



A research report: Supporting the homeless: Let's keep the ball rolling.

Researcher:

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[There are] lots of aspects of homelessness that I know nothing about. Everybody has their own experience, and you don't know what it's like to walk in somebody else's shoes.

Homeless man, 2021.

Table of Contents.

	Page.
Acknowledgements	4
Executive summary	5
1. The background	7
2. The current environment	9
3. Research design	12
3.1 The research aims	12
3.2 Methodology	12
3.3 Method	12
3.4 Ethical considerations	13
3.5 Recruitment of participants	13
3.6 The participants	14
4. Results	15
4.1 Current living circumstances	15
4.2 The top 5 priorities for support	15
4.3 The next 5 priorities for support	16
4.4 The nature of assistance	16
4.5 Preference for the gender and ethnicity of the support person(s)	17
5. Discussion	18
5.1 Mental health	18
5.2 Physical health	19
5.3 Family/whānau	19
5.4 Housing	21
5.5 Social services	22
5.6 Employment	22
5.7 Alcohol and other drug related issues	24
5.8 Keeping safe	24
5.9 Respect	25

	Pages.
5.10 Legal matters	26
5.11 The nature of assistance	26
5.12 An added dimension	27
6. Limitations of the study	28
7. Implications	28
7.1 The adequacy of models used to structure our understanding of homelessness.	28
7.2 Developing personal and collective agency	29
8. Concluding comments	30
References	32
Appendices	35

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Executive Summary

Male Room Inc. is a Nelson based charity that has a 15-year history in advocating for and otherwise supporting males and their family/whānau. While the homeless are currently receiving a level of unprecedented support nationally, the evidence base supporting this is mainly focussed on housing, alcohol/drug issues and mental ill-health. Considerable work is being undertaken in addressing these areas. *Male Room*, with the support of others (including members of the homeless community), consider there is now a need for a more comprehensive and deeper understanding of the needs of this group, informed through surfacing the insights of the homeless.

Building on a previous project (Mitchell & Chapman, 2018), this project aimed to provide:

1. detailed, participant driven guidance for those working to support the homeless on what the homeless see as priorities for supporting their lives and their future.
2. guidance in the way their journey should be supported. That is, who is best placed to provide the support that is needed (if any).
3. the participants themselves having the opportunity to develop confidence in their voice, to envisage opportunities, and to contribute to service development.

The project was supported by critique and guidance from a homeless man who identifies as Māori, a cultural advisor, and an advisor on methodological/ethical areas.

The project involved 26 semi-structured interviews with both male and female participants living as homeless in the Nelson and Marlborough regions. This involved nineteen men, six women and one person who identified as non-binary. Participants were asked to describe and prioritise areas of concern they currently experience and the nature of support they may need to achieve their vision.

The participants indicated their willingness to be involved and have their voice heard and respected. While several of the issues they identified are understood, such as mental ill health and issues with alcohol and other drugs, they added a wider understanding. They prioritised additional areas such as family connection, employment and keeping safe as being of considerable importance. These areas have limited (if any) evidence in the literature.

While areas such as family connection and employment may appear insurmountable for many, this project indicates the need to have these areas acknowledged at an early stage of developing a supportive pathway forward, in parallel with the current approaches.

Only one participant indicated a preference for the gender of support people. The others had no preference as to the gender. Most participants voiced a preference for peer support workers as the primary support person.

Additionally, several participants indicated a willingness to be involved in supporting/providing leadership in community education and education of services regarding homelessness. Their expertise and insight would provide a perspective that can only be constructive. At an operational level, some talked of a personal interest in contributing to the peer support role.

Overall, this project has demonstrated that the homeless can and should be consulted in pathways forward, thus acknowledging their strengths in contributing to service development.

1. The background

The term 'homeless' generally constructs a picture of a man (seldom a woman) taking up a small space, often on a busy street, surrounded by a mix of seemingly impermanent belongings, usually in disarray. The image is usually one of despair, hopelessness and decay. However, definitions of homelessness have many variations internationally. For example, the European Union has failed to agree on a common definition with some countries focussing on those people living rough, others on those living in various forms of transitional accommodation (Fazel, Geddes, & Kushel, 2014). For the purpose of this project the following definition will be used:

"Living situations where people with no other options to acquire safe and secure housing are without shelter, in temporary accommodation, sharing accommodation with a household or living in uninhabitable housing."

The People's Project (August 29, 2021).

New Zealand-based statistical research on homelessness prefers the term 'severe housing deprivation', as the term 'homelessness' is considered too burdened by stereotype (Amore, 2016; Amore et al., 2013). However, negativity associated with the term 'homeless' persists today. Although it is commonly if superficially understood, and because stigma is an important aspect of this project, the term 'homeless' is selected for use in this report.

Male Room Inc. is a Nelson based charity that has a 15-year history of providing advocacy and support for males and their family/whānau. Over the past 2 years, *Male Room* has found itself increasingly supporting Nelson's homeless community through a range of distinct but interrelated activities:

1. *Covid Lockdown.* Designated as an essential service during COVID-19 Alert Level 4 lockdown, *Male Room* provided support to those homeless who were provided with temporarily shelter in areas such as fenced caravan parks.
2. *Housing First.* Along with the Salvation army, Te Piki Oranga and Gateway Housing Trust, *Male Room* formed a *Housing First* collaboration to serve the homeless in the Nelson region. This initiative is mentored and funded through the Ministry of Urban Development. It echoes several other initiatives throughout New Zealand and internationally. Further detail around this initiative is provided in the next section of this report.

3. Research activity. *Male Room* undertook a research project funded through the Ministry of Internal Affairs in late 2018 (Mitchell & Chapman, 2018), titled '*The Word from the Street: The views of homeless men on a supportive pathway forward.*'¹ With an overall aim of providing an understanding of the lived reality of homeless men. The project involved a survey and focus groups with 35 homeless men as participants. The aim was to understand the barriers the men experience in achieving positive outcomes in their lives and understand the opportunities the men see for themselves. Forty percent of the participants identified as Pākehā and 60% as Māori (or mixed Māori/Pacifika ethnicity).

These three areas of activity combined to position *Male Room* centrally in the lives of many of the homeless population in Nelson. Despite an expectation this activity would lessen following the cessations of Covid lockdowns, this connection has been maintained and has effectively increased with between 20 – 40 visiting *Male Room* daily for assistance with food and other necessities, companionship and assistance with navigating the maze of social services. Currently *Male Room* at any one time supports around 50 homeless. The majority being men but with 5 – 10 women attending as well.

¹ Copies of the report '*The Word from the Street: The views of homeless men on a supportive pathway forward*' are available from Male Room Inc. Ph 03 548 0403

2. The current environment

The homeless are currently receiving a level of unprecedented support nationally as well as internationally. Consistent with the evidence base available this is mainly focussed on housing, alcohol/drug issues and mental ill-health. While in New Zealand these areas are being well addressed, as time has moved on, the need for a more comprehensive and deeper understanding of the needs of this group is timely. Further, this understanding needs to be informed through surfacing the insights of the target group, recognising their insider knowledge in this area. This knowledge needs to be listened to, valued and acted upon.

In the main, this group is resourceful, connected, aware and caring towards each other. These strengths enable them to survive in situations where those in the general population would struggle to survive. Through many informal conversations it is clear they want to be heard, respected and to be an active participant in their journey.

With raised community awareness regarding homelessness, those at the 'front line' of supporting this group have become increasingly aware of the need for more detailed, consumer-based information on pathways forward (See Appendices: Letters of support).

Two areas of particular importance to this project will be outlined here. The first at a political/governance level and the second at an operational level.

The Aotearoa/New Zealand Homelessness Action Plan (A/NZHAP): Working together to prevent and reduce homelessness. Phase One 2020-2023.

This central government-led cross-agency initiative has been developed to not only reduce the incidence of homeless in New Zealand but to explore and implement prevention strategies (New Zealand Government, 2020). The plan provides a comprehensive framework and links with wider government efforts in relation to areas such as reducing poverty and improving access to housing.

The plan is organised around four themes:

- i. Prevention, where people receive the support they need to stop homelessness occurring.
- ii. Supply, relating to the availability of adequate housing and reducing the need for temporary shelter

- iii. Support, enabling people experiencing homelessness to access the support they need in a timely manner
- iv. System enablers, which identifies those areas that are central to the vision of the plan. Including the embedding of Māori approaches, support of local solutions and overall coordination between providers and government agencies.

Of particular relevance to this project is the intention, voiced throughout the plan, of engaging with ‘individuals, families and whānau with lived experience of homelessness in the development, design and delivery of changes’ (New Zealand Government, 2020). The aim of the plan is to include the voice of people with insider knowledge of the reality of homelessness in the planning, delivery, and evaluation at national, regional, and local levels. It is acknowledged that central government is not always best placed to provide solutions, and “... that locally tailored approaches are critical to ensure solutions are culturally appropriate, evidence based and build on the knowledge, strengths and connections of local agencies and people” (Ibid, p. 35).

The Housing First initiative

Alongside the government action plan, *Housing First* is arguably the largest single operational initiative aimed at combating homelessness. The initiative was initially developed in the United States and is now in operation in many Western countries including around 11 providers in New Zealand (including both Nelson and Blenheim). Resourced and mentored in New Zealand by the Ministry of Housing and Urban Development (2020), the *Housing First* initiative is based on the belief that it “it is much easier for people to address complex needs, such as mental health and addiction once they have a stable place to live” (p. 1). The overall objective is to provide housing alongside support to meet what are usually complex needs.

A partnership model guides the Nelson regional *Housing First* initiative. Local organisations with experience in working with the homeless, working in housing supply, supporting Māori, and supporting those with issues with alcohol and other drugs work together. They include for example The Salvation Army, Māori health provider Te Piki Oranga, and formerly the Gateway Housing Trust.

Housing First is for individuals, families and whānau who:

- are ‘sleeping rough’, or in other places not designed for habitation (for example, cars) for a total of 12 months or more in the previous three years

- have had at least 4 episodes of being homeless over the past 3 years.
- have high or complex support needs
- need intensive on-going support services to help them stay housed
- Importantly, *Housing First* doesn't require people to meet certain conditions (such as sobriety or mental health treatment) before they qualify for a home

A focus of this initiative is that an individual's recovery is self-directed and strengths based. Essentially the person is in control of their own pathway. Consistent with Recovery Principles (Substance Abuse and Mental Health Services Administration, 2012) the *Housing First* vision recognises that recovery is not a lineal pathway and that there will be 'ups and downs' that need to be accepted and planned for.

The implementation of *Housing First* has not been without its challenges, chiefly related to public antipathy towards the homeless. Isogai (2019) cites public perception of homelessness as being a lifestyle choice related to personal failure due to laziness or lack of moral fibre, essentially that the homeless have brought this situation upon themselves. These beliefs are further exacerbated by the homeless tending to incorporate these stereotypes into their own perceptions of self. Essentially a form of self-stigma.

Overall, the *Housing First* initiative aligns well with the *Aotearoa/New Zealand Homelessness Action Plan* as well as with the aims of this project in that it emphasises consumer choice and self-determination as well as a focus on the principles of recovery.

3. Research design.

3.1 The research aims

Building on from a previous project (Mitchell & Chapman, 2018) this project aimed to provide:

- a. detailed, participant driven guidance for those working to support the homeless on what the homeless see as priorities for support in their lives.
- b. guidance in the manner in which their journey should be supported, That is, who is best placed to provide the support that is needed (if any).
- c. the participants themselves having the opportunity to develop confidence in their voice, to envisage opportunities for themselves and to contribute to service development.

3.2 Methodology

This project utilises a co-production methodology which implies relocating power to service users, survivors, their organisations, and communities (Carr & Patel, 2016). The project has received continuing support, critique and guidance from a homeless man who identifies as Māori. Importantly this began at the initial design and funding application stages. Graham et al. (2019) supports that inclusion of a peer researcher with lived experience of homelessness will help increase understanding of the context and needs of the group of focus. Input from Māori is also considered essential given the likely ethnic background of the participant group. Previous work (Mitchell & Chapman, 2018) has involved a participant base of over 50% Māori.

3.3 Method

The intention of this project is to complete 25 semi-structured interviews with participants living as homeless in the Nelson and Marlborough regions. While it is expected most participants will be male, the project will include female participants. The interviews, undertaken in Nelson and Blenheim, would request that participants view and critique a diagram listing some areas of concern previously identified by participants in another *Male Room* project (Mitchell & Chapman, 2018). Participants would then be asked to describe how they currently experience each area of concern, identifying 3 priorities. For example, the diagram identifies areas as widely ranging as mental ill-health, education and whānau connection (again, this approach was advised by the peer researcher

with lived experience of homelessness). Participants would then be asked to describe the nature of support they may need to achieve their vision i.e., the who and what of support. Interviews would be audio-recorded, transcribed, and analysed for emergent themes.

3.4 Ethical considerations

The project has undergone methodological, ethical and cultural scrutiny by suitably experienced people. Formal ethical approval was not sought as this was not a requirement of the funding or managing organisations. Additionally, experience with similar project designs indicated the risk to participants was low.

However, accepted processes for protecting participants and ensuring methodological rigor were followed. These included:

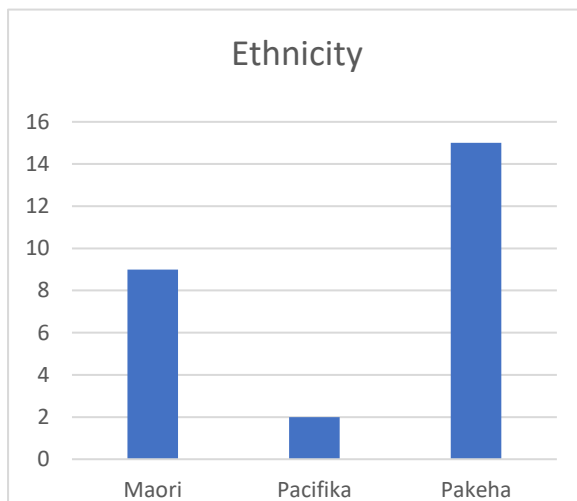
- Information given regarding the aims/process of the interviews, agencies supporting the project (*Male Room* and *Lotteries Research Fund*) and any potential risks and how they could be managed. In particular, if any distress was encountered.
- Recorded verbal, informed consent obtained from all participants prior to commencement of the interviews. Recordings to be stored in a digitally, password protected platform. This process was in response to advice from a mentor that requiring the completion of signed consent form would be met with considerable caution and probable refusal by prospective participants due to distrust of forms.
- Anonymity being protected through numerical coding of interview transcripts and any identifiers removed from quotations that were used.
- Interviews to be conducted at mutually agreed places and times.

3.5 Recruitment of participants.

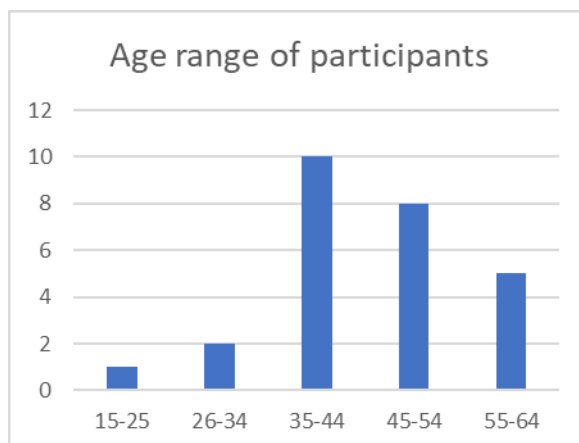
Possible participants were initially approached by staff from a local support centres in Nelson and Blenheim with a brief overview of the intent of the project. These people were asked if they would be prepared to be interviewed for the project. Each was offered a \$50 koha for their interview time and research contribution. While this sum could be seen as an inducement to participate, it was considered a reasonable recompense for the time spent in discussing and completing the interview as well as recognising their 'expertise' on the topic. The participants had a strong local network whereby they were in touch with other homeless people, largely by mobile phone, even between Nelson and

Blenheim. A snowballing or networking technique followed where participants introduced other homeless to the project. This technique assists in gaining access to participants who are experiencing the same conditions being studied (Dudovski, nd.).

3.6 The participants



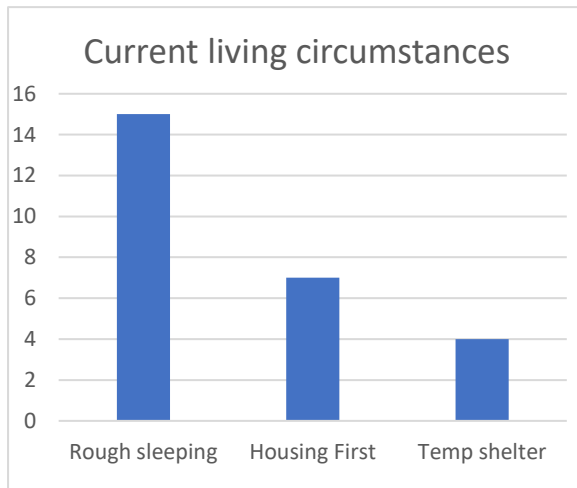
This overview of the ethnicity of participants is consistent with the previous project completed by *Male Room* (Mitchell & Chapman, 2018).



Recruitment strategies failed to attract or identify younger people. The reason for this is unclear although one comment was that younger people were more likely to have been identified as a priority group and were receiving increased support. Another that younger people may well gravitate towards larger cities. For future work, if this group is being targeted, recruitment strategies need to be carefully considered.

4. Results

4.1 Current living circumstances

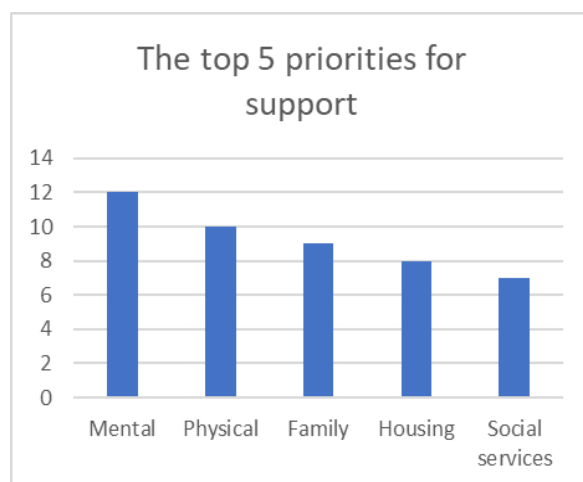


This chart should be interpreted with caution as it is but a snapshot in time. Most participants talked of a varied past in relation to accommodation. For example, some having been with *Housing First* others refusing to take part in the *Housing First* initiative.

Seven Pākeha participants reported they were rough sleeping while 5 were in some form of housing such as *Housing First* accommodation or backpackers. In contrast, 10 Māori and 2 Pacifica participants were rough sleeping and two accommodated through *Housing First*.

All female participants were rough sleepers.

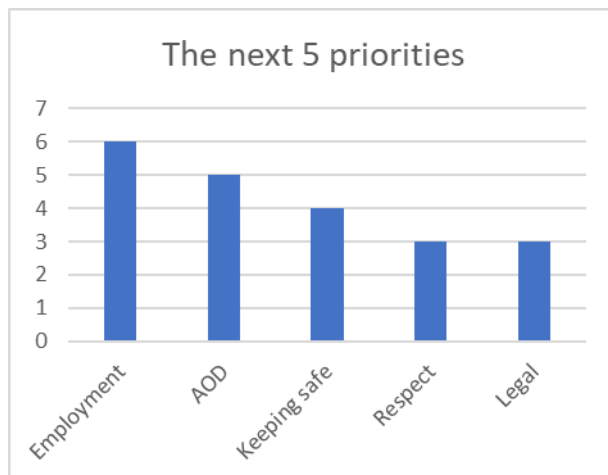
4.2 The top 5 priorities for support



Issues to do with mental health and housing are well known. What is less commonly known as a priority is the participants' focus on physical health and reconnection with family/whānau.

Over ninety percent of the participants were experiencing some degree of estrangement from their families (parents, ex-partner, children and grandchildren).

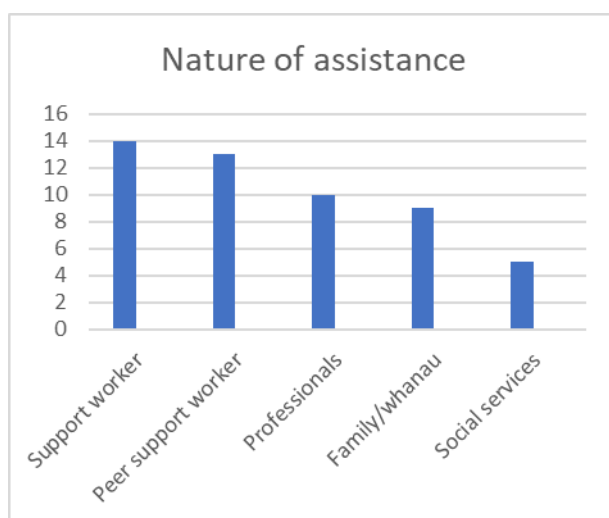
4.3 The next 5 priorities for support



One interesting aspect of this graph is how alcohol and drug (AOD) issues have taken a rather low priority compared to top 5 priorities (Graph 4.2). The emergence of issues related to personal safety and the need for respect is also of interest. Respect was identified as an issue in relation to how they felt they were perceived by the community generally.

Legal support was identified by those who were currently experiencing issues with the law.

4.4 The nature of assistance



Considering the participants had limited (if any) experience with peer support, they were clear that the assistance of peer/support workers was of particular value.

A support worker is generally understood as an outreach worker with a peer support worker understood as a support worker who had experienced homelessness themselves.

Where professionals were identified it was mainly regarding specific ongoing issues to do with physical and mental ill health.

4.5 Preference for the gender and ethnicity of support person(s)

A further question asked about whether there were specific preferences as to the gender and ethnicity of the support person. Only one participant indicated a preference for a female worker. All others indicated they had no gender preference.

5. Discussion

5.1 Mental health

Mental health was considered the most pressing problem by 12 participants. However only 5 participants identified either an ongoing issue with a diagnosed mental illness or displayed a degree of thought disorder that affected their living continuously. The remainder identified continued stress leading to anxiety and depression. Given the living circumstances of this group, with their daily preoccupation with accessing shelter, food and warmth, the experience of anxiety and depression can be viewed as a situational response to their current living circumstances. As the Health Promotion Agency (2018) observed, 'Traditional labels such as depression, anxiety and mental illness do not capture the extent of mental distress and poor wellbeing. Moving away from such labels may help reduce stigma and make it easier for people experiencing distress to talk about their difficulties.' The authors further suggest strategies, especially with indigenous peoples, such as promoting family/whānau wellbeing and supporting connections to culture as being of potentially more benefit than persisting with traditional western medical approaches. However, the need to address mental health with the homeless population is very evident when one considers that suicide accounts for nearly one third of the premature deaths of this group (Charvin-Fabre et al (2020).

Depression and anxiety play a big part. Walking around all day with my head down. Everything piling up on me, finding somewhere comfortable to sleep and then getting told I'm not allowed to sleep there. Then I started not caring about my appearance.

Participant #22

Every now and then things get a bit overwhelming.

Participant #13

I need a bit of respite, just time out. I've used [respite care] a couple of times but usually when I'm in a real bad state. I can recognise when I'm a little low or whatever and I'm getting better at communicating that.

Participant #17

5.2 Physical health

Physical health was consistently identified as a pressing and ever-present issue. An extensive range of conditions were described both chronic and more recent. The range was too wide to detail here but cardio-vascular, respiratory, dental, skin and weight issues were common.

Weight is an issue - like everyone else. Weight and teeth - everything's just falling apart. Have lost shitloads of weight [due to] stress and anxiety I suppose. Have lost 25kg since I left work.

Participant #3

All conditions were exacerbated where poor living circumstances were experienced. What is of note is the difficulty experienced in accessing assessment and treatment.

I don't have access to a Doctor. It kinda grinds me a little. They don't understand homeless people either. They don't understand the concept of being frozen in place.

Participant #8

Many of the participants were unclear about how unwell they were, having lived with the condition(s) for so long. Essentially, poor physical health had become part of who they are. Also, more pressing issues to do with safety, food and shelter took priority. Otherwise, perceived/actual difficulties in accessing and paying for care were prevalent throughout the interviews. This was particularly evident regarding dental care where many participants were experiencing issues.

Poor physical health is an area of obvious concern when the findings of life expectancy of Charvin-Fabre et al (2020) are considered. In New Zealand, it was found that the homeless (in the sample) had died, on average 30 years younger than those in the general population.

5.3 Family/whānau

One unexpected result was the high priority given to estrangement from family/whānau. Almost all the participants were experiencing some degree of estrangement, often total, from their families (including parents, ex-partner, children, and grandchildren). Fifteen participants had children/grandchildren while 11 had no children/grandchildren. Most had varying degrees of limited or no contact with their offspring. The reasons for this are no doubt complex and varied however

Vantol (2020) suggests several reasons that appear pertinent here. These included factors such as no family currently existing, no way of finding the family, no welcome at home and there may be more danger at home than on the street.

What was clear was that the estrangement, regardless of degree, had significant meaning for the participants.

I have a daughter and I was thinking about her all the time. A family member who came [to Nelson] and gave me a photo of my daughter but I've lost the phone.

Participant #7

I'm separated from my family. It's depressing, you always want to be a father. Contact with children [is important] I'm working on that at the moment.

Participant #20

However, the estrangement was seen as two-way with both the family/whānau as well as the participant either cautious of or not wanting connection.

I've [many children and grandchildren] and keep in touch but don't want to go and see them. They won't let me come back. They've got a life.

Participant #5

Given that many participants identified as Māori, this finding contrasts markedly with the interrelated nature of family/whānau, Iwi and Hapu being held in high regard, as central to the understanding of self. Why this degree of disconnect with the participants is not clear.

I'm disconnected from my family can't really reconnect, there's no authenticity there. No honesty. People [need to] work towards the same and not stuffing people over to get ahead. It's a complicated issue.

Participant #13

The loss of the sense of self. Even though you love them you don't know how to reach [out to them] and there's all your own personal stuff as well. It can be a vicious cycle to make sense of this concoction.

Participant #6

5.4 Housing

Nineteen of the participants were either rough sleeping or in temporary accommodation with the remainder involved with the *Housing First* initiative. Interestingly many of the rough sleeping/temporary shelter group had been involved with *Housing First* or other initiatives providing housing but had decided to move out. No doubt there are many reasons for this, including the organisations not being able to condone inappropriate behavior. However, there is another perspective, less well known or understood, for choosing what could be seen as a less attractive alternative such as 'rough sleeping'. As one participant observed:

With {supported accommodation} I feel like we have limitations like through freedom of expression. Yeah, I'm not saying that it's a bad place. Yeah, it's sort of feels like being in jail. You know, bed and breakfast, visiting hours between 10 and 2, you can watch YouTube and Netflix.

Participant #15

To add to this, following interviews with rough sleeping adults in the USA, Speer (2016) found that they preferred 'the mutual care [that] often surpassed any care provided by local institutions [they] often described their encampments [sic] as homes that provided protection, comfort, privacy, and community on the streets.' (p. 16). The following participant expressed dislike at the feeling of being watched, being the subject of surveillance when housed in community initiatives such as *Housing First*.

They do room checks, random room checks. There's so many rules in there, even security guards at times.

Participant #3

A further perspective considered what 'home' means to different people. A participant described the importance of having a home as:

Housing and home are my first priority. My home is where my heart is. A house with four walls and a bathroom. I feel at risk [where I am] at the moment.

Participant #20

While the concept of home certainly includes the need for shelter it is also about self-determination and relationships. Further, imposing the categorisation of 'homelessness' on a population that may not see themselves in such terms raises ethical questions (Pleace & Hermans, 2020).

5.5 Social services

The homeless population has a high degree of interaction with government services (Piersea et al, 2019), therefore navigating these agencies is a high priority. Those currently working with the homeless are aware of the difficulty this group has in this area (Eg. With WINZ, mental health services and Kāinga Ora) (Kidd & Edwards, 2016). In one project, participants spoke of their problems dealing with bureaucracy and having to rely on institutions such as welfare or housing departments, which left them feeling frustrated and powerless to change their situation (Iveson & Cornish, (2016).

Agencies are meant to engage with us [in a way] that would lift us up, boost our confidence and our sense of self-worth.

Participant #9

I'm not involved with Social Services. [Everything's] repetitive. I get angry. Next thing, 'don't come back. We can't work with you.'

Participant #3

There are constant difficulties in developing and maintaining positive relationships while working through the rather detailed and often repetitive requirements agencies require in relation to accountability and general record keeping.

Other pertinent factors are the high anxiety levels and generally limited educational background of the homeless. These factors combine to create a tense, distrustful and occasionally volatile situation. Being banned from agencies is a not uncommon experience. Assistance by a person versed in these issues, when available, provides for a calmer, more productive and acceptable experience.

5.6 Employment

Employment was regarded as an important step in reconnecting with their own sense of positive self as evidenced in the following:

I've got a good work record back when I was working. Got a mean back that parked me up for a year. Wasn't able to work for a year and that's when the depression came in. [I applied for work] the other day. I saw some of the old guys go past on the work truck and I thought, 'look at them, still going'. That'd be the first thing for me, employment, but everything is all tied up together.

Participant #5

I've worked most of my life. While I was in jail I was off work. I got out this time and being homeless like you just don't think about getting a job. That's the last thing on your mind. Too busy worrying 'is it going to rain tonight' 'is my stuff going to be safe'. And all that sort of stuff. So employment is the big thing that I would've liked to have set up for me or get help to get employment. Employment lifts my self-esteem.

Participant #2

If you work and you meet people, a lot of the time they say, 'What are you up to bro?' and I'd say, 'I'm off to work.' Make you feel good. Really lifts you up. When I'm not working, I feel tired. Every time I'm working, I have this energy and I sleep better. It's good for my health. Employment lifts my self-esteem.

Participant #8

Research carried out in the United Kingdom supports relating employment, and the relevant training and education associated with this, with the concept of 'self-agency'. As one participant in the current study stated:

So, there is a hidden lack of agency with homeless people, they don't have the [self] agency to get up, to get up [and move on].

Participant #11

Another study adds to the literature that emphasises supporting the strengths of the homeless. Iveson and Cornish (2016) agree that the attribute of self-agency means an individual has ability to exercise control over one's life and situations influencing how people think, feel, motivate themselves and act. The benefits of learning and skills for employment and the accompanying psychosocial benefits are further emphasised (Iveson & Cornish, 2016).

Not being employed plays on my mind, it makes me feel down on [myself] as if you're a failure I suppose. Makes you depressed as well especially when you're normally a worker. I enjoy work.

Participant #14

Conversely,

There's a noticeable difference when they're doing something, some sort of community work, maybe periodic detention. It seems they're the best [I've ever seen them].

Cultural advisor, 2021.

5.7 Alcohol and other drug related issues

Assistance with alcohol, drug, mental ill health and housing are currently the priorities for those supporting the homeless (as evidenced through the *Housing First* and other initiatives). Interestingly while the participants identified alcohol/drug issues as a priority it was not seen as significant an issue as others in their lives. Rather alcohol use and abuse were seen as essentially a form of self-medication, assisting in the management of the anxiety and worry that accompanied them throughout their lives.

Alcohol blots out the depression. Alcohol and drugs, they get rid of all that but it comes back the next day, you know.

Participant #5

Mostly depression and anxiety. Just on my behalf it's a lot of past issues I've been through and, I suppose, a bit of my childhood. And living on your own and having no family, friends to speak to. You just sort of learn to bottle it up. Depression is the main issue. Marijuana helps with that, just find it calms me right down. Like I see that some of the guys who come here are medicated. I'd rather smoke than be medicated.

Participant #18

The above echoes the findings of the previous *Male Room* project where the homeless reported that, in the main, alcohol and drug use was not as significant a problem that those supporting the homeless thought it was (Mitchell & Chapman, 2018). With the majority of participants, it was considered alcohol and drug use was consistent with that of their peer group.

I smoke cannabis on a daily basis, but it's not an issue. Cannabis helps with anxiety and [all] that.

Participant #22

5.8 Keeping safe

Keeping safe, while not ranked highly, was an issue that featured throughout the interviews. This was especially evident with rough sleepers and with all the women interviewed, who described the need for constant vigilance in avoiding situations resulting in assault and theft.

There is always the potential for danger cos when someone's homeless and wandering round like a hobo there's connotations for it and people are scared of difference.

Participant #21

The following participant describes efforts to protect belongings, which were often in a pack or shopping trolley, as an everyday struggle:

Living [rough] and having to carry and stash my bags somewhere safe, clothes and blankets and all that. Safe enough so no one will touch it. Used to store my bags in a bush but it was no good, I'd get scared it was going to rain.

Participant #2

The rough sleepers talked of being targeted by particular groups, usually intoxicated youths, who delighted in the opportunity to harass them.

Got a bit of a beating. Three guys broke my teeth, broke my jaw, broke my ribs. Wasn't able to work again and that's when the depression came in and physical [ill] health and drug use.

Participant #5

5.9 Respect

While not ranked highly, the lack of respect for the homeless was a theme that underpinned the interviews. It was evident that negative societal attitudes permeate the essence of how the participants view themselves, inducing what could best be understood as a form of 'self-stigma'. That is the internalisation of common societal attitudes even if these are incorrect.

One author concluded, "... an entrenched society-wide misunderstanding about homelessness [makes] helping the homeless daunting and costly. Society and those in power view them as individuals who inflicted poverty and wretchedness upon themselves and even the homeless blame themselves" (Poepping, 2020, p.iv). Further adding that "a more in-depth analysis indicates homelessness is structurally produced. Many of the interviewees were forced into homelessness because of family fractures, loss of employment, unaffordable housing, and untreated mental illness" (p.iv).

These negative perspectives, although largely incorrect, provide only one side of an incredibly complex issue. Considering homelessness from a deficit or illness perspective 'inhibits alternative solutions or opportunities that facilitate growth and thriving' (Fogarty et al, 2018, p.vi). The authors go further in saying, 'Discourses of deficit occur when discussions and policy aimed at alleviating

disadvantage become so mired in narratives of failure and inferiority that those experiencing the disadvantage are seen as the problem.’ (Ibid, 2018, p.2).

This process no doubt compromises any semblance of self-agency or positivity in how the homeless see themselves and plan their lives. In contrast, all those interviewed in this project demonstrated strengths. For example, several wanted to contribute to society but for a variety of reasons they find these aims almost impossible to action.

[I] like to talk to the other guys. They’ve been through the same thing, you know. You know where they’ve been and that feels good “Hey Bro, how’s things.” Seen one of my mates today, “Hey mate, you OK?” We’ve got each other. [We] look after each other, definitely The homeless, they look after each other.’

Participant #21

5.10 Legal matters

Issues relating to legal support were prioritised by only 3 participants and were about specific, current legal issues such as access to children and criminal charges.

5.11 The nature of assistance

The nature of assistance, how it was provided and by whom, was of particular interest. Apart from those participants who had ongoing needs (e.g., medical, mental ill health or legal) a distrust, including avoidance of all formal agencies was common. The participants were clear that the assistance of peer/support workers was of value, even considered essential by some.

I have no interest in being helped by anybody in paid employment. The lady providing food and a chat in the local park is the sort of help I need.

Participant #11

When one considers the nature of experiencing homelessness, the difference between the lived experience of this group and other sections in society, the ability to appreciate the difference is most likely insurmountable.

If anyone tries to give me advice and they haven’t been there that’s their fuckup. If you know the pain, you’re going to be more passionate. We need people here as peer support workers [Other support workers], they’ve got good intentions, they’ve got good ideas, but the execution is going to be fucked up.

Participant #6

And it there's something going on, a barbeque or something they let each other know. 'there's a free sausage sizzle in town' and stuff like that. Cool aye? Cos, Homeless whānau. Feel more connected to them than your own whānau.

Participant #21

Peer support workers. They are a lot different from somebody that's been researching something for years. [Other support workers] never been there themselves so that is a lot different. They might have more advice and a lot better knowledge but [support workers] can be just as useful and helpful, absolutely.

Participant #14

Apart from one participant, nobody had any preference for the gender or ethnicity of support people.

5.12 An added dimension

While not part of the interview schedule, as often happens in qualitative research, the sub-narrative surfaced several important aspects of the lives of the participants both individually and as a group. All participants related a life of extreme vulnerability currently and historically. These experiences were so extreme it was difficult for the researcher to fully appreciate their depth and complexity. What was evident was that the people survived in situations most would be unable to tolerate physically, mentally, socially and spiritually. Their resilience in surviving these situations defies understanding.

A second point is related to the perspectives from which the homeless are viewed, both in the literature and in society in general. As previously described society seldom views this group from a strengths-based perspective. Viewpoints range from the public experiencing a sense of intimidation and vulnerability, feeling threatened by behaviors and appearances that frequently clash with societal norms. Conversely, media reports of the vulnerability of the homeless to assault and theft prevail. Rather than being a risk to society, it is evident that the homeless are the ones at risk.

These points raised above, echoed by the participants in the study, create an environment where the homeless are seen at best as in need of help with a range of health and social deficits, at worst as a risk to society. It is difficult to find published research or opinion pieces that explore the strengths of this group. Essentially understandings and initiatives are focussed on deficits.

6. Limitations of the study.

As with all research designs, there are limitations in the process and subsequently in the nature of the findings. This project interviewed 15 rough sleeping people plus 7 housed with Housing First and 4 in temporary accommodation. This small number of participants as well as the range of living circumstances means the findings can only be generalised to the wider homeless population with considerable caution. However, the co-production design ensures that findings do have strength in providing credible, authentic, and potentially actionable information.

Additionally, the project used individual interviews, asking the participants to prioritise problematic aspects of their lives that they felt needed addressing. While this approach yields important information it also loses aspects of both the participant group as a whole and their insights into the complexity of their lives. This is common in following reductionist approaches.

In an attempt to mitigate these limitations, the following section will integrate insights gained in parallel with the results.

7. Implications

This project has surfaced several priorities for support from the perspective of the twenty-six homeless participants, some priorities known, some not. These priorities have been considered in the Results section. Interestingly, during data collection several participants observed that it was difficult to prioritise issues in their lives as they were all interrelated. For example, alcohol use was directly related to depression/anxiety, and this was directly related to poor physical health and so on.

7.1 The adequacy of models used to structure our understanding of homelessness.

The literature generally positions the homeless as needing adequate shelter first and then assistance with mental ill health and alcohol/drug issues. These areas are deemed to be the major presenting issues in the lives of the homeless and are an important aspect of support. The literature almost exclusively understands the lives of the homeless in this rather superficial manner.

The participants in this project have added depth and perspective to the above by indicating differing priorities and differing ways of understanding these. For example, in describing issues with

mental health and alcohol/drug use as being situational, directly related to their current living circumstances, rather than to enduring problems with mental illness per se. To assist in managing these effectively needs an appreciation of this complexity. As Charvin-Fabre et al (2020) state, “Components of an effective response [for the homeless] should also promote a holistic and patient-centred approach (or whānau-centred approach if appropriate) to support recovery.”

Te Whare Tapu Whā (Durie, 1994) is one example of a model that is comprehensive in its approach, recognising the interrelatedness of peoples’ lives while also promoting (as do Recovery principles) the importance of the individual not merely being consulted but driving the pace and direction of recovery. Bearing in mind that most of the literature originates in North America and Europe, models such as Te Whare Tapu Whā provide a framework that both recognises and supports the uniqueness of Māori culture. However, other comprehensive models exist that should be considered for other groups

Professionals play a lead role in supporting the homeless. Yet the participants in this project were clear that the most effective form of support would be from support workers with peer support workers generally identified as the next most valuable level of support. Peer support workers are often mentioned alongside agencies that work in many social areas including support of the homeless. However, there is a risk that peer support workers are seen as an adjunct to professional support. Given the priority placed on peer support workers by the participants in this study, peer support workers should be seen as a vital part of the support team with associated salary, training and supervision built into this role.

7.2 Developing personal and collective agency

This project has demonstrated the ability of the participants to explore and share their lives with considerable insight yet there is only a limited amount of literature that both appreciates this point and moves to surface and draw on this knowledge. As Mitchell & Chapman (2018) suggest ‘any planning to meet the needs of [the] homeless [must] include [their] voice’ (p. 4). This point supports the *Aotearoa/New Zealand Homelessness Action Plan* (2020) which asks that “agencies need to include and encourage the voice of people with lived experience of homelessness in the design and delivery of changes” (p32). It is also suggested by Mitchell and Chapman (2018) that “To not do so seriously risks further marginalising this group. [They] themselves believe they are seen as a ‘difficult’ or ‘hard to reach group. They should be seen as a priority group” (Mitchell & Chapman, 2018, p39).

Further, if it is accepted that the lived reality of this group is of a complexity so alien to those from a professional background it can be argued that the homeless should be supported in taking a leadership role in identifying and planning strategies and pathways forward. For example, the guidance and critique of Ghost Native, as a homeless man and peer researcher, from the outset of this project altered processes and interactions in a manner that would not have been considered otherwise.

The homeless, with their unique insights, could also be supported in taking a leadership role in 'consumer' led education of community services that have an ongoing role in supporting the homeless, such as health, social and legal agencies. For example, Charvin-Fabre et al (2020) in their research into inequalities affecting the homeless in healthcare suggested the need for the implementation of "homeless-sensitive care training programmes for health providers within primary care and emergency departments."

While such initiatives such as those mentioned above may well be in action already there is limited, if any, evidence of this in the literature.

8. Concluding comments

While the homeless are currently receiving a level of unprecedented support nationally, the evidence base available supporting this is mainly focussed on housing, alcohol/drug issues and mental ill-health. Considerable work is being undertaken in addressing these areas. *Male Room*, with the support of others (including members of the homeless community), considered there is now a need for a more comprehensive and deeper understanding of the needs of this group, informed through surfacing the insights of the homeless.

Both the *Aotearoa/New Zealand Homelessness Action Plan* and the *Housing First* initiative acknowledge the importance of involving the homeless in planning for the future. The participants in this project have clearly indicated their willingness to do this. They were pleased to have the opportunity of sharing their insights and knowledge. It was evident throughout the project that they were keen to articulate their understandings in a supportive environment.

While several of the issues they identified are understood, such as mental ill health and issues with alcohol and other drugs, they added a wider understanding of and perspective to that which is currently acknowledged. The participants prioritised additional areas such as family connection,

employment and keeping safe being of considerable importance, areas that are not so evident in the literature.

While areas such as family connection and employment may appear insurmountable for many, this project indicates the need to have these areas acknowledged at an early stage of developing a supportive pathway forward, in parallel with the current approaches.

Additionally, several participants indicated a willingness to be involved in supporting/providing leadership in community education and education of services regarding homelessness. Their expertise and insight would provide a perspective that can only be constructive. This input should not be ignored. At an operational level, they clearly talked of a preference for peer support workers and for some, an interest in contributing to this role.

Overall, this project has demonstrated that the homeless can and should be consulted/engaged in pathways forward thus acknowledging their strengths in contributing to service development.

**He aha te mea nui o te ao
He tāngata! He tāngata! He tāngata!**

*What is the most important thing in the world?
It is the people! It is the people! It is the people!*

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Appendix #1: Letter of support – Nelson Mayor



Office of the Mayor

15 May 2020

To whom it may concern

LETTER OF SUPPORT: THE MALE ROOM

I am writing on behalf of Nelson City Council to support the Male Room's application to the Department of Internal Affairs for funding to undertake community research into homelessness in Nelson.

The Male Room is a key agency supporting homeless people in Nelson, especially men who are sleeping rough. They have been crucial in the recent crisis, working collaboratively with Council staff and other agencies and providing wraparound support to this vulnerable community. They are also key participants in the recent Housing First initiative, bringing a valuable perspective grounded in the lived experience of men who are sleeping rough.

Drawing on their trusting relationships with the homeless community, and earlier research with them, Male Room is well placed to undertake this research. I am confident that it will provide useful insights and information that will guide ongoing support for the homeless community.

I encourage the Department of Internal Affairs to consider their request favourably.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Rachel Reese'.

Rachel Reese
Mayor of Nelson

Appendix #2: Letter of support - Housing First Team Leader



THE ARMY THAT BRINGS LIFE

Date 22 April 2020

Lottery Community Sector Research

Te Tari Taiwhenua: Dept of Internal Affairs

PO BOX 805

WELLINGTON 6140

Kia ora

My name is Jaap Noteboom and I am the Team Leader of Housing First Nelson Tasman and employed by the Salvation Army.

Housing First is an exciting new collaborative programme being managed by the Salvation Army Nelson Tasman Bays Corps (TSA-NTB), Te Piki Oranga (TPO), Gateway Housing Trust (GHT) and the Male Room (MR). Housing First provides rapid housing and wrap around supports to people experiencing long-term homelessness in Nelson Tasman.

Housing First is a proven, internationally recognised approach to housing and supporting people who are experiencing homelessness and multiple, high and complex needs.

Housing First recognises that it is much easier for people to address complex needs, such as mental health and addiction once they are housed.

The approach is to provide housing quickly, then offer tailored support for as long as it is needed to help people stay housed and address the underlying support needs that led to their experience of homelessness.

Evidence shows that this model has been especially effective in helping people experiencing homelessness and high and complex needs stay housed and lead healthier, safer lives.

I am pleased to write this letter in support of the application from the Male Room Inc. Nelson, for funding to resource a research project interviewing 25 homeless men. I understand the aim of this project is to identify both the main concerns of this group as well as information on how they view the most effective way for agencies to engage with them over time.

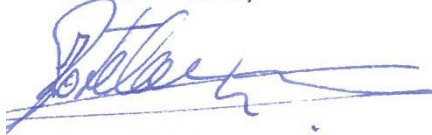
Currently we have limited (or no) information of this nature from the men themselves. Considering that the work between agencies and homeless men is based on a mutually strong relationship, this information would seem vital to the success of our work.

A previous project (I understand funded by Community Sector Research) gave valuable insights into the lives and backgrounds of homeless men that gave an added appreciation of their lived reality and their hopes for the future. It had the additional bonus of assisting in a developing level of trust between homeless men and agencies that attempt to support them. This current application would move on from this point to give information that would guide current and future practice for our activities.

I fully support the efforts of Male Room as they seek external funding for this project. We welcome

the opportunity to all work together to create a stronger, more integrated and safer community.

Yours sincerely



Jaap Noteboom

021 31 9364

Team Leader Housing First

Salvation Army Nelson Tasman Bays Corps

57 Rutherford Street

Nelson 7011

Appendix #3: Letter of support – Dr Lorraine Eade

Please note, Dr Eade is actively involved in several social services. I contacted her in her role as a Trustee of Ngāti Rārua (Te Rānanga o Ngāti Rarua) where she has a special interest in supporting the homeless community in Marlborough. The email below was constructed when she was out of her office due to Covid lockdown. .

Lorraine Eade` <Lorr.Eade@outlook.com>

Wed, 6
May,
10:05

Kia ora David

This research project should provide added value to better understanding the challenges our homeless men face. What I appreciated about the methodology was that it was peer reviewed by one of the homeless whanau who have provided a reality check in terms of engagement and what a successful approach might look like in practice. It would be useful to have this level of ongoing guidance as well as Māori participation on the research team.

For far too long our homeless have been 'researched' taking a top-down approach. However, this qualitative approach gives voice to those men who experience homelessness, which should enrich the dearth of literature in this space.

As you are aware Marlborough is also setting up a similar concept to the Male Room, and enabling participation from this locality as well as Nelson provides a wider scope of understanding.

If there is anything else I can do to tautoko, please contact me. Apologies but working from home I don't have a scanner, so please take this email as support for the research project.

Nga mihi

Dr Lorraine Eade