



The New Zealand Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

Submission to
The Labour, Green and Māori Party Homelessness Inquiry

Prepared

by the

New Zealand Psychological Society

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Acknowledgement

The New Zealand Psychological Society welcomes the opportunity to comment on the **Labour, Green and Māori Party Homelessness Inquiry**.

1. Introduction

- 1.1. The New Zealand Psychological Society (NZPSS) is the national, professional association that serves all psychologists in New Zealand. Our collective aim is to improve individual and community wellbeing by disseminating and advancing the rigorous practice of psychology.
- 1.2. We have over 1100 members who apply psychology in a wide range of practical and academic contexts to health, education, corrections, young people's services and non-governmental organisations.
- 1.3. We are experts in helping people solve complex, persistent problems that interfere with a person's wellbeing and functioning. All psychologists have a minimum of six years' university education. All psychologists have at least a Master's degree, and most have additional qualifications and experience. We are all registered with the New Zealand Psychologists Board and are required to maintain a high standard of ethical practice with regular supervision and yearly audit of our practise.
- 1.4. Psychologists are trained to help resolve high risk situations quickly. We are also well placed to design preventative programmes because of our research and evaluation skills, knowledge of human behaviour and systems. Many of us have additional training in therapeutic approaches, counselling skills and organisational psychology. Where we are able to respond quickly, early in the life cycle of the person or in the life of the problem we can reduce risk, create savings to free up resources for others.

2. Submission

- 2.1. The New Zealand Psychological Society's (NZPSS) position on homelessness:

3. Key Points

- 3.1. The NZPSS agrees with the American and Australian Psychological Associations that we should adopt a broad definition of homeless. It includes the 'hidden homeless', such as families (especially those effected by family violence), 'over-crowding' (an issue for new migrant and refugee communities), and 'unsafe sleeping' (typically young people who may not be 'homeless' but are likely to be in accommodation that threatens their safety).¹

Homelessness exists when people lack safe, stable, and appropriate places to live. Sheltered and unsheltered people are homeless. People living doubled up or in overcrowded living situations or motels because of inadequate economic resources are included in this definition, as are those

¹ Gridley, H. (2012). Australian Psychological Society Letter Regarding Draft Homelessness Bill 2012. Retrieved from <https://www.psychology.org.au/Assets/Files/APS-Letter-draft-Homelessness-Bill-2012.pdf> p2

living in tents or other temporary enclosures. Gender, age, disability, or other personal characteristics are not included in this definition of homelessness.²

- 3.2. The New Zealand Psychological Society recognises there is a hierarchy of needs where physiological and safety needs must be met prior to other basic psychological needs. Housing is an essential precursor to health and psychological wellbeing.³
- 3.3. There is no single pathway into homelessness and therefore there is no simple pathway to return to “mainstream society”. The homeless face multiple barriers including poverty transportation issues, limited social support, limited education (low literacy), emotional factors and fragmented systems.⁴
- 3.4. Current research indicates that the pathway to homelessness begins with a vulnerability to poverty intensified by a combination of traumatic life events such as family deaths, abuse, relationship breakdowns, mental illness, substance abuse, and job loss. Violence in the homes and communities of origin of homeless people has been well documented.
- 3.5. The progression into homelessness can be gradual as a person exhausts their social networks with demands on friends and family for support e.g. a sofa for the night. These personal vulnerability matters are intensified as they become homeless leaving them stranded.
- 3.6. There are often difficulties in maintaining re-settlement for homeless people, resulting in their return to street life. Interventions are needed to rebuild ties with family and friends, establish new contacts, and address local public opposition to local services.
- 3.7. Homeless people are burdened with issues of daily survival, violence and social ostracism as well as potential loneliness and depression. Daily survival of the homeless requires focus on food, clothing and personal hygiene. As homelessness increases, daily routines develop and adaptation to street life progresses.
- 3.8. Many of the homeless can be viewed as remarkable survivors as a result of systems that have systematically disadvantaged them. This survival comes at a cost, as homeless people are sicker and die earlier.
- 3.9. We need to go beyond the victim-blaming and ‘lonely old tramp’ stereotypes as there is evidence that many of the homeless socialise, support and protect each other and want to be part of the wider community.⁵

² American Psychological Association Presidential Task Force on Psychology’s Contribution to End Homelessness. (2010). Helping people without homes: The role of psychologists and recommendations to advance research, training, practice, and policy. Retrieved from <http://www.apa.org/pi/ses/resources/publications/end-homelessness.aspx> p7

³ Maslow, A.H. (1943) ‘A Theory of Human Motivation’ Psychological Review, 50, pp 370 -96.

⁴ Thomas, M. A., Browen, D., Kitsis, P., Lisco, C., & Kaslow, N. J. (2013). Psychological Interventions for People Who are Homeless. Psychology Benefits Society. Retrieved from <https://psychologybenefits.org/2013/11/18/psychological-interventions-for-people-who-are-homeless/>

⁵ Groot, S., Hodgetts, D., Chamberlain, K., Radley, A., Nikora, L., Stolte, O., & Nabalarua, E. (2008). Homeless Lives in New Zealand: the case of central Auckland. Paper presented at the Claiming Spaces: Proceedings of the 2007 National Maori and Pacific Psychologies Symposium 23-24 November, Hamilton. Hamilton: Maori and Psychology Research

- 3.10. The evidence suggests that many people sleeping rough are male and of Māori or Pasifika descent. We would like to see policies that do not view marginalized groups as the passive victims of oppression and social inequalities but enable homeless people to be able to construct alternative meanings and ways of being.
- 3.11. Any future policy should avoid criminalising homelessness, adopt favourable legislation and close coordination with the police. Scotland enforces the right to immediate and long-term, supportive housing as long as is needed for all homeless people. ⁶
- 3.12. We recommend that:
- 3.12.1. The Government invest in more affordable housing
 - 3.12.2. Increase the stock and availability of nationally subsidised, publicly-owned housing to support the social security and housing needs of vulnerable people in our communities
 - 3.12.3. Dedicate resources to local government to end homelessness
 - 3.12.4. Adopt a Housing First Model where the homeless are quickly placed in permanent housing supplemented by the necessary support services to maintain housing stability
 - 3.12.5. Coordinate effective and efficient services to the homeless
 - 3.12.6. Enhance the use of public spaces such as libraries to help the homeless
 - 3.12.7. Improve transition planning for the homeless being released from prison and hospitals

Conclusion

Housing is a fundamental human right which is essential to the maintenance of human dignity and wellbeing. The New Zealand Psychological Society supports the Labour, Green and Māori Party Homelessness Inquiry in making the prevention of homelessness a priority for Aotearoa/New Zealand.

4. Psychologists can support this change by the following⁷:
- 4.1. The design and implementation of programmes to prevent homelessness for particular groups e.g. women facing domestic violence and adolescents with a need for autonomy and support with families.
 - 4.2. Supporting a Housing First model where (where?) support housing provides easy access (to) mental health and co-occurring substance difficulties as required
 - 4.3. Using our skills as researchers to evaluate intervention programs with rigorous designs.

Unit. http://researchcommons.waikato.ac.nz/bitstream/handle/10289/1544/NMPPS%202007_Groot%20et%20al.pdf?sequence=1&isAllowed=y

⁶ The National Law Center on Homelessness and Poverty. (2014). No Safe Place: The Criminalization of Homelessness in U.S. Cities. Retrieved from https://www.nlchp.org/documents/No_Safe_Place

⁷ Shinn, M. (2009). How psychologists can help to end homelessness. InPsych, (Oct). Retrieved from <https://www.psychology.org.au/inpsych/homelessness/>

Contact details

The New Zealand Psychological Society does not wish to verbally support this submission.

Any comments on this submission or requests for further information should be addressed to:

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