community Group Housing
CYFS	Child, Youth & Family Services
DCLG	Department of Community & Local Government (UK)
DCM	Downtown Community Ministry
DHB	District Health Board
FEANTSA	European Federation of National Organisations working with the Homeless
HIF	Housing Innovation Fund
HNZC	Housing New Zealand Corporation
HUD	Department of Housing & Urban Development (USA)
ICESR	International Covenant on Economic, Social & Cultural Rights
MSD	Ministry of Social Development
NAEH	National Alliance to End Homelessness (USA)
NZCEH	New Zealand Coalition to End Homelessness
NZPARS	New Zealand Prisoners Aid & Rehabilitation Society
RPH	Regional Public Health
SAAP	Supported Accommodation Assistance Programme (Australia)
Sector	Tangata Whenua, Community & Voluntary Sector

Homelessness in Aotearoa: Issues and Recommendations

Executive summary

Problem definition

To be homeless is to be excluded from one of our basic human rights, the right to adequate shelter. Contrary to common stereotypes it is not a personal lifestyle choice, and most homeless people also experience multiple disadvantages including very low income, poor physical or mental health, unemployment, addiction and exclusion from the social institutions others take for granted. There are additional disconnections for ¹Tangata Whenua. The disconnection from their cultural and spiritual dimension further inhibits their ability to re-integrate with their whanau, hapu and/or Iwi. This paper was commissioned by Regional Public Health (RPH) to summarise the main issues relating to homelessness prevention in New Zealand, and to make recommendations.

In Australia, the USA, UK and most Western European countries there is a recognition that investing in homelessness prevention and early intervention leads to subsequent savings in public expenditure in areas such as health, corrections and justice, mental health, welfare benefits and emergency housing. It is regarded as one of the responsibilities of national and local government, and strategies have been put in place in those countries to address the problem with appropriate levels of funding. It is estimated that over 100,000 people in Australia, or half a percent of the population, are categorised as homeless, and the ability to quantify the problem has been a factor motivating the government to fund and implement prevention programmes.

In New Zealand, however, there is no clear picture or overview of the nature and extent of homelessness. The problem has a low profile as a policy issue, partly due to low public awareness. There has been a lack of consensus about how homelessness is defined, contributing to an absence of policy direction. Such lack of consensus in other countries has not, however, prevented significant strategic initiatives and preventative programmes from being put in place.

Inter-agency work in New Zealand is being undertaken to develop an agreed definition and process for quantifying homelessness, but an early outcome is unlikely. A definition in common use differentiates between Primary (rough sleepers), Secondary (temporary shelter) and Tertiary (insecure or unsuitable housing) levels of homelessness, modified to reflect a Tangata Whenua cultural experience. A body of research and anecdotal reporting has recently developed to provide a picture of the experience of homelessness in New Zealand. Much information is qualitative and more quantitative data is needed to clarify the extent of the problem. Key points to emerge are:

¹ Generic term for Maori comprising those with mana whenua responsibility (Maori who are tied culturally to an area by whakapapa and whose ancestors who lived and died there), together with Taura here (Maori resident in an area, but who belong to waka and tribes from other parts of Aotearoa/New Zealand).

- Maori are over-represented among the homeless, and Tangata Whenua experience a spiritual disconnectedness from the land and from whanau, hapu, and Iwi which adds a further dimension of disadvantage.
- Categories of homelessness not only include rough sleepers but also people staying with friends and family, in temporary or insecure accommodation, boarding houses and hostels, and people in unfit or crowded housing. A continuum of severe housing need can be identified in which low income is a common factor.
- Besides single men, homelessness affects women, young people, victims of domestic violence, mental health consumers, people released from prison and families experiencing financial crisis. Certain common pathways present a high risk of becoming homeless.

Service delivery for the homeless in New Zealand is characteristically fragmented, lacking cultural context and understanding for Tangata Whenua, lacking coordination and a unified funding framework, particularly for housing support services. There is a lack of strategic overview to identify gaps, although some local government initiatives have been established. A number of specialised service providers offer valuable front-line mainstream services, often hampered by inadequate resources. An awareness of the need for inter-agency collaboration and preventative measures is emerging among agencies working in the field.

Recommendations

This paper uses the framework constructed in the Homelessness Strategy Toolkit devised by the New Zealand Coalition to End Homelessness (NZCEH). The framework consists of seven key areas in which action to address homelessness can be formulated: policy, planning, data collection, emergency prevention, systems prevention, service delivery and long-term solutions. The paper makes 38 recommendations in the seven subject areas, summarised as follows.

Policy

- That Tangata Whenua and the Community & Voluntary Sector (the Sector) are actively engaged in the development and implementation of all policy relating to Homelessness.
- An inter-departmental government and Sector working group is appointed to devise a New Zealand Homelessness Strategy
- A Parliamentary Inquiry into homelessness is established with a brief to consider the need for legislation to provide a statutory framework.
- A policy audit of government agencies is undertaken to identify their impact on homelessness prevention

- Cost effectiveness studies are commissioned to compare the cost of prevention programmes with potential subsequent savings in public expenditure.
- A unified funding framework is introduced to adequately resource a continuum of service delivery including prevention, early intervention, emergency services and long-term housing support.

Planning

- Regional agencies, local agencies and Tangata Whenua concerned with homelessness work collaboratively to devise and implement Local Homelessness Strategies with culturally appropriate local solutions, informed by overseas and local good practice and including standardised data collection processes which can be monitored and evaluated.

Prevention & early intervention

- Prevention is adopted as a key principle of homelessness strategies. They are informed by an understanding of causes and pathways into homelessness, and knowledge of the social groups who are most at risk, particularly Maori, youth, mental health consumers and people leaving prison or institutions.
- Early intervention programmes are implemented including family/whanau mediation, tenancy facilitation, school/rangatahi counselling and ex-offender resettlement.
- A 'Housing First' approach providing early specialised housing support is widely adopted. Also, barriers currently inhibiting the development of multiple owned Maori land for whanau housing and papakainga house should be removed to enable access to funding.

Data collection

- Current work on defining homelessness is expedited to achieve consensus and establish a sound basis for quantifying homelessness.
- A standardised process for collection of demographic and quantitative data is introduced. Government agencies and service provider user records should supplement census data, point-in-time counts, service mapping and monitoring & evaluation.

Systems prevention

- Government agencies are asked to review and improve integration of their operational systems in terms of homelessness prevention and early intervention. Common assessment, shared databases, early warning systems, culturally appropriate solutions and one-stop shops are introduced.
- Discharge processes from prison, juvenile care, mental health care and institutions are reviewed to improve inter-agency integration and meet cultural need.

- Impact on homelessness prevention and early intervention is made an integral part of departmental strategic performance measures.

Specialised service delivery

- A review is undertaken of transitional and emergency accommodation to identify demand and gaps in provision (including gaps relating to cultural needs), and implement a programme to increase supply to meet identified needs.
- Investment in support programmes for people at risk of homelessness is increased including housing facilitation, addiction treatment, counselling, outreach services, employment and health.
- Minimum standards for boarding houses are reviewed and enforced.
- Culturally appropriate services for Maori are made available and accessible which includes maximising the use of urban Marae for emergency housing.

Long-term solutions

- Supply of affordable social housing is increased to at least 10% of total housing stock, to include more accommodation for single people, housing that supports skill development and permanent supported housing.
- Urban Papakainga are developed as re-integration communities where Maori can re-connect with their culture and tikanga.
- Friendly landlord schemes are incentivised in the private sector to enable better access for mental health consumers, Maori and at risk groups.
- People are assisted to maintain an adequate income to sustain long-term housing
- A Social Inclusion Strategy is devised and implemented.

If homelessness is to be eradicated in our society it will require more than emergency accommodation, night shelters and soup kitchens. It will need a strategy to combat the social exclusion which can lead to homelessness, and programmes which support people to maintain housing in the long-term. It will also need the commitment and leadership of central and local government in partnership with specialist service providers to implement local homelessness strategies. It will include solutions for Maori that will reconnect them spiritually, physically and culturally with their whanau, hapu and Iwi.

Introduction

Aim and scope of the paper

This paper was commissioned by Regional Public Health (RPH), building on its work developing a framework to address homelessness in New Zealand. The aim of the paper is to strengthen the knowledge base and capacity of RPH in this area by summarising the key issues for homelessness in New Zealand, informed by overseas experience. This will assist RPH to make policy recommendations based on evidence and provide a source of information to its stakeholders at a strategic level.

Homelessness is a complex issue with a large body of international literature exploring the nature, causes and manifestations of homelessness. A wide range of strategies, case studies and good practice frameworks are available describing overseas practice which can inform capacity-building in New Zealand. A comprehensive description and evaluation of homelessness prevention and early intervention can be found elsewhere (an international review in Fitzpatrick & Stephens, 2007; a review of NZ research in Leggat-Cook, 2007). It is not the intention of this paper to provide a comprehensive description of agencies and service providers or a stocktake of provision in New Zealand.

The scope of this paper is limited to summarising key concerns and approaches, gathering selected examples of policy and practice to illustrate the options available for homelessness prevention, early intervention, intervention and presenting recommendations for further action. It is outside the scope of this paper to undertake specific research providing quantitative or qualitative data on the housing needs of individuals or groups.

Methodology

A Homelessness Strategy Toolkit has been adapted from the *National Alliance to End Homelessness Toolkit (2005)* by the NZ Coalition to End Homelessness (NZCEH) of which RPH is a member. The Toolkit provides a framework of seven strategic areas in which prevention, early intervention and intervention activity can be taken: policy, planning, data collection, crisis prevention, systems prevention, service delivery and long-term solutions. The paper develops this framework to identify specific issues and strategies to address them. The paper draws attention to concerns around the causes and definition of homelessness, how the issue affects Tangata Whenua and the need for a Maori perspective in developing housing strategies and services.

Two main sources of information were used to prepare this paper. Firstly, a selective literature survey was undertaken on policy and practice in New Zealand and overseas. Available information on local initiatives by community organisations and government agencies which illustrate the toolkit framework was collected. A particular focus for overseas experience was Europe, the UK, USA and Australia, and examples of good practice, statutory and strategic frameworks were considered in terms of how transferable they are to a New Zealand context.

Secondly, semi-structured interviews were carried out with people actively involved in homelessness prevention and recommended to researchers. A range of agencies were

contacted by phone and some face-to-face interviews were undertaken with respondents in Wellington.

2 Problem definition: Homelessness in New Zealand

Defining homelessness

A current priority in policy development is the need to reach a definition of homelessness agreed by all stakeholders. When achieved, this will;

- provide a basis for collating definitive statistics about the extent and nature of homelessness to inform policy and resource allocation
- help to make benchmark comparisons to measure progress and forecast trends
- make inter-agency collaboration easier by defining the scope of the problem
- assist research by defining boundaries and priorities
- ensure that the cultural impact of homelessness can be measure for Maori

A definition has been problematic as homelessness has been commonly seen in the past in terms of rough sleeping or vagrancy, excluding other forms of insecure accommodation and severe housing need. The issue has had a low profile and debate about causation has often been ill-informed. A review of NZ research on homelessness by Leggat-Cook (2007) indicates that the issue was often presented in terms of individual responsibility or personal failings, neglecting wider, structural factors.

Overseas research into pathways into homelessness (Johnson et al, 2008) shows that causes are linked to wider structural problems and support system failures. A wider definition including people in unsuitable, insecure or temporary housing can direct policy to address the causes as well as the symptoms of homelessness. There is now a greater willingness to view homelessness not in terms of individual deviance but as being related to wider social and economic issues which can be addressed through public policy.

Homelessness affects women, families, young people and the elderly as well as the commonly-held stereotypes of homeless single men. It is seen as an extreme form of social exclusion and marginalisation from labour markets, family and social networks. Solutions can therefore be seen in terms of re-integration, reconnecting with the spiritual cultural and physical dimension for Maori and empowerment rather than simply securing physical housing.

Chamberlain and MacKenzie's definition (1992) is recommended by NZCEH as a useful model which can be modified for relevance to New Zealand. However, the NZCEH is aware of the limitations of the definition and acknowledges the need to put homelessness into the broader context of housing need. Recently they are looking more closely at the European Typology on Homelessness and housing exclusion and NZCEH will contribute to the government process for establishing a definition that best meets the needs of New Zealand.

The Chamberlain and MacKenzie (1992) definition identifies categories of Primary, Secondary, Tertiary and Marginal homelessness

Primary homelessness is defined as rough sleepers (using parks, the street, cars, derelict buildings, makeshift shelter)

Secondary homelessness includes people who are transient between forms of temporary shelter (family, friends, hostels, night shelters)

Tertiary homelessness includes people in housing which is unsuitable for their needs and has no security of tenure (including boarding houses)

Marginal homelessness includes people in housing which is physically unsuitable (overcrowded, substandard)

Chamberlain and MacKenzie's definition has been useful in Australia in enumerating the problem and informing policy making, and there is a strong impetus to agree on a definition in New Zealand so policy development can progress.

NZCEH adapts these categories to reflect the New Zealand context by acknowledging Maori values and including the concept of spiritual disconnection from whanau, hapu and/or iwi, friends and family as a significant dimension of being homeless. This adaptation is valuable in providing a cultural understanding of the experience of homelessness.

Wellington City Council's homelessness strategy (2004) adopted the Australian definition, while Auckland City Council uses similar categories. This framework was also used by Statistics NZ in its Housing Statistics Strategy, to define grades of housing insecurity. A literature review by Roorda (2007) provides a well-documented summary of definition and measurement in NZ and overseas.

A Working Group has been formed, including Housing New Zealand Corporation (HNZC), Ministry of Social Development (MSD), Statistics NZ and other agencies, to develop a definition and a process for enumeration. There are differences between the Australian and New Zealand experience of homelessness, however, and consensus has not yet been reached on a working definition which reflects the New Zealand context. Working group members consulted for this report estimate that the process may take up to two years.

Definitions used in Europe stress the position of homelessness at the extreme end of a continuum of housing need. A typology used by the European Federation of National Organisations working with the Homeless (FEANTSA) uses the following classifications;

- *rooflessness* (without shelter, sleeping rough)
- *houselessness* (in temporary accommodation, institutions or shelters)
- *insecure housing* (threatened with exclusion due to eviction, domestic violence)
- *inadequate housing* (caravans, overcrowded, unfit housing)

This definition is based on living situation and may lend itself more to consistent data collection and analysis. (www.feantsa.org)

Consensus on a sound definition is a basic building block for policy development and needs to be settled urgently. There is a danger that a prolonged debate over definition will perpetuate a sense of inertia in policy development and procrastination in strategic collaboration.

The Experience of Tangata Whenua

Maori experience of homelessness is a loss of physical connection with their whanau, hapu and Iwi which results in cultural and spiritual disconnection in varying degrees. In reaching an agreed definition of homelessness, it is necessary to seek Maori input and acknowledge the spiritual dimension and the particular experience of Maori.

In recent decades Maori have moved from their traditional rural areas to find employment in the cities. Many experience secondary homelessness in an urban context, where they are disconnected from hapu or iwi and are in temporary or insecure accommodation. Maori are disproportionately represented among the homeless. For example a survey of the homeless in Wellington found that 56% were Maori, four times the proportion of Maori in the general population (Amory et al, 2005). HNZA's Maori Strategic Plan, *Te Au Roa*, highlighted the projected rapid rise in numbers of Kaumatua by 2021. The prospect that many Kaumatua will seek to return home to their tribal areas, putting pressure on existing housing which may be substandard, raises the concern that the number of Maori who are marginally housed will increase.

In the framework of The Treaty of Waitangi, Article 1 relating to kawanatanga/governance requires the Crown to provide services that meet the needs of Maori. Maori service users and providers need to be included in the research, definition, planning, implementation, and evaluation of homelessness prevention services to ensure they are informed by Maori values. Maximising the use of urban marae could be a positive way to provide support for Maori who are homeless, and kaupapa Maori services are best able to provide support for those Maori with mental health and addiction issues. Government agencies and many non-Maori service providers are frequently not well equipped to offer a culturally sensitive service, lacking elements such as te reo Maori, staff trained in bi-cultural protocols and referral processes to Maori providers. This often leads to short term solutions which result in Maori homeless re-entering the cycle of homelessness on multiple occasions.

He Korowai Oranga (the government's Maori Health Strategy, 2002) acknowledges that "*Maori have on average the poorest health status of any ethnic group in New Zealand*", and the factors leading to health inequalities include housing condition. The Strategy identifies one of the prerequisites to improve whanau ora as affordable, appropriate housing. Article III of the Treaty refers to oritanga or equity of health outcomes for Maori. Maori are over-represented in the areas that compound the risk of becoming homeless. It is important that people have access to Maori specific services to reduce the negative impact of homelessness on health and to assist in their re-integration longer term.

The experience of homelessness for different social groups

International trends indicate that homeless people are no longer seen as predominantly male transients with a chosen lifestyle. The 'new homeless' are now defined as families, women, children, youth, the elderly and ethnic or migrant groups. A study of people using Toronto night shelters showed 15% were families with children, 22% were youths between the ages of 15-24 years, 18% were single women and 48% were single men. Australia's homeless population demographic shows the largest age group for both

males and females is the 20-24 age range, and there are more females under the age of 45 years than males (studies quoted in Greenhalgh, 2004).

New Zealand lacks consistent data on the demographic profile of its homeless population, but it is likely that it conforms to international trends. Family breakdown and experience of child protection institutions are known to be common pathways into homelessness for young people who may not have been identified at school as being at risk. Many women have become homeless as a result of domestic violence and family breakdown, and have dependent children. Women's refuges have become increasingly stretched to accommodate clients, and agencies identify the need for a wider range of housing options. A decline in housing affordability has led to many families becoming homeless due to financial hardship causing eviction or mortgage repossession.

People with mental health issues who are homeless experience compounded disadvantage and social exclusion. A study of 185 people by Robinson (2003) found that besides unstable or unsafe accommodation they were also likely to have poor education and general health, very low income and high rates of imprisonment. Fluctuating mental health made it more difficult to maintain housing, employment and relationships, and the impact of homelessness was worsened by alienation from the mental health system and lack of housing options. The key policy implication was the need for housing stability to help build and sustain relationships.

Smith et al (2006) illustrates the failure of agency procedures to meet the needs of single men. A study of 168 men using Salvation Army and other faith-based facilities around New Zealand identified three factors exacerbating their circumstances. Firstly, Work & Income practices around giving benefit information, negative staff attitudes and administrative complexity were cited. Secondly, access to HNZA and Council housing for single men was difficult, with long waiting lists and lack of support to combat isolation and stigma. Thirdly, many men experienced barriers to finding employment due to lack of education, a prison record or mental health and addiction issues, and felt that the Work & Income case management process was not helpful in finding suitable or sustainable work. The report makes a range of recommendations on the internal processes of Work & Income, Corrections and HNZA to help address these problems, and suggests that all service delivery arms of government develop pro-active partnerships with community organisations with a focus on more effective delivery of services to men on their own.

The homeless population is not only those people found sleeping rough or in emergency accommodation, hostels and night shelters. It includes the many 'hidden homeless' who are sharing a dwelling with friends or whanau for lack of their own place, occupying garages or spaces not designed for living in. Many crowded dwellings are occupied by two or more households, which is common for Maori and Pacific peoples. Many families occupy unfit dwellings with inadequate sanitary and sleeping facilities which may be harmful to health. These are the 'secondary', 'tertiary' and marginal homeless of Chamberlain & MacKenzie's definitions. Quantification of these households is piecemeal and anecdotal at present. In comparison with other countries we have inadequate data to identify the housing needs of the homeless and potentially homeless in New Zealand.

Homelessness as a human rights issue

Living without a home excludes people from many fundamental rights including access to shelter, security and benefit entitlement. Acknowledging human rights means that every person has an inherent dignity and value, and should have freedom to make personal choices and maximise their potential. Being adequately housed is a basic human necessity and a pre-requisite to participation in the social, spiritual, cultural and economic life of the community.

Being homeless diminishes the connectedness with the spiritual and cultural dimension, and undermines well-being and self-esteem. It often involves a disconnection from whanau, hapu and iwi, and a loss of basic human values. The need to survive can override accepted social norms and lead to a life of crime, substance abuse, alienation and deteriorating mental health.

People denied access to permanent housing are often also excluded from employment, education and health services, and can enter a cycle of disadvantage and insecurity. They are also frequently subject to discrimination by being declined access to public open spaces, transport, public facilities such as libraries and medical facilities and other public utilities. Denial of access can contravene anti-discrimination laws. Homeless people are among the most vulnerable and at-risk members of our society. As a developed democratic society New Zealand is in a position to address the basic need for shelter of its people, regardless of age, gender, ethnic origin, religion or sexuality.

Under the Universal Declaration of Human Rights everyone has the right to an adequate standard of living, including food, clothing, housing and medical care. The right to housing is one of a range of rights in the International Covenant on Economic, Social and Cultural Rights (ICESCR) which was ratified by New Zealand in 1978 and provides the most significant legal source for the right to adequate housing. The Covenant requires States to use all appropriate means, including legislative, judicial, administrative, social and educational methods, to realise this right for its citizens. The meaning of 'adequate housing' was clarified by the United Nations in 1991, meaning not just a roof over one's head but the right to live in security, peace and dignity. Essential elements are security of tenure (legal protection from eviction), affordability, habitability (fitness), accessibility (no discrimination) and cultural adequacy. As a signatory, New Zealand has a duty to fulfil the right to housing (www.hrc.co.nz).

The NZ Action Plan for Human Rights (Human Rights Commission 2005) confirmed that homelessness exists and strategies are needed to combat it. The right to housing is not, however, enshrined in any NZ legislation, although a range of statutes such as the Building Act, Residential Tenancies Act, Resource Management Act and Local Government Act, provide protections. Although the argument for NZ to address homelessness from a human rights perspective is consistent with our international obligations and principles of social justice, it has not been persuasive so far as a means of advancing legislative or policy reform.

Current provision and funding of homelessness services

Service provision has developed in a piecemeal fashion in New Zealand. Government agencies such as MSD, HNZC, Corrections and Child, Youth & Family Service (CYFS) have involvement with homeless people as individual clients and District Health Boards (DHBs) are providers or funders of mental health, drug and alcohol services used by the homeless. No single government department, however, has a statutory responsibility for the homeless or for coordinating services.

Large urban Councils, notably Auckland and Wellington, have been proactive in devising homelessness strategies in collaboration with other agencies, but most smaller Territorial Authorities give the issue little priority. This contrasts with European jurisdictions where municipal authorities have clearly defined responsibilities, and the UK where councils have a statutory duty to house the homeless.

A wide range of community organisations are active in service delivery. National agencies such as the Salvation Army work alongside local specialist providers such as Comcare, Downtown Community Ministry and Monte Cecilia Housing Trust. Agencies are concentrated in the urban centres where rough sleeping is most evident, but homelessness also occurs in rural areas in a less visible way, exacerbated by limited access to employment, transport and emergency housing. Unfortunately, these initiatives often lack addressing culturally appropriate long term solutions for Maori.

With no overarching public body in New Zealand to coordinate funding, such as the Supported Accommodation Assistance Programme (SAAP) in Australia or Dept of Housing & Urban Development (HUD) in the US, front line service providers in homelessness prevention rely on service contracts for specific programmes, or fundraising through philanthropic trusts and donations. Contracts often provide only partial funding, and most are time-limited or annual, inhibiting the agency's capacity for forward planning. The new 'Pathways to Partnership' regime of funding social agencies, however, provides an opportunity to put homelessness on the agenda as a cross-agency issue.

There is fragmentation of policy and funding relating to emergency accommodation and housing support between various government agencies. HNZC, for instance, has no mandate to provide post-tenancy social support services on which sustaining a tenancy may rely. The Emergency Housing Fund, which consists of less than \$1 million, is located separately within CYFS, while Community Group Housing (CGH) dwellings are only provided to agencies having a service contract with another government department (Slade 2007).

Although there is a growing awareness of homelessness being rooted in structural causes such as poverty and family breakdown, there is little public awareness beyond those working on the 'front line' of the extent of the problem in New Zealand. Consequently it has received little attention as an urgent social or political problem, and there has been insufficient evaluation of the cost-effectiveness of investment in homelessness prevention.

Case Study: Northland

The most serious shortage is lack of accommodation for young single people under 25. There is a shortage of affordable rental housing exacerbated in the summer by a tourist influx, and a widespread incidence of rough sleeping and sharing. There are no night shelters and only four emergency housing units for families. There is a need for safe houses to respond to domestic violence and abuse, but all women's refuges are regularly full. There is one YMCA hostel in Whangarei which is usually fully occupied. Housing supply conditions exacerbate the problem in Northland. Closure of caravan parks has reduced access to cheap accommodation, particularly for people with mental health and addiction problems. Much of the general housing stock is substandard and crowded, and HNZA has over 600 on its waiting list for state housing. In 2007, 320 people approached MSD in Whangarei as temporarily homeless, over 180 were reported as living in buses and 226 were in temporary shared accommodation. There is a lack of support services, particularly for mental health consumers. Hotels are frequently used for temporary accommodation due to lack of specialist accommodation.

(McLoughlin, 'Parity' Oct 2007)

3 Strategic solutions: Summary of Issues and Recommendations

This section of the report uses the framework provided by the Homelessness Strategy Toolkit produced by NZCEH. The Vision of NZCEH is “*to end homelessness in New Zealand by 2020*”, and the strategy to achieve this aim covers seven action areas:

- policy framework
- planning
- prevention & early intervention
- data collection
- systems prevention
- specialised service delivery
- long-term solutions

Each of these action areas is considered in turn, summarising key issues identified by the literature search and discussions with agencies. Issues are illustrated where appropriate with examples of good practice from NZ and overseas. Limitations of time and the large scope of the subject prevent this summary from being a comprehensive survey of homelessness prevention, early intervention and specialist services.

Policy Framework

Gaps in NZ homelessness policy

The most significant gaps in overarching policy identified by participants in the National Homelessness Forum in Wellington, December 2007 were;

- Lack of a policy framework at central government level which can address homelessness as an issue in its own right, provide an explicit strategy with a place amongst other government social strategies, and ensure a funding commitment based on defined outcomes.
- Lack of accountability for or ownership of the issue by relevant government agencies. No government agency has overall responsibility for homelessness, while inter-departmental collaboration has only recently developed to define policy or provide service co-ordination. A whole-of-government approach is needed, the roles of relevant government agencies and community agencies need to be defined and programmes resourced adequately.
- Lack of a clear definition of homelessness agreed upon by those working in the field. This inhibits policy development and therefore resource allocation. This in turn creates gaps in service delivery responses. An agreed definition is necessary to inform policy and must reflect New Zealand’s unique cultural experience.

- Lack of recognition among policy makers of the link between the causes of homelessness, about which there is a growing body of research, and an understanding of the common pathways into homelessness. This is an essential step before programmes to exit homelessness can move from crisis responses to a strategic, evidence-based long-term plan.
- Lack of reliable information about the overall extent of homelessness in New Zealand and the demographic profiles of the homeless. This also inhibits policy development and resource allocation. On-going data collection, research and evaluation of evidence are essential to inform policy making.

Advocacy at the Parliamentary level

Homelessness has a low profile as a party political issue. There is no existing or proposed legislation defining responsibility for homelessness or establishing a statutory provider such as Australia's SAAP. Housing affordability has recently been a prominent political issue at the level of promoting home ownership rather than severe housing need. A recent government '90 day Action Plan' to deal with sub-standard boarding houses came about through an ad hoc response to media exposure rather than as a strategic policy outcome.

There is currently no consensus as to where lead responsibility lies for this issue. Central government, local government and the Sector have piece-meal involvement but no overarching long-term plan has emerged to bring initiatives together into a coherent whole. A NZ Homelessness Strategy is desirable which would complement the aims of the government's Supporting Families Strategy, the NZ Disability Strategy and the NZ Housing Strategy and clearly state how the strategy will reduce disparities for Māori.

The impetus for a NZ Homelessness Strategy can stem from a Parliamentary Inquiry, a step called for at the policy workshop of the National Homelessness Forum in December 2007. Taking the issue successfully to a parliamentary select committee would require a political champion armed with clear evidence of the extent of the problem and the public cost of inaction. Another pre-requisite would be heightened public concern raising the issue above other urgent priorities for attention. Leggat-Cook (2007) points out, however, that the perception of low numbers of 'street homeless' in New Zealand and a view of the issue as a matter of individual inadequacy has made homelessness 'culturally invisible', and low on the list of public priorities.

In this respect there may be a useful role for advocates to take a cost-effectiveness approach to quantify the comparative costs to the taxpayer of allowing homelessness to proliferate or developing a workable strategy to eliminate it (see below: Data collection). This approach is more likely to attract the attention of policy makers than one based on social justice or treaty responsibility.

In other jurisdictions with homelessness, legislation has provided statutory regulations which place accountability with a particular sector, usually local authorities (see Appendix 3). Statutes have also established new dedicated agencies or expanded existing ones to oversee, coordinate and fund service delivery. Imposing a statutory obligation is more likely to achieve the outcome of implementing a coherent national plan to end homelessness than relying on ad hoc activity by a fragmented voluntary sector.

A National Homelessness Strategy

The task of devising a Homelessness Strategy is not easily allocated to one government department, as the solutions lie with many agencies working collaboratively. HNZA, MSD, Corrections, Health and CYFS are key contributors, but a lead agency can be identified to facilitate and give direction.

Essential elements of a Strategy would include:

- A problem definition informed by reliable data on the extent and nature of the problem. This would require a plan to develop consistent data collection and analysis.
- Mapping of existing service providers and analysis of gaps in provision
- An approach reflecting the housing needs of Maori consistent with the partnership principles of the Treaty of Waitangi
- Action plans which are outcome-based and form a strategy to end homelessness by a target date
- A funding commitment which is on-going, sufficient and reflects Sector priorities
- A policy framework which feeds into and enables local initiatives by existing Sector organisations, building on successful practices in NZ and overseas

Recommendations for Policy

Central government action to eradicate homelessness in NZ can include:

- 1 Establish an inter-sectoral cross-departmental working group on homelessness at a senior level of central government, involving ministries of Health, Housing, CYFS, Corrections, Justice, Social Development, Education and the Sector with objectives to;
 - develop a NZ Homelessness Strategy to eradicate homelessness by a target date
 - draft the basis of legislation to establish statutory duties and accountability for housing the homeless
 - identify roles for respective departments and a lead agency
- 2 Undertake a policy audit of government departments in terms of their impact on homelessness, leading to an evaluation and policy revision to make consistent with the aims of a national homelessness strategy
- 3 Initiate a parliamentary inquiry into the extent of homelessness, the cost-effectiveness of current service provision and recommending solutions
- 4 Expedite current inter-sectoral work to adopt an agreed definition of homelessness reflecting cultural experience
- 5 Establish an agreed process for data collection on homelessness and fund further research into the nature and extent of homelessness and monitoring and evaluation.

- 6 Undertake cost-effectiveness studies of homelessness prevention and early intervention programmes and the comparative cost-effectiveness of emergency services, health, prison and other public costs incurred in allowing homelessness to perpetuate.
- 7 Identify and allocate a source of dedicated funding which is on-going, sustainable and sufficient to fund a coherent, long-term programme of service delivery to end homelessness.
- 8 Acknowledge New Zealand's commitment to provide adequate housing for all its citizens as a human right.
- 9 Commission research to identify the pathways to homelessness for Maori and develop strategies to implement culturally appropriate solutions.
- 10 Develop policies and strategies on homelessness prevention and early intervention which are in accordance with the principles of the Treaty of Waitangi, reflect Maori values and are evaluated in terms of meeting the needs of Maori.
- 11 Integrate homelessness prevention and early intervention strategy with existing social policy and strategies for mental health, housing, women, youth, the elderly, families, Maori and Pacific Island communities.

Planning

Local plans to end homelessness

A National Homelessness Strategy can provide a framework for regional or local plans to provide local solutions. It is appropriate that local communities evolve their own solutions reflecting local understanding of the issue, within a framework set by central government. Currently local initiatives are piecemeal and not driven by a coherent national strategy, although councils in Auckland and Wellington have been proactive in devising strategies and supporting community initiatives. This framework, however, needs to incorporate specific strategies to address the needs of Tangata Whenua which local communities can then develop to meet the needs of local Maori.

In Auckland City Council's 'Homelessness Action Plan', four work streams focus on oversight of public spaces through staff training and information, overseeing an outreach project in partnership with community agencies, addressing gaps in crisis accommodation and supporting advocacy initiatives

Wellington City Council's 'Homelessness Strategy', devised in 2004, presents the Council's role as primarily monitoring and coordination of voluntary services. It supports three initiatives; Project Margin (see Appendix 2), the upgrade of an existing night shelter and an interagency group to improve linkages between statutory agencies. Other initiatives in Wellington include a wet hostel in collaboration with the local DHB and Downtown Community Ministry, and support of community projects such as the Salvation Army Youth Transition House, Catacombs drop-in centre and hosting the 2007 NZ Homelessness Forum.

These strategies represent an important acknowledgment of the role of local government in addressing homelessness. Their focus on primary homelessness however, represents a process of managing the problem rather than solving it. These strategies could be developed to encompass wider, more preventative solutions, but they at least offer a policy framework and a basis for collaboration.

Local strategic plans can deal with specific social groups or service categories. For example, Wellington Homelessness Prevention Steering Group is a cross-agency group which has produced strategic plans for housing discharged prisoners and improving outreach services in the capital, with clear goals and objectives. The group is currently engaged with ²Te Muka Tangata, to assist in developing appropriate solutions for Maori in an urban setting. A Wellington Plan to End Homelessness (2008) has been produced in the form of a strategic plan, identifying ten goals relating to collaborative planning, data collection, emergency prevention programmes, systems prevention, outreach, shortening periods of homelessness, rapid re-housing, specialised support services, providing a supply of permanent housing and sustaining adequate income.

In comparison with Australia, UK and Europe (see Appendix 3), what is lacking in New Zealand at present is a country-wide network of action plans for addressing homelessness, covering both urban and rural districts and underpinned by a national

²A collaborative network of Tangata Whenua organisations within Te Whanganui A Tara whose aim it is to facilitate greater strategic collaboration and advocate for things Maori.

strategy put in place by central government. All our regions, not just our capital and largest city, are affected by homelessness and can all benefit from a strategy to deal with it.

What kind of local strategic plan?

If New Zealand is to end homelessness and restore the right to adequate housing as a basic human right of all its residents, it must address the root causes of homelessness and not merely manage the worst symptoms of the problem. Local homelessness strategies must be developed to meet local needs, but they would have the following common strategic pillars.

i) a pathways approach

An effective local plan would recognise a continuum where people experience common pathways into and out of homelessness, develop culturally appropriate strategies to match those pathways and fill gaps in culturally appropriate service delivery at each stage. Using Chamberlain and MacKenzie's model, where people are in a tertiary or marginally homeless situation, strategies need to focus on prevention. Where primary and secondary homelessness is experienced, strategies to manage and meet immediate needs are required. Pathways out of homelessness need transition and maintenance strategies

ii) inter- agency collaboration

To make optimum use of existing emergency housing, public and community agencies can provide a housing stocktake, effective referral systems, client assessment and common resource database. Collaboration for exiting homelessness can establish an integrated, accessible referral system for support services to maintain tenancies and prevent 'slipping through the cracks'. An outcome-oriented taskforce approach is recommended to develop Action Plans identifying clear expectations for each participating agency. A lead agency would provide direction and may be self-selecting according to local skills and motivation. Territorial authorities, public health agencies, DHB's, MSD, CYFS, HNZA or non-government organisations such as lobby groups or service providers may fulfil this role.

iii) input from stakeholders

Local plans need to be driven by Tangata Whenua, Community & Voluntary sector organisations who work with the homeless including people who have been and are experiencing homeless, those who work with the homeless and those who provide and fund relevant services. It should include opportunities to engage in collaborative partnerships in developing and implementing appropriate solutions and removing barriers.

Appendix 3 gives examples of overseas practice in strategy planning for homelessness prevention. These include the Victoria Homelessness Strategy (Australia) and Harrow LBC good practice guide (UK). The National Alliance to End Homelessness (NAEH) in the USA offers a strategic framework at a sufficiently high level to be applicable in other cultures. A case study of a Homelessness Strategic Plan by the State of Maine is provided. There are many templates for developing homelessness plans available which can be adapted for use in a New Zealand context.

Recommendation for planning

- 1 A leadership role in developing a local homelessness strategy is adopted at a governance and senior management level by relevant central government, local government and health agencies.
- 2 Local and regional inter-sectoral networks comprising relevant central government agencies, territorial authorities, health and public health authorities and Tangata Whenua, Community & Voluntary Sector service providers put homelessness on their policy agendas as a high priority.
- 3 These local networks resolve to devise and implement a Homelessness Strategy which defines:
 - An analysis of the nature and extent of local homelessness
 - An engagement strategy that ensures that Tangata Whenua can actively participate in developing solutions for Maori homeless
 - Mapping of existing providers serving the homeless
 - An audit of agency policies as they affect the homeless
 - An evaluation of service gaps
 - A process to collect useful data on the demography, case history and housing needs of homeless people
 - Strategic priorities, goals and objectives
 - An inter-sectoral strategy which prioritises prevention
 - An action plan with implementation targets and accountability
 - An on-going budget allocation for implementation
 - A process for monitoring and evaluation

Prevention and early intervention

A public health framework

Amore et al (2008) identify how a public health framework can be applied to homelessness. Inter-agency collaboration and the reduction of health inequalities form the basic principles of a model with a focus on investment in prevention as a more cost-effective approach than managing crisis. If we perceive the homelessness problem as including people who are at risk of becoming homeless, both the size of the problem and the range of potential constructive actions become much wider. A joined up strategy for prevention using a public health framework would have intervention at three levels;

First level:

Address structural causes of homelessness by mitigating disadvantage through cross-sectoral co-ordination of service delivery in housing, employment, welfare, education, health and justice. Targeted strategies for groups most at risk would focus on;

- (i) youth homelessness and the role of schools
- (ii) addiction treatment
- (iii) tenancy support to prevent evictions
- (iv) reducing family breakdown and domestic violence
- (v) discharge from prison, hospital, mental health and other facilities

Second level:

Intervention to achieve early exit from homelessness, particularly by adopting a “Housing First” approach combining fast access to permanent housing with support programmes suited to individual needs. These would include counselling, education, job training, health care, family reconciliation, life skills and income support.

Third level:

Deliver co-ordinated support for those experiencing homelessness, including emergency shelter, food and medical care, housing support, drop-in and outreach services.

New Zealand’s approach to dealing with homelessness has been biased towards the third level, a re-active, ‘soup kitchen and night shelter’ response. But the economic, health and social costs of picking up the pieces can be mitigated by addressing prevention at the other levels. A three-tier strategic model clarifies the mix of responses and agency roles into a workable framework and indicates that homelessness is preventable. This approach is consistent with the concept of a continuum reflecting common pathways into and exits from homelessness, and offering a framework for service delivery;

A Pathways approach – the homeless subculture

Chamberlain & MacKenzie and other researchers have developed the concept of a homeless ‘career’, particularly among young homeless people, where recognizable common pathways are experienced into and out of homelessness. Recent research by Johnson et al (2008) distinguishes the various typical pathways by which people enter into homelessness, throwing valuable light on appropriate prevention strategies. This

Australian study of 103 homeless households identified five typical pathways into homelessness;

- mental health pathway
- substance abuse
- domestic violence
- housing crisis
- youth pathway

These pathways are ideal types and individuals had often experienced multiple issues, but the study finds that the common connection was low income and a resultant lack of housing choices. Poverty combines with other factors, however, to explain why some are more susceptible to becoming homeless than others.

The study found that two clusters emerged. Re-interviewed after twelve months, 83% of those experiencing domestic violence and housing crisis had exited homelessness and were adequately housed, while only 52% of those becoming homeless predominantly through mental health, substance abuse and youth pathways had exited homelessness. A pattern of higher risk among the latter cluster was linked to acculturation and identification with a homeless subculture. Staying out of homelessness was more difficult for this group, whereas those in the first cluster tended to avoid identifying with the homeless and were more motivated to normalize back into mainstream society quickly.

The policy implication was that providing on-going support services to maintain housing is more important for those on the mental health, drug abuse and youth pathways than for the housing crisis and domestic violence pathways. In particular, people who engage with the homeless subculture are more likely to become chronically homeless or fail to sustain tenancies. Exit strategies need to focus therefore on re-integration and social inclusion through on-going social supports. A study by Snow & Anderson (1993) indicates that chronic homelessness is typically not continuous but episodic, with an absence of support networks undermining successful re-integration.

Early intervention is emphasised as a key prevention strategy. The Johnson study found that many respondents developed mental health and substance abuse issues after becoming homeless, usually as a result of acculturation to the homeless lifestyle. Where a relative risk of homelessness is identified through an awareness of pathways, the public costs of dealing with homelessness can be minimised.

A 'Housing First' approach to intervention is also informed by this research. Transitional accommodation such as boarding houses, refuges or shelters are often places where a homelessness subculture predominates, where stigma is reinforced and homelessness can proliferate. The traditional model of crisis intervention followed by transitional accommodation as a stage towards a permanent tenancy is not appropriate for many experiencing chronic or long-term homelessness. 'Housing First' allows immediate permanent re-housing to a stable situation where supports can address social re-integration.

Al-Nasrallah et.al (2005) use a pathways approach to categorise the experience of thirty chronically homeless people in Wellington, based on research by Downtown Community Ministry (DCM) in 2004. They distinguish between pathways which are Driven (by a disrupted childhood), Dropped (by a traumatic event) or Drawn (by attraction to the homeless subculture). Recognising the routes individuals take into homelessness is crucial in assessing appropriate interventions. Amore (2007) concludes from this

research that successful exit from homelessness relies as much on access to support to maintain housing as the housing itself. Those released from prison with a history of homelessness are particularly at risk, and a much greater public investment in linking them to housing and support services is necessary.

Early intervention

Models of early intervention have been evaluated by a UK study (Pawson et al 2007) of six programmes established since the UK adopted a more intense prevention approach in 2003. The study examines the following programmes in terms of cost-effectiveness;

- housing advice (includes client risk assessment, liaison with social landlords and an early warning system for tenancies at risk)
- family mediation (effective to reduce youth homelessness)
- domestic violence intervention (sanctuary schemes, floating and re-settlement support are flexible responses)
- prison-based housing advice
- tenancy sustainment (budget and benefit advice, links with community agencies, employment, integrating with social networks)
- tenancy facilitation

The conclusion was that most of these prevention measures were effective in preventing homelessness or shortening the time spent as homeless, with subsequent savings in public expenditure. Early intervention is particularly relevant in preventing youth homelessness.

Youth homelessness

In New Zealand there is a lack of emergency or supported housing catering specifically for young people who are unable to live in the family home. Johnson (2008) points to the high risk of young people following a pathway into a homelessness urban subculture, often involving exposure to drug and alcohol abuse, which can become a homeless 'career' if early interventions are not made.

A study by Chamberlain & MacKenzie (2004) estimated that 15,000 (1%) of Australian school students were seriously at risk of becoming homeless. Family breakdown most commonly precedes youth homelessness, and most study participants had unstable or unconventional family backgrounds as a high risk factor. In many cases the loss of home can be prevented through mediation, with schools playing a potentially vital role. Early intervention by welfare teams in schools can provide family reconciliation and support to stay at school. The Reconnect programme is publicly funded to employ youth workers, and most states have school-based counselling and welfare programmes which can identify at risk students.

The UK government launched a drive to reduce youth homelessness in 2006 (www.communities.gov.uk/youthhomelessness) It aimed to boost funding to family mediation services and replace bed & breakfast accommodation for 16/17 year olds by a supported lodgings scheme providing accommodation, advice and mediation. An online knowledge base of good practice in tackling youth homelessness has been developed by the YMCA with government funding. Agencies contribute to this, and topics covered include prevention, early intervention, accommodation options and links to education, training and health services.

In New Zealand the Ministry of Youth Development funds community-based services including initiatives for vulnerable and at-risk youth, mentoring and rehabilitation of young offenders. This source of funding can become a focus for youth homelessness initiatives. The Youth Transition Programme is a cross-sectoral programme managed by MSD and Departments of Labour and Education to assist 15-19 year-olds in to work, education or training, and can also play a useful role in diverting at-risk youth from a homelessness pathway.

Good practice in tackling youth homelessness has prevention and early intervention at the core, recognising that substantial savings can be made in public expenditure on emergency and crisis services, health and income support where young people can be diverted away from destructive pathways to homelessness. Existing youth support programmes can focus on this issue and be part of the solution. Consideration must be given to how Maori youth respond to these programmes and identify strategies for ensure that their cultural and spiritual dimensions are catered for.

Tenancy facilitation

Agencies can facilitate access to suitable housing and help to sustain a tenancy through practical support. Accommodation search, negotiation with landlords, securing a bond, tenancy rights information, furniture and chattels, benefit advice, agency liaison, sustaining a tenancy during illness or hospitalisation, budgeting skills and help with social networks are all functions which a specialist local agency can provide. They can make the crucial difference in sustaining a tenancy and achieving independence. Rent deposit schemes, the equivalent of Bond Banks in NZ, have proved cost effective also.

The Private Rental Brokerage Service is run by the NSW Department of Housing, and provides the homeless and those at risk with facilitation and links to landlords. Tenancies are monitored for up to 6 months or until the tenancy is stabilised, and landlords are incentivised by tenancy guarantees, advance rent and support services. The service deals with over 100 clients per year and half the tenancies exceed 16 months, comparing well with the market average. It is seen as an effective way of harnessing local resources with mainstream programmes and responding flexibly to individual needs. It is also highly cost effective compared with the unit costs of subsidised state housing. In NZ, the Wellink Trust in Wellington and Comcare in Christchurch offer good practice models of facilitation (see Appendix 1).

Housing First

A Housing First approach to homelessness is becoming more prevalent overseas. Rather than use transitional shelter as a crisis response, homeless people are re-housed directly into permanent housing with supports. Shortening the period as homeless has been found to be a key factor in staying housed. This policy deflects pressure from emergency services and is shown to be cost-effective in the long-term.

Tenancy facilitation with friendly landlords is combined with case management involving client-based support programmes and regular follow-up. The policy is less effective for those made homeless through domestic violence or housing crisis. Toronto's "Streets to

Homes” project has re-housed 1500 people since 2005, with 87% remaining in stable tenancies.

To be successful, a Housing First approach requires an appropriate supply of supported accommodation at the local level. Where this approach has been used in New Zealand, suitable supported housing has not always been available and this has hindered the efforts of agencies to help clients maintain their tenancies.

Funding to build on multiple owned Maori land similar to the Maori Affairs schemes of the 1960 to 1980’s would assist in providing longer term solutions to housing of Maori whanau. The development of urban Papakainga housing would assist in the re-integration of prisoners and homeless people. This model can provide cultural appropriate programmes for Maori to reconnect with the spiritual and cultural dimensions of Te Ao Maori.

Recommendations for prevention

- 1 NZ government agencies, territorial authorities, health boards, philanthropic funding bodies and those responsible for funding and devising strategies for dealing with homelessness recognise the importance of prevention and early intervention in reducing public expenditure on emergency services.
- 2 Strategies to prevent homelessness adopt a policy framework reflecting
 - the pathways by which people enter and exit homelessness
 - which groups are most at risk of becoming homeless
 - how homelessness affects Maori and how solutions conducive to their cultural and spiritual needs can be developed.
- 3 Specific, needs-based programmes are implemented for youth, people leaving prison and state care institutions, mental health and addiction clients and families at risk of eviction.
- 4 Prevention and early intervention strategies are established to invest in key programmes including;
 - Family mediation
 - Tenancy facilitation and housing advice
 - Legal Services
 - Tenancy sustainability
 - Education, work training and life skills programmes
 - Domestic violence intervention
 - At risk needs assessment
 - Counselling and mentoring in schools
 - Re-settlement of people leaving prison
- 5 Existing government social strategies prioritise youth homelessness and youth support service providers should be adequately funded.
- 6 A ‘Housing First’ programme of supported housing is implemented as a pilot scheme in urban centres.
- 7 Financial lending barriers for Maori to obtain finance to build on multiple owned Maori are removed

Data collection

Data sources

Chamberlain and MacKenzie have used two main sources of data: 2006 Census and SAAP attendance records. A blend of these sources provides a best estimate of all categories of homeless, triangulating data sources to provide a more complete picture than census data alone. The Victorian Homelessness Strategy (State of Victoria) compiles data by actively recording the use by homeless people of public agencies such as mental health and drug & alcohol services, and those discharged from hospital, prison and child care with no home to go to. This data is used to direct and evaluate service delivery.

In New Zealand, previous census data has been considered as a data source but does not provide sufficient detail to isolate homeless households. Current work being undertaken by HNZA, Statistics NZ and MSD to define the issue is also considering how the Census may be used to gather appropriate data. Government databases managed by HNZA and Work & Income, voluntary agency attendance and user records for night shelters and hostels, and 'point-in-time' counts by agencies can fill the gaps left in census data, but are not coordinated at present.

HNZA (2006) estimated there were up to 400 people categorized as primary homeless or rough sleepers in the Greater Auckland area, and a further 150 in Wellington city, Christchurch, Rotorua and Napier. Under 'secondary and tertiary homeless' categories, HNZA estimated demand for emergency housing to be up to 9,400 people using data sources such as HNZA's high needs waiting list, Salvation Army, mental health consumers, released prisoners and occupants of women's refuges.

Some enumeration of homelessness in Auckland was done (Gravitas 2005) using the Australian definition. Up to 150 people in the Central Business District were in the primary homeless category, mostly male and Maori or Polynesian, and 126 were classed as secondary homeless. The same classification was used by the Auckland Rough Sleepers Initiative to make an annual street count providing more refined data by gender, ethnicity, age and shelter type (Ellis, 2007). The street count found 91 rough sleepers (categorised as experiencing primary homelessness) in June 2008, compared with 65 in 2007. A further 604 people were occupying boarding houses in Central Auckland.

Downtown Community Ministry (DCM) maintains a detailed client database for Project Margin providing a good practice model of the range of information necessary for long-term, consistent monitoring of the homeless population (see Appendix 2)

Much current research has been qualitative and is building our understanding of the causes and effects of homelessness. The Salvation Army has undertaken valuable research on homeless single men (Smith et al) and is currently preparing a study on homeless women, while DCM has completed a study of 39 people to identify causes of homelessness.

What kind of data?

Data collection needs to be outcome-related to be of use. Demographic information on age, gender and ethnic origin is important to build a profile, but data must be consistent across agencies so that comparisons can be made. Quantitative and qualitative data is needed to establish needs and preferences, and to allocate resources. Much data collected by past research is qualitative but not useful for enumeration or quantifying resource needs, and this can lead to a service delivery approach based on anecdote and assumption rather than evidence-based, strategic plans. Consensus needs to be reached nationally about what kind of data is collected locally and to what purpose.

Many examples of US Homelessness Management Information Systems (HMIS) are accessible (Appendix 3) recommending useful software and collection protocols. American research indicates the potential usefulness of data collection in prioritizing resources. Families with children made up 40% of the US homeless population, while 60% were single adults. In policy terms, the main need of families is for permanent housing, jobs and income support rather than emergency hand-outs. Of single people, about 80% exited homelessness within one month and used 30% of public funding resources. 10% regularly re-entered emergency shelter and used 18% of resources, while 10% experienced chronic homelessness and used 50% of resources by occupying jails, hospitals, shelters and institutions (source: National Alliance to End Homelessness website). Evidence-based conclusions such as this can direct effective resource planning.

In New Zealand, accurate enumeration may confirm an anecdotal impression that 'hidden homelessness' in the form of crowded, shared and substandard dwellings, is a more prevalent and pressing issue than street homelessness. Leggat-Cook (2007) surveyed existing homelessness research and concluded that there is a major gap in quantitative studies indicating the extent of the problem, particularly in the secondary and tertiary homeless categories. Unreliable data makes policy development difficult, and an agreed process for data collection is urgent. Leggat-Cook suggested three sources of data as Census, agency databases and point-in-time counts. In New Zealand there is a dearth of consistent, reliable data at the agency level, and no centralised national database of providers of emergency housing and services. The DCM database mentioned above is an example of an effective database which could provide a template for building up a national picture.

A localised database of service providers is a valuable tool for homelessness prevention. Effective referral to the most appropriate emergency or support agency is aided by comprehensive local knowledge. A good practice example of such a database is the Social Housing Mapping of Wellington exercise undertaken by Regional Public Health (2008). This provides descriptions and contact details of all housing and support service providers and boarding houses in the Wellington area.

Part of a strategic approach to homelessness prevention is monitoring and evaluation of prevention measures and programmes. Best Value Performance Indicators are used by UK local authorities to provide objective measures of service delivery, and are outcome-related (www.communities.gov.uk). Tenancy sustainment rates, for instance, can be one measure of the success of Housing Support activities.

An important challenge for government departments considering a definition and counting methodology is to consult agencies with front-line service delivery experience and current researchers in the field, to ensure buy-in from these stakeholders who will be involved in data collection.

Cost effectiveness approach

An alternative approach in data collection is to explore the economics of homelessness. Work is starting to be done on the cost-effectiveness of managing the homeless population as opposed to investing in prevention and supported housing. An exercise by Gladwell found the true cost to the US taxpayer of supporting a rough sleeper named Murray over ten years was over \$1 million ("Million Dollar Murray"). A recent study of six rough sleepers in Auckland (Lang 2007) found that they received \$1.5 million of government funding in five years through ongoing use of income support, health and addiction services, the justice and prison system and community agencies, and were still homeless. The study suggests that managing the problem is more expensive to the public purse than investing in solving it, and points to the need to take a structural approach, applying resources to root causes of homelessness.

Overseas studies in UK, US and Australia provide evidence-based demonstrations of the cost-effectiveness of prevention and can be used as templates for developing a methodology. A University of Pennsylvania study (Supportive Housing Network of New York website) estimated that using supportive housing created annual average public savings of over \$16,000 per person on health care, night shelters and imprisonment. The average daily cost per person of supportive housing was substantially less than that of stays in night shelters, prison, psychiatric residential beds and public hospitals.

Supportive housing in the US was found to be cost effective and less expensive than institutions for the homeless, and reduced dependency on emergency health services. Other US studies of supportive housing clients (US Corporation for Supportive Housing) indicate a reduction in emergency hospital admissions and detox service referral, a rise in earned income and participation in the labour market and a reduction in welfare payments. Other North American studies on cost-effectiveness are summarised by Fitzpatrick & Stephens (2007).

Developing such a methodology as a research tool in New Zealand may be a more fruitful focus in terms of policy advocacy in an indifferent political climate, and is more likely to motivate inter-agency collaboration than appeals to social justice. It provides a sound economic justification for investment in prevention. Research could be undertaken by academic institutions with the relevant research skills.

Recommendations for data collection

- 1 A common definition of homelessness is urgently required so that consistency can be applied to data collection. The definition needs to specify categories of accommodation, the use of which can be objectively quantified.

- 2 Any changes to census questions relating to homelessness are identified and implemented in time to be included in Census 2011.
- 3 Other useful data sources are included in a coherent, sustainable, nationally-directed programme of data collection. They include;
 - o Databases showing use of government agency services and community services by the homeless
 - o Point-in-time counts of rough sleepers
- 4 Types of data necessary to collect include:
 - o Demographic profile data (age, gender, ethnicity, household type)
 - o Case histories indicating causes and pathways into homelessness
 - o Local databases of service providers
- 5 Monitoring and evaluation of service delivery is established using performance indicators which can inform policy and resource allocation

Systems Prevention

Inter-agency coordination

Current understanding of pathways into homelessness acknowledges the part played in prevention and early intervention by mainstream services and their operational systems. For example, effective forward planning and inter-agency collaboration before the release of people from prisoner or discharge of clients from mental health residential care can support successful transition into the community. Systems prevention requires a whole-of-government approach which identifies the full range of agencies with some impact on homelessness. These agencies become stakeholders in a strategy, and would typically include agencies dealing with;

- Mental health
- Public health, primary and secondary health
- Corrections and justice
- Addiction and substance abuse
- Employment and training
- Education
- Benefits
- Family and child welfare
- Social housing
- Emergency housing and housing support

In New Zealand, government agencies with relevance are CYFS, HNZC, MSD, Corrections, Dept of Education, Ministry of Youth Development, Ministry of Women's Affairs, DHB's and public health agencies. Relevant community agencies and service providers involved with these sectors can also be integrated. Client group-specific service providers for youth, women, families at risk and people released from prison cut across these categories.

An example of the collaborative approach is an Auckland Regional Taskforce, recently established with a two-level structure involving MSD, HNZC, ACC and other agencies, to address a wide remit of social service issues but with a focus on homelessness, using a shared database. The MSD-led programme, *Connecting Diverse Communities*, (www.msd.govt.nz) adopts a whole-of-government approach aimed at improving coordination between government agencies to promote social cohesion. It is a model within which the goal of ending homelessness could be absorbed, enabling cross-agency prevention strategies to address this single issue.

The main aim of inter-agency coordination would be to develop a local homelessness strategy, with overt objectives, action plans, targets and performance measures. Agencies would put in place internal action plans to implement the strategy with agreed common outcomes. As part of strategy development, policy audits of all agencies can identify how they impact on homelessness and where gaps occur. Local mapping of existing services used by the homeless would help define resource gaps.

Effective strategic coordination must impact on delivery at the operational level. For example, one-stop shops with access to a range of government agencies and common assessment processes can make service delivery more accessible to target populations.

Discharges from prison, foster care, hospital, mental health and other institutions can be anticipated and support plans put in place to ensure people at risk do not fall into homelessness.

A target needs group: people released from prison

People released from prison are frequently cited as being at risk of becoming homeless if not returning to a stable home situation. There are models of good practice informed by inter-agency collaboration, which can be adopted to reduce this risk and have a positive impact on recidivism.

A cross-agency strategy was devised by Wellington Homelessness Prevention Steering Group (2006). The strategy recognises the need to establish a network of agencies working together to re-integrate discharged prisoners. Agencies include Corrections, MSD, Prisoners Aid & Rehabilitation Society (NZPARS), HNZA, DHB, Prison Fellowship, parole boards, alcohol & drug agencies, mental health providers, Salvation Army and primary health providers. An effective inter-agency referral and data collection process is essential to minimise systems failures. The strategy identifies the need for wider accommodation options such as a wet house and supported housing, and improved access to primary health care, mental health and addiction agencies and Work & Income services.

Prison-based housing advice services in the UK provide pre- and post-release support in the form of preserving tenancies for short-term sentences and tenancy facilitation. Housing support workers establish relationships with social landlords. Peer involvement models are used where prisoners advise and support each other's re-integration. Monitoring in the UK has shown these strategies have a positive impact on rates of re-offending.

Recommendations for systems prevention

- 1 Relevant government agencies develop better integration of operational systems, including;
 - wider use of one-stop-shop customer service and advice centre facilities where people have access to multiple agencies
 - more integrated databases, record-keeping, common assessment and inter-agency communication to facilitate better casework outcomes
 - cross-agency 'early warning' systems to identify at risk individuals and families and take appropriate preventative action
- 2 Specific forward planning processes is established for discharge of at risk clients from prison, youth detention, hospital, mental health care and state care
- 3 Systems prevention is integrated into a local homelessness strategy with goals, objectives and performance measures

Specialised service delivery

Emergency housing

Emergency housing in New Zealand can be categorized as:

- Night shelters
- Crisis housing (such as women's refuge)
- Transitional housing (provided for 3-6 months with access to support services)
- Private housing (includes boarding houses, hostels, camp and caravan parks, staying with friends and family)

Slade (2007) found a wide range of gaps in most types of provision, including;

- o Lack of data to quantify existing and potential demand. Many providers were not equipped to record occupancy.
- o Lack of night shelters in provincial towns.
- o Growing shortage of capacity in women's refuges, with an increase of 59% in users accessing these services 2001-2005. Some refuges will not take women without children, with children over 12 or women with mental health or substance misuse issues.
- o A higher proportion of Maori registered as homeless on HNZC waiting lists compared to total Maori on the waiting lists.
- o Lack of transitional housing for increasing numbers of released ex-prisoners, particularly short-term offenders released without parole or supervision.
- o Around 2000 homeless mental health consumers estimated by MSD in 2002 was "likely to be an underestimate". Those who do not meet assistance criteria are excluded until a crisis occurs.
- o Lack of provision for men with children, and for larger families.
- o Requirements for new Pacific Island migrants to have employment and accommodation often leads to crowding of shared housing.
- o Growing incidence of youth homelessness, "often associated with prostitution, crime and gangs".

There is a need for support services to accompany housing, including counselling, drug and alcohol services, advocacy, employment, budget advice, domestic violence prevention, health & mental health services and social inclusion supports.

The exposure in early 2008 of substandard conditions in two South Auckland boarding houses demonstrates a failure of government agencies to adequately monitor service providers, and highlights the lack of a quality standards regime for boarding houses. HNZC funds private providers but provision of support services is left to social agencies. Territorial authorities have regulatory responsibilities but coverage is incomplete, excluding unregistered providers. Records of referrals were not adequately kept by HNZC, and no information, advice or follow-up was offered to vulnerable families.

Outreach services

There are a number of specialist outreach service providers (see Appendix 1) offering support services combined or linked with emergency accommodation. Some offer support for particular client groups such as those with mental health problems or young people, while others offer a general service to rough sleepers. Some providers have

specialist skills such as housing facilitation and offer practical support to find housing or advice on tenancy rights. Others provide physical health or psychiatric services. Funding issues for outreach are similar to those described above for emergency housing. There are gaps in provision due to its ad hoc nature and development from community initiatives. Funding has been described by providers as inconsistent, inadequate and fragmented.

Housing support services

Housing support in New Zealand consists of permanent or transitional housing combined with support services provided by agencies, and has developed as part of the move to de-institutionalisation and long-term re-integration to independent living. As part of a 'continuum of care' model of flexible support needs, it could form a significant element of a strategy to support people to exit homelessness.

Slade(2007) discusses policy and funding in New Zealand, noting the lack of a coherent policy framework and uncoordinated funding programmes which allow more vulnerable groups like the homeless to slip through the cracks. Fragmented support funding through CYFS, DHB's, Corrections and MSD is targeted at specific client groups, accommodation supplement does not include payment for housing support services, and capital funding is very limited. HNZA administers Community Group Housing (CGH), linked closely to residential support services, while the Housing Innovation Fund is small and oversubscribed. Slade points to gaps in emergency housing and for certain vulnerable client groups. Significant barriers for service providers are the level of funding, the lack of secure and continuous funding and the fragmentation of funding between agencies.

A national strategy for housing support would take a 'whole-of-government' approach with revenue and capital funding situated in one agency and a flexible range of interventions to meet needs and identify gaps in provision. The UK "Supporting People" programme is a useful model of a rationalised, integrated policy and funding framework replacing a formerly ad-hoc collection of programmes.

The Australian Supported Accommodation Assistance Programme (SAAP) provides a single, coordinated programme for homelessness with collaboration between states and the Federal government. The failure to reduce homeless numbers on any scale, however, has led to a major review of SAAP in the form of the government Green paper "Which Way Home" presenting options for reform. This perceived failure has been seen by some as the result of the flawed implementation of the programme. In particular, services were inadequately funded to meet local needs, and there was a focus on providing emergency or transitional housing as a solution, thereby retaining people in the homeless population rather than exiting to permanent housing.

Meeting needs of Māori

Maori are overrepresented in the limited statistical evidence we have of rough sleepers and use of emergency accommodation, and we acknowledge that Maori who are homeless experience an added dimension of spiritual disconnection. To meet the needs of Maori, homelessness service providers need to regularly review their service delivery to ensure they have the capacity to provide appropriate and effective services for Maori.

This includes working closely with iwi and Maori communities, ensuring cultural competence of front-line staff, collecting ethnicity data and evaluating outcomes for Maori.

It will also mean advocating for resources to go to Māori providers and for services to be established within kaupapa Māori frameworks, rather than working in the present Euro centric manner. Recovery depends upon connecting the homeless with their cultural, spiritual dimensions. Once this is achieved, the connection with their physical whanau, hapu and Iwi can then be maintained and sustained.

Funding service providers

Many services targeted at people receiving income support obtain funding attached to the client's benefit entitlement rather than being bulk-funded. Some service providers using client-based funding find this system problematic. Hostels for single men run by the Salvation Army, for instance, receive funding on an individual client basis from Work & Income. This creates administrative complexity and can inhibit flexibility of response compared to a contractual arrangement with an outcome-related fee structure.

Slade (2007) reviewed funding arrangements in NZ and found a fragmented regime. The Emergency Housing Fund administered by CYFS helps families but excludes single people. Funding is not coordinated but separated between the Emergency Housing Fund and HNZN's CGH and Housing Innovation Fund (HIF) programmes. Only 2 or 3% of CGH funding is for emergency housing and HIF is not suited to this provision "due to minimal or non-existent income streams". Funding is perceived by many agencies to lack security and continuity, often delivered in one year contracts. Funding is largely fragmented, with a reliance on multiple sources including charitable trusts, donations and fundraising to top up government contracts.

Staffing is the most costly item and obtaining funding for it is complex and frustrating. The small size, complicated administrative processes and oversubscription of HIF is seen as a major barrier to adequate funding. The necessity for a 15% community contribution and commitment to loan repayments are common disincentives. HNZN are currently reviewing this funding regime.

A new funding arrangement, *Pathways to Partnership*, was announced in 2008 as a strategy to strengthen community-based child, youth and family services with existing government agency contracts, boosted with \$446 million funding over four years from 2008-09. (www.msd.govt.nz) It is intended to replace competitive contracts and provide full, sustainable funding over several years, offering more certainty for providers. The services identified include precisely those which can wrap around people at risk of homelessness:

- Parenting and intervention
- Women's refuge, family violence and crisis intervention
- Budgeting advice
- Youth offending

The Pathways to Partnership approach emphasises a focus on early intervention and strong inter-sectoral relationships between government and the voluntary sector. It would be appropriate for ending homelessness to be incorporated as a priority outcome to be addressed within this existing framework.

A continuum of support services

To effectively fill the gaps in specialised service delivery at the local level for vulnerable people, we need to construct a joined-up continuum of services which reflects the need for different levels of intervention. The key levels of intervention for preventing or intervening early in homelessness are;

- Preventative support such as family mediation, systems prevention, schools counselling and housing facilitation
- Outreach and day services for homeless people
- Emergency accommodation
- Housing support services
- Supported housing
- Permanent independent housing

It is also important for service providers to deliver their services with the clear intended outcome of ending a client's homelessness, through placement in permanent long-term housing. If this outcome is not made explicit in the providers' goals and objectives, then solutions resulting in temporary or emergency accommodation may only serve to maintain a client's homelessness.

The growing need for outreach and support services for the homeless can be seen in the context of a growth in social exclusion. Following the example of the UK and other European countries, many social issues which give rise to homelessness can be addressed by a Social Inclusion Strategy, taking a holistic view of homelessness as one outcome of poverty, disadvantage and a decline in social cohesion.

Gaps in service provision

A series of recent studies has highlighted gaps in services for the homeless and those at risk of becoming homeless (Smith et al 2007, various authors in Parity, October 2007). These studies provide evidence-based arguments for re-directing resources to identify and fill the gaps in emergency housing and support services, but are often qualitative and do not provide a full picture of the nature and extent of homelessness in New Zealand.

A comprehensive perception survey of community agencies involved in providing support for the homeless and those at risk would be valuable to obtain a full picture of gaps in services, and suggest effective solutions from the viewpoint of agencies working 'at the coal-face'. This would be an important contribution to our knowledge base.

Recommendations for service delivery

- 1 A nation-wide review is undertaken of demand for bed spaces in night shelters, women's refuges, transitional housing and other emergency accommodation. A strategy should be put in place by central government to quantify the cost of meeting the demand, prioritising local needs and implementing a programme to increase provision of housing that provides a permanent exit from these temporary forms of housing and homelessness.

- 2 More investment is made in support services providing culturally appropriate outreach facilities, counselling, drug & alcohol treatment, employment and training, medical and mental health services targeted at people at risk of becoming or staying homeless. This investment can be part of a wider strategy for Social Inclusion and incorporates areas of DHB responsibility already covered by the New Zealand Public Health and Disability Act 2000.
- 3 A review is undertaken of physical and management standards of boarding houses and hostels, and a regulatory regime is established to impose minimum physical standards and affordability of all forms of emergency housing.
- 4 Through consultation with Maori, all providers are required to meet the needs of Maori who are homeless or at risk by providing culturally-appropriate services.
- 5 A rationalised funding and policy regime is established for emergency and supported housing under a single government agency which is consistent, accessible and adequately resourced to meet identified needs.
- 6 Homelessness prevention and early intervention is incorporated into the Pathways to Partnership programme as a priority area to be addressed.
- 7 Research is undertaken among service providers 'at the coal-face' to assess gaps in service provision and identify solutions.
- 8 All specialised service providers audit their own activities against the goal to end homelessness.

Long term solutions

Affordable housing supply

Johnson et al (2008) point to the lack of affordable housing in a competitive rental market as a key factor exacerbating Australian homelessness. Fewer housing options for low income households will lead to loss of housing through housing crisis such as mortgage repossession or eviction through rent arrears.

Not merely supply but also the quality, tenure and location of affordable housing is significant. Johnson et al. found that 90% of their homeless survey respondents who were rehoused into permanent social housing were still in tenancies after twelve months, but only 67% of those housed into the private sector maintained their tenancies, suggesting subsidised housing is likely to be more supportive as a long-term solution. Households moved into other substandard or socially isolated housing were also vulnerable to further episodes of homelessness. An adequate supply of permanent, stable housing is important for people to regain connections with mainstream society and avoid a return to homelessness.

In 2008 the Australian government announced a National Rental Affordability Scheme which aims to deliver 100,000 affordable rented dwellings using tax incentives and other support to attract institutional investors into the sector. Community housing organisations will play a role as tenancy managers or as providers through consortium bids, and local councils will also be stakeholders. The federal government sees this investment as an important step in expanding housing supply for low to middle income households. The proposal complements another new programme, "A Place to Call Home", to build 600 new homes for the homeless over five years. Using a 'Housing First' approach, refuges and crisis accommodation will be bypassed and people moved directly into permanent housing with support networks for twelve months.

Milligan (2008), commenting on international experience of homelessness, makes the distinction between inadequate supply of affordable housing and inadequate access of homeless people to existing housing. In countries with a small or declining social housing sector, a focus on merely improving access is likely to be ineffective without expanding the supply and range of affordable housing options. For example from 1997-2004 although expenditure on emergency housing increased by 19%, spending on the total social housing supply in Australia dropped by 25%. Homelessness statistics over this period have remained high at over 100,000, suggesting that overall housing supply is a key underlying factor.

In New Zealand the severe deterioration in housing affordability since 2002 has attracted great attention. Concern has mainly focused on declining home ownership and affordability has been largely defined in those terms. The NZ Housing Strategy (2004) makes little mention of homelessness or severe housing need. The community housing sector has been boosted by the Housing Innovation Fund which has increased capacity in the sector but contributed very little new affordable housing. There is now an acknowledgement of an 'intermediate' housing market which cannot achieve home ownership but needs an alternative source of affordable rented housing. Consideration is

being given to how this need can be met through public funding. Increasing supply can have long-term benefits in easing pressure on emergency and transitional housing.

Social housing in New Zealand consists of state housing owned by HNZC and local authority housing, plus a third sector of community housing organisations and specialist housing providers. This provides low-cost, secure and affordable housing but represents only about 5% of the country's total housing stock. The NZ residential rented sector is dominated by private landlords who account for about 85% of all tenancies and charge market rents. A larger supply of social and community housing would impact on homelessness by increasing the availability of permanent independent housing. Increased provision of single person and two-bedroom housing can cater particularly well for the many single people who are in need of supported housing. An increase of social housing to 10% of the total housing supply would do much to alleviate a shortage of affordable housing.

Barriers in private sector housing

Two recent trends in the New Zealand private rental market have a detrimental impact on housing supply for the homeless. Firstly, a number of camping grounds and boarding houses have been closed or sold, and the homeless have to compete with tourists for beds in hostels and backpacker accommodation. Secondly, many landlords actively exclude people on low incomes or people receiving benefits as tenants, and tenancy agencies use vetting policies to exclude high risk applicants in areas of high housing demand. Landlords are reluctant to enter the lower cost rental market due to potential low returns.

Additional factors acting as barriers to adequate housing in the private sector are;

- i) insecurity of tenure under the Residential Tenancies Act
- ii) lack of affordability of market rents for people on low income, and the limitations of Accommodation Supplement as a rent subsidy
- iii) substandard and poorly maintained quality of many private sector tenancies.

Friendly landlord schemes such as those operating in Hawke's Bay and Wellington (see Appendix 1) are effective ways of overcoming such barriers, particularly for people with mental health and addiction problems. These solutions can be developed as part of flexible local strategies to combat homelessness, but they require reliable funding sources.

Personal Income

Low personal income is a common factor in the circumstances of homeless people in most casework studies, and is a major contributory cause of homelessness. The reasons for low income include unemployment, inability to work due to ill health, family financial crisis and family breakdown leaving non-earning caregivers unable to pay housing costs. Combined with other factors discussed earlier in this report, low income places people at high risk of becoming homeless.

Long-term solutions to low income relate initially to the income support system administered by Work & Income, and its flexibility in terms of benefit levels and responses to emergency need. The practice of paying Accommodation Supplement directly to a landlord to preserve a tenancy varies widely and in some areas is confined

to certain client categories, but could be made a standardised response for at-risk clients. Increasing access to work training and vocational education opportunities provides another means of improving potential personal income for those people for whom paid employment is a realistic option.

Homelessness as social exclusion

Homelessness is increasingly being regarded as a manifestation of social exclusion rather than a matter of individual lifestyle choice. As such, it must be addressed through those agencies which are responsible for promoting social inclusion in our communities.

The UK government established a Social Exclusion Unit with a focus on the renewal and social revival of deprived neighbourhoods. The emphasis is now on tackling exclusion through health and social agencies. The national Social Inclusion Programme co-ordinates cross-government action on mental health and social exclusion policy. It ensures that implementation is joined up across sectors and organisations. For example, dissemination of guidance to housing providers on rent arrears management and choice-based lettings aims to prevent evictions and improve opportunities to achieve independent living for people with mental health problems.

Adopting such an approach in New Zealand would enable homelessness prevention to become a goal of addressing social exclusion. The issue is thereby linked to its root causes and to the life pathways we now understand lead into homelessness, rather than a focus on crisis management.

If we can eliminate social exclusion in our society, we can eliminate homelessness.

Recommendations for long-term solutions

As part of a national Homelessness Strategy linked to the NZ Housing Strategy;

1. Increase the supply of social and community housing to 10% of total housing stock through HNZC and community sector house-building programmes, particularly of one and two person accommodation for supported housing or of a type that meets local need
2. Introduce a Housing First pilot scheme with purpose-built supported housing in high-demand urban centres. Foster the widespread use of 'Friendly Landlord' schemes to incentivise the private sector to house more 'at risk' clients discharged from institutions, and remove barriers to accessing affordable tenancies.
3. Address barriers of low personal income through Work & Income client casework.
4. Address the barriers surrounding loaning funds to build whanau homes on multiple owned Maori land.

- 5 Devise a Social Inclusion Strategy which incorporates homelessness prevention as a high priority for investment.

4 Conclusion: The case for a strategic approach to homelessness prevention, early intervention and intervention

What's the problem?

Homelessness is clearly not as much of a priority issue for policy makers in New Zealand as it is in Australia, the UK and Europe. It receives comparatively little recognition at central or local government levels, and initiatives to address homelessness have been confined largely to community sector agencies required to compete with other social service providers for public funding contracts or charitable funding. Does this mean that we do not have a significant homelessness problem in New Zealand as compared with overseas, and that it does not, therefore, warrant recognition as a policy priority?

At the heart of this question is our inability to accurately define and quantify the issue at present, with a resulting low public awareness of its nature and extent. For instance, if homelessness is perceived solely as rough sleeping, rooflessness or Primary Homelessness in Chamberlain & MacKenzie's classification, then it has low visibility compared with, say, the park bench dwellers of Sydney. Nevertheless, rough sleeper counts in Auckland CBD do indicate a substantial population of about 150 and service provider user records demonstrate sustained high demand and a shortage of emergency, night shelter and outreach provision.

When the definition widens beyond rough sleeping to secondary homelessness including crowding when people staying with friends and whanau, or in temporary and insecure accommodation, then the picture of a much larger population of 'hidden homeless' emerges which is harder to quantify but reflects a significant housing need. When we add those in boarding houses and living in unfit and crowded private sector dwellings, we become aware of a continuum of inadequate housing conditions existing in New Zealand which affects young people, men and women, families with children, and older people. Spending time with any one of the front line agencies supporting the homeless in Wellington will demonstrate that the problem is real, significant and should be a concern to us all.

A growing body of research and anecdotal reporting has aided our understanding of the structural causes and common pathways into homelessness. We have a better understanding of the high risks of home loss experienced by mental health clients, those with addiction problems, people being discharged from institutions, young people in family breakdown and families in financial crisis. We are aware of the spiritual disconnection from whanau, hapu and iwi experienced by Maori who are homeless. We also have a growing understanding of how to address the problem through preventative and early exit strategies. We do not, however, have an effective enumeration and analysis process enabling us to define the size of the problem and monitor the impact of remedial programmes. In the UK, for instance, annual rough sleeper counts since 2003 have measured the halving of that population after prevention and early intervention policies were implemented, demonstrating their cost effectiveness.

In the absence of such comprehensive information to stimulate policy formation, a vacuum in public awareness can be filled by prejudice and apathy. Preconceptions about lifestyle choice among the homeless and lack of media coverage of the topic have added to higher profile concerns about falling home ownership, dropping homelessness well down the list of political priorities.

Why is a strategy needed?

Motivation for governments to take action to end homelessness is likely to stem from two sources. Firstly, from a social justice perspective it is a desirable aim to reduce suffering and disadvantage, and to ensure that all citizens enjoy the human right to adequate shelter. This is a laudable aspiration to which governments can easily pay lip service, but it can just as easily be eclipsed by other, more prominent demands for scarce resources. It can be prompted by public opinion and media attention, but to gain momentum as long-term policy it needs either strong ideological commitment or the promise of economic benefit.

Secondly, motivation comes from a demonstration that the economic cost of taking action is less than the cost of not taking action. Cost-effectiveness studies of programmes overseas have been persuasive in showing that investment in homelessness prevention and early intervention is particularly effective in saving social spending in health, justice, welfare and emergency support sectors, and indirectly contributing to taxation income. When this can be demonstrated clearly in a New Zealand context through programme evaluation of the 'Million Dollar Murray' type, there will be more likelihood of the high-level motivation necessary to address the problem. Lang's study in Auckland (2007) provides a valuable contribution to this approach.

Given the political acceptance of potential economic benefit, a policy target to end homelessness is most effectively achieved by devising a national strategy with realisable goals, objectives, local action plans and dedicated funding to enable implementation. Accurate quantification and monitoring is a key part of a strategic approach, and a continuum of needs-based service delivery can operate within a planned strategy based on inter-agency collaboration. The Homelessness Strategy Toolkit devised by NZCEH provides a basic framework, and has elements in common with similar frameworks devised in Europe and the USA.

The effectiveness of a national strategy would be bolstered by legislation to identify statutory responsibility by existing institutions or a new agency. Quality standards controlling service provision and accommodation, and a coherent funding regime would also add to the strategic approach. A strategy needs to reflect particular New Zealand circumstances and cultural needs.

A strategic approach is needed now because the problem of homelessness will not be resolved by piecemeal responses. Without a coordinated, strategic response now, as the New Zealand population increases in the future, so too will the homeless population. A focus on prevention, early intervention, cross-agency collaboration and an awareness of the wider determinants of health make a public health conceptual framework suitable as a tool with which to devise a strategy and provide a joined-up response to ending homelessness in New Zealand.

Appendix 1: Homelessness prevention, early intervention and specialised interventions in NZ – some examples

Specialist service and supported housing providers

Comcare Trust Housing Service (Christchurch)

Comcare finds and provides independent housing for people experiencing mental illness. A Housing Facilitation service is provided to identify suitable accommodation for clients and help them to secure it. Home Rescue is an associated service to save tenancies under threat and avoid eviction and landlord-tenant breakdown. This can include the Trust taking over a tenancy for a short time. Emergency flats are also available for up to eight weeks. Comcare assists 70-100 clients annually to find housing for clients groups including those leaving prison or residential care, people facing eviction or family breakdown. Funds are available for furniture and chattels, and there is follow-up for up to twelve months.

Tenant's Protection Association (Christchurch)

The lack of security of tenure inherent in the Residential Tenancies Act can exacerbate issues which prevent private sector tenancies from being sustained and lead to homelessness. The Supporting Vulnerable Tenancies programme works to co-ordinate support agencies, provides specialist legal advice and advocacy. Early intervention to prevent tenancies ending prematurely is a significant prevention measure.

Homeless Outreach Treatment Team (HOTT) (Auckland)

HOTT is a mental health outreach service to people who are homeless or transient in Auckland, and is provided by Auckland DHB. The team includes three psychiatric nurses, a social worker and part-time consultant psychiatrist. The service provides assessment, treatment planning, long-term support within the Recovery model of holistic care, and support with hospital admission where necessary. The team builds relationships with clients and works with them towards a stable situation for onward referral. HOTT had 147 clients in 2006

Monte Cecilia Housing Trust (Auckland)

Residential services include providing over 4000 nights of emergency housing for over 40 families in 2006, and funding for short-term transitional housing. A housing advocacy, advice and support service is also provided.

Street 10 (Christchurch)

Street 10 is a day centre for the homeless run on a community development model by consumers, overseen by the Inner City Interagency Trust with funding from the City Council, DHB and Canterbury Community Trust. It provides facilities, information and support for homeless people, a safe place to go, and services to meet needs which are self-identified by homeless people themselves. Skills workshops, a newsletter and legal advice are provided. Street 10 is well used, with 23,000 attendances between 2005 and October 2007.

Mangere Integrated Services

A scheme for supporting people into private tenancies is managed through a joined-up approach linking housing, income and employment. HNZA and MSD collaborate in a

one-stop-shop, case-management service to offer a joint needs assessment, help to find rentals and job brokerage.

Lifewise Centre (Auckland)

The *Pathways out of Homelessness* programme (PoH) enables access to specialist services, skills and resources through an intensive case management approach aimed at aiding transition into permanent housing. Support and resources are intended to continue after housing to prevent a return to the cycle of chronic homelessness

Christchurch City Council

The Council publishes *No Fixed Abode*, an accommodation and services directory for people without a safe and secure home. It includes a wide range of support service contacts and is free of charge.

Nelson Tasman Housing Trust

Seven social agencies signed a memorandum of understanding to collaborate in providing and managing emergency accommodation at a camping ground, with priority given to homeless families. The project is funded by charitable agencies and donations. A bond bank is also provided as an interest-free loan to enable people to access private rentals.

Easy Access Housing (Wellington)

Easy Access Housing is for people who have mental health issues and are currently experiencing difficulty in accessing suitable accommodation in inner city Wellington. This group provides affordable furnished housing with minimal social support. It is 'boarding house' accommodation with help to access longer-term housing through a support plan. Tenancies are up to six months, and tenants are supported to identify long term, sustainable housing.

Wellink (Wellington)

Homelink is a service finding accommodation for people moving from supported residential homes to independent living. Housing is normally found through HNZA or the City Council. The support worker helps with benefits, furniture and debt management and provides peer support as an ongoing service.

Whatever It Takes Trust (Hawke's Bay)

A proposal for a Social Triage service was developed with research funding from Hawke's Bay DHB and supported by a cross-sectoral agency forum. The service was intended to deliver a crisis hotline and on-the-spot response with immediate support and emergency accommodation for homeless people. Funding for the project was not forthcoming and it did not proceed.

Hawke's Bay DHB: Friendly Landlords Initiative

A scheme for people with mental health issues to find suitable private market rentals and to provide support from local mental health services. The scheme has operated since 2005 and five landlords currently accommodate twenty-six tenants. An annual budget contributes an average of \$39/week/tenant to a rent subsidy, and a mental health support scheme providing practical help to sustain a tenancy. An evaluation of the scheme found that mental health inpatient bed nights had fallen 60% from 800 to 321 in two years. The re-admission rate to the mental health acute unit had also dropped.

Ministry of Health (MOH) Supported Landlord Service

Agencies contract with MOH to provide community-based, affordable accommodation with low-key regular social support for people with psychiatric disabilities. Tenants have security of tenure and social supports are minimally intrusive. Clean, furnished or semi-furnished self contained or shared accommodation is provided at no more than current market rates.

HNZC Suitable Homes Service (SHS)

The SHS finds suitable accommodation for people with disabilities who are referred to it. Private, local authority and HNZC properties are sought and stock is identified from a database. Agencies also assist clients to search for suitable houses. Case management provides an intensive service for people with significant, persistent, complex and unmet needs. It works in consultation with clients to assess need and produce an action plan. It is a housing-focused service that ensures clients have access to the right agencies and support to enable clients to maintain their tenancy

Appendix 2

CASE STUDY: Project Margin - Downtown Community Ministry (DCM), Wellington

DCM runs Project Margin with funding from Wellington City Council, and employs outreach workers to help homeless people find homes or make their accommodation more secure. Project Margin works closely alongside other services to provide wrap-around support for clients, including budgeting, drug and alcohol, mental health and other support services such as the soup kitchen and local health centre. Project staff participate in multi-agency meetings with City Housing, Housing New Zealand, the Police and other local community groups. DCM plays a key role in the New Zealand Coalition to End Homelessness and The Wellington Homelessness Prevention Steering Group and provides leadership for the establishment of a Wet House in Wellington.

Client database

DCM's client database for Project Margin provides long-term monitoring of outcomes and uses the Chamberlain & MacKenzie classification to quantify client numbers. Besides the gender of clients, their housing situation when enrolled and at the end of a data period is recorded, and categorised as Primary, Secondary and Tertiary Homelessness. Primary includes rough sleeping and sleeping in vehicles; secondary includes 'couch surfing', boarding house or temporary shelter; tertiary includes living with family, night shelters or accommodation which is insecure or unsuitable for needs.

From September 2007 to June 2008 the Project assisted 90 clients. 40 clients moved to permanent accommodation in the period, and the number of those classed as primary homeless reduced from 19 to 7. Data is also recorded on home visits and support contacts, and which agencies the project is liaising with to provide post-tenancy support. Data is collected on people who are not helped, the reasons why and the implications to be drawn about gaps in the system.

Information on Project Margin supplied by the Director, Downtown Community Ministry

Project Margin as a model of good practice

Project Margin's approach to clients is holistic rather than dealing with a single aspect of a client's needs, which is important for Maori clients. The service is client-focused and uses a Housing First approach where possible. Collaboration with other agencies is used as a valuable tool to achieve effective outcomes, and emphasis is laid on post-housing support to sustain tenancies, using a flexible response guided by the individual needs of the client.

Of particular value is the client database, which provides a consistent source of information for performance measurement over time, and demonstrates that the Chamberlain & Mackenzie classification can be used in practice. The range of data provided by Project Margin can be a useful template for a national database to give a more accurate overview of the nature and scale of homelessness.

Appendix 3: Overseas homelessness policy and practice

Europe

Milligan (2008), commenting on the lessons learned from comparative studies in the International Review of Homelessness (Fitzpatrick & Stephens 2007), concludes that the two major policy approaches needing to be adopted to successfully tackle homelessness are;

- Emphasis on preventative strategies to reduce the need for crisis services
- Growth and diversification of the supply of affordable social housing

Most English-speaking and West European countries are adopting two main policy directions on homelessness: *prevention* and *re-integration*. In Germany for example, preventive measures to defer eviction have been successful, while the 'Housing First' approach has been more widely used in the US, Canada and Australia as a successful integration strategy. The most common policy model is for central government to set a national strategic, legal and funding framework, and for local government to act as enablers or facilitators for NGO's as principal service providers. Targeting and prioritising is usually left to local discretion.

The FEANTSA Toolkit

In 2000 the European Union resolved to develop a common strategy to end poverty and social exclusion, including homelessness. Member states agreed to produce National Action Plans (NAP), although strategies and definitions vary greatly between them. Most European countries rely on local government to facilitate local homelessness programmes. FEANTSA, the joint federation with responsibility for coordinating action on homelessness, has produced a toolkit of ten principles for an integrated strategy to tackle homelessness, (www.feantsa.org). The toolkit emphasizes the need for;

- a 'continuum of care' approach including prevention at both systemic and targeted levels, accessible emergency services and re-integration strategies to combat social exclusion.
- Multi-agency integration of housing, health, employment, welfare and education policies and inter-departmental working on agreed outcomes
- A statutory basis for homeless strategies requiring legal accountability, monitoring and evaluation
- A 'bottom-up' approach developing responses at the local level within a national/regional framework
- Political commitment to adequate long-term funding of programmes

Denmark

The right to housing exists as an individual right, and local government has statutory responsibility for care and collecting statistics. Priorities are on youth homelessness, providing night shelters, day centres and targeted services for addiction and mental health clients.

Ireland

Local authorities are responsible for monitoring homelessness and appraising housing need, but have no statutory obligation. The NAP includes a Homelessness Prevention Strategy with a range of prevention, emergency help and re-integration strategies, including for release from state care and prison. Relevant government departments and

health care agencies each have a three year plan on homelessness, and hold stakeholder forums. Ireland has a dedicated Homelessness Agency to coordinate service delivery.

Netherlands

There is a strong emphasis on preventing youth homelessness through proactive early intervention. Local authorities collaborate with specialist providers in a network of shelters, health care, counselling, training and outreach. Outcomes are measured in terms of achieving independence. An integrated local approach combines strategies for prevention, shelter, empowerment and recovery. Security of tenure and strong tenant rights to occupy are factors in reducing evictions.

Sweden

Local authorities are required to make plans and offer emergency shelter. Health and welfare agencies collect data in an annual survey. Initiatives include free dental treatment for the homeless at Stockholm hospital and Goteborg City Mission has dedicated medical facilities.

United Kingdom

The Housing (Homeless Persons) Act 1977, amended by the Homelessness Act 2002, gives a statutory responsibility on local authorities to house the 'unintentionally homeless'. A UK Taskforce for Homelessness was set up, and the government's Homelessness Directorate administers a Rough Sleepers Initiative and bed & breakfast unit. The stated themes of homelessness policy in the UK are;

- Prevention, by sustaining tenancies and financial management
- Providing employment and training strategies
- Providing health care, particularly for addictions and mental illness
- Providing housing by removing barriers to renting and improving the quality of temporary accommodation.

The 2002 legislation required local authorities to devise homelessness strategies, and a shift to preventative programmes was introduced. A UK study of ten local authorities (Pawson et al 2007) evaluated homelessness prevention programmes introduced in 2003 and found that statutory homelessness acceptances reduced by over 50% between 2003 and 2007 and the numbers in temporary accommodation reduced by 23%. It concluded that most prevention strategies adopted were measurable and highly cost-effective compared to the cost of emergency accommodation. A Rough Sleepers Initiative began in 1998 and numbers had reduced by 73% in 2007.

An example of a localised operational strategy is Harrow Local Borough Council's Good Practice Guide (Pawson et al 2007). This small London borough's main aim was to change staff attitudes to homelessness from "nothing can be done to prevent homelessness" to "every case is preventable". It sought to replace a welfare rights ethic characterised by bureaucratic gatekeeping with a customer service ethic which informs strategic planning.

Some UK local authorities employ Homelessness Prevention teams and encourage team members to develop specialist skills. Leicester Council has specialists in rehousing people leaving prison,, benefit agency liaison and tenancy facilitation. Bournemouth has staff solely dealing with youth and domestic violence victims.

The UK's *Supporting People Strategy (2007)* helps people to attain and maintain independence by providing housing related support services. It is a collaborative partnership between housing associations, local government and central government. The strategy is based on an emphasis on consumers, reducing administrative restrictions, and using a 'Common Assessment Framework' which includes housing needs. Housing Associations provide two thirds of services in the programme, while local government supervises Local Area Agreements which bring together partners and funding through area-based government grants. Comprehensive Area Assessment is another common tool for assessing local needs. The UK Local Government White Paper, *Strong and Prosperous Communities (2006)* identifies how more systematic partnerships between local agencies could be brought about through greater use of joint appointments, pooled budgets and joint commissioning. The White Paper, *Our Health, Our Care, Our Say (2006)* contains a proposal that there should be a duty on primary health care trusts and local authorities to produce a joint needs assessment.

The UK Housing Corporation has launched the "*Investing in Independence - housing for vulnerable people*" strategy (August 2007). The Corporation will engage with housing providers and support them in responding to the needs of vulnerable people, working in partnership with local government and health authorities, the Department of Health, the Department of Communities and Local Government (DCLG), and the Department for Children, Schools and Families. It follows the government Green Paper, "Homes for the future" (2007). Groups which the Corporation considers fall under the heading 'vulnerable people' include people with learning disabilities, people with mental health problems, people with physical or sensory disabilities and young people leaving care.

Scotland

In 1999 a Homelessness Task Force was set up to review causes and to develop a ten-year programme. Legislation in 2001 aimed to give every homeless person a minimum package of rights around temporary housing, advice and assistance, and a duty on local authorities to have a strategy in place. Further legislation in 2003 included the right to a home and ended the test for priority need to qualify for re-housing. Scotland also has a Rough Sleepers Initiative, a hostel de-commissioning programme to replace old hostels with purpose-built accommodation, and other initiatives to combat youth homelessness.

USA

Homelessness is the responsibility of the Dept. of Housing & Urban Development (HUD). It distributes funding to NGO service providers. There is no national framework as in Europe, but HUD has endorsed a blueprint for local homelessness planning produced by lobby group the National Alliance to End Homelessness (NAEH) and adopted by over 340 US communities by 2007 (see State of Maine Action Plan).

Common plan themes are;

- Establishing Homeless Management Information Systems (HMIS) to collect and evaluate data
- Prevention programmes focused on tenancy preservation and discharge strategies from jail, foster care and mental health care
- Outreach support on the street
- Reducing time as homeless by Housing First

- Links to mainstream support services for income and employment after re-housing

Implementation also needs clear outcomes, objective performance measures and timelines.

The NAEH Toolkit

The American lobby group National Alliance to End Homelessness (NAEH) points to the limited scope of housing assistance without also putting strategies in place to prevent homelessness and improve access to housing, income and support services. A workable strategy should include the following elements;

1. A planning process with accurate data collection and coordination of mainstream state agencies and NGO's with the aim of ending, not merely managing, homelessness
2. 'Closing the Front Door' through prevention. Most newly homeless people are already clients of public care agencies (mental health, corrections, justice, child care). Agencies need incentives in their performance standards to establish prevention programmes and identify people at risk before they become homeless.
3. 'Open the Back Door' by enabling rapid exit from homelessness through a 'Housing First' approach into permanent housing with support, breaking the cycle of chronic homelessness.
4. Building infrastructure with adequate levels of affordable housing, income and employment and support services.

(www.endhomelessness.org)

NAEH defines ten essential elements of a comprehensive homelessness strategy which parallel much of the best practice seen overseas. They are;

- A Plan and set of outcome-based strategies
- A consistent and quantifiable homelessness management information system (HMIS)
- An emergency prevention programme aimed at tenancy preservation
- Early prevention coordination across mainstream agencies
- Outreach programmes
- Emergency and transitional housing to shorten the homeless period
- Rapid placement into stable housing by tenancy facilitation
- Access to support services after placement
- Adequate long-term supply of permanent affordable housing
- Income and employment support

Philadelphia State has an effective HMIS and also operates a one-stop Housing Support Centre where homeless people can access multi-agency services. Lighthouse Youth Services in Cincinnati, Ohio provide apartments and other housing options to youth offenders to help the transition from institutional to independent living. The 'Getting Housed-Staying Housed' programme in Chicago is a Housing First scheme using a 'wraparound' model of supports to sustain tenancies. The 'Common Ground' model in New York has contributed to halving the number of rough sleepers in the city. Existing hotels and hostels were converted to secure tenancies with shared space for social interaction, combined with supervision and access to on-site support services.

Case Study – State of Maine Action Plan to End Homelessness

The US State of Maine has a ten year plan to end homelessness which offers a useful practical model of strategic planning at the local level, developed by local stakeholders. The Plan consists of the following elements;

- a vision statement
- summary of the extent and nature of homelessness locally
- survey of existing local provision and services
- framework of strategic goals and themes
- definition of critical issues to address
- Action Plan

The Action Plan identifies specific, targeted strategies around six main goals;

- Improving access to appropriate housing
- Improving access to support services
- Improving agency coordination
- Resources and funding
- Prevention strategies
- Data collection and monitoring

Stakeholder working groups were established to address each of eleven critical issues and action programmes were agreed for implementation, attributing timelines and responsibility. <http://www.endhomelessness.org/content/article/detail/606>.

Australia

The Supported Accommodation Assistance Programme (SAAP) is a joint Federal government and State framework set up in 1994 to fund and coordinate homelessness support. Its aims are to resolve crisis, help re-establish family links and re-establish the capacity to live independently. Bi-lateral agreements with States identify strategy, funding arrangements, action plans, accountability and evaluation. Australia's National Homelessness Strategy seeks to provide a strategic framework to improve collaboration and links between service providers to reduce homelessness.

In Western Australia (WA) over \$30 million funded 129 agencies supporting young people, women, families and single men & women. The WA State Homelessness Strategy (2002) focused on prevention programmes and increasing affordable housing supply. Initiatives include tenant support services for those at risk of eviction in both public and private sectors, and a prisoner re-entry programme providing transitional accommodation and support for those at high risk of returning to custody. Evaluation of the latter programme in 2005 showed a recidivism rate of 27.3% compared with an overall rate of 40.6%.

NSW's 'Partnership Against Homelessness' is a network of State agencies operating an inner city action plan to target client groups. Specific initiatives include an after-hours phone line and protocols to help front-line staff assist the homeless.

The Victoria Homelessness Strategy identifies existing emergency provision and gaps in services. It specifies five objectives around integrating services and increasing access to supply of affordable housing, and states the outcomes expected from the strategy. The Action Plan includes specialist housing support for ex-prisoners in finding work, budgeting, cooking and home care. Public records are used to build a database of at-risk users of mental health, drug & alcohol, prison, justice, foster care and hospital services. A referral and follow-up process links people to housing and support providers.

Flatau et al (2006) published a positioning paper for the Australian Housing & Urban Research Institute (AHURI) to measure the cost effectiveness of homelessness prevention and assistance programmes in Western Australia, and refers to other Australian cost effectiveness studies. Pinkney & Ewing (2006) provide a recent analysis of the costs of homelessness.

Most housing support providers in Australia operate within a professional framework. Career development is encouraged through secondment, education & training, professional development and membership of a professional body.

Greenhalgh (2004) found that common factors among State homelessness policies were;

- A whole-of-government approach
- Focus on information gathering about the homeless
- Partnership and collaboration between service providers
- Use of pilot projects

Despite extensive recognition of homelessness as a priority issue for investment and research, the numbers of homeless in Australia are not declining. Current estimates are over 100,000 people, half of which are under 24 and over 10,000 are children. The government is preparing a White Paper proposing reform of SAAP for release in late 2008 (www.fascia.gov.au).

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