No place like a home

Every city has its homeless people and Wellington is no exception – from brazen, blanketed Ben Hana to those shabby shufflers, who live on the fringes and never quite meet your eye. Most are in pain, many are addicted, but almost all would give the rags off their backs for the dignity of a home.

Rob Zorn talks to Downtown Community Ministry about why Wellington has so many homeless and the barriers there are to getting them into housing

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Ben Hana, better known as Wellington's iconic Blanket Man, was nothing if not an enigma. Despite his open drug and alcohol use and occasionally lewd antics, many saw him as the capital's king of cruddy cool – a besmirched bastion of independence against the system. He insisted on doing his own thing (which really wasn't much at all) and his lean, brown body and skimpy loincloth leant him a form of scruffy suavity in the eyes of some.

To others Ben epitomised the plight of Wellington's homeless people – unable to cope with the demands of what most of us call normal life, resistant to many offers of help, beset with multiple addictions, and ultimately dying early and alone. As such he was an abject object of either pity or loathing by many among Wellington's washed and well-dressed.

The truth is Ben was both and neither, and this was all part of the mysteriously dualist persona he enjoyed. Some who knew him said he was highly intelligent, and others labelled him illiterate. He would refer to himself as a "dumb fuck", but would request books of "more than 500 pages" when in prison.

Was he mentally unwell? An initial diagnosis by the Mental Health Ward at Wellington Hospital was that he was not, but, on the other hand, they reported significant improvements in his mental and physical health when he stayed there.

But, most unusually, Ben was one of the few people in Wellington without a home who truly didn't want one, and in this sense he was very much unique. He had reached the point where he was beyond feeling he wanted or needed help. The media (and perhaps all of us in Wellington) had gifted him an identity that for him had value and currency. Typically for Ben, he enjoyed an enormous *mana* that no other homeless person had, while he completely lacked any insight into his own health needs or the harm his alcohol and cannabis use was doing him.

But Ben did accept some help behind the scenes. He may not have wanted a home with walls and windows, but he did intermittently use Downtown Community Ministry's (DCM's) services, banking his money with them and receiving help managing the few finances he had.

DCM works out of a small but cheery building hidden down a little alley behind the Wellington Opera House. It's run by a handful of committed staff and has been in operation since 1969.

The day I arrive to interview its director is one of two weekly food bank days. The air in the foyer is wafty with the aroma of 20 or more unwashed bodies, mostly brown and bearded. Some are chatting and laughing while they await an allocated food parcel. Some are glancing around furtively, and others are not looking anywhere but down.

Though varying degrees of hopelessness seem represented in the room, director Stephanie McIntyre tells me many of those present have pasts of abuse and trauma and advanced and untreated addictions in common. Many sleep rough on the streets at night.

Charity begins with a home

DCM's approach to Wellington's homeless people is firmly built on the "housing first" principle. Quite simply, Stephanie says, the way to stop homelessness is to get people into homes.

Downtown Community Ministry Director Stephanie McIntyre

“We don’t make this dependent on whether or not they accept treatment because the bottom line is getting people housed and taking away a lot of the stresses they face on a daily basis is going to make them much more receptive to treatment. Leaving them on the street will just make them harder to reach.”

But these are people who face some pretty solid barriers towards getting into housing. She tells me about the incredible stigma such people face. Who would want to rent a flat to a homeless addict? Many are carrying crippling debt from compounded fines or unwise borrowing, so there are doubts about their ability to pay even low levels of rent.

“Normally they have to jump through several hoops and work their way through a continuum from being on the street, to some sort of boarding situation, to transitional housing, to full housing,” Stephanie says.

“That’s a lot of steps along the way, and these are people for whom any step is a challenge.”

While homeless people have issues with extreme poverty, they often have little idea of what benefits they are entitled to, so DCM offers budgeting advice, helping them ‘tweak’ things so meeting their financial obligations becomes more manageable. It runs a trust fund where consumers can bank their money and receive financial advice.

DCM issues free food parcels on Mondays and Fridays. Applicants are first interviewed about why they have nothing to eat. Staff members take these talks as an opportunity to build relationships of trust with consumers, and to try and form a whole picture of the problems each one faces. They give some consumers part-time work where DCM can sustain it – which usually includes cleaning, manning the food bank etc.

To test the value of the food parcels staff once attempted to live on typically donated items for a week. They noticed most were from the “orange” food group – baked beans, tinned spaghetti, pasta

and pasta sauces etc. There was a clear and monotonous lack of protein or vegetables. Still, DCM's view is that, when people are in crisis situations, sometimes the best thing you can do is give them something to eat. No one should have to be hungry while having to deal with all this 'other stressful stuff'.

DCM also works to get homeless people access to health and addiction services. Most have not had their substance issues addressed. Some may have failed at abstinence programmes in the past and carry a sense of hopelessness about treatment. Many come from horrific backgrounds of abuse, trauma, grief and anger. But many are also in physical pain.

Visiting the dentist, for example, is something most of us would eventually if reluctantly do, but for homeless people, oral care is rarely a priority and hardly even an option. Many have teeth rotting out of their heads, or have other untreated injuries and ailments.

"Putting all these things together, you have some massive addiction drivers," Stephanie says. "It's no wonder, so many of our homeless people self-medicate, which is why getting them into housing and to whatever services are available is so important whether or not they accept treatment at first."

As I'm given the tour of DCM's facility, I can't help notice again that most of the faces I meet are brown. Forty-two percent of clients are Māori – a sobering statistic when you consider less than 15 percent of New Zealand's population is Māori, and the ratio would be even lower in Wellington.

I ask what the most significant barriers are in helping Wellington's homeless people, and she tells me it's the external factors – the most significant being a crisis in affordable accommodation. There just aren't the flats available.

And it seems there are many systemic problems that exacerbate the poverty trap.

"Should people get into some form of paid work, the most they can earn on a sickness or invalid's benefit in a week is $100 before their benefits get reduced by 70 cents for every extra dollar they earn.

"That's pretty demoralising. There are all sorts of incentives for the rich to earn more, but we penalise our most disadvantaged. And when there's an increase in the minimum wage, these guys don't benefit at all because the additional amount they can earn is locked in at that $100 level."

Siloed services

I ask whether there are enough services to go around, and I'm not surprised by the answer.

"We could quadruple what we are doing here and there still wouldn't be enough. Generally we see 130 or more clients each month, and a quarter of these are new. The number of people to support is growing, and it is already unsustainable," Stephanie says.

But she's very clear that the last thing we need are new services. What we need instead is much better coordination and collaboration between the ones we already have.

After sleeping at the night shelter, for example, a homeless person could be at the soup kitchen for breakfast, then hitting Courtenays drop in centre, then visiting a health provider in the morning before attending DCM's food bank in the afternoon – before heading back to the soup kitchen.

"It takes a lot of energy for us all to work together to help a person because there aren't common systems in place to keep proper track of individuals' data.

"International evidence suggests 'active engagement' is the best approach, which involves building up a holistic profile of a person and not dealing with each of their issues in isolation.

"But the fragmented way we're currently doing things means a person may just be getting a little help here and a little help there and often people fall into the cracks between the health, mental health and addiction treatment floorboards."

She says most organisations working with homeless Wellingtonians are committed to active engagement and do seek every opportunity they can to collaborate. DCM staff, for example, regularly visit the night shelter and are at the soup kitchen twice a week.

“Privacy issues are another potential barrier to sharing data, but when people see you’re making a genuine attempt to help them realise their goals, and improve their situations, they do tend to open up and give you their consent to share information.”

Getting back to Ben

And the second problem, of course, is that the services we do have are woefully under-resourced. Funding them better would not only help more people, it just might make some fiscal sense as well.

It would be interesting, for example, to add up the costs of keeping a guy like Ben Hana homeless. How much police time did he take up being arrested so often for public drug taking or occasionally getting his wanger out? How much of the justice sector’s time was wasted issuing and pursuing warrants for court appearances – at which he rarely showed up? He spent several spells in jail and was hospitalised numerous times. Who knows how much you and I paid for that? How much did he cost Wellington City Council in administration time dealing with nuisance complaints? These are the hidden costs that accrue on top of the resources spent on street interventions and support from the agencies trying to help him.

Recent data from the US and Australia puts the cost of homelessness in the many millions. Much more than it would cost to put these people in houses. So it seems like we’re actually paying through the nose to get the worst possible result.

When you get people into housing, health outcomes tend to improve and individuals spend less time at emergency departments, hospitals and jails. They commit fewer crimes, so take up less police time and don’t rack up as many fines they can’t pay.

Stephanie accepts that times are hard and that more government funding is unlikely in the near future, no matter how much fiscal sense the “housing first” principle makes.

“We’re a punitive society – and these aren’t popular arguments. Shifting the way governments and the public think about homelessness – that somehow the people affected have always themselves to blame for their situations – will take time.”

But she says there are plenty of supporters and we shouldn’t underestimate the power of philanthropy. DCM has a sizeable database of regular donors, people out there who definitely want to help.

A lot of these tend to be well-informed people who want social change and who can understand the effects bad policy can have on those who’ve been dealt some “pretty shitty” hands. Some feel a moral or spiritual responsibility to share their wealth, and others give from a “there but for the grace of God…” point of view.

A pretty shitty hand

While most homeless people helped into housing actually make a pretty good go at it, a few continue to face some insurmountable and unfair barriers.

Stephanie tells the story of a homeless person who finally jumps through enough hoops to get into a simple housing situation, but he’s the sort of guy whose past and present can make him vulnerable in all sorts of ways**.**

He’s finally been handed a little dignity and may soon be ready to start dealing with his alcohol problem, when the courts suddenly bail some of his past associates to his address. Maybe one has violence issues. Another has gang affiliations so the place suddenly becomes party central in the most unpleasant of ways. Unable to deal with the situation, our tenant either gets led astray again,

becomes a victim of violence or threats – or simply moves back out onto the street because it's all more than he can deal with. This seriously hurts his chances of getting back into housing in the future, and probably results in him racking up even more debt around unpaid rent.

Enter the wet home

It's a hypothetical story, but I'm assured it's an example of the sort of thing that does happen. New Zealand doesn't have the project-based "housing first" services where people like this guy, those with the most chronic of needs, can live together in a more positive environment that is decent, safe and with onsite services such as meals and health care.

This is exactly what wet homes are, but not everyone fully understands the terminology.

Most people's concept of a wet home (or wet house) is akin to the injecting room concept for intravenous drug users, but the reality is almost completely the opposite. Wet homes much more resemble rest homes – and they're surprisingly successful.

A 2005-2007 Washington University study, published in the *Journal of the American Medical Association,* evaluated just how much "housing first" interventions for homeless people with chronic alcohol problems saved in terms of social costs. Ninety-five participants were housed at a facility and their use of health care and other services was measured over more than a year. Results were compared with the same costs for those on a waiting list.

Participants had no expectations put upon them to reduce their drinking or engage in any form of treatment.

Nevertheless, the results were dramatic. Significant costs savings were found for housed individuals. After one year, the 95 participants had reduced their combined social costs by more than US$4 million. That equates to $42,964 per person per year. Meanwhile, it cost just $13,440 per year per person to administer the programme. Those housed for the longest periods of time experienced the greatest reductions.

A follow up study showed that the housed individuals experienced significant reductions in their alcohol use and in the likelihood of drinking to intoxication over time. While none of the participants got truly sober, within two years average consumption rates had fallen by 40 percent – down from 20 drinks per day to just 12.

The Washington University study results did not come out of the blue and the authors were not particularly surprised by them. Successful wet homes in Seattle, Minnesota, Canada and Australia have reporting improved health outcomes despites lacks of curfews and, in some cases, allowing residents to drink in their rooms. In fact, the study was in part intended to address the main critique of housing first programmes – that failing to require total abstinence not only enables addiction, but actually makes it worse.

And you'd think it would. Give chronic alcoholics shelter, food and access to alcohol and you'd assume they'd actually drink more. So why do wet homes seem to work?

Susan Collins, lead author and assistant professor of psychiatry at the University of Washington suggested the reason was that participants in the study were happy to have a home, and happy they no longer had to drink to stay warm or to forget they were out on the streets.

"These individuals have multiple medical, psychiatric and substance abuse problems, and housing that requires them to give up their belongings, adhere to curfews, stop drinking and commit to treatment all at once is setting them up to fail. The result is that we are relegating some of the most vulnerable people in our community to a life on the streets," she told *Time Magazine*.

Some argue that wet homes are cruel – the ultimate "giving up" on these most vulnerable of our people. But, defenders argue, we are here talking about alcoholics whose situations are so hopeless that minimising their harm from drinking has to be the first priority.

Stephanie agrees. “These are people unable even to contemplate a life without alcohol, but no situation is truly hopeless. By giving them dignity and some simple security, we may be able to get them to the place here they can make significant progress.”

No way in Island Bay

New Zealand came close to its first experiment with a wet home of this nature in 2009. Te Whare Oki Oki Trust had secured Capital & Coast DHB and Wellington City Council funding to establish a 6-8 bed wet home in Island Bay. The project was vociferously opposed by locals fearful for their women and children, but it was not this that led to its demise.

Te Whare Oki Oki Trust withdrew its application when Capital & Coast DHB demanded a five-year funding plan in advance (rather than after the facility had been running for a year as originally agreed). They vow, however, that a wet home will go ahead in Wellington at some stage.

The withdrawal came as a blow to Stephanie and DCM, who provided the research used to help secure its approval and funding.

“Wet homes are not just the most sensible course of action, they’re also the right thing to do ethically and morally,” she says.

“These are not hardened criminals set on harassing neighbours or molesting children. They’re the people who have long been destitute, and vulnerable; people for whom it’s about time life gave the smallest of breaks.”