Lost in Translation?

The relationship between homelessness research and policy in Wellington, New Zealand

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Abstract

This thesis aims to investigate the ways in which research is utilised in the emerging decentralised, participatory policy-making context in New Zealand. An in-depth study of a particular research-policy relationship is presented, exploring the impact of a public health research project on homelessness in Wellington upon the development of homelessness policy by a local inter-sectoral network. The translation of evidence into policy is a neglected area of research in public health, particularly in regard to research audiences outside the health sector.

Both sides of this particular research-policy nexus are examined. On the research side, the findings of the original public health study are described, in order to provide a backdrop of the ideas that entered the policy process. These findings include a typology of pathways into homelessness and a public health framework for a comprehensive and integrated set of responses to homelessness.

The utilisation of this research by its intended audience was investigated through participant observation, which allowed a detailed analysis of the policy-making process in context, the many tacit effects of research on policy-making, and the role of the researcher within this process.

The research was found to be used in five distinct ways: to shape the structure of the group; conceptually; for legitimation; as a reference point; and as a networking tool. Strong researcher-user relationships enhanced ownership and use of the research: individual interests and structural constraints shaped its translation into policy.

Language plays a key role in framing policy debate and responses. Conflicting frames of reference create inertia and hamper effective collaboration. Researchers have an important role in generating a common language for policy dialogue. Strong, ongoing relationships with policy-makers can enhance the use of evidence, improve the policy process, and extend the reach of research to new and diverse audiences.

Acknowledgements

Much of this thesis emphasises the importance of context in policy-making, but here I would like to acknowledge the importance of the context of thesis-writing.

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Figures and Tables

Preface

Before you, gentle reader, plunge into the body of writing that ensues, allow me to explain where I am positioned in this work.

As part of the public health course in my fifth year of medical studies I was involved, along with ten of my contemporaries, in a project exploring homelessness in Wellington: the report of which was titled *Slipping through the Cracks: A Study of Homelessness in Wellington*. I had the task of interviewing many homelessness service providers, and in doing so became excited about the potential for health to connect with the community in new ways. On the warm reception of the final report, I was surprised and encouraged by the impact that public health researchers, even students, may have on advancing efforts to improve policy and practice.

I found that I could not abandon my interest in homelessness, and for the year of 2005 I continued to attend meetings of the target audience of the *Slipping through the Cracks* report: the Homelessness Prevention Strategic Group. My growing interest in homelessness seemed at odds with the increasingly narrow focus of my concurrent studies of clinical medicine, due to the major clinical examinations at the end of the year. A solution to this dilemma was offered by my supervisors – a year out of clinical medicine to study homelessness – a suggestion for which I am so grateful.

This study saw me change my position in the Homelessness Prevention Strategic Group from being solely a participant to participating while also collecting data on the activities of the group for a period of five months. This dual role was a challenging one, as I struggled to balance my work for the group with my academic commitments. However, I seem to have come through this process with a reasonable balance of new knowledge and practical contributions.

In some ways, my return to clinical medicine marks a return to feelings of futility. The opportunities for a junior member of a medical team to make a difference to the social factors that underlie a patient's admission to hospital are limited. At the very least, I hope I can ensure that patients who are homeless or on the brink of homelessness are identified, treated with respect, have strong support from social workers, and are put into contact with appropriate agencies in the community. My future clinical work will help me to understand how the health sector can be developed to create real and substantive links to other sectors, in order to improve the wellbeing of many of our common clients.

Happily, my work in homelessness continues beyond the publication of this thesis. With a team of filmmakers I am filming a documentary on homelessness in New Zealand – a version aimed at government and the homelessness sector, and a longer version for Māori TV. Both versions strive to build awareness and understanding of the issue, and to provide a language and stimulus for dialogue. The idea for a visual medium was inspired by the film *Cathy Come Home* by Ken Loach, which screened in the UK in the 1960s and had a profound impact on public opinion and action on homelessness. Members of the Homelessness Prevention Strategic Group have been great advocates for this project, which is generously backed by a number of partners. Preliminary interviews with a number of figures of the homelessness sector in Melbourne were conducted in June 2006. A short extract of this footage, focusing on the

definition of homelessness, was screening at the 2nd National Homelessness Forum in Auckland in November 2006, and is included as Appendix D.

Accompanying this film project is a New Zealand-focused edition of the Australian homelessness journal *Parity*, for the development of which I have had the delight of working with Noel Murray. Recently I have been involved in establishing the New Zealand Coalition to End Homelessness, which aims to improve coordination of the sector and to make homelessness a fixture on the government agenda.

The issue of homelessness is gaining momentum in New Zealand; the work of the Homelessness Prevention Strategic Group has contributed substantially to this movement. It has been an honour to be involved with the group. I hope that this thesis contributes to building an understanding of how collaborative efforts may be realised and refined in order to solve difficult social issues.

Chapter One

Introduction

1.1 Aims

The principal aim of this work is to explore the impact of a particular homelessness research project - *Slipping through the Cracks* - on its intended audience, an inter-sectoral network called the Homelessness Prevention Strategic Group. Subsidiary aims are to examine the effectiveness of and obstacles for this group and to contribute to building an understanding of the many effects of research on decision-making. This includes an analysis of the opportunities for researchers, particularly public health researchers, to have an impact on the changing policy environment.

The significance of homelessness for wider society inclu1des its role as an indicator of social justice. It is a symptom of long-term issues far beyond solely housing; it is inextricably tied to poverty, and is affected by the operation of the education, child protection, health, criminal justice, employment and income support systems. For policy-makers, the significance of homelessness lies in its enormous breadth and complexity – effective homelessness policy requires the collaboration of many diverse actors to develop responses that are integrated and comprehensive. Integration between the many sectors and agencies that homelessness touches would not only contribute to solving homelessness, but would act to improve the function of many social systems.

1.2 Thesis structure

Chapter One defines the use of the term 'homelessness' in this study and provides a summary of the New Zealand policy-making context.

Chapter Two reviews the literature relating to the translation of research into policy, setting the background for the case study that follows.

Chapter Three outlines the theoretical framework that informed the design of the case study and the methodology and specific methods employed.

Chapters Four to *Seven* present the case study of the translation of homelessness research into policy:

Chapters Four and Five focus on the *Slipping through the Cracks* project. The two main components of this research are presented – homeless pathways in *Chapter Four* and a public health approach to homelessness in *Chapter Five*.

Chapters Six and Seven turn to the audience, the Homelessness Prevention Strategic Group. *Chapter Six* assesses the ways in which the research report was utilised in the policy-making process. The effectiveness of the group and the barriers faced in developing homelessness policy are examined. *Chapter Seven* discusses the major themes that emerged in the work of this group and as the role of the researcher within the policy-making process. This chapter also presents the strengths and weaknesses of the study.

Chapter Eight summarises the main conclusions of the study and makes recommendations for policy responses and future work.

1.3 Preliminary definitions

'Homelessness' in this work relates to the lack of social, economic, and emotional attributes of a home, rather than being limited to the lack of physical shelter ('rooflessness'). The definition will be progressed during the work, particularly on pages 83 and 129.

1.4 The policy-making context

To resolve social problems, governments around the world are realising that successful responses have to move beyond traditional compartmentalised approaches to policy development. The policy language includes 'holistic' responses to social issues through 'joined-up' working between sectors. This involves 'joining-up' central government departments, local government, the non-government sector and the community.

A 'whole-of-government' approach is a key feature of the intended current New Zealand Government direction, particularly in the domain of social development. The Ministry of Social Development and Employment publication *Opportunity for All New Zealanders* (2004) promotes an outcome-focused, joined-up vision of working. It identifies that improving social outcomes and addressing the complex causes of disadvantage for particular population groups require collaborative approaches, and that this is a requisite for economic development. Emphasis in the publication is placed upon the alignment of strategies and interventions across a range of actors, including central government, local authorities, the private sector, the community and voluntary sector and Māori authorities, while also facilitating public participation.

In the context of local government and health sector restructuring, social governance in New Zealand has become increasingly decentralised. The Local Government Act (2002) and its Amendment Act (2006) give local governments a mandate to enable collaborative decision-making and improve the wellbeing of their communities. Health system restructuring has added to an emphasis on collaborative inter-sectoral action at a local level.

1.5 Evidence-based policy

In the midst of these structural changes, the government has also embraced the language and concepts of evidence-based policy; it remains to be seen if this approach is being carried through into action. Translated from the evidence-based practice movement, which originated in the field of medicine, the concept of evidence-based policy has achieved widespread currency amongst policy-makers and academics alike, particularly in the United Kingdom (Jones and Seeling, 2004). The *Modernising Government* agenda of British Labour Government has given strong endorsement and backing to evidence-based policy and practice in the U.K., signalling the intended replacement of decision-making based on political ideology with 'what works' (Nutley and Webb, 2000). This is further evidenced by the Wanless Report (2004), which stressed that public health interventions in Britain should be evidence-based, encouraging "every opportunity to generate evidence from current policy and practice." (p.114)

Influenced by the British reform, the Labour Government in New Zealand has embraced the language of evidence-based policy. In a 2003 speech, the Minister of Social Development and Employment, Steve Maharey, announced "a complete turnaround in the approach to how we undertake policy development in this country…[to] an approach that will place evidence at the heart of policy and practice development" (Maharey, 2003). He highlighted that this task

would require productive working relationships across all agencies and the building of an environment "where there is greater collaboration between researchers and practitioners" (Maharey, 2003). The emphasis on closer links between researchers and policy-makers is consistent with the current interest in developing partnerships and networks that cross conventional boundaries.

1.6 Rhetoric to reality

Translating the rhetoric of collaboration and evidence-based policy into reality presents great challenges. When it comes to systemic issues such as homelessness, the nature of the audience to which evidence may be addressed may hinder evidence-based policy-making. Social policy networks bring together stakeholders from a range of backgrounds that are not necessarily bound together by a common view about the nature of the problem, or of what constitutes evidence (Harrison, 2000).

In the emerging social policy environment, researchers face new obstacles and opportunities. On one hand, there may be more audiences for our research: new settings where this research can be translated into policy and practice at a local or regional level. On the other, these audiences may encompass a much wider array of stakeholders than traditional government policy audiences, requiring different modes of research transmission, and even different types of research. The shape of the research-policy interface in New Zealand is changing and demands closer examination in order to understand the different ways in which research can inform and influence policy and practice.

In the field of public health, volumes of research evidence are available, yet relatively little is disseminated and taken up by health policy-makers and practitioners (Davis and Howden-Chapman, 1996). The literature from many disciplines is replete with examples of research having little impact on

decision-making, but in the health disciplines, where evidence-based decision-making approaches have dominated the lexicon since the 1990s, the frustration is particularly acute. While the body of literature on the translation of evidence into effective policies and programmes is growing, this is still a major neglected area of research in public health, particularly in regard to health research audiences outside the health sector (Beaglehole *et al*, 2004). This case study sheds a little light on this shadowy area.

1.7 Conclusion

The New Zealand policy landscape has undergone rapid and dramatic change, generating new settings for the engagement of researchers with policy-makers. This thesis explores how public health research came to have an impact upon the development of homelessness policy by a local, inter-sectoral network. The next chapter reviews the literature on the translation of research into policy, in order to provide a backdrop of ideas that have preceded and influenced this case study.

Chapter Two

Literature Review

2.1 Introduction

The goal of developing evidence-based policy and practice has achieved wide currency amongst researchers and policy-makers over the last three decades. A rich and extensive literature has been produced on the topic of relations between research and public policy. The emphasis of this review is on five key themes: how policy is made; how research is used in the policy process; factors that help or hinder its use; the relationship between researchers and policy-makers; and the role of language in policy-making process.

2.2 The policy process

Theoretical models of the policy process are the foundation of the literature that considers how research links with policy. This section provides a brief overview of the key models of the policy process.

Rational models view policy-making as an orderly progression through set stages, with comprehensive information on a range of policy options gathered by experts, systematically considered, and the best option selected (Lasswell, 1951; Simon, 1957). It is a linear, technocratic, mechanistic process. While

rationalism in policy formation may be ideal, it is limited as a descriptive model of policy-making in practice.

In one of the most notable responses to the rational approach, Lindblom (1959) described policy-making as a process of 'mudding through', subsequently developed into the notion of 'disjointed incrementalism' (Braybrooke and Lindblom, 1963). Policy-making is not seen to relate to a clearly defined event or explicit set of decisions, it is a complex process without a definite beginning or end: "somehow a complex set of forces together produce effects called 'policies'" (Lindblom, 1980:5 in Nutley and Webb, 2000).

Lindblom argued that policies are made by incremental adjustments to existing policy, a process on which multiple interests do and should have an impact. In this participatory model, 'policy-makers' are not confined to government advisors but include politicians, pressure groups and practitioners. In making policy these actors follow a process of bargaining and negotiation to try to achieve consensus.

The garbage-can theory of decision-making (Cohen, March and Olsen, 1972) is another influential model, representing a choice situation (a situation where participants are expected to make a decision) into which participants dump various problems and solutions, where they mix and become attached to each other. This model stresses that problem identification and analysis does not necessarily come first - sometimes pre-existing solutions remain in the policy-making system and result in a search for problems to which they can be attached.

2.3 Research utilisation

The meaning of 'use' of evidence is the most commonly discussed theoretical issue in the literature on knowledge utilisation (Innvær *et al*, 2002). Carole Weiss, in her seminal typology (1979), describes seven types of research utilisation in policy-making. These types have subsequently been widely used and adapted by other writers, though the last category is now commonly excluded (see Hanney *et al*, 2003).

1. *The knowledge-driven (classic/purist) model* suggests a linear sequence of events from research to application where the sheer fact that knowledge exists presses it towards development and use.

2. *The problem-solving (engineering/policy-driven) model* involves the direct application of the results of a study to a pending decision. The process is linear, but begins with the definition of the problem by a customer who requests the researcher to identify and assess potential solutions, the results are then interpreted in the decision context, and a policy choice made.

3. *The interactive (social interaction) model* is not one of linear order from research to decision but a disorderly set of interconnections and back-and-forthness. Researchers are just one set of participants among many, in a complicated process that also uses experience, political insight, pressure, social technologies and judgement.

4. *The enlightenment (percolation/limestone) model* extends the understanding of the way research is utilised - the indirect influence of research rather than the direct impact of a single study or even a body of related studies on policy. It is the concepts and theoretical perspectives that social science research engenders that permeate the policy-making process.

5. In *the political* model, research is used as political ammunition – to support a predetermined position, neutralise opponents, convince waverers, or bolster supporters.

6. *The tactical model* sees research used as a tactic in bureaucratic politics when there is pressure for action to be taken, to delay decision-making, avoid responsibility for unpopular policy outcomes or enhance the prestige of the agency by allying it with social scientists of high repute.

7. *Research as part of the intellectual enterprise of the society* - research and policy interact, influencing each other and being influenced by the larger fashions of social thought.

The knowledge-driven and problem-solving models fit with rational models of policy-making outlined earlier. The interactive and enlightenment models suggest an incrementalist view, but sometimes these forms of utilisation lead to more radical paradigm shifts (Hanney *et al*, 2003).

These different types of research utilisation are usually considered under three categories - instrumental ('direct' or 'engineering'), conceptual ('enlightening') or symbolic ('selective' or 'legitimating') uses (Lavis *et al*, 2002). Instrumental use is acting on research in specific and direct ways to solve a problem at hand. Conceptual use brings about changes in levels of understanding, knowledge and attitude. Symbolic use is using research to justify a position or action that has already been taken for other reasons (Lavis *et al*, 2002).

Many empirical studies have shown that only rarely will research have a direct impact on policy; rather, effects tend to be subtle and diverse as research is internalised into tacit knowledge (Davies *et al*, 2005). In a large survey of government officials in Canada, Amara, Ouimet and Landry (2004) found that research had a significant impact on day-to-day professional activities: research was most frequently used conceptually, followed by symbolic, then instrumental use.

Knott and Wildavsky's *Ladder of Knowledge Utilisation* (1980) suggests research utilisation can be divided into six stages of increasing impact: transmission, cognition, reference, effort, influence, and application. This model has been widely used and adapted (Landry *et al*, 2001), but has been criticised for its linear emphasis on instrumental uses of research to the exclusion of conceptual effects (Davies *et al*, 2005).

Studies of research impact have increasingly moved from identification of research outputs to a broader description and quantification of research use. A number of studies have drawn attention to 'research payback' (Buxton and Hanney, 1996; Hanney *et al* 2003; Wooding *et al*, 2004), which takes into account the academic, policy and wider societal effects of research. Buxton and Hanney (1996) reported a strong influence of research on health policy-making, yet found tracing the impact on policy through to actual outcomes difficult. This finding emphasises the unpredictable, non-linear relationship between research, policy and practice.

Ethnographic approaches have been used to explore the complexities of research application. Gabbay and le May (2004) found that primary care practitioners work in 'communities of practice' combining information from a

wide range of sources into 'mindlines' (internalised, collectively reinforced tacit guidelines), which they used to inform their practice. Their work highlights the contextually-specific, implicit nature of research impact (Davies *et al,* 2005).

2.4 Facilitators and barriers to research use

Facilitators

A wide variety of approaches have emerged to enhance the impact of research on policy and practice. Though these prescriptions are abundant, empirical support is difficult to find (Innvær *et al*, 2002). Some approaches target the research community, encouraging the 'push' of research out to potential users; others are strategies for practice and policy contexts to encourage demand for and uptake of research findings.

In a comprehensive review of approaches to enhance the impact of research, Walter and colleagues (2003) identified eight categories of facilitative conditions:

- Active dissemination
- Individualised educational strategies and those which allow interaction with colleagues and experts
- Supportive opinion leaders, both expert and peer
- Developing closer links between researchers and practitioners, for example through partnerships
- Support for practitioners to 'try out' research findings and to conduct their own research

- Reminders (although these have only been examined in healthcare settings)
- Adequately resourced facilitative strategies
- Multi-faceted interventions, particularly where attention is paid to the contexts and mechanisms of implementation

Of these prescriptive strategies, bringing decision-makers who can use the results of a particular piece of research into its formulation and conduct is the best predictor for seeing the research findings applied (Lomas, 2000).

Key features of successful practices that enhance the impact of research were also determined in the review by Walter *et al* (2003). Research that is adapted to practice and policy contexts, which may involve 'tinkering' (Hargreaves, 1999) with research in practice, is more likely to be taken up, especially if users have a sense of ownership. Successful initiatives analyse the research impact context and target specific barriers to and enablers of change. The credibility of research is also crucial: impact is enhanced when there is strong evidence, coupled with endorsement from opinion leaders and high-level commitment.

Walter *et al* (2003) also highlighted a number of personal roles as important determinants of research impact. Enthusiastic researchers are vital to 'sell' new ideas and practices, and personal contact with research users is the most effective mode of communication. Strong and visible leadership, particularly at higher levels, is also important, providing motivation, authority and organisational integration. The integration of evidence-based policy processes within organisational systems was signalled as a key development to support and maintain research impact.

Barriers

Barriers to engagement in activities to enhance the impact of research have been identified for both researchers and research users.

Researchers are hampered by lack of resources (money and time), lack of skills, and lack of professional credit for disseminating research (Walter *et al*, 2003).

The barriers to users' engagement with research have been more extensively studied (see Innvær *et al*, 2002). Both practical and perceptual barriers have been emphasised. Practical barriers include: lack of time to search for and read research; research not being timely or relevant to users' needs; poor communication of research within organisations; and the low priority of research use in relation to internal and external pressures. The perception that research is of little value at either an organisational or individual level, or that other sources of information are more valuable are major obstacles to research having a significant impact on policy. Research findings that are controversial or upset the status quo are also less likely to be considered by policy-makers (Walter *et al*, 2003).

2.5 The relationship between researchers and policy-makers

Attention is more likely to be paid to research findings when research users are partners in the generation of the evidence and when the research findings have strong advocates (Nutley, 2003). The concept of 'sustained interaction' is also regularly prescribed for the enhancement of research-policy relations: "The more sustained and intense the interaction between researchers and users, the more likely there will be utilisation" (Landry *et al*, 1999:5).

Huberman (1993) provides systematic and robust evidence from a long-term study of partnerships between academics and practitioners. Practitioner involvement in the research and dissemination process was found to enhance the direct and conceptual use of research. Personal contact between researchers and users and involvement of users in the early stages of the research process increased the chances of successful impact.

According to Jones and Seelig (2004), the capacity for research to influence policy and act as a catalyst for change depends on two key ingredients: true engagement between researcher and policy practitioner; and researcher advocacy and activism around their own and others' research. Their concept of 'true engagement' means interaction between researchers and users at many stages: conception, conduct, completion, and comprehension.

Lavis *et al* (2003) characterise three types of interaction between researchers and research users: *producer-push*, *user-pull*, and *exchange*. *Producer-push* highlights the active role taken by researchers in communicating the key messages from their research. *User-pull* emphasises the need for potential research users to form an environment in which research is actively valued, sought and used. The third type, *exchange*, describes joint actions in the definition, creation, validation and use of research.

Akin to the notions of 'true engagement' and 'exchange', Gibbons *et al* (1994) propose a model of partnership between researchers and research users called *Mode 2*. *Mode 2* eschews traditional notions of researchers and practitioners inhabiting separate domains and a linear set of stages of knowledge production and utilisation. Rather, it assumes the partnership of researchers and users in the continuous interaction between knowledge creation, validation, dissemination and adoption.

These models seem idealistic in the current research-policy context. The investment of resources that such a partnership requires is rarely sufficiently accounted for by funding agencies that are more concerned with outputs than process.

2.6 The role of language

The importance of problem definition is increasingly recognised as a key to successful policy. It frames and generates virtually everything that follows in the policy process (deLeon, 1994 in Wolf, 1999). According to the argumentative approach to policy analysis, the struggle for power is a struggle for setting the discourse in which a problem is framed (Fischer and Forester, 1993).

Schön and Rein (1994) explain that real situations for which policy is to be developed are complex, vague, ambiguous and indeterminate. To make sense of any situation, certain features and relations, which are taken to be the most relevant characteristics of that situation, must be selected to create an explanatory story. The authors refer to this selection process as 'naming and framing'. Frames do more than simply describe a situation, they have normative implications, implying that a certain type of solution is called for.

In New Zealand, Wolf (1999) claims that a well-defined problem is more likely to be appropriately analysed and the chosen solution from among the options analysed is more likely to address the problem. The process of problem definition is an ongoing and integral feature of the entire policy process, which "may appear a frivolous waste of time while it is underway, but the time will, on average, more than be recovered at subsequent stages." (p.31)

The problem of defining homelessness has long been the subject of popular and scholarly debate and political struggle, particularly in the United States. Schön and Rein (1994) explain that framing is necessary to make a problematic situation, such as homelessness, intelligible; however, most situations can be framed in different and sometimes incompatible ways. There is a reciprocal relationship between parties' interests and the way that they frame a problem.

The same authors describe the case of the development of homelessness policy in Massachusetts in the 1980s, where each of the key actors in a loose policy network saw homelessness through the lens of their own action frame. Conflicting institutional action frames, influenced by conflicting cultural metaframes of social welfare, social control and the market, created policy controversies among some actors and an overall policy dilemma regarding a comprehensive response to homelessness that drew on for many years.

2.7 Conclusion

This chapter has reviewed the literature relating to the policy process and the utilisation of research within this process. Facilitators and barriers of research use, the relationship between researchers and research users, and the role of language have each been examined more closely. The next chapter moves on to introduce the present case study by describing its methodology and methods.

Chapter Three

Methodology and Methods

3.1 Introduction

This chapter begins with an explanation of the theoretical framework that informed the design of this study, followed by a description of the methodology and specific methods employed in this research.

The impact of evidence on the policy-making process is highly dependent on context. The context of every policy process is different; hence studies of the policy process are always investigating a unique sequence of events. Because of this, examination of the impact of research on decision-making must include consideration of what kind of evidence works for what kind of problem/policy in what context, and for whom. This is the essence of Pawson and Tilley's (1997) maxim: 'what works, for whom, in what circumstances, and why'. Although studies of specific research-policy relationships do not provide a general reproducible formula, their comparison can build an understanding of the factors that are important for the enhancement of research use.

3.2 Policy networks

The decision-making process is made up and surrounded by layers of organisational and environmental context, which are structured as shown in Figure 3.1.

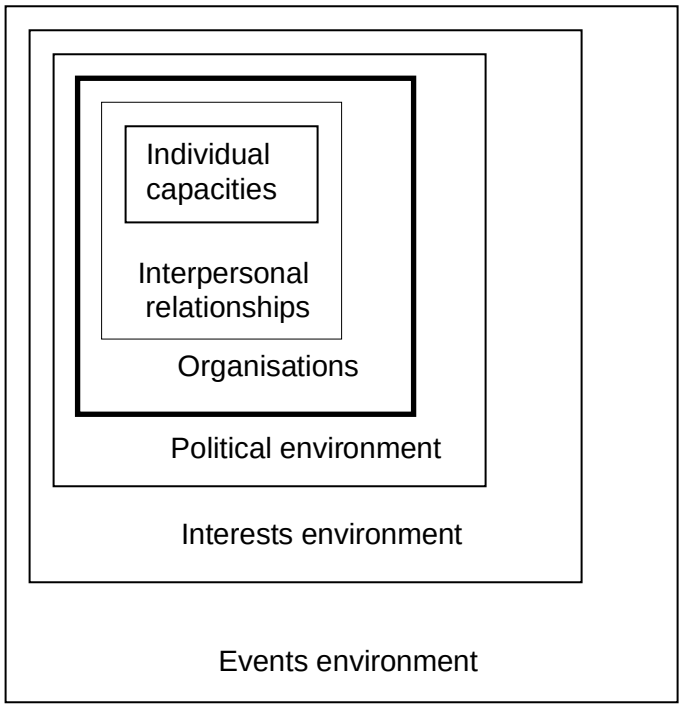

Figure 3.1. The policy process in context
(Adapted from Kaufman, 1991:126 in Parsons, 1995:372)

When an intervention impacts on this process, the potential outcomes are varied, particularly when the intervention is evidence (Pawson, 2006). The outcomes of this intervention are conditioned by the action of layer upon layer of contextual influences, and the dynamic interaction between them.

In the case of evidence as an intervention, we also may particularly need to consider that much of policy-making is not a rational process (Lindblom and Cohen, 1979). Thus emotional and other factors from these contextual layers compete with evidence to influence the policy outcomes.

Policy networks are seen as a useful framework for the study of the policy-making process and research utilisation. According to Rhodes (1997), a policy network is "a cluster or complex of organisations connected to one other by resource dependencies" (p.37) and can range from "highly integrated policy communities to loosely integrated issue networks" (p.38). Policy communities share a common culture and understanding about the nature of problems and the decision-making processes within a given policy domain. Their membership is stable and restricted to professional interests, and the distribution of resources and power between members are balanced. Issue networks represent a less close-knit community with non-exclusive membership, encompassing a range of interests. They are less stable than policy communities and are characterised by unequal distribution of resources and power. The Homelessness Prevention Strategic Group can best be conceptualised as an issue network. Issue networks develop in areas of lesser importance to government, of high political controversy, or in new issue areas where interests have not yet been institutionalised (Smith, 1993 in Nutley and Webb, 2000). Each of these factors apply to the case of homelessness in New Zealand.

The concept of policy networks highlights the pattern of formal and informal relationships that shape policy agendas and decision-making. In the context of increasingly decentralised and participatory systems of governance in New Zealand, this paradigm provides a useful structure in which to examine the dynamics of policy-making and the position of research within these processes.

Policy networks have been used in the literature as a metaphor and as a mode for analysis (Dowding, 1994). This study uses the idea in a descriptive sense.

A network approach also provides a useful framework for the analysis of the role of researchers in the policy process. The policy network model highlights the role of stakeholders in research utilisation, so when researchers become part of a policy network or find their ideas taken up by elements within it, the researcher is conceptualised as a stakeholder, reflecting a strong version of the interactive model of research utilisation (Hanney *et al*, 2003).

3.3 Methodology

Studies of the impacts of research on policy-making most frequently use methods from the qualitative tradition: documentary analysis and in-depth interviews, often in combination (Hanney *et al*, 2003). Whether tracing *forwards* from particular research outputs and investigating the impact on users, or looking *backward*, assessing the extent to which policy-makers' decisions are influenced by research, both perspectives have their shortfalls.

The examination of policy documents for the extent of the citation of research is likely to reveal a narrow, explicit slice of research utilisation – the 'technical' use of concepts or empirical findings. Interviews also lend themselves to the identification of explicit, demonstrable uses of research in policy-making.

Interviews with policy-makers about their use of research in general or the impact of specific studies have been widely used, as well as interviews with researchers about the influence of their research. As Lavis and colleagues point out: "Both policy-makers…and researchers whose research may have been used in the policy-making process are not well positioned to identify all the

policy decisions made in a given time period, because of either recall bias (for policy-makers) or access restrictions (for researchers)" (2002:127). Policy-makers may also be consciously or unconsciously reticent about aspects of policy-making, including types of research use that may be seen to cast them in a negative light (Innvær *et al*, 2002).

The principal mode of data collection in this empirical study was through participant observation at meetings of the Homelessness Prevention Strategic Group. Participant observation allows a researcher to gain an in-depth understanding of the context in which decision-making occurs. In this way, the investigation of research utilisation can move beyond identification of explicit use of evidence to consideration of the universe of decisions, the processes by which these decisions come about, and the identification of more implicit uses of research within these processes.

Aside from the increased depth of knowledge that participant observation allows, the study of the decision-making process in real time also avoids the problems of recall or social desirability bias inherent in studies in which policy-makers are asked to identify the impact of research on policy decisions that have already been made (Lavis *et al*, 2002). In policy networks with wide membership, such as the Homelessness Prevention Strategic Group, the use of research evidence is likely to be diffuse, making identification of research utilisation by the actors involved more difficult still (Nutley and Webb, 2000).

A research methodology should be determined by appropriateness to the phenomenon of interest. In this setting, participant observation of the decision-making process was indicated by the ease of access I had to the policy-making setting. My involvement with the group was long running before the empirical study commenced. This involvement had begun with the *Slipping through the Cracks* project in 2005 (described in more detail in the

following chapter); after the conclusion of the project I continued to attend meetings throughout 2005 and 2006.

As a pre-existing member of the group, the shift of my role from participant to participant observer did little to upset the study environment. At the commencement of the empirical study, the details of the project were explained to the group, after which I continued to function in the group as a full participant. A common concern with participant observation is that the act of exposing the actions of participants to researcher observation may elicit self-conscious modifications in their behaviour or action - the so-called 'Hawthorne effect' (Mays and Pope, 1995). This problem would seem to have been largely avoided in this case, as my insider status in the group and full participation in its activities meant that there was little sense of the group 'being watched'.

The most fundamental distinction to be made in participant observation is the extent to which the researcher observing a social phenomenon will be a participant in the setting being studied (Patton, 2002). The extent of participation is described as a continuum - with complete immersion in the setting as a full participant at one end, through 'participant as observer' and 'observer as participant' to complete separation from the setting as a spectator at the other end (Mays and Pope, 1995). As described above, the nature of setting in this case lent itself to full participation.

The participant observer role combines insider and outsider perspectives. A participant observer shares as intimately as possible in the activities of the setting under study in order to develop an *insider's view* of what is happening. The idea is to not only see what is happening but to experience what it is like to be a part of the setting. Simultaneously, the researcher remains an *outsider*, observing the setting with explicit awareness, and seeking to

understand its workings (Patton, 2002). The aim is to balance participation and observation so as to become capable of understanding the setting as an insider while describing it to and for outsiders (Patton, 2002).

Participant observation means having a 'wide-angle lens' (Spradley, 1980), considering not only the actions and interactions of individuals, but also the tacit rules that relate to the wider context the study setting is located within. The researcher is part of this context, both in terms of the effect of their participation on the study environment, and the effect that the wider context has on their perspective. This methodology therefore requires reflexivity of the researcher. Being reflexive involves introspection and self-questioning. My role in the group was a complicated one: disseminator of a particular study; researcher *of* the group; as well as being seen as the researcher *for* the group. My reflections on this role and the role of researchers in policy-making in general are explored more broadly in Chapter Seven.

3.4 Methods

Over the study period, from April to July 2006, I attended six meetings of different subgroups that comprise the Homelessness Prevention Strategic Group. Ethical approval for the study was obtained through the Department of Public Health at the Wellington School of Medicine and Health Sciences (Appendix B). The structure of this group at the time of the empirical study is shown in Figure 3.2 (overleaf).

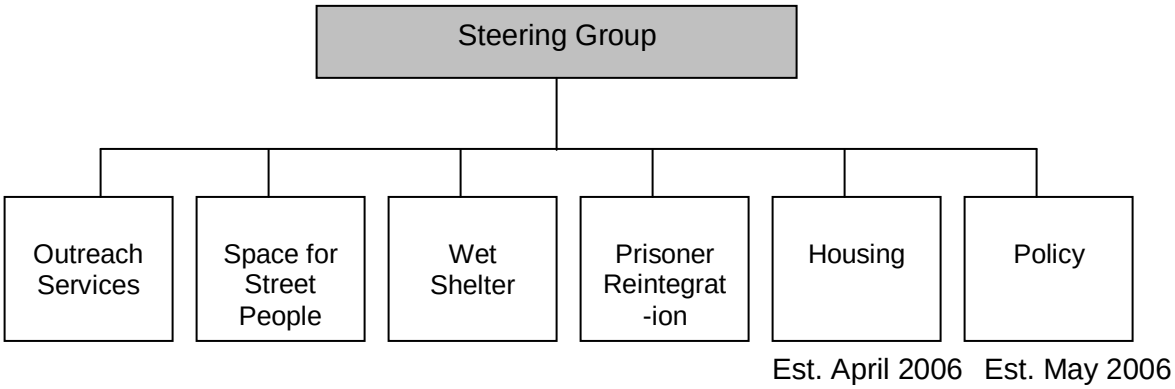

Figure 3.2. Structure of the Homelessness Prevention Strategic Group

At the first of the meetings attended, a Steering Group meeting, the study was explained and members of the group were provided with an information sheet (Appendix C). Questions and objections to participation were sought. All members of the Steering Group agreed to participate. The six meetings attended included two meetings of the Steering Group, two of the Policy Subgroup, the inaugural meeting of the Housing Subgroup, and one 'update' meeting to which the entire group was invited. As the meetings of the Steering Group involved updates from each of the subgroups, information about their respective activities could be gathered without attendance at the meetings of every subgroup. At the beginning of each meeting I explained the purpose of my attendance as part of the round of introductions.

Each meeting was audio recorded and fully transcribed by myself. The six transcripts were then coded for themes pertaining to the use of the *Slipping through the Cracks* research (Rice and Ezzy, 1999). This analysis was informed by the literature on the way research links to policy at the level of both process and outcome. Analysis of the meeting transcripts was triangulated with multiple data sources: minutes of the group's meetings, covering the

period from the establishment of the group in July 2003 to the conclusion of the study in September 2006; print media and local government documents concerning homelessness over the same time period; and notes of my observations that were taken after each of the six meetings. The sources combine to build a complete picture of the context of this particular case of research translation. As a qualitative study, the aim is not to produce generalisable findings, but to achieve an in-depth understanding that can identify questions to be further explored through other methodologies (Murphy *et al*, 1998 in Savage, 2000).

The Research

The following two chapters look at the research side of this particular research-policy equation. The research in question was a project undertaken by a team of eleven fifth-year medical students (of which I was one) for five weeks during April and May 2005, as part of their undergraduate public health studies at the Wellington School of Medicine and Health Sciences. The project was arranged and supervised by the directors of *He Kainga Oranga*/Housing & Health Research Programme, who also became my thesis supervisors. The students were given the broad research topic of homelessness but worked with the project's clients - Downtown Community Ministry, Wellington City Council and Regional Public Health (all represented in the Homelessness Prevention Strategic Group) - to devise research questions that would yield relevant and useful answers.

The two research questions were:

1. What are the common pathways into homelessness in the Wellington Region?
2. What services are currently available to the homeless and do these meet the needs for effective prevention and support?

To answer the first question, data were fortuitously sourced from one of the clients, Downtown Community Ministry. Thirty biographical interviews with people who had an experience of homelessness in Wellington had been conducted by Downtown Community Ministry in November and December 2004, and were yet to be analysed. The second question involved interviews with a range of policy-makers and service providers in Wellington so as to map the complex service environment around homelessness and to ascertain views on the gaps in services for homeless people. These perspectives were complemented by the views of homeless people on the gaps in service provision, drawn from the interviews used for the first question. The findings

were synthesised into a public health framework for addressing homelessness in a comprehensive, integrated way.

The research report, entitled *Slipping through the Cracks: A Study of Homelessness in Wellington*[1] was published in May 2005, and the findings presented at the Wellington City Council, to an audience that included all members of the Homelessness Prevention Strategic Group.

The following two chapters present expanded versions of two major components of the research: the pathways into homelessness in Wellington, and a public health framework for addressing the gaps in policy and service provision in order to respond effectively to homelessness. Using the research report as a base, I reread all of the transcripts of the Downtown Community Ministry interviews to test the accuracy of our classification of the life stories into pathways. I also read and consulted widely to further develop the public health framework that our team of undergraduate medical students had conceived.

[1] (available at http://www.wnmeds.ac.nz/academic/dph/research/housing/publications/Homelessness%20in%20Wellington2005%20Aug.pdf)

Chapter Four

Driven, Dropped, Drawn: Pathways into Homelessness in Wellington

It's a cause and a symptom, each of them have their own story and it affects everyone differently, but we all seem to need the same pathway – where do we go from here?

- Participant

4.1 Introduction

Homelessness has attracted a great deal of attention across many developed countries. Over the last two decades, it has become an increasingly prominent social policy issue for the governments, policy-makers, service providers and the academic community, particularly in Australia, Canada, the United States and the United Kingdom.

In New Zealand, homelessness has attracted comparatively little policy interest. A major contributor to this is the dominant perception that homelessness equates to 'rooflessness', that is, literally defined (Elliott, 1998). As the number of people who are visibly homeless in any New Zealand city seems to be relatively small, homelessness is deemed to be an insignificant problem. More broadly, the idea of homelessness in New Zealand may be culturally incompatible with New Zealander's pride in their country as a property-owning democracy and strong welfare state (Elliott, 1998).

Accordingly, New Zealand has no national legislation or policies relating specifically to homelessness. It is a policy issue for which no government sector has mandated responsibility, lodged somewhere within the deep divides that run between government agencies and between the government and non-government sectors.

Furthermore, in contrast to the large volume of international homelessness literature produced in the last fifteen years, only a handful of articles have been published that address homelessness in New Zealand. These have examined mental health, housing, and conceptual issues (Smith and Kearns *et al*, 1991, 1992a and 1992b; Kearns and Smith, 1994; Kearns, 1994, 1995; and Peace and Kell, 2001); homeless youth (Alder, 1991); and representation of the voices of the homeless (Hurley, 1993; O'Brien and de Haan, 2002). This chapter aims to advance this latter theme of representing the voices of those who have experienced homelessness in New Zealand.

Though New Zealand's body of published homelessness literature is slim, there are a reasonable number of recent research reports resulting from partnership projects with non-government organisations, many of which have represented the experiences and views of homeless people (for example Bang, 1998; O'Brien and de Haan, 2000; Grant, 2003; Mora, 2003; Smith and Robinson *et al*, 2006). This chapter follows this encouraging trend of giving voice to the perspective of homeless people when exploring homelessness in New Zealand, in the hope that their views and experiences can influence both policy and public perceptions of homelessness. The aim is to contribute to an understanding of the lives of these 'othered' New Zealanders, thereby reducing the distance between 'us' and 'them'. As Snow and Anderson explain, "the generation of such an understanding is much too valuable for social scientists to ignore, especially when considering marginal populations and subcultures,

such as the homeless, that are frequently objects of stigmatisation and dehumanisation" (1993: 39).

The international literature is rich in qualitative research based on the voices of homeless people, through the construction of biographical or narrative accounts (for example, Snow and Anderson, 1993; Hutson and Liddiard, 1994; Boydell, 2000; May, 2000a and 2000b; Parker and Fopp, 2004; Hodgetts *et al*, 2006). The recovery of the stories of individuals experiencing homelessness is essential if studies of homelessness are not to deny homeless people an identity and agency beyond only their position as 'homeless' (May, 2000a). This longitudinal approach is also important in contributing to our understanding of homeless pathways.

There is growing awareness in the literature that homelessness is a dynamic process rather than a static situation. This notion is referred to as homeless 'pathways' or 'careers'. A pathway through homelessness can be understood as the route into homelessness, the experience of homelessness, and the route out of homelessness. Homeless pathways must also be understood as a particular dimension of the lifetime housing careers of individuals (Anderson, 2001). A 'pathway' approach is integral to an understanding of the complex interaction of influences that create and sustain homelessness, as well as the possibilities for its alleviation (Anderson, 2001). Many writers have described discrete pathways into homelessness – for youth, adults, and in later life. This is the first study to do so in New Zealand. In this chapter, three typological pathways into homelessness, Driven (family situation), Dropped (discrete event) and Drawn (progressive move) are described, based on the biographical accounts of those with an experience of homelessness in Wellington. The influence of these different pathways on the participants' perceptions of homelessness and home are discussed, as well as the implications of the pathways model for homelessness policy in New Zealand.

4.2 "An old bum ain't nothing but an old bum"… The history of homelessness research in Wellington

The last study of homelessness in Wellington was published in 1987: a Salvation Army survey on vagrancy in central Wellington entitled *Pride Without Dignity* (Smith and Dowling, 1987). Surveys were undertaken in 1982, 1984, and 1986: the homeless population defined as the number of people using selected social services, with further classification as 'vagrant' or 'non-copers' if the number of contacts with these agencies was greater than seven in a one week period. The 1982 results, for example, were 251 service users, including 79 vagrants. High prevalence of previous psychiatric treatment and alcoholism in the sample were noted; these were classified as underlying reasons for homelessness, with alcoholism identified as the primary cause of homelessness for 52.6% of the 1982 vagrant sample. While the clear causal connection between psychiatric and substance use disorders and homelessness reflects the thinking of the time, researchers are now more wary of drawing such definitive conclusions from prevalent rather than incident samples, as cause and consequence are difficult to untangle. Indeed, homelessness is a plausible cause of mental illness and substance abuse, as it is almost certainly emotionally traumatic and is often associated with entry into a sub-culture in which substance use is common (Susser *et al*, 1993).

The 1987 study emphasises individual factors as the cause of homelessness:

> *There can be little doubt that most of the vagrants choose the lifestyle initially because they want to cope by themselves and with only a minimum of help. Their pride and determination to cope is however, often thwarted by their addiction to alcohol, which uses up their money and decreases their ability to function, or by other personal difficulties usually associated with psychiatric disorders. An understanding of the level of pride and determination to "succeed" is essential to comprehend why they do not accept help and often, after a time, choose to succumb to their disabilities.* (p.8)

The explanation may be partly a function of the period and place (the later 1980s in New Zealand), and of the past history of New Zealand from the 1950s to the 1980s, a period of high employment, and often high social care.

Contemporary explanations consider homelessness as a function of the interaction between individual factors (such as substance abuse and mental illness) and structural factors (particularly poverty, unemployment and the operation of the housing system) (Anderson, 2001). The idea that homelessness is solely a 'chosen' lifestyle for significant numbers of those affected is almost universally rejected (Fitzpatrick *et al*, 2000). Neale (1997) highlights that the move away from simplistic understandings of homelessness as caused by purely individual factors or purely structural factors is important because this mode of understanding constructs homeless people as being either deserving or undeserving of assistance.

In the Smith and Dowling study, young people made up a significant proportion of the samples in both the 'service users' and 'vagrant' groups. The authors concluded, however, that Wellington's homelessness problem came down to a group of chronically 'vagrant' men for whom this was a permanent way of life:

> *...the crux of Wellington's vagrancy problem is that there is a relatively small group who will continue to live on the streets or the Shelters provided...in order to save the maximum amount of money in order to purchase more alcohol.*(p.9)

A model of supported accommodation was suggested to assist this "skid-row population" (p.9), comprising self-contained units and a hostess, who is "available for specific assistance, such as advice on cooking, but also to cajole and coerce individuals to maintain reasonable standards of behaviour and hygiene" (p.10). While the language used to describe this model of supported accommodation now seems quaint, community agencies in Wellington (and elsewhere in New Zealand) are still pointing to the lack of adequately supported accommodation options to provide pathways out of homelessness, particularly for those with complex needs (Collins, 2006).

The homelessness literature has shifted significantly since the time of this study, with researchers paying greater attention to socio-economic structures as root causes of homelessness, and to viewing homelessness as a dynamic process rather than a static experience. The aim of the present study was to seek to understand the pathways into homelessness and the experience of homelessness in Wellington in this contemporary light.

4.3 Methods

In November 2004, Downtown Community Ministry (DCM), one of the primary providers of services to homeless people in Wellington City, collected the life stories of people who had an experience of homelessness in Wellington. The Wellington Regional Ethics Committee gave ethical approval for the research. Opportunistic and snowball sampling techniques were used in the recruitment of participants - notices were placed in the DCM office advertising the research, inviting people with current or past experience of homelessness to participate, and to tell others who may be interested. Though homelessness was not defined in the advertisement, all participants interviewed had an experience of rough sleeping. At the time of the interview some of the participants had independent accommodation, some were living in temporary accommodation, and some were 'sleeping rough'.

Thirty semi-structured qualitative interviews with self-identified homeless individuals were conducted. Two DCM staff members who were known to the participants conducted the interviews, with each interview involving both of these staff members. The use of 'key workers' as interviewers when collecting the stories of homeless individuals is common, as an established relationship of trust and confidence is critical in enabling and supporting the recall of past traumatic experiences (O'Brien and de Haan, 2002; Crane, 2005). Participants were supplied with an information sheet. The semi-structured questionnaire covered birth, childhood, family, accommodation history, institutional history, reasons for becoming homeless, homelessness history, accommodation aspirations and barriers, support, and alcohol, drug and gambling problems. If the participant identified alcohol, drug or gambling problems, they were invited to take part in a follow-up interview with a drug and alcohol specialist. All of the interviews were conducted at the DCM office, each took approximately one hour, and participants were paid $25 for their time.

Characteristic	Total	Percentage
Gender		
Men	29	97
Women	1	3
Age		
Under 20	1	3
20-29	3	10
30-39	14	47
40-49	10	33
50-59	2	7
Years spent homeless (only answered by 24 participants)		
<1	1	4
1-5	7	29
6-10	3	12.5
11-15	4	17
16-20	5	21
21-25	1	4
26-30	3	12.5
Ethnicity		
Māori	17	57
European	12	40
Samoan	1	3
No. of participants	30	100

Table 4.1. Demographic characteristics of the sample population (n=30).

The interviews were tape-recorded and fully transcribed by an independent contractor. Following review by the interviewers to remove identifying data, the transcripts were passed on to a group of public health students at the Wellington School of Medicine and Health Sciences for analysis, as part of a larger study of homelessness in Wellington, which also examined the views of service providers. Two researchers thematically coded each transcript independently and discussed the results; any discrepancies in coding were discussed with a third independent researcher. Themes that emerged through this process were included in the analysis (Table 4.2, overleaf). This process of reaching consensus increased the reliability between the four researchers conducting the analysis and also ensured all relevant themes were included, strengthening the internal validity of the study.

Themes	Percentage
Alcohol	83
Drugs	83
Prison as an adult	73
Family breakdown/instability	70
Difficulty budgeting	63
Trouble with police	57
Institutional care as a child/adolescent	57
Unemployment	53
Childhood abuse	50
Negative beliefs about self/ self-image	50
Mental health issue	40
Relationship breakdown	40
Frequent moving/change in housing	37
Foster families	33
Gambling	30
Social isolation	30
Gang involvement	23
Debt burden	20
Lack of schooling/education	17
Trouble communicating with others	17
Traumatic parental death	13

Table 4.2. The themes identified in the lives of the interviewees and the percentage affected by each theme (n=30).

The sequences of themes or events that led to homelessness were classified into three broad typological pathways, which were called Driven, Dropped and Drawn. Typologies are a simplified model of an otherwise untidy and complex reality. They are widely used in the social sciences to "abstract salient features of a phenomenon from a myriad of individual cases and the diverse variation of individual experience" (MacKenzie and Chamberlain, 2003:7). These pathways were published in the report *Slipping Through the Cracks: A Study of Homelessness in Wellington* (2005). In preparation for the present chapter, I reread the transcripts to refine the classification of the stories by themes and pathways, and to extract key quotes from the stories to illustrate these pathways.

4.4 Pathways into homelessness

Three distinctive pathways into homelessness were identified, which were called Driven, Dropped and Drawn.

Driven (Family Situation)

This pathway began in childhood with problems in the home such as parental break-up, family instability, family violence, or parental alcohol or drug abuse. This led to foster care or institutions such as boys' homes, troubles at school, alcohol and drug use, unemployment, crime, prison and homelessness.

Dropped (Discrete event)

This pathway describes a single discrete event, occurring at any age, which acutely precipitated homelessness. These events include sudden unemployment, traumatic relationship breakdown, traumatic parental death, and acute mental health episode.

Drawn (Progressive move)

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

The majority of stories, 22 out of 30, fit the Driven pathway, 9 are classified as Dropped, and 3 as Drawn. There is some overlap between the categories, with 5 stories fitting into both the Driven and Dropped pathways (these 5 are included in the figures for both categories). One story did not fit any of the pathways. The importance of a typology, however, is not how many cases fit the model, but how useful the typology is theoretically or for practical policy purposes (MacKenzie and Chamberlain, 2003). The 'Driven, Dropped, Drawn' typology was instrumental in the formulation of a framework for homelessness policy, which is outlined in the next chapter.

Driven (Family Situation) 22 out of 30 stories

This pathway began in childhood with problems in the home such as parental break-up, family instability, family violence, or parental alcohol or drug abuse. This led to foster care or institutions such as boys' homes, troubles at school, alcohol and drug use, unemployment, crime, prison and homelessness.

The Driven pathway typically started at a very young age:

The first 3 or 4 years of a child's life is the most important. If you muck any of those years up in between 1-4 or 1-3 their school life or in their home life is not in balance. That's one of the directives for the monsters to come in.

Family instability and violence were very commonly described. Experiences of parental violence were translated into violence against others, and running away from the troubles at home was often the cause of the first experience of homelessness:

I just wanted to get away from it all. When I woke up in the tree you know or the bush, I woke up to quietness, I didn't wake to shouting.

I'd had enough. My father was coming home drunk every night and I'd get bashed...that's why I went...I'd rather be out on the street than getting the physical abuse every day of my life.

I was completely unmanageable. The only tool that these two people ever gave me was violence. It really was the only skill that I came out of that family with...I was completely unmanageable in every area of life except fighting and that wasn't going to set me up good to be able to get a flat and retain a job and a girlfriend and stuff like that.

Family instability, violence and separation were associated with residential instability and troubles at school:

Unstable parents couldn't handle me, social welfare couldn't handle me, my schools couldn't handle me, like at primary [school] I was getting at least six to twelve straps a day…pinching lunches from other kids bags because yeah I wasn't eating properly back then.

No school in Auckland would have me because I had run around with butcher knives or trying to stab the teacher or throwing the chairs, I was quite violent at that age.

I reckon it was spread out, I was never at school long enough to settle down and make good friends, well you made friends but only for a short time and then you moved on again.

I was always bounced around different homes and in different schools...I guess transient sort of things.

Parental alcohol and drug use and violence were identified as reasons for leaving home, and for their own struggle with alcohol and drug addiction:

By the time I got to say 16 or 17 I had hatred and hurt and need.

[Childhood experiences] sort of I think pushed me to the alcohol and drugs 'cause when I did it at that time that was all I wanted to do probably to just wanted to forget life."

It was a dysfunctional set-up the family life, I always lived, home wasn't a good place to be so you stayed away from it, but you were brought up with alcohol and all that all round ya...and you just followed the same trend as you got older, your dad and mum drunk so you see.

A lot of counsellors ask me, they say why hit the bottle...your own upbringing, you know I've been brought up around violence mate, yeah I've seen my mother go through the door you know, glass doors, my father throwing her.

Alcohol and drug use sometimes began at a very young age:

I had my first smoke when I was 8 years old and then was taking it to school - intermediate.

I've always had it, since I've known how to take alcohol and roll a joint, I've had a problem.

The experience of foster care or boys' homes was common on the Driven pathway. These experiences were sometimes associated with sexual abuse and drugs and alcohol, but almost always with feelings of anger, violence and isolation. This experience sometimes led directly to the streets:

I think I was just angry at society, I was angry at people, I was angry at my past, not knowing where I came from, that was one of the hardest things to deal with. Being sexually abused, I couldn't handle that either...when they said no we can't help you anymore, what am I going to do, all I know is how to run, go in and out of these borstals, go in and out of these bloody homes and what am I meant to do? Where do I fit into society, I don't fit in, you know, and no one told me how I could fit in....they just don't want me so in the end by being on the streets.

*When I was a little kid, 7-9 years old, man I was bad, really bad...Oh yeah angry, cause where do I fit into society? I never fit in. I don't fit into your poshy f***ing things, you know. That was back then. Now I can see a little bit of reality, but back then, yep it was just me and me alone, I was fighting for myself to survive. I'm still fighting for myself to survive, nothing's changed.*

Introduced me to a lot more drugs and that, more variety because of the other people that were there that had other problems and lot of drugs there. I was prescribed Ritalin, that was where I actually started drinking...that started me on the downward spiral.

*[Sexual abuse] really f***ed my life up man...after that man I just shut down, smashed everything...who was I going to tell? That was pretty shameful back then, who was going to believe me you know. I was pretty violent as it is, they are not going to believe me...Just handled it through my whole life, handled it through my whole life, I think most of my problem with drinking is due to*

that, washing away a lot of things, I don't even want to know sometimes. My life that I look at today is why I drink.

A significant feature of entry into homelessness and street culture was alcohol and drug use, but for some this time was more strongly connected to a sense of freedom and belonging that they had never felt at home:

What went wrong was mainly knowing that I didn't have my family there. I wanted to say hello but it's hard for me to pick up the phone and say hello and that...homeless feel like a family to me when we get together, drink together, smoke pot together and everything, they are close friends to talk to.

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

The street scene was also associated with the acquisition of knowledge for survival:

It basically helped me street knowledge wise and grow up, grew up faster. I was in a lot of different circles, like gang circles, drug lord circles, and prostitution sort of circles, you know, those things basically gave me my education of how to survive out here, you know.

The streets have made me realise…made me think who to trust and who not to trust and how to live.

Time in prison was frequently mentioned as part of the experience of homelessness. Some participants described a cycle of homelessness and prison, where release from prison meant re-entry into homelessness, until the next prison sentence:

I went to jail when I was 15 and didn't come out of jail until I was 22, I did a big stretch. I got out for about 6 months and I just kept going in and out of jail and when I got out of jail I was back on the streets.

It's a very easy lifestyle, very easy, you get into a rhythm like into a scene, into a set...into a mentality too where you repeat and keep offending obviously and you keep going to prison.

Basically got to start from scratch again and starting from scratch again is quite hard, really hard.

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

I ended up on the streets because I got sick and tired of getting kicked in the teeth. I want my own house, my own one, one that I own, not rent. I wanted to own and live the good life and work hard, pay my bills, but until they are willing to give us a chance, a decent chance, what's the use? Because they don't. There are some out there who could turn around if employers had given them a chance.

I can't save at all, all my money goes on to addictions, that's my number one priority in life.

Definitely the money aspect, paying bills and that every week and trying not to go back into my old ways...still temptation's to still go out and do that and I'm feeling that if I can get over that it will be good.

Getting $35 a week in the bank, in the hand, you know, after those things are paid, so it's like five bucks a day, you know, which most people couldn't imagine...imagine going into a supermarket and spending less than that, you know, see what it gets you.

One participant succinctly illustrated the Driven pathway and its effect on the experience of homelessness:

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

Research consistently finds that a high proportion of people who are homeless had disruptive childhood experiences. The themes of the Driven pathway are highly consistent with risk factors for homelessness identified in the international literature. These include: being in statutory care; sexual or physical abuse in childhood or adolescence; family breakdown and disputes; having parents or step-parents with drug or alcohol problems; using drink or drugs at an early age (Anderson, 2001). Not everyone who experiences these situations will become homeless, but they act to make people significantly more vulnerable to homelessness, particularly if they are experienced in combination (Randall and Brown, 1999). The Driven pathway echoes a key finding of another New Zealand study which collected the life histories of homeless people who attended Auckland City Mission, and also found that many of the stories involved issues of abuse and disruptive care as children, including parental alcohol and drug use, and a range of institutional experiences (O'Brien and de Haan, 2000).

Dropped (Discrete event) 9 out of 30 stories

This pathway describes a single discrete event, occurring at any age, which acutely precipitated homelessness. These events include sudden unemployment, traumatic relationship breakdown, traumatic parental death, and acute mental health episode.

The Dropped pathway typically started later than the Driven pathway, from late teens into the thirties. For some people on the Dropped pathway, the death of one or both parents led to unstable accommodation situations and homelessness:

I feel I just lost the wheel there when my father died, you know, what am I going to do without him? It's just…I was very lost, it was just the fact how much I loved him and he's gone and that, I feel that but I'm old enough to understand you know.

I have stayed with a number of people, private residences and then I've stayed in different boarding houses…sleeping rough on the odd occasion.

For others, the breakdown of an adult relationship resulted in homelessness, via addictions and unemployment:

My wife kicked me out and from there it was just downhill...I took to drinking, gambling, obviously when you do those things something has got to give and it was usually I was sleeping pretty rough.

Once the relationship finished and the job finished and the house, you're in a situation where you've got no responsibility.

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

There was always something that kept me occupied like the responsibility of a relationship and all that but then I hit the streets it all came back and hit me.

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

We come out and we go straight to the street...we get our Steps to Freedom [grant], we blow it, then we come to places like this to get a food parcel or whatever and that's it, we stop, we turn off, we don't go any further.

The only reason I was on the street last [time] is because I got spat out of jail, you know I didn't have any digs for donkeys.

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

The Night Shelter and that was very good 'specially with the in and out of prison thing…because its convenient to live there at $5 per night. You don't have to worry about stuff like TVs and all the personal effects and things that people think about in houses and that, microwaves and stuff, there's none of that. You have your meals and that and you know they sort of look after you.

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

The time I feel the most comfortable is when I'm down and out, there is comfort in those situations, a weird comfort...when I'm down there it feels anything could happen anytime.

As soon as I start to get really comfortable in a home and things start to go well that's when things start falling down. I wonder whether I subconsciously do that. It's getting too comfortable, too much like a home so I start finding ways of making it end up so I have to leave.

Because I haven't had that support of the family or friends…I could've overcome, I could've worked through it. But when you don't have that fall back, not like financially but emotionally to say "oh no you can keep doing it" sort of what you'd expect from a family, that wasn't there so it was a lot easier to give up. I wasn't very strong willed. So things could've taken a completely different turn.

The defining feature of the Dropped pathway was the identification of a significant event that precipitated homelessness. These events included death of a parent or spouse, serious injury, and relationship breakdown. Many authors have described 'crisis points' that have triggered homelessness, particularly rough sleeping (Fitzpatrick *et al*, 2000). Anderson (2001) points out that while the identification of an immediate event pushing people into homelessness is common, most of these people also show a combination of risk factors for homelessness. Few discrete events are the sole cause of homelessness, but are triggers that destabilise an already vulnerable person

(Crane *et al*, 2005). Indeed, some of the participants in the Dropped pathway identified factors in their lives preceding this event that are recognised as risk factors for homelessness. They referred to childhood experiences, including abusive experiences at home, running away, and association with the street subculture, that were similar to those in the Driven pathway. In this way, the Driven and Dropped pathways are not clearly demarcated.

The importance of the Dropped pathway as a theoretical model lies in its depiction of the way in which sudden traumatic events can lead potentially vulnerable people to rapidly decompensate and become homeless. This included men who entered homelessness as an adult due to the breakdown of their relationship. These men had little experience of living outside a family or relationship, and when they found themselves suddenly in a position of independence, lacked the skills or will to maintain their standard of living. Research in New Zealand has found that as well as adverse emotional and psychological effects, the break-up of a relationship is clearly related to a decline in living standards (Ministry of Social Development, 2006).

Drawn (Progressive move) 3 out of 30 stories

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

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

I was in a gang when I was knee high.

My parents got sick of me and like wagging school.

I decided one day not even to go back to school and that was me, stayed on the street, didn't want to go home.

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

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

It's free, you sort of feel like you're not connected to anything.

There is a little bit of camaraderie but it's usually about sex, drugs and rock 'n roll.

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

The transition to homelessness was characterised by a move to the city, a variety of unstable accommodation situations and sleeping rough:

I was unsettled, still young you know, still wanted to go out and have a good time but still at the same time there was a whole lot of other crap...there wasn't much income to pay for my rent...cheaper to live out on the street.

I've had heaps of places on and off you know. I've never been stable anywhere.

Took off to the big city and had no interest in work and so was living on the Benefit...the people I associated with were squatting in old houses and living out rough.

Involvement in crime and incarceration were linked to homelessness, as was the case in both the Driven and Dropped pathways. Prison did not assist with the acquisition of practical and social skills that the participants felt they lacked, and which contributed to their homelessness:

The old man always called me the black sheep of the family...I've been to prison eight times you know.

In prison it's all done for you, and you're not taught a lot of skills, it's a very lazy environment.

There's been times as an adult where I've wanted to find places but 'cause I haven't got the skills...tried to fit in but found that I couldn't do it 'cause I could only talk about drugs and highs and all those sorts of things.

Social isolation and low self-esteem were emphasised as central factors in homelessness; the participants felt that addressing these elements was critical for a successful exit from homelessness:

It all starts with how you feel about yourself and usually it's lots of things that happened as kids and that, while personally I still have great difficulties with hating myself.

In a city you can feel so lonely, I know what it's like, thousands of people out there but there's no one...

A danger for me personally is if I get a place on my own, I can isolate and start hating the rest of the world, so it's important for me to, as well as setting up accommodation, is the social structure as well.

What I'm doing now is doing that building up a network around me because I haven't got one, haven't got the friends that I grew up with from teenage and relationships that I had as an adult they haven't continued.

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

I got in trouble from an early age, I never learnt the social skills to get along and live and go flatting like a lot of teenagers do.

I stayed on the streets 'cause of my addiction and the fears and paranoia and crap that goes with it.

Causes [of homelessness] were lack of education, difficult to keep a job, like I couldn't do most things what they tell me to do, it was hard for me to learn.

I'm finally paying the consequences for that wrong judgment, wrong decision so to speak, there seems to be a bit of a lifelong trait because the [lack of] educational support.

I reckon I'm the one who got me into this position and I need to get out of it.

One participant articulated an understanding of the importance of further education to break the cycle of homelessness, and in doing so highlighted potential intervention points for policy agencies:

I want to improve my accommodation, I want to improve my standard of living and by doing that I can only see that through education.

The Drawn pathway is an interesting contrast to the Driven and Dropped pathways in the way the participants represented their own position within the narrative of their pathway into homelessness. Those in the Drawn pathway represented themselves as agents, with responsibility for their own homelessness, whereas the Driven and Dropped groups represented themselves primarily as victims, their homelessness attributed to external pressures. This point of difference in perceived locus of control offers an insight into how interventions may be appropriately framed to fit individuals and increase the likelihood of success.

The pattern of leaving or being expelled from school is consistent with international evidence, which shows that single homeless people, particularly rough sleepers, generally have very low levels of educational attainment and poor schooling experiences (Fitzpatrick *et al*, 2000). In a study of rough sleepers, Randall and Brown (1999) found that more than a quarter had a history of being excluded from school. This association highlights the serious consequences of young people being suspended or expelled from school: it can signal a career of social exclusion through no qualification, no job and no home.

MacKenzie and Chamberlain (2003) point out that most teenagers will leave home first and then later leave school. School, therefore, is an extremely important location for engagement and social connection, and for targeted interventions to prevent young people becoming homeless.

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

4.5 Perceptions of homelessness and choice

The Driven, Dropped and Drawn pathways are not intended as causal explanations of homelessness in Wellington, but to descriptively illustrate the processes that lead some people to homelessness, and the complexity of interrelating factors, past and present, which contribute to their situation.

These pathways act as a counter-argument to the hegemonic discourse which asserts that people are homeless 'by choice', as represented in Wellington City Council's Homelessness Strategy: "There are some people living rough in Wellington or sometimes sleeping in public places who either have accommodation or are choosing not to be housed" (2004:3). In the current context of considerable structural barriers, particularly a lack of appropriately supported housing options in Wellington, homelessness would seem to be more closely associated with a *lack* of choices.

Some of the participants, who were all from the Driven and Dropped pathways, commented on whether they thought homelessness were a choice. There was a clear distinction in the framing of choice and homelessness, which seemed to be related to their pathway into homelessness. Those who were opposed to the argument were from the Driven pathway. They framed homelessness as a result of negative experiences that were beyond their control:

No one chooses to go on the street, no one chooses to be hated, no one chooses to get bashed while they are a kid, or molested or anything like that. It just happened and you have got to cope with it with whatever skills taught to you to cope with it.

No one in their right mind would desire to be where I am and what I am, you know.

Others supported the dominant discourse, asserting that homelessness is a lifestyle choice. They were all from the Dropped pathway:

The street scene in Wellington is a matter of choice.

People living on the street…it's a lifestyle...there is no need to live on the street unless you want to...a lot of people out there have a lifestyle that is their way of doing it you know, like for me it's having a bed.

Such polarisation of opinions within the homeless population highlights that there is no singular 'homeless voice'. While 'the homeless' are often discussed as a homogenous entity, the homeless population is a widely diverse range of individuals who are collectively labelled for their lack of independent shelter, place and space. It is interesting that those who supported the 'homeless by choice' argument were those who had followed an adult pathway into homelessness. They made a distinction between 'us' who stay in the Night Shelter and 'them' who sleep rough. By distancing themselves from 'the homeless', they replicate the dominant stereotype of a homeless person as someone who sleeps on the street night after night. The 'choice' was between paying for a bed and sleeping on the street, not about choosing to become homeless in the first place, which was the sense in which those who followed a youth-to-adult pathway into homelessness understood and denied the argument.

The discrepancy between the acceptance and rejection of the dominant discourse within this group of homeless individuals is related to whether or not they identified themselves as homeless. Regardless of this separation however,

it was clear that the assertion that homeless people are to blame for their position had a powerful effect on the way the participants judged themselves.

I know it's not my fault, I keep on saying that. Still, there's always something in the back of your mind that says that happened because it was your fault and you've still got that in your head even though it's not deserving to be there.

4.6 Perceptions of home

Any distinction between pathways disappeared when the participants spoke about the meaning of home and the type of accommodation they would most desire:

Home's not the building that's around you, it's what's inside you, it's how contented you feel about yourself, or secure.

It would be the love and joy inside it, very little to do with the surroundings. It's only a house mate.

That was a home, everything was ours. It was quite a good feeling too having your own property, things round the place, your house, do what you want type thing like everyone else does.

These responses speak to the conception of home as more than simply physical structure. This notion is fundamental to the broad definitions of homelessness in the literature, which emphasise that home (and therefore homelessness) is not purely a housing-based concept, but has significant emotional, social and psychological dimensions (Sommerville, 1992). Recognition of these dimensions

is the basis of creating sustainable exits out of homelessness, by supporting people in creation of homes, not just putting them in houses.

When asked to define their perfect accommodation, the responses were overwhelmingly similar. Little weight was afforded to physical structure; rather, they spoke of the desire for solitude, space, and a place they could call their own:

Best accommodation is somewhere away from other people…like a little house with a private backyard away from people.

I wouldn't mind another flat, but somewhere away from everyone, that's why I don't care what it looks like, as long as it's mine.

Something that I could just call home…doesn't have to be flash or anything, just so long as I have the key to lock and unlock the door...place where I can have family and friends come over, you know, if they want to have a sleep, have a sleep, it's what you do.

A house a long way from the city…near the beach...a cottage or something...just on my own.

I'm a country person. I want a house with land, farmland. Just a house, one that I can do up, do what I want you know.

A home was seen as a place with special significance. It was a place they could be proud of, where they could feel in control of their lives because they would be free from the surveillance of the world, free to perform their day-to-day functions in peace. Dupuis and Thorns (1998) describe home as a source of ontological security, providing "a sense of confidence and trust in the world" (p.27) and "a security of being" (p.27).

4.7 Limitations

The pathways into homelessness described here must be considered in terms of our sample, which was predominantly made up of chronically homeless single men. As there have been no studies of the demographics of the homeless population in New Zealand, it is not known how representative our sample is of homelessness in general. As a qualitative study, the findings are not intended for statistical comparison with other samples of homeless people. It is valuable though, to explore the possible reasons for the composition of the sample.

Gender

Most obviously, 29 out of the 30 participants were male. This is a reflection of the client population of DCM, who are predominantly single men, many of whom are sleeping rough. Women who become homeless in Wellington may be more likely to approach agencies such as Women's Refuge or Salvation Army, which cater to homeless families. Research consistently shows that the majority of single homeless people are men, but some commentators argue that the primary reason for this gender disparity is the distinction made between single and family homelessness, as a high proportion of homeless women are accompanied by children (Fitzpatrick *et al,* 2000). The pathways

into homelessness and experience of homelessness are significantly different for women. Women tend to become homeless at a younger age and take extreme measures to avoid sleeping rough (Fitzpatrick *et al*, 2000). Pathways into homelessness for women are closely related to personal relationship problems, with a high proportion of homeless women in the U.S. and the U.K. suffering domestic violence as a chronic factor in their lives, or as an immediate precipitating factor of homelessness (Anderson, 2001).

Age

The literature suggests that young people are significantly over-represented among the homeless population, which was not reflected in this sample. This could be a true representation of youth homelessness in New Zealand, or the result of sampling bias. Possible explanations could be that more homeless young people may be staying in their local area rather than the central city, that young people are more likely to contact a youth-specific service in the city (such as Evolve in Wellington) or perhaps that young people are less likely to identify themselves as homeless than those who have been homeless for many years. The bias towards chronically homeless men was inherent in the recruitment of participants from DCM.

Ethnicity

There is an over-representation of people who self-identify as Māori in the sample. While Māori make up approximately 15% of the population of New Zealand, and 7.5% of the population of Wellington City (Census 2006), 57% of our sample was of Māori ethnicity. The ethnic mix of the sample (57% Māori, 40% European, 3% Samoan) is approximately representative of the client

population of DCM. Although, as previously mentioned, there is no demographic profile of the homeless population in New Zealand, given the wider socio-economic disadvantage of Māori, it is likely that they are over-represented in the homeless population in general.

4.8 Implications

The benefit of viewing homelessness according to a pathways model is that it enables reflection on patterns of "severely problematic life events and associated care and support needs" (Anderson, 2001:2). Although there are some distinct differences between Driven, Dropped and Drawn pathways, more striking are their similarities. The vast majority of the stories these pathways describe began with difficult childhood experiences and resulted in chronic homelessness. MacKenzie and Chamberlain (2003) describe this as the 'Youth to Adult Career', which encompasses the chronically homeless (homeless for most of the time from initial homelessness in youth to young adulthood) and the episodically homeless (moved in and out of homelessness on a number of occasions). These categories cover the overwhelming majority of our participants' stories. Studies from the U.K. have shown that homelessness as a young person often results in an extended pattern of homelessness and repeat homelessness (Piliavin *et al*, 1993; Kershaw *et al,* 2000). The experiences of most of our participants resonate with this pathway of youth to chronic homelessness, and of cycling in and out of homelessness.

Once established in homelessness, the experience of the participants was remarkably similar, characterised by alcohol and drug addiction, unemployment and time in prison. Their issues were multiplied on entering homelessness, becoming more complex and entrenched the longer the experience of homelessness. Working with the chronically homeless is a highly

challenging and demanding area of practice, as support has to be intensive and, necessarily, expensive. While housing is a key component to resolving homelessness, it is clearly not the only factor, and for those who have been homeless for long periods of time, shelter is perhaps the least significant element of their housing aspirations. If we are to provide sustainable exits from homelessness, robust support to facilitate the development of skills for managing the responsibilities of a house, the development of new social networks and meaningful occupation must also be central concerns.

A key conclusion that can be drawn from these pathways is that for the prevention of chronic homelessness, our efforts need to focus on young people. There is a widespread acceptance of the need to focus on the prevention of homelessness. Aside from the recognition of the highly damaging nature of homelessness for individuals who experience it, prevention and early intervention strategies yield higher rates of success (though these are more difficult to measure), and are economically prudent in relation to the high cost of chronically homeless people to the welfare, justice and health systems (Crane *et al*, 2006).

Chamberlain and MacKenzie (2006) identify school as a key point of intervention, as most young people will have their first experience of homelessness while still at school. Schools play an important role in identifying young people who are at risk of homelessness because they have problems at home. Through links to external support services, these young people can be provided with the support they need to prevent homelessness.

For those on the Drawn pathway, this support will be geared toward reconciliation with family, and finding ways they can engage with education, which may mean an alternate form of education or training. For those who are 'Driven' to leave home or care to escape from an intolerable or abusive

situation however, return to this environment is unlikely to be a suitable option. These young people require intensive practical, financial and emotional support to assist them into a successful alternative living situation, which may mean living independently.

Homelessness prevention efforts based in schools are critically important, as once vulnerable young people drop out of school, progress along their homeless pathway seems to be quite rapid, and opportunities for intervention are reduced. On this view, school expulsion and suspension policies must be appraised.

The acute nature of the Dropped pathway means that the identification of people at risk is probably not feasible. Once they have become homeless though, the rapid provision of housing support and financial assistance may be enough to prevent chronic homelessness. For some people, these interventions will need to be complemented by more intensive support, including counselling, education on basic skills for independent living, and employment assistance.

The pattern of cycling between prison and homelessness that was common to all three pathways indicates another critical opportunity for intervention. For people identified as at risk of homelessness on release, particularly those with a history of homelessness, a much greater public investment linking them to housing and support services appears necessary. Support for the process of reintegration into life outside of prison would contribute significantly to breaking the prison-homelessness cycle and to the prevention of chronic homelessness.

4.9 Conclusion

Homeless pathways are complex and varied. Our understanding of these is essential if we are to build successful responses to homelessness. In the next chapter, these pathways are used to develop a framework for a comprehensive and collaborative homelessness strategy.

Chapter Five

A Public Health Approach to Homelessness

5.1 Introduction

The year 2006 marked the twentieth birthday of the Ottawa Charter for Health Promotion, the seminal document that heralded a new turn in public health - to a focus on both social justice and equity and a broadened concept of health. Under these principles, public health has become increasingly focused on the social determinants of inequalities in health. Homelessness is an extreme example of the association between social disadvantage and poor health, which makes it a particularly appropriate area for public health involvement. Innovative public health practice is increasingly understood as the reinterpretation of issues traditionally regarded as social problems within a health framework (Potvin *et al*, 2005), an approach that can certainly be applied to homelessness.

In New Zealand, there exists no national policy or legislation regarding homelessness - no formal mechanisms for a coordinated response to the problem. Notwithstanding the impact this policy void has on the lives of people who are experiencing homelessness, this reasonably clean slate can be seen as an opportunity to plan a comprehensive response based on public health principles and international best practice.

The public health establishment has traditionally been on the sidelines of the homelessness issue. Wellington became an exception in 2005 when the local provider of public health services, Regional Public Health, began to lead the drive for a strategic approach to homelessness, through an inter-agency, multi-sectoral forum, the Homelessness Prevention Strategic Group. In this chapter, a public health framework for the prevention and alleviation of homelessness that was designed by the author as a basis for the work of this group is described. It is argued that framing issues usually considered 'social' problems using public health principles is a tool for effective collaboration. Such an approach helps to clarify the complex responses that are required for the wide range of actors involved. Such innovation and leadership by public health workers is imperative if the public health community are to realise our goals of social justice and health for all.

5.2 Homelessness and health

It is incontrovertible that homelessness is unhealthy. Homeless populations, particularly rough sleepers, have a higher rate of serious morbidity and early mortality compared to the general population (Wright and Tompkins, 2005). Substance use and mental disorders are particularly prevalent, and dual diagnosis is common (Hwang *et al,* 2005), though these are frequently the result of homelessness rather than its cause (Levy, 2004). The situations in which homeless people are compelled to live have a direct adverse impact on health: infectious diseases, injuries, assault, cold exposure, and skin problems are common hazards (Frankish *et al,* 2005). Homeless people suffer from a wide range of chronic medical conditions such as hypertension and diabetes, which are often poorly controlled (Hwang *et al*, 2005). In addition, homeless people face substantial barriers that impair their access to health care, as the precariousness and transience of their circumstances ensures that attention is

rarely paid to their health needs, either by the health system or by the homeless themselves (Wright and Tompkins, 2005).

For its impacts on physical and mental health alone, homelessness should be recognised as a major public health concern. Yet according to the broad perspective of public health, our interest in homelessness should go beyond its health relevance. Homelessness is an important social justice issue. It acts as a barometer of social policy - the existence of homelessness representing "an indictment of our collective failure to make the basic ingredients of civilized society" (Breakey, 1997:154). It is widely accepted that the root causes of homelessness are structural and policy factors; personal problems, incapacities and behaviours make a person more vulnerable to homelessness within these structural constraints. Health and welfare service organisation and delivery deficiencies are also implicated in causing and sustaining homelessness (Crane *et al*, 2006).

The focus of public health research on homelessness has been the identification of individual risk factors, pointing to individual-level solutions (Meyer and Schwarz, 2000). In this chapter it is argued that public health has a greater role to play in shaping the response to homelessness, particularly in countering the popular individualistic 'victim-blaming' perspective by drawing attention to its socio-economic determinants.

5.3 The public health framework

A good response to homelessness relies on rejecting simplistic beliefs about a single approach providing the solution. A comprehensive strategy is required, addressing systemic problems through to emergency relief, which responds to the diversity of the homeless population. The composition of a successful homelessness strategy can be better understood within a framework of the basic public health principles of primary, secondary and tertiary prevention (Figure 5.1). Traditionally these levels of prevention are used to characterise actions aimed at eradicating, eliminating, or minimising the impact of disease and disability (Last, 2001). While homelessness certainly should not be misconstrued as a disease, these levels provide a useful structure to frame the set of interrelated interventions required to effectively respond to homelessness.

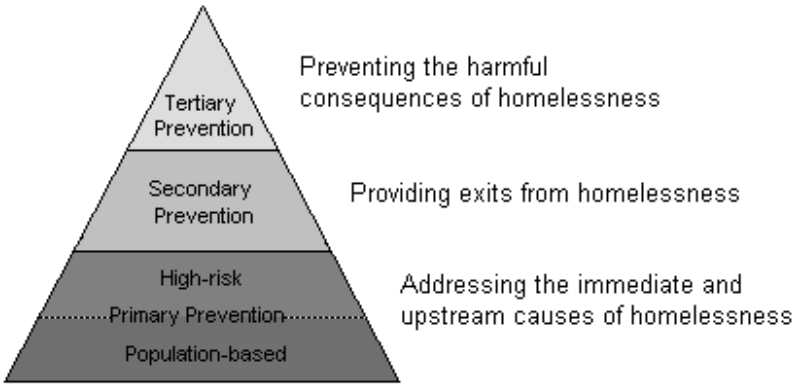

Fig 5.1. A public health framework for responding to homelessness

Primary prevention aims to limit the incidence of disease by controlling causes and risk factors. Primary prevention involves two complementary strategies. One focuses on the whole population with the aim of reducing average risk, called the population strategy. The other targets people at high risk as a result

of particular exposures, the high-risk individual strategy (Rose, 1992). Applied to homelessness, primary prevention is aimed at both the structural conditions that generate homelessness and at individuals at high risk.

Secondary prevention aims to cure patients and reduce the more serious consequences of disease through measures available to individuals and populations for early diagnosis and prompt and effective intervention (Beaglehole *et al*, 2000). In terms of homelessness, this means providing prompt and permanent exits from homelessness, in order to reduce the prevalence of homelessness and prevent chronic homelessness.

Tertiary prevention is aimed at reducing the progress or complications of established disease. It consists of measures intended to reduce impairments, minimise suffering and maximise potential years of useful life (Beaglehole *et al*, 2000). Translated to homelessness, tertiary prevention refers to measures to support those who are currently homeless such as temporary shelter, food and medical care.

The 'event' that all three levels aim to prevent is homelessness (and its consequences). The rationale rests on both humanitarian and economic concerns. Homelessness is detrimental to both the individual and to society. The longer homelessness continues, the greater the health and social problems experienced, and the more likely people are to become entrenched in a homeless lifestyle (Burt, 2005). The chronically homeless therefore tend to be heavily involved with a range of costly public services, particularly emergency health care, acute mental health services, social services and the criminal justice system (Eberle, 2001). There is a growing body of evidence confirming that measures that prevent homelessness and the provision of supportive housing to those who have become homeless are more cost-effective and less

expensive than supporting chronic homelessness (Eberle, 2001). Figure 5.1 (p.71) depicts the ideal relative allocation of resources and efforts to each level of prevention. All levels are important and complementary, although primary prevention has the most to contribute to the wellbeing of the whole population, including the potentially homeless population.

5.3.1 Primary prevention: population-based strategies

While individual pathways into homelessness are diverse, the contemporary body of evidence indicates that macro-structural factors, most notably poverty, unemployment and the operation of the housing system, underpin them all (Anderson, 2001). A shortage of affordable housing directly contributes to homelessness; at the same time poverty and unemployment make it difficult for people to compete in the housing market and also drive many of the social dislocations that precipitate homelessness, such as relationship breakdown (Fitzpatrick *et al*, 2000). People who are not poor can usually avoid homelessness even if they experience personal crises.

In a large study of living standards in New Zealand, negative life events (or 'life shocks') were found to have long-term consequences on one's living standard, and low living standards increased the likelihood of life shocks occurring. The authors describe a 'threshold effect', with "most types of life shocks not having a substantial impact when they occur in isolation, but having a large effect when the overall burden of adversity reaches a certain level" (Ministry of Social Development, 2006: 92).

At a population level, preventing homelessness requires building healthy public policy to address social disadvantage, through concerted and integrated efforts across the many sectors - including housing, employment, income support,

justice, health and education. Appropriate, affordable (usually subsidised) housing plays a critical role in the prevention of homelessness for all groups of poor people, including those with severe mental illness and/or substance abuse (Shinn and Baumohl, 1999). Housing provides the central point of stability from which individuals can access education, employment, health and social services; it is the foundation for building strong families and individual feelings of empowerment and belonging.

Attention should also particularly be paid to increasing and enhancing the population-wide responses to mental illness and addiction, and to the amelioration of family violence, as these are major drivers of homelessness and require significant investment at a broad level. To eliminate homelessness, fundamental societal changes are required: "the availability of adequate housing for all citizens, the opportunity to earn a reasonable income, education to fit people to be productive in the modern economy, safe communities, a supportive and stable family environment, and health promotion, treatment and rehabilitation for everyone" (Breakey, 1997:154). Strategies to develop community awareness and understanding of homelessness and its antecedents are also critical in creating supportive, inclusive communities that will aid efforts to prevent homelessness at primary, secondary and tertiary levels.

5.3.2 Primary prevention: high-risk individual strategies

Population strategies complement more direct prevention interventions that target those most at risk of homelessness. Our knowledge of which groups and individuals are most at risk is based on a large body of research identifying common risk factors and immediate triggers of homelessness, which has led to the definition of broad 'pathways' into homelessness and the identification of opportunities for intervention (Anderson, 2001). The notion of homelessness

pathways dovetails neatly with the life-course approach to prevention in public health.

In this section, three major typological pathways into homelessness described by MacKenzie and Chamberlain (2003) are drawn upon - youth, housing crisis and family breakdown (particularly as a result of domestic violence). Institutional discharge also provides a key proximal opportunity for targeted homelessness prevention. Themes from the 'Driven, Dropped, Drawn' typology can be recognised within this framework, but this section also recognises other population subgroups at high risk of homelessness that were not included in the Wellington study.

Youth

Young people are disproportionately at risk of homelessness and often end up as the chronically homeless (Kershaw *et al*, 2000). This point certainly resonates with the findings of the previous chapter, in which both the Driven and Drawn pathways described youth to chronic homelessness pathways, together accounting for the majority of the participants. Factors associated with youth homelessness include being in statutory care, suffering violence and abuse, being in disrupted families and having problems at school and/or being excluded from school (Smith *et al*, 1998).

As many young people first become homeless when they are still at school, Chamberlain and MacKenzie (2004) contend that schools play a critical prevention and early intervention role in regard to youth homelessness, and require a strong welfare infrastructure with links to community agencies. Preventative strategies in schools are those that promote student wellbeing, build resilience, support academic success, encourage a sense of belonging to the community, and provide case-management support for students 'in

trouble'. These strategies should be viewed as constructive alternatives to suspension and expulsion from school, practices that are likely to precipitate homelessness in those students at risk due to a lack of connection and support at home. For students who do become homeless, early intervention support in schools involves the coordination of family mediation services, organising secure respite care, or assisting the student to find alternative supported accommodation.

This role for schools in homelessness prevention and early intervention would require the education and social sectors of government to work much more closely. Schools would have to be either the host for social services, or be resourced at a much higher level to be able to provide these services themselves.

Housing crisis

At a systems level, housing and welfare rights information and advocacy services, as well as procedures for monitoring and responding rapidly and proactively to mortgage and rent arrears and other debts are important eviction prevention measures (Department for Transport, Local Government and the Regions, 2002). This is true for both social and private housing providers. Monitoring systems are essential to alert housing providers to vulnerable individuals, for whom a case-managed approach should be implemented, connecting them to necessary support services. Tenancy support services are useful for people living in both social and private tenancies, providing personal support and coordinating other specialist services to assist the tenant to maintain stability, particularly for those multiple needs or challenging behaviours. They can also provide emergency support and planning if an individual is at imminent risk of losing their home.

Family breakdown (particularly due to domestic violence)

Population-wide strategies that promote the unacceptability of family violence, encouraging perpetrators to seek help and victims to come forward, will contribute to the prevention of homelessness. However, developing interventions that seek to identify households experiencing family violence and work to keep them together is difficult, and in many cases would be dangerous to apply (Shinn and Baumohl, 1999). Instead, the focus of the family breakdown pathway is on early intervention, which requires educating and supporting a wide range of service providers to enquire about and identify family violence and respond appropriately. For some cases this will mean family counselling and anger management services, for others early intervention will involve supporting victims into alternative permanent accommodation (Chamberlain and MacKenzie, 2006). Findings of the study of homeless pathways in Wellington, specifically the Dropped pathway, also alert us to the importance of access to alternative accommodation and support for men who have to leave the family home.

Stopping homelessness at its sources

Discharge from public institutions (Child Youth and Family Services, prisons, hospitals, mental health facilities) without adequate support is a key 'crisis point' that can trigger homelessness (Fitzpatrick *et al*, 2000). Discharge plans for people leaving these institutions should ensure that they have a safe and secure home to go to - referred to by the U.S. National Alliance to End Homelessness as 'closing the front door' because these settings are the main identifiable and predictable places where those at risk of homelessness come into direct contact with the public system. Individuals who are at high risk of homelessness after discharge can be identified by their profile of identified risk

factors, including previous homelessness, mental illness and a weak support network (Lindblom, 1991). These people should be provided with case-led support while in the institution, but this must be linked to comprehensive, enduring support services in the community to enable successful reintegration and long-term prevention of homelessness (Shinn and Baumohl, 1999). Action in this area is essential to prevent the pattern of cycling in and out of institutions, which was a feature of each of the Driven, Dropped and Drawn pathways.

5.3.3 Secondary prevention

Once someone has become homeless, the key to a 'cure' – a permanent exit from homelessness - is access to appropriate, affordable, supported accommodation. Those who become homeless have diverse and often complex needs, but the provision of stable housing is the cornerstone of care. For some, the rapid provision of affordable housing will be enough to resolve their accommodation problems and prevent repeat homelessness; for others, more support will be necessary. Successful international models take a 'Housing First' approach – skipping shelters or transitional housing and moving homeless people into permanent supported housing as rapidly as possible (Haggerty, 2005). This includes the provision of supportive housing (with on-site support) and independent housing with support services that travel to the individual. Even those who have been homeless for long periods of time, and who are suffering from serious mental health, health and substance abuse problems have been shown to manage well in their own housing with appropriate supports (Haggerty, 2005). Moreover, the provision of coordinated treatment and support for those with mental illness and/or substance abuse leads to greater improvement in health than usual care (Hwang, 2005).

The provision of these supports is commonly described as a 'continuum of care' – flexible, integrated responses that specifically target the development of life skills that facilitate independence (Greenhalgh *et al*, 2004). The continuum of care includes counselling, education, employment training, economic support and health care. In many cases, support will involve reconciling family relationships, enhancing social networks and facilitating connection to their new community. To operate successfully these services and accommodation must be founded on integration and collaboration, and be led by the individual's needs (Greenhalgh *et al*, 2004).

5.3.4 Tertiary prevention

Traditionally the response to homelessness has been centred on emergency activities such as shelters, transitional housing and soup kitchens. The homelessness system in Wellington has long been biased toward these survival-level responses. These are classified as tertiary prevention activities because they aim to minimise the harmful consequences of homelessness, but do not create pathways out of homelessness. While emergency relief is still an integral part of a comprehensive homelessness strategy, eliminating homelessness requires a model of care oriented around housing – "a significant shift away from sustaining homelessness to solving it" (Haggerty, 2005). The aim of a homelessness strategy should be to ensure stable and secure long-term housing for people who are or may become homeless, so the use and length of time spent in temporary and emergency accommodation is kept to a minimum. At times of crisis though, temporary accommodation provides an important opportunity to assess any support needs and put these in place before re-housing in permanent accommodation (Department for Transport, Local Government and the Regions, 2002).

Drop-in centres can also provide an important point of contact for people who are homeless or at risk of homelessness (Department for Transport, Local Government and the Regions, 2002). Through the co-location of several agencies, drop-in centres can provide a single point of access to a comprehensive range of advice and support services, rather than placing expectation on a vulnerable person to navigate a maze of multiple referrals to different agencies. These facilities can also provide practical services, such as food, washing, storage, and access to a telephone, particularly to assist those who sleep rough.

In order to reach the most vulnerable and marginalised of the homeless population - those who sleep rough – flexible models of service delivery are required. Multi-disciplinary outreach services are an important way to provide care to those who cannot or do not access regular services, to connect them with alternative services, and to respond to emergencies. Homeless people who suffer from substance abuse disorders face many barriers to abstinence, such as mental illness, poor social support, lack of stable housing, duration of addiction and refusal of treatment (Podymow *et al*, 2006), therefore the provision of accommodation and support facilities that do not insist on abstinence for care is essential. A harm-minimisation approach - now a mainstream approach to drug abuse (eg. methodone programmes) - aims to reduce the adverse health, social and economic consequences of substance use in a safe, supportive environment that does not require abstinence (Podymow *et al,* 2006). This approach can provide better access to treatment and wider supports for those 'hard to serve' homeless people who have traditionally been barred from homeless and mainstream services.

5.4 Why a public health framework?

There are four reasons why a public health framework has utility for thinking about the response to homelessness: it promotes a focus on prevention; has a long history of application in public health; it is a tool for collaboration between agencies; and it establishes homelessness as a public health priority.

A focus on prevention

The greatest feature of the public health framework is its central emphasis on prevention. Governments across North America, Europe and Australia are placing increasing emphasis on primary prevention of homelessness, in recognition that efforts to end homelessness must involve reducing its incidence as well as its prevalence. Crane and colleagues (2006) propose three main arguments that have supported this shift to a focus on prevention. First, homelessness has a devastating effect on individuals and on society as a whole. A just and equitable society demands that every person should have access to safe, affordable and secure housing - the existence of homelessness in affluent nations is intolerable and stigmatises any society that fails to prevent it. Second, the high level of economic growth enjoyed by much of the West is likely to lead to growing inequalities in socio-economic status, living standards and health, so that paradoxically more rather than fewer people will be at risk of homelessness. Homelessness prevention is integral to the reduction of inequalities and building an inclusive society. Third, it is argued that homelessness prevention will reduce the significant financial and time burden of homelessness on health, justice, criminal and welfare systems, or "an ounce of prevention may be worth a pound of cure" (Lindblom, 1991:958). The term 'prevention' is commonly associated with public health medicine, so by the

mere application of a public health prism to homelessness, our thinking is focused on prevention.

Public health can also offer a more nuanced perspective on what is meant by prevention. Internationally, most prevention strategies are targeted to those at highest risk of homelessness, based on individual characteristics, in the interest of the efficient use of limited resources. The challenge of public health is to expand the primary prevention focus further *upstream* to the politico-socio-economic factors that generate the at-risk populations, and the changes at a broad scale that will be required to address these. But public health can also extend the concept of prevention *downstream,* transcending the distinction usually made between 'prevention' and 'response'. In reality, the line between prevention and response is indistinct, as the experience of homelessness often involves an iterative pattern of cycling through a range of more and less tenuous housing circumstances (Robinson, 2003). The policy focus also depends on how broadly homelessness is defined, from the exclusive category of rough sleeping through to the inclusion of the incipient homeless (Kearns, 1994).

The public health model reframes all levels of homelessness intervention as forms of prevention, with different weightings attributed to each. This is not an insignificant shift – the central focus on prevention promotes an understanding that all efforts to proactively address homelessness are more beneficial and cost-effective than supporting chronic homelessness, often in expensive hospital or prison beds. In New Zealand, where homelessness is widely perceived as an insignificant issue and the result of individual deficiencies (Elliott, 1998), the emphasis on a comprehensive homelessness strategy as a means to reduce the burden of homelessness on the public purse may be a vital tool in securing government commitment and public support.

A long history of application in public health

The framework of primary, secondary and tertiary prevention guides the public health response to all health problems, from infectious diseases to smoking to obesity (Rose, 1992). The utility of the model in the practice of modern public health is in its clarification of the wide range of strategies required to respond to complex issues, and the division of effort and resources to each level for a robust and comprehensive approach. Unfortunately, the allocation of resources to address most problems is usually an inversion of this model – with the majority of spending on acute responses. This is especially true for homelessness in New Zealand, where the absence of a policy-legislative strategic approach means that service delivery to homeless people is haphazard and disjointed, and predominantly focused at the tertiary end. The public health framework has a central role in stressing that homelessness is preventable and should be prevented – a homelessness strategy that reflects this emphasis is crucial to ending homelessness.

Chamberlain and MacKenzie's (1992) cultural definition also applies the terms primary, secondary and tertiary to homelessness, to categorise homelessness based on accommodation situation. This definition is gaining in popularity in New Zealand. It was used, for example, to define homelessness in Wellington City Council's Homelessness Strategy (2004). However, the cultural definition uses the terms primary, secondary and tertiary in a way that is incongruous with their meaning and application in other disciplines. These terms imply a sequence, from primary to secondary to tertiary, as used, for example, to describe levels of education, health care and prevention. Tertiary represents the most extreme or advanced end of this sequence; using the same examples, tertiary education is the most advanced end of the education sequence, tertiary health care the most extreme end of the health care sequence, and

tertiary prevention is targeted at those at an advanced stage of disease or disability.

In the cultural definition, primary, secondary and tertiary homelessness are not intended to imply a sequence. *Primary* identifies the most extreme end of homelessness – people who are literally roofless – a reversal of the conventional use of the term. The cultural definition has been integral to the conceptualisation and objective measurement of homelessness in Australia, but the labelling of categories of homelessness as primary, secondary and tertiary is inappropriate. In New Zealand, for conceptual clarity, the terms primary, secondary and tertiary should not be applied to levels of homelessness, but should be used to frame levels of homelessness prevention. A New Zealand-specific definition of homelessness needs to be developed, and be applied consistently across agencies.

Collaborative action

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

Collective action across sectors is a central priority for the public health workforce. The very definition of public health is "collective action for sustained population-wide health improvement" (Beaglehole *et al*, 2004:2084). To facilitate successful collaboration between the vast array of different actors and perspectives involved in the development of a comprehensive homelessness strategy, the public health model provides a solid framework to work to, based on the simple and widely appreciated principle 'prevention is better than cure'.

Establish homelessness as a public health priority

In a 1997 American Journal of Public Health editorial, William Breakey declared, "the war on homelessness must be fought, as a public health issue, on many fronts" (p.155). Since that time, significant efforts have been made to address homelessness in the U.S. and many other Western nations. It is time that New Zealand joined this effort. The public health establishment has an important role in advancing a collaborative approach to homelessness, particularly in the promotion of a broad understanding of both the issue and its solutions. If we are committed to reducing inequalities in health, homelessness must become a major public health concern. Addressing homelessness not only significantly improves the health of those individuals who are homeless, it strengthens the social structure, improving the public wellbeing. Because of its broad directive and skills base, public health is uniquely placed to lead or support the formation and implementation of a comprehensive strategy to improve the wellbeing of people experiencing homelessness in New Zealand.

5.5 Conclusion

Successfully responding to homelessness requires a comprehensive set of solutions at primary, secondary and tertiary levels of prevention. The use of a public health approach to the complex problem of homelessness reminds us of the necessity of a broad perspective in all public health questions. To significantly improve or eliminate a problem, upstream, midstream and downstream factors must all be addressed in a coordinated way. The formulation of such comprehensive strategies begins with the use of a wide lens that allows us to see the entire stream and identify the best points of intervention. The Ottawa Charter recommended that public health take a broad perspective and work toward social change, with physical health as one, but not the only, outcome of interest. What better time than an anniversary to reflect on these commitments.

The Policy Network

Chapter Six

The Homelessness Prevention Strategic Group

6.1 Introduction

The *Slipping through the Cracks* research, outlined in the previous two chapters, was directly targeted to a particular audience, the Homelessness Prevention Strategic Group, in order "to contribute to the development of a Wellington City Public Health Strategy for Homelessness being developed by Regional Public Health and other agencies" (Al-Nasrallah *et al*, 2005:3). In this chapter, I follow the impact of this research on its intended audience. This chapter begins with a description of the origin of the Homelessness Prevention Strategic Group, in order to locate the study of this particular research-policy nexus in a brief historical context. The use of the research is then examined as part of a wider exploration of the policy-making process. Extracts from the records of the Homelessness Prevention Strategic Group and its predecessors are labelled 'minutes', and direct quotations from the six meetings I attended are labelled with a numerical code that relates to the meeting number and line of transcript.

6.2 Background of the Homelessness Prevention Strategic Group

In July 2003, thirteen Wellington City community agencies[2] came together to form the Vagrancy Interagency Group, to discuss concerns about the potential effects of a proposed change of Wellington City Council's Public Places Bylaw to ban residential activities in public spaces (Part 17.6 of the Wellington City Council Consolidated Bylaw, 1991). The proposal had sparked vehement public and political debate in Wellington and around New Zealand. Supporters argued that the behaviour of 'vagrants' in the city was offensive and intimidating and ought to be responded to punitively. Auckland Mayor John Banks fully supported a "move-them-along policy" that showed "zero tolerance of a Third World problem" (Haines, 2003a:3). Critics saw the plan as "bullying tactics from the chardonnay set" designed to sanitise the streets, lacking in compassion for the plight of those who slept rough (Haines, 2003b:1).

The focus of the Vagrancy Interagency Group was on the group of people living in an inner-city park, Glover Park, who were seen to be the target of the Bylaw. Under the proposed amendment, these people would be prohibited from living in Glover Park; however, there did not seem to be any existing alternative accommodation options open to them (Human Rights Commission, 2004). The addiction and mental health issues suffered by this group excluded them from all temporary accommodation options in Wellington, which all operated under abstinence-based acceptance policies:

[2] Public Space, St. Andrews on the Terrace, Inner City Project, Suzanne Aubert Compassion Centre, Downtown Community Ministry, Te Aro Health Clinic, Wellington People's Centre, Wellington Mental Health Consumers' Union, KITES, Wesley Community Action, Salvation Army, Wellington Night Shelter, Police.

> *The current Bylaw under discussion takes away the 'option' of being homeless in the inner city. Alternatives need to be suggested.*
>
> (Vagrancy Interagency Group minutes 10.7.03)

The proposed alternative, following consultation with the homeless people concerned, was a pragmatic one. The solution was for a small vacant building located in Glover Park to be made available as basic accommodation for the residents of the park, who would then, by sleeping indoors, be in compliance with the Bylaw. This proposal, along with broader issues of concern, were taken to the Council, and contributed to the establishment of a Mayoral Homeless *(sic)* Taskforce to examine the issues and seek solutions for homelessness in central Wellington. While the Taskforce deliberated, the Bylaw was put on hold.

Two weeks after its establishment, the name of the Vagrancy Interagency Group was changed to the Interagency Homeless *(sic)* Group. The membership of the group grew to include more community agencies, Work and Income New Zealand, and people from the homeless community (see Figure 6.1, overleaf). Several non-government organisation (NGO) representatives from the Interagency Homeless Group became part of the Mayoral Homeless Taskforce, a role which was seen by the Group as educating the Taskforce on the issues relating to homelessness, and advocating for an "absolutely positively compassionate city response."[3] (Interagency Homeless Group minutes 23.7.03)

[3] An adaptation of Wellington City Council's 'Absolutely Positively Wellington' brand

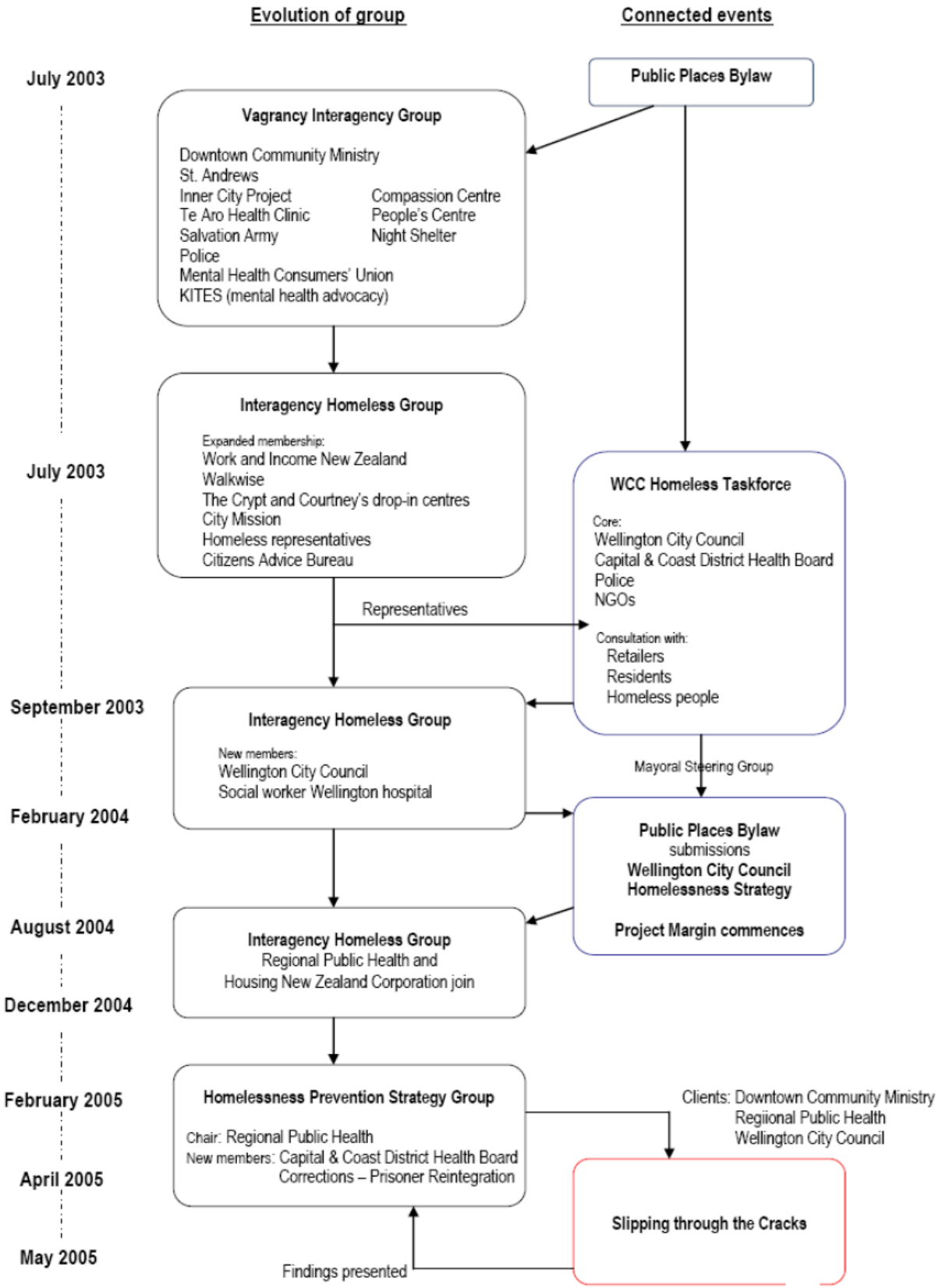

Figure 6.1: Background of the Homelessness Prevention Strategic Group

The Wellington City Council Homeless Taskforce met for six weeks, from July to September 2003. It comprised a core group of representatives from the Council, Police, District Health Board and the NGO sector, with supplementary representation from retailers and residents (from the Glover Park surrounds) and members of the homeless community. Their task was to:

> *…address issues associated with homelessness and to report on ways to ensure the provision of services and support for homeless people, and to ensure the public could enjoy public places, like city parks and malls, in safety without fear of intimidation.*
>
> (Homeless Taskforce, 2003:2)

In their report to the Mayoral Steering Group, the Taskforce acknowledged the broad nature of homelessness and the complex issues involved, but primarily focused on the residents of Glover Park, and the associated issues of substance abuse, mental health, antisocial behaviour, and gaps in accommodation and services.

Following the release of the Taskforce's report, the purpose and direction of the Interagency Homeless Group were reconsidered. They resolved to function as a monitoring group: providing information about the trends in homelessness to the Council's Community Health and Recreation Committee three times a year, and meeting at other times if specific issues emerged or re-emerged. The group saw its role as providing a community agency perspective of how the provision of services for homeless people could work most effectively.

From September 2003, the Interagency Homeless Group began to look at homelessness beyond Glover Park (the residents of which, it was argued, should be referred to as "park people", not homeless) (Interagency Homeless Group minutes 19.2.04). In particular, the group recognised people living in the Night Shelter as homeless, despite having a roof over their head. Several international examples of definitions of homelessness were consulted: these suggested broad conceptualisations of the term. The group's focus, however, swiftly returned to those who slept rough as submissions were made for both the Public Places Bylaw, for which the process had resumed, and the Wellington Homelessness Strategy. A representative from Wellington City Council joined the group at this time, fulfilling a valuable advisory role.

The intention of the Wellington City Council Homelessness Strategy, published in August 2004, was to articulate the Council's role concerning homelessness. The primary outcome of the Strategy was the establishment of Project Margin, a joint project between Downtown Community Ministry and the Council, designed to assist homeless people into social housing and provide support to maintain it. At the same time the Public Places Bylaw came into effect.

Stimulated by renewed attention to the issue of homelessness through the Homelessness Strategy and the commencement of Project Margin, the scope of the group again widened – both in membership, as Regional Public Health and Housing New Zealand Corporation joined the group, and in the range of issues discussed – from the trends in the street scene to wider issues of mental health, substance abuse, residential options, debt, and people leaving prison. It was recognised that the urgent issues were beginning to be addressed, but there were much larger, more difficult problems to deal with.

In February 2005, the Interagency Homeless Group became the Homelessness Prevention Strategic Group. The group was to be organised and chaired by Regional Public Health: the new title of the group reflects this public health influence. The venue changed from the Compassion Centre/Soup Kitchen to the boardroom of Capital and Coast District Health Board, and monthly meetings were agreed upon. The agencies involved changed minimally, with the addition of representatives from Department of Corrections Prisoner Reintegration Programme and Capital and Coast District Health Board.

The philosophy of the group, however, changed quite markedly. The overarching aim of the group was to develop a homelessness prevention strategy for Wellington City. This was to encompass the visible homeless, the 'hidden homeless' and those at high risk of homelessness. To achieve this, the group was to seek broad representation of the agencies that had a role to play in homelessness, including mental health services, Child Youth and Family Services, Work and Income New Zealand and Māori providers, as well as securing participation from the homeless community. In this way, the group evolved further from its original inter-agency structure to an inter-sectoral design, to bring together all stakeholders in homelessness from all levels.

The Homelessness Prevention Strategic Group was to act as a forum for the many different perspectives on homelessness, including the community sector, to come together to discuss the issues involved and work towards solutions. With the broadened scope of the group came a plan to seek information about homelessness, locally, nationally and internationally. As part of this aim, models of homelessness strategies and definitions of homelessness were to be investigated.

In April 2005, two months after this shift in direction, three of the member organisations, Downtown Community Ministry, Wellington City Council and Regional Public Health, became associated with the *Slipping through the Cracks* project. Members of the research team introduced the research strategies to the Homelessness Prevention Strategic Group in April 2005, and the findings were presented to the group in May 2005.

The scene seemed to be particularly well set for the uptake of the research. On the research side, the research agenda had been shaped by interaction with the intended users to ensure its relevance (as detailed on pp.28-29). The data collection had involved interviews with almost every member of the group, widening engagement and interest in the research to the entire group. The recent restructure of the group would seem to have made conditions even more favourable, as information gathering had been set as a new priority. The focus of this part of the thesis is whether (and how) these facilitative conditions resulted in the translation of the research into policy.

6.3 Methods

The principal source of empirical data for analysis of the policy-making process of the Homelessness Prevention Strategic Group was participant observation in meetings from April to August 2006 (as described in Chapter 3). Figure 6.2 depicts the temporal relationship between the 'intervention' of the *Slipping through the Cracks* research into the dynamic policy network and data collection for the present study.

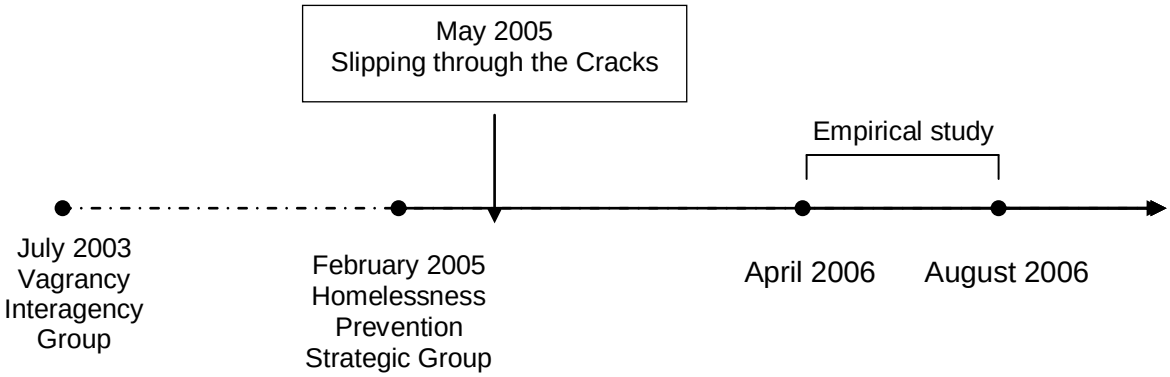

Figure 6.2. The intervention of evidence in relation to the changing policy network

6.4 Five types of research use

One of the main questions that authors in the field of knowledge translation address is how and for what purpose research knowledge is used (Amara *et al*, 2004). There is widespread agreement that there are many ways in which research has an impact. The literature centres on three types of research use – instrumental, conceptual and symbolic use (as described in Chapter Two). Instrumental use involves applying research in specific, direct ways. Conceptual use involves using research results for general enlightenment - results influence actions but more indirectly and less specifically than instrumental use. Symbolic use involves using research results to legitimate and sustain predetermined positions (Amara *et al*, 2004).

These three types of research use are considered to be complementary rather than contradictory dimensions of research utilisation, the balance of which is determined by the policy-making situation. In the present case study, each of these forms of research use was found to be in operation, but the use of the research was not limited to these three.

The transcripts of the meetings of the Homelessness Prevention Strategic Group were analysed for the evidence of instrumental, conceptual and symbolic use. Through this process, further categories of research use emerged, and a set of five themes was constructed. The Homelessness Prevention Strategic Group was found to use the *Slipping through the Cracks* research in five distinct ways: to shape the structure of the group (instrumental use); conceptually; for legitimation (symbolic use); as a reference point; and as a networking tool. These five types of utilisation will each be expounded in the following sections.

6.4.1 The shaping of the group

The most direct and tangible use of the *Slipping through the Cracks* research was its instrumental impact on shaping the agenda and structure of the group.

Following the publication of the research findings, the group set six broad objectives for work: building relationships between relevant agencies; drug and alcohol addiction services; dual diagnosis services; youth homelessness; prisoner reintegration; and the provision of a drop-in centre. These objectives were highly consistent with the recommendations of the *Slipping through the Cracks* report (Appendix A). In this way, the research can be seen to have had a direct influence on the initial prioritisation or 'agenda setting' stage of the policy-making process.

From these six objectives, five areas were selected as priorities for action. Four subgroups were established to work on these priorities: Outreach Services (to address drug and alcohol services, dual diagnosis services, and build relationships between agencies); Space for Street People (for the provision of a drop-in centre); Wet Shelter[4] (for combined accommodation and drug and

[4] Accommodation that allows residents to consume alcohol on the premises

alcohol services); and a Prisoner Reintegration Group. A leadership group was elected to coordinate the functions of these different working streams, including a representative from each subgroup. The structure of the group is depicted in Figure 6.3.

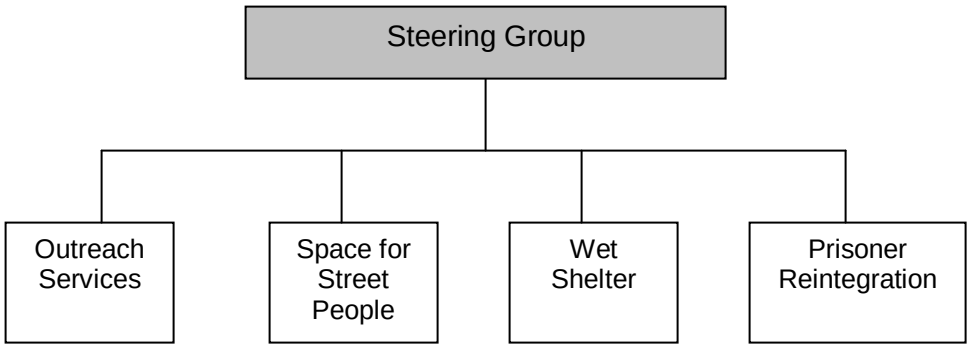

Figure 6.3. Structure of the Homelessness Prevention Strategic Group February 2005 – March 2006

The *Slipping through the Cracks* research helped to frame the range of policy responses required, which directly translated into the group's objectives. From within these objectives, however, the interests of individual actors determined the selection of specific areas for action. NGO representatives emphasised that the group of homeless people in greatest need, and whose needs were the most poorly met, were those who sleep rough. The Outreach Services, Space for Street People and Wet Shelter groups were therefore geared toward service-level (secondary and tertiary prevention) responses for rough sleepers. The specific interest of one of the representatives from the District Health Board in prisoner reintegration drove the establishment of the Prisoner Reintegration subgroup.

These subgroups were designed to enable the development of practical outcomes that responded to significant gaps in service provision, within the capacities of the existing network. The approaches of each of the subgroups to policy-making were different, with varying levels of success. The following section explores the approaches taken by each of these groups to policy development and implementation.

Outreach Services

The overarching goal of the Outreach Services Group was to improve access to services for homeless people. They set four sub-goals: improve access to primary care services; provide social support, advocacy and coordinated case-management to homeless people; improve access to Work and Income New Zealand; and improve access to mental health and addiction services (Outreach Services report, July 2006). Each of these goals reflected the gaps identified in *Slipping through the Cracks*.

In the translation of these goals into outcomes, the group did not plan explicit programmes requiring new activities. Rather than proposing new positions, they focused on small adjustments to the way existing activities were to be carried out. To improve access to primary care, for example, they proposed for Capital and Coast District Health Board to fund an extra day for the nurse who currently provided outreach medical care to people living on the street. Their approach to policy development was to plan actions that increased the capacity of those who had experience dealing with the most vulnerable homeless people.

The resource and power constraints of the group necessitated such a pragmatic approach. The proposals formulated were precise – targeted to a specific service and a specific funding stream. The direct, circumscribed nature of these proposals seemed to facilitate their uptake, funding and rapid implementation. Extra nursing outreach and Work and Income New Zealand clinics at Downtown Community Ministry, for example, were implemented within months.

Proposals that did not fit squarely within the funding criteria for a single government agency proved to be more difficult to advance. The proposal for an extra outreach social worker through Downtown Community Ministry's Street People Project, for example, was seen as a stretch of the funding criteria of Ministry of Social Development, but *"it's going to happen because it has high level support, at least in our Chief Executive" (2.1418)*. This suggests that a bottom-up approach to policy-making is unlikely to progress to practical outcomes unless it is accompanied by top-down support.

The ability of a government representative to act as a broker between these two worlds became extremely important. Their role was one of two-way exchange: in one direction, bringing insider knowledge of government funding processes to the table to enable the group to shape policies that were likely to be supported; in the other direction, providing a conduit for those proposals to reach central government, with an understanding of the real-world context in which the proposals were couched.

It would appear that the most challenging goal the Outreach Services Group set itself was to improve access to mental health and addictions services. The *Slipping through the Cracks* research had suggested a significant mismatch in the burden of mental health and addiction disorders amongst the homeless population of Wellington and the availability of treatment services. In this

situation, small adjustments to existing services would not seem adequate, if indeed possible. In view of this, the group identified the need to link to an external process, the development of Capital and Coast District Health Board's 'The Journey Forward' Mental Health and Addiction Service Delivery Plan (C&CDHB, 2006). It was decided that two representatives from the Homelessness Prevention Strategic Group should join the work-stream for addiction services to advocate for the issues of homeless people.

While linking to this appropriately powerful top-down process was seen as very important, it added more actors and potential conflicting interests to the decision-making process, and control of the process was out of the hands of the members of the Homelessness Prevention Strategic Group. At the end of the study period this work-stream were still to commence their work.

Space for Street People

The *Slipping through the Cracks* report's recommendation for a drop-in centre drove its establishment as an objective for the Homelessness Prevention Strategic Group. A need for such a facility was intensified by an imminent change to the fabric of service provision for homeless people - closure of The People's Centre - that provided hot drinks and use of a telephone to *"street people" (5.128)* in the mornings. The Space for Street People Group was thus established to develop policy for this area of tertiary prevention.

An agenda based on the *Slipping through the Cracks* recommendation for a comprehensive and centralised drop-in service was rapidly overtaken by the need to respond to the immediate threat to existing service provision. In a similar approach taken to Outreach Services, this group looked to make a small change to an existing service, extending the hours of an existing drop-in centre in the city to cover the early morning. Like the small, straightforward proposals of the Outreach Services Group, funding came quite easily. However, in this case, barriers to implementation proved to be insurmountable. The major barrier was seen to be that *"the street people tend to hang around outside and this is intimidating to other tenants and service users"* (Space for Street People report, May 2006). A very interesting discourse about homeless people's entitlement to services arose in this context:

> *The sense of entitlement…about using the building, the toilets…because they go to Courtenay's [drop-in centre] when Courtenay's opens, they think that it means that it's fine for them to be around at any other time as well….and so it's a matter of not wanting to give them a further sense of entitlement. (1.878)*

In other words, support was a service to be provided at specific times, and outside of those times the homeless were infringing upon the rights of others by being in public space. Within a network concerned with the rights of homeless people, a population with many unmet support needs, this discourse seems misplaced. Yet it provides an insight into the practical difficulties of working with such a high-needs group, particularly within facilities that provide services to a wide range of clients. It highlights a benefit of policy networks in which community workers take a lead role – a realistic understanding of the social context that creates major barriers to the implementation of policy.

Kaufman (1991) argues that decision-makers have to make 'reality judgements' and 'action judgements' as to the likelihood of certain events happening, other people's choices, and the consequences of their actions. This consideration of likely consequences constitutes one of the main informational ingredients in decision-making, along with preferences, perceived options and external events (Figure 6.4). Each of these factors can clearly be seen to have had an influence on the decision-making of this group.

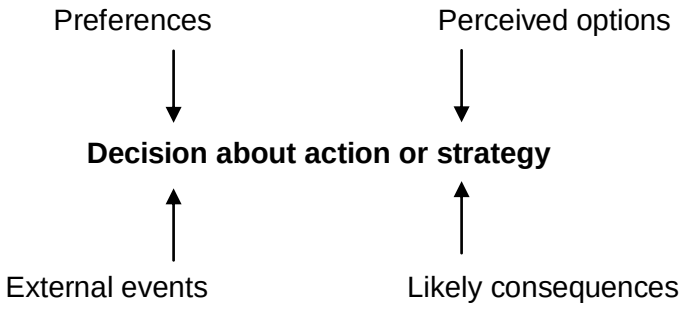

Figure 6.4. Kaufman's model of decision-making (1991, in Parsons, 1995: 372)

The proposal to expand the capacity of an existing drop-in centre failed, so attention turned to the development of a new initiative. The promise of a degree of *"wasted space" (5.185)* around a new inner city bypass under construction was seen as an opportunity for a facility that circumvented *"Nimby syndrome"*[5] *(5.186)* issues. However, it became evident that the task was not as simple as the provision of a space:

[5] Nimby, *n.* [Acronym < the initial letters of ***n*ot** *i*n ***m*y** *b*ack *y*ard.] **1.** An attitude ascribed to persons who object to the siting of something they regard as detrimental or hazardous in their own neighbourhood, while by implication raising no such objections to similar developments elsewhere (Oxford English Dictionary Online, 2003).

> *This is quite a fraught proposal to get off the ground in Wellington as yet 'cause there's some very unresolved issues around violent, intimidating and stand-over behaviour amongst the population that we're talking about.(5.222)*

The group concluded that a properly managed service was required to significantly benefit the homeless community, providing coordinated support and links to other services and work opportunities. This conclusion echoed the original recommendation of *Slipping through the Cracks*. The work of this group illustrates the circuitous process of translating research into policy. While the initial approach to policy was driven by an immediate need to replace an essential service that was to be lost, the barriers faced in implementation highlighted the complexity of underlying issues, which brought the policy-makers to the same conclusion as the researchers. Although this process did not result in a practical outcome, the confirmation of the research findings was in itself significant. It reinforced the argument of the researchers, that the considerable gaps in the fragmented homelessness service system indicate a need for a number of new initiatives built on adequate resourcing, integration and coordination.

Wet Shelter

Like the first two subgroups described, the Wet Shelter Group was primarily concerned with the needs of the most vulnerable of the homeless population – rough sleepers. In contrast, their work focused on a secondary prevention initiative rather than on tertiary prevention – providing permanent, supported housing for *"chronic relapsing alcoholics whose alcoholism drives homelessness"* (Wet House report, July 2006).

Downtown Community Ministry strongly led the development of this initiative, following a strategic process. After an initial meeting with a wide group of stakeholders, the inclusive subgroup structure was abandoned in preference for an exclusive group of core key actors with access to greater power and experience - a technocratic rather than a participatory approach. This group worked to develop a housing model based on the principle of harm-minimisation. The idea was disseminated through Downtown Community Ministry publications and press releases, through interpersonal links to Wellington City Council and other agencies, and efforts made to inform and educate the target group of homeless people. This work was geared toward shifting perceptions of accommodation that allowed drinking as dangerous or irresponsible:

> *The objective is to reduce the harm caused by heavy drinking and homelessness by encouraging the residents to manage their drinking within individual care plans…some people who are not very familiar with this concept may think that it's an unsafe model, that it's a bit like an old sort of a doss-house…this is a completely new and safe model we're describing. (5.754)*

The process of promotion, or *"talking the idea up" (2.1589)*, was seen as a crucial element in building the currency to advance this proposal, which was considered to be quite controversial:

> *Enlisting support from a wide range of stakeholders…just pretty important to get us all on the same page, agreeing that this kind of thing needed to happen.(5.836)*

Through strategic engagement and promotion, this group was successful in securing funding for this proposal, and at the end of the study period was searching for a site or building. The strategic approach involving a small number of committed actors meant that the work of this group progressed quickly. Promotion of the concept was shaped according to the audience - international evidence was used to validate the model when addressing government agencies, while a more individual-focused approach was taken with members of the homeless community. Though the membership of this group was restricted, the members possessed the flexibility and contacts to communicate the proposal appropriately and secure support from both of these audiences.

Prisoner Reintegration

The Prisoner Reintegration Group provided the most concrete evidence of the instrumental use of the research to set their policy agenda. In a report produced by the group in July 2006, the research was identified as the starting point for their work:

> *Research undertaken by Wellington School of Medicine identified recent imprisonment as a common theme amongst homeless people in Wellington.*
>
> (Prisoner Reintegration Subgroup Report, July 2006)

The environment that this subgroup was working in was quite different to the other subgroups. Largely their work focused on evaluating the existing Department of Corrections pilot programme for prisoner reintegration. Following a participatory approach, this group brought together a wide range of government and non-government agencies to share information, to assess the strengths and weaknesses of the programme, and to suggest solutions. The findings were taken to the Wellington Leader's Forum:

> *One of our agendas was to get it back on the agenda of the Leader's Forum in a way that brought up some of the issues, but also, in a constructive way, that Corrections didn't feel in the firing line…whatever they're doing is a positive step but we need to do a lot more and it's both sides of the fence that's under-resourced and there's some policy issues. (5.334)*

Here too, the theme of linking to powerful top-down processes is evident. In this case, issues identified by practitioners involved in prisoner reintegration were brought to the attention of the Wellington City Leader's Forum, through which these issues progressed to the agenda of the Regional Leader's Executive Group. The success of this bottom-up process in reaching the broader policy agenda cannot be explained by the upward movement alone however. This process fed into a receptive political environment, where prisoner reintegration had become a priority for a number of government departments. This supports the contention that in order for a bottom-up process to create an appreciable change, it must be coupled with high-level interest.

Youth

The activities of the four subgroups described thus far each illustrate a process whereby research recommendations, by one mechanism or another, were developed into some form of concrete policy. There is one notable exception to this pattern – youth homelessness. As detailed in Chapter Three, the *Slipping through the Cracks* analysis of pathways into homelessness in Wellington strongly suggested a need to focus on youth in order to prevent long-term homelessness. This recommendation was directly translated into one of the six objectives on the group's agenda, but failed to make the transition from the agenda to policy development. While this case seems to deviate from the pattern of progression of research into policy, in fact it fully supports the kind of *limited instrumentalism* that has emerged.

Although the research was explicitly used as an instrument to shape the initial agenda of the group, it was individual interests of members of the group that acted to select certain areas from this broad agenda as specific areas for action. The lack of action on youth homelessness can simply be explained by the observation that there were no members of the group working in or with a specific interest in the area (despite consistently unsuccessful attempts to secure Child Youth and Family Services representation)[6].

[6] It should be noted that CYFS was undergoing major restructuring at the time.

6.4.2 The limits of instrumentalism

Figure 6.5 symbolises the limited extent of instrumental use of the research by the group.

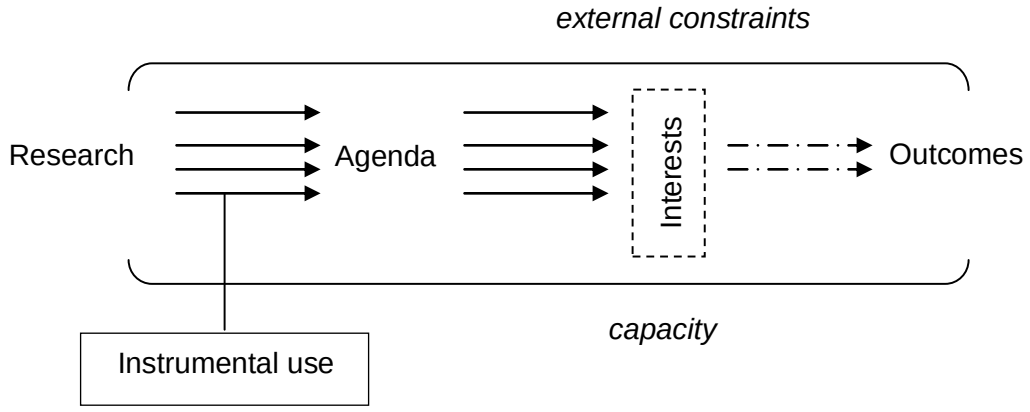

Figure 6.5. The situation of the instrumental use of research in the policy-making process

The *Slipping through the Cracks* research played an instrumental role in setting the formal agenda, i.e. the set of items up for active and serious consideration by the group. This research-based agenda then continued to evolve by passing through a filter of individual interests, and through a variety of processes proceeded to outcomes. This whole process was influenced by a variety of contextual constraints.

Even in this very simplified model, it can be appreciated that research interacts with a great many other factors to influence policy outcomes, rather than following a strict rational model of decision-making (Marston and Watts, 2003). However, it must be stressed the instrumental use of research in the 'agenda setting' stage was important, as it determined the 'range of legitimate concerns' to be addressed with policy (Cobb and Elder, 1972 in Parsons, 1995).

6.4.3 Conceptual use

It is widely assumed that social science research is more often used conceptually than instrumentally, through a process that has come to be known by Weiss' term 'enlightenment' (Amara *et al*, 2004). In this process, research use is built on a gradual shift of perception over time, giving decision-makers "a background of ideas, concepts and information that increase their understanding of the policy terrain" (Weiss, 1995:141).

The *Slipping through the Cracks* research appears to have been used in a gradual, indirect way in developing conceptual thinking. The major effect of this was the further development of the group's structure to reflect the framework of responses to homelessness presented in the research.

As the four subgroups formulated specific policies, the Steering Group began to consider how these areas of action fitted into the broader framework for a comprehensive response to homelessness. The *Slipping through the Cracks* report presented a framework for addressing homelessness based on primary, secondary and tertiary levels of prevention (Chapter Five). This framework provided a reference point for the ideal direction of the group against which to compare its actual direction. An assessment of the overall activities of the groups led to an awareness of the need to broaden the agenda to focus down toward the foundations of the prevention pyramid (see p.71) – to secondary and primary prevention.

To achieve this, the structure of the group was further reshaped, as represented in Figure 6.6. At a secondary prevention level, a subgroup was established to consider housing options and models for the purpose of alleviating homelessness. Looking further upstream to primary prevention,

another subgroup was initiated for the purpose of investigating and working toward healthy public policy in regard to homelessness.

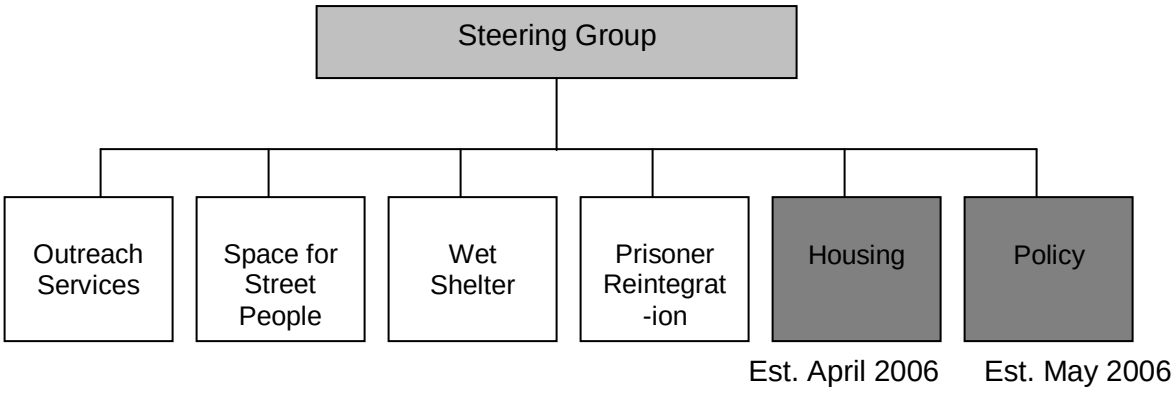

Figure 6.6. Expanded Structure of the Homelessness Prevention Strategic Group

The scope of these two groups was much broader that the other more specific subgroups, and their establishment was driven by consensus about the need to take a comprehensive approach to homelessness policy development. However, as the following cases illustrate, there were a number of internal and external factors that influenced the course of decision-making.

Housing

The Housing Group was established to address the accommodation needs of homeless people in Wellington. In the *Slipping through the Cracks* report, this had been presented in terms of emergency, transitional and permanent housing. The subgroup, which comprised a number of NGOs, Housing New Zealand Corporation and representatives from Wellington City Council's City Housing, adopted this language:

> *...who we need to link with in Wellington around social housing and options for housing. So that we're not really just looking at emergency accommodation, it's through transition, also some other supported accommodation types. (2.460)*

The scope of the Housing Group was very broad, which allowed room for different agendas to be pursued. Housing New Zealand Corporation saw the task of the group as planning an ideal model of supported housing:

> *I guess the idea is, if this group came up with some sort of blueprint to say, well, this is what it should look like. You know, a hundred units, and that's a pretty big option, I would say something smaller than that…We target this group of people, and say what sort of house we'd want, what sort of accommodation, what it would look like, and then what sort of support to maintain it. If we can do that, then we can go away with some sort of plan and then get the funding. (2.468)*

As was the case in other subgroups, the participation of representatives from government agencies did not bring decision-making power to the table. Rather, Housing New Zealand Corporation saw their role as providing information about existing funding streams and taking information from the group back to their agency for discussion. While initially it seemed that Housing New Zealand Corporation were interested in establishing what the level of unmet need for supported housing may be, it became apparent that they came with predetermined ideas, which in turn were rejected by the NGOs:

HNZC: If someone can just come up with a couple of numbers, and try to keep it as small as possible. (2.669)

NGO: With all respect, I mean to propose something that's sort of for ten people isn't adequate really...it's quite a big population of people who desperately need that level of accommodation. (2.927)

The agenda of the Housing New Zealand Corporation representative reflects the culture of his organisation. It reflects knowledge of the processes of the organisation, and how proposals need to be framed in order to succeed. In order to show that the pilot project would be successful, it was suggested that a small number of people who could be identified as able to successfully transition into independent accommodation in a set period of time would be selected. The value of a strategy that targeted on the basis of success rather than need was called into question, as exclusion of those with complex support needs would not provide a realistic picture of the requirements of a wider supported housing programme.

In contrast to Housing New Zealand Corporation, NGO representatives saw the role of the group as responding to threats to existing supported housing rather than solely planning for new housing. A number of hostels that these agencies regularly referred clients to were identified as extremely vulnerable, particularly Te Ata Hou Trust, which provided semi-supported accommodation for up to forty people, and whose premises were up for sale:

We just keep losing all those facilities, and they're not being replaced. (2.718)

The NGOs made direct appeals to the Housing New Zealand Corporation representatives about the need to be responsive to opportunities to purchase and support existing successful models of housing. In the context of significant unmet housing need as well as shrinking infrastructure, their expectation was that the group needed to be able to respond to immediate need as well as plan new models for the future:

> *Once those opportunities are gone, it's very hard to get them back again...Once you've got a level of acceptance within a community of people...that's worth a huge amount. (6.558)*

However, as the government representatives did not see their role as being immediately responsive, and did not have the power to make decisions about the protection of existing housing, no intervention was made, and the sale of the building used by Te Ata Hou Trust went ahead.

The Housing Group highlights the difficulties in working inter-sectorally when the agenda is ill-defined and there is a clash of the expectations of different actors. Beyond discussion of the issues involved in providing housing to prevent and address homelessness, there was little outcome from the work of this group.

Although *Slipping through the Cracks* had provided a conceptual framework that signalled housing as incredibly important, and the range of housing that needed to be considered, it was again the views of individual actors, influenced by the culture of their organisation, that determined how these issues were to be approached.

Policy

The Policy Group, in the words of one of its members:

> *..was established basically to collect a lot of policy issues that we sort of identified that are bigger than actually trying to address things at a local service level, but actually are round at either a government policy or service specification, and see how we could really identify the ones that were big issues and try to put it into the policy machine basically, for debate. (5.968)*

A whole-of-government approach was identified as essential in addressing this cross-cutting issue; however, huge barriers to such an approach were also highlighted:

> *Funding is...I mean that's essentially where it all comes back to...money is siloed...and if you're looking at broad social outcomes, you have lots of little things with lots of little gaps in between them. So you actually get huge inefficiencies across the public service, because none of that coupling's joined up. (3.196)*

The rhetoric of joined-up government and partnerships in policy development were seen to be far from the reality:

> *You go out with your good intentions to actually build partnerships but...you're constantly hit by barriers in your own organisation around what you can and can't do. Bureaucracy tends to do its own thing, and it will talk partnership...We never understand this concept of partnership particularly well between government agencies let alone starting to work with the NGO sector, where it is institutional abuse. (3.173)*

The primary objective of the Policy Group was to get homelessness on to the political and central government agenda. However, as political levers were identified, organisational barriers to political engagement were also revealed. As the function of the group was perceived to be moving from information-sharing to a more proactive lobbying role, tensions arose for the representatives of government agencies.

> *For those of us who work for government departments, we've really got to go through our MP who's linked to our Ministries. So our hands are tied really. So it's really for people who work with the NGOs, are you up for the challenge of really trying to get some of the local MPs involved with maybe trying to raise homelessness as an issue at that national level? (2.977)*

The Policy Group revealed major challenges in working inter-sectorally in a way that produces significant change. The role of government representatives was not seen as bringing decision-making power to the table, nor was it seen as conveying the ideas of the NGO sector back to central government in a powerful or provocative way. Government structures applied considerable constraint to these actors. The result was that although ideas for policy innovation came from government and non-government organisations, the burden of responsibility was placed on the NGO actors, despite the recognition of their lack of power:

> *There's no mechanism for the voluntary sector to push things upwards is there? So there's a lot of stuff dumped on the voluntary sector but...this seems like not really a partnership relationship, but very much a sort of one-way kind of relationship to me. (3.165)*

Government actors were wary of being involved in a group that may be performing an advocacy or lobbying role. This could remain a problem as long as homelessness remains an issue that is unrecognised by central government, as any work to advance understanding or responses to it will be seen as advocacy. It may be that quantitative research could provide a more solid, acceptable platform from which the government actors in the Homelessness Prevention Strategic Group could advance the issue within their agencies. This quantitative data should be coupled to qualitative research in a way that allows the voices of those experiencing homelessness to influence the policy agenda.

6.4.4 Enlightenment

The work of the Housing and Policy Groups showed that while research can provide a conceptual framework in which discussion takes place, individual, organisational and structural factors create barriers to truly collaborative action to translate these concepts into policy. However, in the sense of Weiss' 'enlightenment', conceptual use of research produces gradual shifts in perception, with incremental changes to policy accumulating over time. The assessment of conceptual use in this study was limited by the short time-frame – only one year had elapsed between the publication of *Slipping through the Cracks* and the empirical evaluation of the use of that research. The limited degree of conceptual impact at such an early stage could therefore be expected.

6.4.5 Legitimation

The third way in which the group applied the research was in a manner referred to in the literature as symbolic utilisation. Research is used symbolically when it is employed to legitimise choices that have already been made. The strategic use of research can be linked to decision-making theory: it is inherent in the bargaining-conflict model of decision-making (Albæk, 1995) and the political model, where research is used as political ammunition (Weiss, 1979).

Some authors contend that the symbolic use of information "reflects bad use of knowledge, while instrumental and conceptual use reflects distinct but nevertheless 'good' applications of information" (Souchon and Dianmantopoulos 1994:67 in Amara *et al*, 2004:79). However, Weiss qualifies that research as political ammunition can be a worthy model of utilisation when research is available to all participants in the policy process. In the setting of policy networks, "since the research finds ready-made partisans who will fight for its implementation, it stands a better chance of making a difference in the outcome" (Weiss, 1979:429).

The Homelessness Prevention Strategic Group used both the *Slipping through the Cracks* research and international evidence to justify specific initiatives as well as the group's overall stance and processes. In reference to a review of international best practice (Greenhalgh *et al*, 2004):

> *Without actually having this as a backup, we've kind of come to the same point that Edgar came to in 2000. But that's good, so it means, in a way, that everyone's thinking in the right way and we've come to this point and we know this stuff anyway. (1.107)*

International evidence provided the group with assurance that the issues they had identified as priorities were legitimate concerns, and that homelessness itself was an issue in need of attention. Research evidence was not seen as a superior form of knowledge compared to the 'ordinary knowledge' of local practice, but as confirmation that this knowledge was valid. Besides this process of internal legitimation of their activities, the group also endeavoured to convey this externally, in order to be seen as evidence-based and therefore gaining greater credibility. The existence of local research was seen as an advantage when approaching a national response to homelessness through the establishment of links with other cities:

> *The local research - Slipping through the Cracks - we've got some local research, and I think that's really good. (5.1336)*

Efforts to link with homelessness bodies in other New Zealand urban centres revealed deep-seated differences between cities, and research took on a role of political ammunition:

> *Obviously the overseas experience is really relevant in this situation because it's a new and innovative idea for New Zealand, and there's quite a lot of resistance to it in other centres. (5.827)*

Here, research was employed to 'prove' the approach taken in Wellington (in this case related to the Wet Shelter model) was the correct approach. While this related specifically to the philosophy of homelessness organisations in other cities, the Homelessness Prevention Strategic Group also saw its structure and process as a model that other cities should emulate in their local responses to homelessness:

> *It's also quite important to model to others that we are working collaboratively in a very cross-sectoral way. (5.326)*

It is interesting that the Homelessness Prevention Strategic Group was eager to promote an inter-sectoral structure despite the challenges and limitations to meaningful, substantive collaboration that had been experienced in the group's lifetime. However, as this approach follows the current government declared direction, the promotion of this form of organisation supports the establishment of the group and city as a leader in responding to homelessness. It also shows that despite the practical difficulties of working across sectors and levels, the belief in collective efficacy prevailed.

6.4.6 Reference point

The symbolic use of research by the group was closely linked to another distinct way in which the *Slipping through the Cracks* report was used – as a reference point for the evaluation of other research. The report acted as filter, through which international and other New Zealand research was passed, in order to set the new knowledge within a known framework and to validate its local relevance.

A good example refers to an Australian review of international approaches to homelessness (Greenhalgh *et al*, 2004) that was consulted extensively by the group:

> *...it's got relationship causes, the factors being: abusive relationships in childhood; partner abuse; family breakdown – particularly that death or separation – and that was talked about in that Driven, Dropped, Drawn sort of idea. (1.129)*

In the promotion of the Wet Shelter proposal to the entire group, the Driven, Dropped, Drawn framework was also used to support local case studies illustrating the target client group. It was used to contextualise the international evidence supporting a harm-minimisation approach to accommodation for homeless people with chronic addictions:

> *Horrific family background, little or no education…estranged from whanau…extensive criminal record…very high levels of debt…repeated evictions…these are the things that came through in the study we did with the medical school last year. (5.703)*

The research was used to place national as well as international evidence within a framework that had gained currency in the group. Information from the Ministry of Social Development's *New Zealand Living Standards 2004* report was reframed within the Driven, Dropped, Drawn model to emphasise its relevance to homelessness:

> *MSD talked about life shocks, and it made me think of the Slipping through the Cracks, of the different life shocks that the people that were interviewed had experienced…here [MSD report] it was saying that if you experience 7 or 8 of these shocks you're more likely than not to start to find life difficult…when I look through this book though [Slipping through the Cracks report]…people had experienced 13 of them not uncommonly, and I think that this [MSD] really backs up what was in here, and what everybody probably around this table knows to be true.(5.1338)*

It can be seen here that evidence was clearly used in a symbolic way, to support the common knowledge of the group. What is interesting is the role that the *Slipping through the Cracks* research played in establishing the 'received wisdom', i.e. what constitutes relevant and accepted knowledge, for the group. It had been integrated to an extent where it was seen to embody the group's collective position. The use of the study as a reference point for other research signifies an advanced stage of symbolic use. New research, which corroborated the *Slipping through the Cracks* study, was taken up, further supporting the interests of the group. The important distinction of this type of research use from symbolic use is the way it illustrates how the original research had been internalised to act as a reference for judging the applicability of external research. This may signal the increased likelihood of policy networks taking a broader evidence-influenced approach when local research that is considered useful has been produced.

6.4.7 Networking tool

The *Slipping through the Cracks* report was used as a tool for linking 'outwards' to other processes, networks, media, and other cities and also for establishing links to draw people 'inwards' or 'getting the right people around the table'.

In terms of linking outwards, many hard copies of the report were produced by Regional Public Health and widely distributed, and it was posted on the Downtown Community Ministry website[7]. This indicates a key benefit of researchers engaging intensively with the intended research users in all stages of the research process – the sense of ownership of the results that is generated not only facilitates the application of these results by the users, but these users take on much of its dissemination. In the case of this project, this

[7] The University of Otago Wellington Medical Library also had a number of requests as a result of media publicity and sent out about ten hard copies of the report.

phenomenon was particularly crucial, as the student research team had to move on as soon as the report was published and had no capacity to implement a programme of active dissemination.

The research was also used as a tool to educate new members of the group about the range of issues that homelessness covers and the purpose and approach of the group.

> *I'll give you the report that the students have put together 'cause there's some stories, some histories in there.*
>
> *Yeah that'd be good. I mean those are the things that, questions that I had around what does the homeless population look like, and what's the definition and you know those sorts of issues. (6.1473)*

Key drivers of the use of the report by the group as a resource of its own were the void of local research on homelessness and the lack of documentation the group had to represent its stance. This is likely to be a common situation for community-driven policy networks, which may lack the time and resources to produce their own publications or research. Involvement of researchers with these networks can be of enormous benefit for the group, but also provides researchers with access to wide networks for dissemination of their work - networks that may not usually be reached.

6.5 Conclusion

The *Slipping though the Cracks* research was found to be used in five distinct ways: in shaping the structure of the group; conceptually; for legitimation; as a reference point; and as a networking tool.

The first and most obvious use was to shape the policy agenda of the group. This agenda was the basis for the formation of subgroups for different areas of action, though this process was also strongly influenced by individual interests. The subgroups that were formed each followed different decision-making processes, but all demonstrated the gradual, accretive nature of policy-making, and that policy changes require a blend of bottom-up development and top-down support. The term *limited instrumentalism* describes the kind of direct utilisation of the research that emerged: the research was initially used as an instrument to shape the policy agenda, but interests and power played important roles in determining the translation of this agenda into outcomes.

The second type of research use identified, conceptual use, was demonstrated in the way the public health model of primary, secondary and tertiary prevention of homelessness was used as a guide for the development of the group. As in the case of *limited instrumentalism*, this conceptual model was used as a starting point. The research may have guided the establishment of the Housing and Policy Groups, but conflicting agendas and political issues governed their activities.

Thirdly, the research was used as a means of legitimation, to validate the process and position of the group to themselves and to outsiders. Being seen as evidence-based became particularly important when controversial ideas were to be promoted nationally.

In relation to other research, the *Slipping through the Cracks* project was used in a fourth way – as a reference point. Other New Zealand and international research was compared to or set within the language of the *Slipping through the Cracks* report to convey the local relevance of the new research.

Finally, the report was used in a very practical sense, as a tool for networking. Physical copies were distributed to new or potential members of the group to 'get them up to speed' on local issues and the purpose of the group.

The research seemed to be extensively utilised by policy-makers, which may be attributed to the strong sense of ownership fostered throughout the research process, and the void of information on homelessness in Wellington which it was introduced into.

Through these five types of research utilisation, a number of facilitators to policy progress were also identified. These include the active participation of government representatives, bottom-up policy development matched with top-down support, small proposals for policy change, and a clearly defined agenda.

Barriers to progress were poorly defined agendas, the absence of powerful actors, conflicting interests, political pressures, and implementation difficulties. Groups with both inclusive and exclusive membership were seen to make successful policy changes, though the participation of actors with access to power seemed to be the crucial factor in both structures.

The next chapter discusses the dominant themes that ran through the work of the Homelessness Prevention Strategic Group. The role of the researcher in the policy process is also discussed, as well as an examination of the strengths and weaknesses of this study.

Chapter Seven

Discussion

7.1 Introduction

Two major themes ran through the work of the Homelessness Prevention Strategic Group - *linking* and *language*. In this chapter, these two discourses are discussed, as well as my personal reflections on the role of the researcher in policy-making, which emerged as another important theme throughout the case study. The chapter concludes with an assessment of the strengths and weaknesses of the study.

7.2 Linking

The Homelessness Prevention Strategic Group emerged amongst a milieu of existing formal and informal networks and planning processes focusing on different issues that related to homelessness. Linking to these other networks and processes was seen as an important way to get homelessness on a range of agendas, in recognition that homelessness was not an issue that could be tackled on its own, or by the Homelessness Prevention Strategic Group in isolation.

Linking 'outwards' and 'inwards', activities Craig (2004) calls 'cross-pollination', seemed to be particularly important in building the currency of this marginalised issue, enhancing the membership of the group, and establishing the position of this new network in the local, regional and national

policy environment. The use of the *Slipping through the Cracks* report was an important factor in this process, as evidenced by its use as a networking tool.

The need to link into appropriately powerful top-down processes was demonstrated by a number of subgroups. Government agency representatives primarily played an advisory role, rather than bringing direct decision-making power to the table. The responsibility of linking (to 'The Journey Forward' process for example) thus largely fell on community representatives to advocate for the issue of homelessness in more formal processes. Craig (2004) points out that although governance structures in New Zealand have shifted to place greater emphasis on local decision-making, these changes have not been accompanied by the clear definition of local mandates. The result is that disproportionate burden is placed on already stretched community agency representatives to take on local coordination, representation and consultation responsibilities.

In a recent study of social housing networks in Wellington, community agencies stressed the negative time:benefit ratio as a major barrier to their participation in formal networks (Devereux, 2006). These frustrations were clear within the group, and were exacerbated by a lack of consistent attendance of government representatives at meetings, which may have be driven by the lack of mandated responsibility for homelessness.

The role taken by different actors in the group was determined to a large extent by the way they framed the problem of homelessness according to the interests of their organisation. The dynamics of the Housing Group highlighted the time-consuming process of negotiation between disparate frames of reference, which was influenced by differences in power. However, despite the difficulties experienced by the Homelessness Prevention Strategic Group in

working as an inter-sectoral forum, belief in the promise of partnership in policy-making was maintained.

The determination to create effective processes for participatory decision-making is strong. Structural barriers to productive collaboration must be addressed if true partnership in policy-making is to be realised. Local collaboration needs to be matched with coordination at a national level with strong social commitments. In the meantime, this study has shown that smaller and less ambitious changes to local homelessness service provision are easier to bring about; this can be seen as an effective, if slow, way of 'chipping away' at wider structural factors.

7.3 Language

Awareness of the role of language in framing problems and agendas also emerged as a dominant theme in the activities of the Homelessness Prevention Strategic Group. A very early example was in the first weeks of the group's existence, when 'vagrancy' in the group's title was changed to 'homeless': a seemingly simple exchange that represented a radical symbolic shift, from a group concerned with undeserving deviants to one focused on those lacking a basic human need. Another example was the preference for the term 'park people' for the residents of Glover Park rather than 'homeless people'. The Wet Shelter Group made a subtle yet significant alteration of the name of the proposal from a Wet Shelter to a Wet House, to convey: *"this isn't like a night shelter, this is a hostel, a residence." (5.842)*

Attention to labelling appears to have been driven by two concerns: the dignity of the population under discussion, and concern for external implications - for the representation of ideas in a way that was likely to attract community and political support. Along the same lines, a constant examination of the very meaning of homelessness became a central concern for the Steering Group, motivated in part by a *Slipping through the Cracks* finding that there were very different interpretations of the term amongst the community and government agencies represented in the Homelessness Prevention Strategic Group.

7.4 Defining homelessness

The group originally took their working definition of homelessness from the *Slipping through the Cracks* report, which used a definition written by Georgina Chan, a summer student in the Department of Public Health: "the lack of any adequate, secure, affordable and suitable housing, resulting in rough sleeping or use of dwellings for people with no fixed address" (Chan, 2005:13). However, as this definition did not explicitly mention those at risk of homelessness, the group began to search for a definition that reflected their emphasis on homelessness prevention:

> *I think unless we get the definitions right we're going to find that later on they will put restrictions on where we are able to go.(1.154)*

International research was consulted for definitions of homelessness. Chamberlain and MacKenzie's (1992) definition of primary, secondary, tertiary and marginally housed categories of homelessness was selected as *"it allows scope for further work, and it currently seems to be the more commonly used one in international policies." (2.61)*

The definition continued to be debated, particularly around overcrowding and enumeration of the homeless population. The group were simultaneously trying to understand the problem and formulate solutions. Besides striving to ground a common understanding of homelessness within the group, the definition was seen as crucial in educating the community and government about the issue:

> *I don't think we really appreciate the diversity of homeless or potentially homeless people…if you talk to people within government, at least at national office level, they do think of the rough sleeper guys, and see that as the extent. (6.808)*

The Homelessness Prevention Strategic Group was certainly not the first group to struggle with establishing a definition of homelessness. This has been a subject of long-standing contention, and has been addressed by a number of authors in New Zealand (Kearns, 1994; Chan, 2005). The fundamental problem with the definition of homelessness is the notion of a 'home', which is relative in socio-spatial and ideological terms. It varies historically across different regions and societies as well as being shaped by each individual's personal beliefs about what constitutes a home (see Watson and Austerberry, 1986).

The act of defining homelessness is very important - it frames the response to the issue, determining whether those most in need of assistance, including those at risk, are included in public programmes (Daly, 1996). However, the post-modern focus on language and deconstruction can be taken too far, producing vague definitions that lose all significance and potential for practical action (Neale, 1997).

The Chamberlain and MacKenzie (1992) definition adopted by the Homelessness Prevention Strategic Group has its shortfalls, which have been addressed in Chapter Five. A definition with specific relevance to New Zealand needs to be developed, one that has practical application for policy and enumeration, which encompasses those at risk of homelessness, and can be used by all agencies.

The work of the Homelessness Prevention Strategic Group revealed that the constellation of actors within a network determines the range of issues under consideration. Through the language discourse it can also be recognised that the definition of interests is inextricably linked with the definition of issues (Lewis, 2005). This finding echoes the crucial role of framing identified by Schön and Rein (1994) in their case of homelessness policy development in Massachusetts. Research has an important role to play in framing the scope of issues and establishing the language in which debate will take place. This is the way in which research is most likely to be influential – defining problems rather than defining solutions (Cook, 2001 in Jones and Seelig, 2004).

7.5 Reflections on my role as researcher

There have been many who, not knowing how to mingle the useful with the pleasing in the right proportions, have had all their toil and pains for nothing.

- Miguel de Cervantes, *Don Quixote,* 1620.

The methodology of the present study required me to reflect on my position as a member of the policy network, including my influence on the policy-making process and the influence of wider factors upon me.

My position in the Homelessness Prevention Strategic Group was a conflicted one. My purpose for involvement in the group was as a participant observer, but I was seen as the 'group researcher'. At the same time, my role was one of disseminator of my own research (*Slipping through the Cracks)* and the promotion of evidence-based practice as an ideology. One of the objectives of dissemination is to "win over the hearts and minds of practitioners so that they adopt a frame of reference that values research evidence" (Nutley and Davies, 2000:326). The group did come to value the utility of research, but much of my time was spent searching for and promoting relevant studies. I found it difficult to achieve a balance between my role as disseminator and researcher *for* the group with my research *of* the group.

My influence on the use of research and the decision-making process was considerable. Although I did not set out with the view of my role as one of advocacy, this is what it rapidly became. Like many other members of the group, I was troubled by the connotations of this label, but through this role I have come to realise that researchers must appreciate their position as advocates if we are to effect change. Many commentators agree. Sauerborn *et al* (1999) suggest that a researcher must think and act like a stakeholder who wants their message to influence the policy process. They argue that researchers are ethically obliged to disseminate their ideas and results in various forms and engage in a dialogue with stakeholders, fostering the use of research results. Emphasis on the need for researchers to be 'active policy entrepreneurs' (Stone, Maxwell and Keating, 2001) has gained momentum in recent years, but scientists have always been engaged in actively disseminating their results to other stakeholders, thus intending to influence the policy process. In the field of health this is particularly true, with the eminent examples of Virchow and Snow, who each actively promoted their findings on the causation of illness in their community until appropriate action was taken (Sauerborn *et al*, 1999).

It is important to recognise that the problems of social policy have a very strong political dimension (Harrison, 2000). Political engagement in the development of public health policy is also a key theme of modern public health practice (Beaglehole *et al*, 2004). Again, Virchow urged that the practice of medicine become more political in 1848, but the complexity of contemporary challenges to the public health reprises the need for this crucial connection with a new urgency. It is better for the public health researcher to work at the end of advocacy that borders activism than to remain at the other end of the spectrum, a comfortably passive, detached ivory tower resident.

It was clear that there was a strong sense of ownership of the *Slipping through the Cracks* report by the group, particularly by Downtown Community Ministry and Regional Public Health, who were clients of the project. It is my contention that this ownership, and hence the use of the research to represent and legitimise the group, was largely due to the close interaction of the researchers and clients throughout the project.

The fact that a university produced the research would seem to add credibility to the group. I expected the use of the report to be negatively influenced by the researchers being students, but judging by the willingness of the clients to promote the work, this does not seem to have been an important factor. Perhaps this feature actually made uptake more likely – if university-employed researchers undertook it, ownership may have been perceived to lie much more firmly within the academic institution.

An important consideration for researchers, raised in the literature reviewed earlier, is that findings that upset the status quo are less likely to be considered by policy-makers. This is a key challenge for championing resources and policies for social inclusion of marginal groups, one that may be helped by closer research-policy relations.

This case study demonstrated collaboration between researchers and policy-makers at each of the stages of conception, conduct, completion, and comprehension, and thus could be said to provide a clear example of 'true engagement' (Jones and Seeling, 2004). Considering the many types of research use identified, this approach certainly was successful in securing research utilisation. However, sustaining the interaction was demanding for both parties, with much of the work of collaboration occurring through informal conversations and meetings outside of the official meeting times. I was in the unusual position of having the luxury of time to focus almost exclusively on fostering a relationship with the users of the research within the Homelessness Prevention Strategic Group, but most researchers will be pressed by many other commitments. Building relationships of trust within a policy network takes time, but researchers and their research can act as crucial facilitators of this process. It is important that academic institutions support this function.

7.6 Strengths and weaknesses

This study was strengthened by my closeness to both the research and the policy network – as one of the researchers on the *Slipping through the Cracks* team and a pre-existing member of the Homelessness Prevention Strategic Group. An intimate knowledge of the interaction between these two domains meant that the more tacit effects of the research on decision-making could be explored.

My understanding of the research-policy relationship was enhanced by my multiple roles, but as I was investigating the effect of my own research, it is likely that my very presence at meetings applied a kind of pressure for the research to be used. While this implies that policy processes that are not subject to research scrutiny may be less likely to utilise research, it may also

signal the importance of ongoing researcher involvement in policy networks for their research to have an impact on policy.

Due to the contextual contingency of the findings of this qualitative study, generalisation to other policy networks is limited. The timeframe for this study was also too short to accurately assess the conceptual impact of the *Slipping through the Cracks* project or to follow through the work of the Homelessness Prevention Strategic Group to its final outputs. Both quantitative and in-depth case studies are necessary to paint a complete picture of research use in policy-making.

The generation of an understanding of the utilisation of research in policy-making will allow researchers to target their work more effectively in the new decentralised, participatory policy-making structures that are still finding their feet in New Zealand. The findings can also help practitioners to identify how collaboration may be made more effective and outcomes reached more expediently.

There are many ways in which research can influence the policy process, most of which will not appear on policy documents. Exploration and description of the nature of the contemporary policy processes is important to ensure that researchers do the right research and frame it in a way that is grounded in the real world in which policy is made.

7.7 Conclusion

The participation of researchers in local policy networks is tremendously important and highly valued. Researchers have the skills and access to evidence and analytic resources, they can encourage, initiate and undertake research, they can help to develop network infrastructure. They have a role in forging the internal and external links of policy networks as well as helping to create a common language. Partnerships between researchers and policy-makers makes research uptake more likely, and on-going information produced can be made both useful and pleasing to both parties. Changes to policy and practice take time, but building relationships of mutual trust, respect and commitment between researchers and research users is the key step in the process of getting research translated into positive action.

Chapter Eight

Conclusions

8.1 Introduction

This thesis has presented a detailed exploration of both sides of the research-policy relationship in the development of local homelessness policy in Wellington, New Zealand. This final chapter summarises the main findings of the study and provides recommendations for responding to the findings and for future work.

8.2 Main findings

The Research

'The research' relates to a project conducted by public health students called *Slipping through the Cracks*. This work examined pathways into homelessness in Wellington and proposed a framework for responding to homelessness based on public health principles.

In a sample of predominantly chronically homeless men, three typological pathways into homelessness were identified: Driven, Dropped and Drawn. Most participants were *Driven* into homelessness by an unstable or traumatic childhood. Some were *Dropped* into homelessness by an acute event, such a relationship breakdown or sudden unemployment. Others were *Drawn* into homelessness by attraction to the street scene. The vast majority of

participants became homeless when they were young, and had been homeless for over ten years. This points to the importance of homelessness prevention efforts focusing on young people. Schools play a critical role in homelessness prevention and early intervention – to fulfil this role they require strong links to social services, and alternatives to expulsion or suspension of vulnerable students. Prisons were also identified as a point of intervention to curtail a pattern of cycling between periods of homelessness and incarceration.

Participants also reported on their perceptions of homelessness and home. Homelessness 'as a choice' was a point of contention between those who had become homeless as a youth and those who followed an adult pathway into homelessness. The idea of home, however, was universally imbued with a special significance, as a place of solitude, control and identity.

The second component of 'the research' was a public health framework for responding to homelessness. This model envisages a comprehensive, integrated approach to homelessness structured by primary, secondary and tertiary levels of prevention.

Primary prevention of homelessness involves building healthy public policy across a number of sectors, particularly enhancing efforts to address mental health, addiction and domestic violence. Targeted prevention strategies should focus on youth, housing crisis, family breakdown, and the public institutions that many homeless people come from or come into contact with. Secondary prevention should take a 'housing first' approach, where a range of supports are structured around permanent housing, which should be provided as rapidly as possible. Tertiary prevention measures should make up the smallest component of a response to homelessness. These include emergency accommodation, drop-in centres and outreach.

The advantages of a public health approach to homelessness include putting a spotlight on prevention (and its economic prudence), its successful track record, its promotion of collaborative action, and establishing homelessness as a public health priority.

The Policy Network

Policy networks are likely to use research in different ways to more traditional methods of policy-making and may indeed be more amenable to being informed by research. The network of policy-makers that form the Homelessness Prevention Strategic Group were found to utilise the *Slipping through the Cracks* study in five distinct yet subtle ways: to shape the structure of the group; conceptually; for legitimation; as a reference point; and as a networking tool.

These categories describe the ways in which this research was found to have an instrumental impact on agenda setting, to direct the activities of the group towards prevention, to validate the group's stance and processes internally and externally, to guide the appraisal of other research, and to facilitate the process of networking.

The impact of the *Slipping through the Cracks* study was enhanced by ownership and promotion of the research by the policy-makers. However, its impact was tempered by a number of other strong influences including individual interests and structural constraints.

Facilitators and barriers to progress were identified in the policy-making process. Active participation of government actors, bottom-up policy development with top-down support, proposals that envisaged small changes, and a clearly defined policy agenda all aided policy progression. Obstacles

were poorly defined agendas, the lack of powerful actors, conflicting interests, political pressures and implementation difficulties.

Linking, language and the role of the researcher

Three dominant themes emerged in this study of this particular research-policy nexus – linking, language and the role of the researcher.

Linking to other networks and processes was a core activity of the Homelessness Prevention Strategic Group, the burden of which was disproportionately placed upon members from the community sector. This highlighted the gap between adopting an inter-sectoral structure and achieving true collaboration.

Language also played a key role in the actions of the group due to conscious and unconscious awareness of its significance in framing the policy debate and responses. Definitions were seen as important in showing respect to the homeless population as well as conducing public and political support for action on the issue.

The role of the researcher in the policy process arose as a central theme from my experience in the policy network. While this role can be complex, it is important for researchers to be active advocates for their own and others' research, and to be willing to engage politically. Building strong relationships between researchers and policy-makers makes research utilisation more likely and creates new opportunities for both parties to improve the policy-making process.

To conclude, we return to the question posed in the title of this thesis: have the recommendations of the research been *Lost in Translation?* Certainly the ideas were not lost, but translated, transmuted, transformed into many different shapes of use, in a number of uneven and unexpected ways.

8.3 Policy recommendations

In terms of responding to homelessness, New Zealand needs to catch up and keep up with other Western nations.

- *A public health approach to homelessness should be taken*

  This approach emphasises a shift toward prevention and permanent exits from homelessness rather than temporary responses that sustain the problem. A population approach focuses our thinking on prevention (avoiding unnecessary suffering and expense), it has a long history of successful application, it encourages collaboration and it helps to establish homelessness as a public health priority.

- *Young people are a key target for the prevention of homelessness*

  The prevention of youth homelessness, which often becomes chronic homelessness, requires clear systems of collaborative support between schools, Child Youth and Family Services, housing and other service providers. Alternatives to the exclusion of vulnerable young people from school must be sought.

- *Establish a definition of homelessness*

  This should be used consistently by government and non-government agencies and for enumeration of the homeless population.

- *National and local roles and responsibilities for homelessness need to be clearly defined*

  True partnership and collaboration in policy-making can only become a reality if all parties know what is expected of them. Government and non-government actors should share responsibility in policy networks. In particular, there is an urgent need for a government department, with a senior voice at the Cabinet table, to take direct responsibility for the prevention of homelessness.

- *Researchers have an important role in policy-making*

  The involvement of researchers in policy networks facilitates the use of research in policy-making. Academic institutions have to recognise this and encourage researchers to engage in policy-making. They can create new connections between policy-makers and academic institutions that each side can benefit from. The position of researchers as advocates must be embraced if we are to make a significant contribution to the reduction of inequalities in New Zealand.

8.4 Recommendations for further research

The lack of quantitative homelessness research in New Zealand is a significant barrier to policy development. If the government is to espouse an evidence-based approach to policy, they have a responsibility to replace ideology or ignorance about homelessness with evidence.

- *Coordinated data collection for homelessness services*

  The development of a standard administrative data system for those who provide services to homeless people would provide a robust and ongoing source of research data. It will also assist in the management of these services. This would allow homeless pathways to be traced, indicating where people come from to enter the homelessness system, their movements within the system, and which exits are successful. Addressing issues of confidentiality would be paramount in the development of such a system.

- *Improved recording of homelessness through the New Zealand Census and specialised surveys*

  Existing data sources should be utilised. The New Zealand Census is an important tool for the enumeration of the homeless population, as it captures those who are not in contact with homelessness services. The Australian Census has counted the homeless population with great effect, using a broad definition and a robust strategy that allows the development of informed policy based on the demographics and geographical distribution of the population. Specialised surveys that focus of specific sections of the homeless population, such as women or youth, would provide more detailed data.

- *Qualitative research on homelessness*

  Quantitative research should always be coupled with studies that allow the voices of those experiencing homelessness to be heard. These voices are invaluable in evaluating the success or failure of future policies and programmes.

- *Expand empirical research on the impact of research itself*

  Methodologically diverse studies of the impact of research in a range of settings are essential in building knowledge of the state of evidence-based policy and practice in New Zealand and identifying opportunities for its advancement.

Although research does not move mountains, at least right away, it does sometimes move hills. And over the long run, knowledge of all kinds reshapes the policy terrain.

(Weiss, 1986:275)

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Appendix A

Slipping through the Cracks: Recommendations for Wellington

1. A collaborative approach to the development and implementation of a homelessness strategy that responds to the diverse and complex nature of the homeless population.

2. Shift the bias of the homelessness system away from emergency response and survival to a focus on prevention.

3. Raise awareness and understanding of homelessness across sectors and in the community.

4. Meaningful participation of the homeless community in all levels of planning and implementation of a homelessness strategy.

5. A national homelessness strategy to support local action, with clear definition of the mandates of government agencies.

6. Bold and innovative funding practices between sectors.

7. Reorient health services to the provision of coordinated community treatment and support for people who are homeless or at risk of homelessness, focusing particularly on mental illness and/or substance abuse disorders.

8. Build services that develop the personal skills and independence of homeless people through a case-management approach.

9. Provide a range of housing options with 'wrap-around services', including models that tolerate and manage substance use and challenging behaviours.

10. Provide residential rehabilitation and dual diagnosis services.

11. Build a coordinated multi-disciplinary system for service delivery – including a robust, universal system of data collection.

12. Provide a comprehensive outreach service, especially targeting the chronically homeless.

13. Provide a drop-in centre than offers a range of services, embracing a harm-minimisation approach.

14. Develop services that are culturally relevant for Māori and Pacific Islanders.

15. Develop a specific strategy for young people that draw on strong partnerships between schools, Child Youth and Family Services and social services.

Appendix B

ETHICAL APPROVAL AT DEPARTMENTAL LEVEL OF A PROPOSAL INVOLVING HUMAN PARTICIPANTS (CATEGORY B)

NAME OF DEPARTMENT: Public Health

TITLE OF PROJECT: Developing and implementing homelessness policy

RESEARCHER: Kate Amory

PROJECTED START DATE OF PROJECT: 15th March 2006

STAFF MEMBER RESPONSIBLE FOR PROJECT: Philippa Howden-Chapman, Michael Baker

BRIEF DESCRIPTION OF THE PROJECT:

This project has been developed from a group undergraduate medical school project on homelessness and health, which produced a report on a public health approach to homelessness based on a series of qualitative interviews undertaken by the Downtown Community Ministry with people who have experienced homelessness.

This present project will explore the subsequent development of homelessness policy for Wellington by the Homelessness Prevention Strategy Group, an inter-agency organisation set up to develop and implement a comprehensive policy to reduce homelessness. The three main areas of interest are: the impact of the initial report on the process of policy development; the functioning of the inter-agency group; and the process of implementing one of the group's initiatives.

DETAILS OF ETHICAL ISSUES INVOLVED:

I will be collecting data at monthly Homelessness Prevention Strategy Group meetings in 2006 about how the group interacts and how decisions are made, as well as analysing the minutes of these and past meetings. I will be interviewing members of the group representing different sectors to ascertain the issues involved with working across sectors. I will also be collecting data at Wet Shelter Subgroup meetings about the issues of implementation. I will not be asking about homeless individuals.

The ethical issue involved with this project is one of confidentiality. To deal with this, an information sheet (attached) will be given to the members of the Group to inform them about my study and get their permission to record their meetings with a tape recorder. This data will be partially transcribed and the transcripts made available to the members of the Group. No quotes will be ascribed to individuals without their prior approval. The data collected will be securely stored in the department in a locked filing cabinet and password-protected computer to which only my supervisors and I will have access. At the end of the project any personal information will be destroyed immediately except that, as required by the University's research policy, any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed.

ACTION TAKEN

✓ Approved by Head of Department

☐ Approved by Departmental Committee

☐ Referred to University of Otago Human Ethics Committee

☐ Referred to another Ethics Committee
Please specify:

.....

DATE OF CONSIDERATION: 15/03/06

Signed (Head of Department): Peter Crampton

Appendix C

INFORMATION SHEET
Developing and Implementing Homelessness Policy

Aim

The aims of the project are to:

1. Explore the process of development of a homelessness strategy in Wellington and the impact of research on that process.
2. Explore the issues around working in an inter-agency group.
3. Explore the idea of a national homelessness strategy.
4. Explore the process of implementing an initiative, i.e. wet shelter

Method

I will be collecting data at monthly Homelessness Prevention Strategy Group meetings in 2006 about how the group interacts and how decisions are made, as well as analysing the minutes of these and past meetings. I will be interviewing members of the group representing different sectors to ascertain the issues involved with working across sectors. I will also be collecting data at Wet Shelter subgroup meetings about the issues of implementation.

How is the information going to be used?

This project is being undertaken as part of the requirements for the Bachelor of Medical Science (Hons). The results will be published and will be available in the library of the Wellington School of Medicine and Health Sciences. You are most welcome to request a copy of the results of the project should you wish.

Confidentiality

Recordings of meetings and interviews will be partially transcribed and the transcripts made available to the members of the group. No quotes will be ascribed to individuals without their prior approval.

If you have any questions about our project, either now or in the future, please feel free to contact either:-

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