
RESPONSE TO THE HOMELESS TASKFORCE REPORT

1. Purpose of Report

To brief the Committee on the Homeless Taskforce Report.

2. Executive Summary

In July 2003, a Homeless Taskforce was established 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.

The Homeless Taskforce reported back to a Mayoral Steering Group on 11 September 2003 and made recommendations about future responses to homeless people. Those recommendations focussed upon the monitoring and coordination of services and the provision of services. This paper reports on the work that the Council is undertaking or proposes to undertake to implement those recommendations, in particular the development of a homeless strategy and monitoring trends and issues associated with the homeless.

The Mayoral Steering Group accepted and endorsed the Homeless Taskforce Report.

3. Recommendations

It is recommended that the Committee:

1. *Receive the information.*
2. *Note the recommendations of the Homeless Taskforce Report.*
3. *Agree that officers report to the Mayor on trends and issues facing homeless people in September 2004.*
4. *Direct officers to develop a homeless strategy in collaboration with other agencies and report back to this Committee in April 2004*
5. *Agree to further reports being submitted to this Committee to inform on progress and on trends and issues facing the homeless*
6. *Note that officers are liaising with social service providers.*

7. *Note that Councillors are to consider funding for the Night Shelter extensions as part of the 2004/05 Annual Plan process.*
8. *Direct officers to undertake a review of the public conveniences policy and report back to this Committee in April 2004.*

4 Background

In response to concerns about homeless people in Wellington, the Mayor established a Steering Group comprising representatives of the Police, health and social services, and the Wellington City Council. That steering group agreed to establish a taskforce to address issues associated with:

- Inter-agency collaboration to ensure the provision of services and support for homeless people
- Ensuring the public could enjoy public places, like city parks and malls, in safety without fear of intimidation.

The Homeless Taskforce was chaired by Councillor David Major and core membership included the Police, Capital and Coast District Health Board, the Wellington City Council and a nominated person representing fourteen social service agencies. Residents and retailers attended on an ad hoc basis along with two former homeless people.

The Taskforce met five times between 25 July and 9 September 2003. In addition Councillor Major facilitated a focus group of residents and retailers from the Cuba and Garret Streets area and he met with a number of stakeholders. The Taskforce presented a report to the Mayoral Steering Group on 11 September 2003. A copy of that report is attached as Appendix One.

4.1 Key Findings

The key findings of the Taskforce are that:

- Homeless people are not a homogenous group. Services need to be tailored to the very different and often complex needs of individuals.
- There is a wide range of services for homeless people available that are generally well coordinated but some people still fall through the gaps.
- There is a need for extending current housing and health services to cover substance abuse and advanced addiction issues.
- There is no need for new monitoring/coordination groups to be developed.
- If the housing and health needs of the Glover Park group are met, then the behaviour issues are likely to be dealt with.

4.2 Recommendations of the Taskforce

The Homeless Taskforce requested that the Mayoral Steering Group agree:

4.2.1 *Monitoring and Co-ordination of Services:*

- That the Wellington City Council monitor trends and issues facing homeless people and report three times per annum to the Community Health and Recreation Committee of Council and also make this information available to agencies dealing with homelessness.
- That the Wellington City Council report to the Mayor annually on issues facing homeless people and any identified gaps in services.
- To ensure that the central and local government agencies that offer services to people with multiple and complex needs, work collaboratively with clients and their advocates or support people in assessment, progress and issues that arise with service provision.
- To note that further coordination groups are not required but some existing ones enhanced for example, Council officers to attend Inner City Mental Health Liaison Group.
- That the Wellington City Council develop a homeless strategy that provides a framework for responding to issues and concerns around homeless people in conjunction with other agencies.

4.2.2 *Provision of Services*

- To support the Night Shelter Trust in its efforts to refurbish the shelter and to consider extending its services to those with severe addictions.
- Social service agencies act as brokers of services and identify support workers or advocates for people with multiple and complex needs. These agencies need to be supported by the Council and other service providers in identifying and addressing gaps in service provision.
- Capital and Coast District Health Board (CCDHB) be requested to explore options for assertive treatment of people with drug and alcohol problems and for people with other physical health problems, particularly the homeless, with a focus on community based provision.

Note that the Taskforce has not taken a position on the proposed Public Places Bylaw.

5. Response to the Taskforce Recommendations

5.1 *Monitoring and Co-ordination*

The Taskforce recommended that the Council monitor trends and issues facing homeless people and report three times per annum to this Committee and once a year to the Mayor. It is recommended that those reports are included on the forward programme for this Committee. Council officers have been working with social service agencies to determine the type and range of information that will be included in the report. It is expected the report will discuss any changing characteristics of those that are living rough and raise issues that may require a response including any identified gaps in service.

It is intended to report to the Mayor in September 2004, and that report will provide a summary of the information provided to the Committee.

The Taskforce recommended that both central and local government ensure that when offering services to people with multiple and complex needs, those agencies work collaboratively with the clients and their advocates. The major service provided by the Council is concerned with housing and associated services. City Housing ask clients to identify support people or advocates and it is usual practice that advocates are kept informed of assessment, services, issues and case management. Greater coordination with social service agencies will reinforce and enhance this process.

Council officers are attending the Inner City Mental Health Liaison group as recommended by the Taskforce and those from City Housing have done so for many years.

Currently the Council does not have a homeless strategy. The needs of that group of people who are either living rough or facing homelessness are highly variable and dynamic. It is recommended that the Committee direct that officers develop a homeless strategy and report back in April 2004.

5.2 Provision of Services

The implications for Council of the recommendations concerned with provision of services are predominantly the provision of support for social service agencies. Councillors are to consider funding for the Night Shelter extensions as part of the 2004/05 Annual Plan process. In addition Council officers have offered assistance to the Night Shelter Trust in developing its business case. City Housing has a solid relationship with the Night Shelter in Wellington and will continue to maintain that relationship. City Housing has agreed to assist in accommodating the Night Shelter tenants during the refurbishment of the Night Shelter.

City Housing currently has a contract with Capital and Coast District Health Board to accommodate individuals with a mental health disability.

5.3 The Public Places Bylaw – Camping

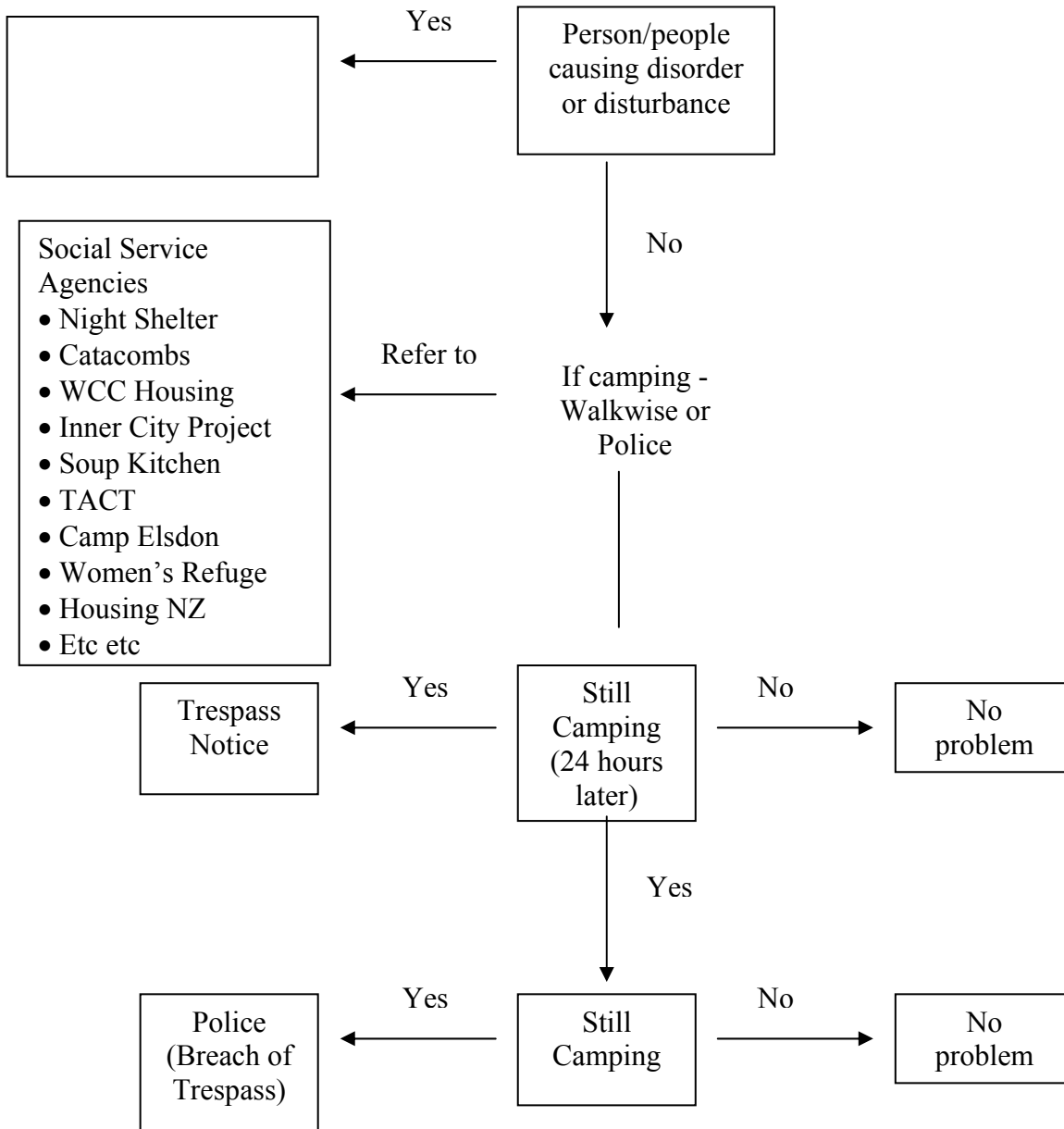
The Homeless Taskforce did not take a position on the proposed Public Places Bylaw camping clause, predominantly because the membership of the Taskforce tended to be somewhat fluid and the proposed solutions focussed on the provision of services and inter-agency collaboration.

There are a range of responses available to address issues associated with homeless people. Those responses generally fall into two categories, either a response aimed at provision of support and assistance to meet the needs of the individual or a response aimed at addressing concerns of the general public. As a general principle it is not acceptable for people to be living in parks such as Glover Park. Such living impacts upon the health and perceived safety of both the homeless person and on the public. Generally a trespass notice is a more effective intervention if people are habitually living in a particular area than a breach of bylaw charge, because the trespass notice remains in effect for a period of time.

It was clear at Taskforce meetings that there was a demand for compassionate responses to those staying in parks. People who had been experiencing negative impacts from those living in Glover Park also indicated their support for responses that assisted in meeting the needs of those living in the parks.

The following diagram outlines the range of responses to those living in parks:

Responses to Camping in Parks



This set of responses relies upon social service agencies being able to assist in location of services and /or accommodation.

At the meeting between the Taskforce and the Mayor's Steering Group there was discussion about ensuring that this was practical and it was agreed that the Police and Council will have appropriate contacts and information for referring people to social service agencies. Training has been provided to Walkwise staff on the availability of

different social services and further opportunities will be investigated to support their awareness.

Taken together, supportive efforts, Trespass Notices and the Bylaw provide for a full range of responses to meet the needs of and deal with the issues associated with homelessness. The camping in public places clause of the Public Places Bylaw is being presented to this meeting as part of a broader response.

5.4 Public Conveniences

At the meeting between the Taskforce and the Mayoral Steering Group it was agreed that the Council would review its public conveniences policy by April 2004, with a view to ensuring that there are adequate facilities available in the city. It is recommended that the Committee agrees to place this work on the forward programme.

6. Conclusion

The Homeless Taskforce met in July and August 2003 and reported back to the Mayoral Steering Group with a number of recommendations. The Mayoral Steering Group accepted the report and endorsed the recommendations. This paper reports on future work associated with implementing those recommendations that have implications for the Council.

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Supporting Information

1) Strategic Fit / Strategic Outcome

The policy supports the Council's safety objectives of people feeling safe at any time. It also supports access to resources by aiming to ensure the provision of support and resource to those in need.

2) LTCCP/Annual Plan reference and long term financial impact

Not applicable.

3) Treaty of Waitangi considerations

Not applicable.

4) Decision-Making

This is not a significant decision.

5) Consultation

a) General Consultation

Liaison continues with social service agencies.

6) Legal Implications

Not applicable.

7) Consistency with existing policy

This report is consistent with existing policy.

Homeless Taskforce

Report

i. Executive summary

This report is from the Homeless Taskforce to the Mayoral Steering Group. It makes recommendations to the Steering Group about some of the issues and concerns associated with a small group of long term homeless people living in central Wellington. The Taskforce has been established for six weeks and membership has included, social service agencies, Capital and Coast District Health Board (CCDHB), residents, retailers, homeless (and formerly homeless) people, Wellington City Council (WCC) and the Police.

The Taskforce has focussed on two key themes:

- Responding to homelessness - how the various agencies could work together to provide care and support for a group of homeless people in central Wellington.
- Responding to antisocial behaviour - how to make sure that members of the public can enjoy public places like city parks and malls in safety and without fear of intimidation.

The Taskforce acknowledges that its work has focussed to date on a small group of long term homeless people, particularly those living in Glover Park. That group and their circumstances have dominated discussion at the Taskforce meetings.

The major findings of the Taskforce are that:

- Homelessness is a complex issue and there are no easy answers, so the paper covers solutions that can be (and some have been) instigated quickly and at little cost through to longer term strategies or larger projects.
- Homeless people are not an homogenous group. Services need to be tailored to the very different and often complex needs of individuals.
- There is a wide range of services for homeless people available that are generally well coordinated but some people still fall through the gaps.
- There is a need for extending current housing and health services to cover substance abuse and advanced addiction issues.
- There is no need for new monitoring/coordination groups to be developed.
- If the housing and health needs of the Glover Park group are met, then the behaviour issues are likely to be dealt with.
- The long term homeless are not the only people affected by homelessness in the city. Some of the solutions offered in this report may have positive spin-offs for other homeless people in Wellington.

ii Recommendations

The Homeless Taskforce recommend that the Mayoral Steering Group:

Monitoring and Co-ordination of Services:

- Request that the Wellington City Council monitor trends and issues facing homeless people and report three times per annum to the Community Health and Recreation Committee of Council and also make this information available to agencies dealing with homelessness.
- Request the Wellington City Council report to the Mayor annually on issues facing homeless people and any identified gaps in services.
- Ensure that the central and local government agencies that offer services to people with multiple and complex needs, work collaboratively with clients and their advocates or support people in assessment, progress and on any issues that arise with service provision.
- Note that further coordination groups are not established but some existing ones enhanced for example, Council officers to attend Inner City Mental Health Liaison Group.
- Request the Wellington City Council develop a homeless strategy that provides a framework for responding to issues and concerns around homeless people in conjunction with other agencies.

Provision of Services

- Support the Night Shelter Trust in its efforts to refurbish the shelter and to consider extending its services to those with severe addictions.
- Social service agencies act as brokers of services and identify support workers or advocates for people with multiple and complex needs. These agencies need to be supported by the Council and other service providers in identifying and addressing gaps in service provision.
- Capital and Coast District Health Board (CCDHB) be requested to explore options for assertive treatment of people with drug and alcohol problems and for people with other physical health problems, particularly the homeless, with a focus on community based provision.
- Note the portaloos in Glover Park has been removed now that accommodation has been secured for those who have been residing in the Park.

Note that the Taskforce has not taken a position on the proposed Public Places bylaw. The Taskforce believes it should meet again to finalise the way forward for agencies and services.

Homeless Taskforce

Report

1. Introduction

The Homeless Taskforce report addresses some of the major issues and concerns associated with a small group of long term homeless people living in central Wellington. It makes recommendations to the Mayoral Steering Group to address some of those issues. The Taskforce has drawn on the knowledge and experiences of its members, retailers and residents in the Cuba Street/Garrett Street area, people providing frontline services to this homeless group and the homeless people themselves to identify the issues and provide some potential solutions.

The Taskforce was established following a number of concurrent events which brought homelessness in the city into sharp focus. These included:

- A proposed Council bylaw which was represented in the media as a mechanism to “clear the streets” of homeless people
- The death of a well-known homeless person – Robert Jones
- The documentary “Te Whanau O Aotearoa – Caretakers of the Land” being screened as part of the Wellington Film Festival and
- Increasing levels of disorder and nuisance from a small group of people.

Further details about why the Taskforce was formed, its membership and meeting process are in Appendix 1. The Taskforce has also looked at how some other cities have dealt with these issues (see Appendix 2).

1.1. Taskforce Terms of Reference

The Homeless Taskforce was established to look at two key themes:

- Responding to homelessness - how the various agencies could work together to provide care and support for a group of homeless people in central Wellington who are fellow Wellington citizens
- Responding to antisocial behaviour - how to make sure that members of the public could enjoy public places like city parks and malls in safety and without fear of intimidation.

Essential to this was a combined approach – health and social service agencies, residents, retailers, Council, the Police and the homeless people themselves all working together to identify issues and find solutions. The solutions need to both ensure the safety of the public and respect the rights of the homeless.

Some of the particular issues the Taskforce was to address included:

- Alcohol, drug and other substance abuse
- Controlling antisocial behaviour
- Accommodation gaps.

1.2. Taskforce Principles

In considering issues, challenges and options for addressing concerns about homeless people, the following principles have been recurrent though the course of discussions at the Taskforce:

- Improving the quality of life of homeless people in a *compassionate* and *sustainable* manner.
- Promoting effective *collaboration* and *partnership*. We recognise that these issues are community issues. This shared problem must be solved by shared solutions.
- Being *responsive* to the changing characteristics and circumstances of homeless people. Sometimes there will be different needs or challenges facing homeless people.
- Respecting and upholding the rights of all Wellingtonians to *safety* and *wellbeing*.

1.3. What has been achieved to date

While the Taskforce recognises that six weeks is a very short time to explore the issues and find and implement solutions, a number of very tangible things have already been achieved:

- Three of the group of homeless people in Glover Park have been offered City Housing accommodation.
- Council has taken temporary steps to deal with defecating/urinating in Glover Park. Tree trimming and shrub clearing has occurred and a portaloos has been installed. Though not ideal, these were seen as pragmatic and temporary response to a significant public health issue. The portaloos will be removed once more permanent accommodation has been found for those living in the Park.
- Council officers have been working with retailers to restrict the sale of methylated spirits.
- Police have worked internally, in answer to public concerns, to improve presence and responses to complaints about the people in Glover Park. Retailers and residents have confirmed that responses have improved.

2. Responding to Homelessness (Service provision)

2.1. Introduction

People are considered homeless when they don't have access to accommodation that is safe, secure, appropriate and affordable.

Like most major cities, Wellington's homeless population includes those that have suddenly nowhere to live as well as people who have been homeless for some time.

The reasons for homelessness are diverse and often combine a number of issues including and not limited to:

- Family/relationship breakdown and loss of community support
- Poverty
- Domestic violence or sexual abuse
- Unemployment
- Alcohol abuse
- Other drug abuse or addiction problems
- Mental health problems
- Leaving prison or trouble with the police
- Eviction or abandonment of former home

Crisis and emergency accommodation provides a certain safety net for homeless people especially for those who find themselves suddenly homeless, have no plans and do not know where to go. This appears to be less successful for the long term homeless – who experience homelessness as a way of life and regularly sleep in public places.

Wellington social service agencies believe there are three main groups of people who are regularly sleeping rough around Wellington:

- i. Individuals living in the town belt in tents and in vehicles – they are often referred to as the “recluse” group and are generally quite discrete about their situation and seldom cause a nuisance.
- ii. Other individuals whose complex needs lead them to be on the streets.
- iii. People with complex and advanced addiction issues (such as those in Glover Park).

Council officers and social service agencies estimate that there are between 10 and 15 people in this third group. Of that group there has been a core group of four who have been living in Glover Park and others have joined them on a casual basis.

The Taskforce recognises that they have been highly focused on this third group of homeless, particularly those in Glover Park, though mindful that any solutions developed may help with the first two groups as well.

2.2. Accommodation

A major need for the core group of homeless is the provision of appropriate housing. The reasons why this group are not housed are many and complex. They include:

- Personalities not suited to living in close proximity of other tenants such as in high density housing.
- Some people preferring to spend their money on things other than housing.
- Inability to raise sufficient money to pay a bond or rent in advance.
- Behaviour problems that intimidate or frighten neighbours and consequently lead to eviction.
- Friends who cause problems and disrupt neighbours, which can lead to eviction.
- Inability to maintain tenancy for all or some of the above reasons.

2.2.1. Current Services

There is a range of services that provide housing:

City Housing (Wellington City Council) – mainly provide medium to long term housing but can offer a short term fixed tenancy. This can be reviewed and extended if appropriate. Housing ranges from bedsits to larger family homes and are located from Miramar to Johnsonville. City Housing gives priority to those who are disadvantaged in the private rental market, in particular, the fit elderly, refugees and people who have low level psychiatric conditions. Rents are set at 75% of the market rate. There are significant waiting lists for accommodation.

Housing New Zealand Corporation (HNZC) – offers a similar but complementary service to City Housing generally offering larger units in suburban areas. Rents are set at 25% of income and again there are significant waiting lists.

The *Wellington Night Shelter* in Taranaki Street caters for both casual residents and for those who need more permanent accommodation. There is a small charge for accommodation (\$5 per night) and it is not open during the day. Alcohol is not allowed on the premises. The shelter is scheduled to undergo refurbishment towards the end of the year. As part of the refurbishment the Night Shelter Trust is considering providing spaces specifically for people with severe addiction issues.

A number of social service agencies have been working together on the *Easy Access Housing* project. Easy Access, in partnership with HNZC and CCDHB, are focussed on providing housing for people with complex and multiple needs. It is early days for the project, with only one house in operation, one about to become operational and a third has been purchased. It is intended that a fourth house be purchased.

In addition there is a range of *community housing* providers in Wellington that offer accommodation for people on low incomes or people with specific needs such as mental health consumers or people with disabilities. Generally places are available only through referrals from other agencies such as health services. There is some limited emergency accommodation at Menenga Pai Mansfield Street in Newtown.

2.2.2. Access to services and identified needs

For many of the above services, this group of people is very difficult to house. In some cases, they have already had tenancies but have been evicted because of unacceptable behaviour or living standards. Some services indicate that they don't have the capacity to deal with this group of homeless as they feel they cannot guarantee the safety of staff, other users and the people themselves.

City Housing has already offered accommodation to three of the people living in Glover Park. Stable housing for this group is likely to require longer term solutions following on from emergency shelter and projects such as Easy Access housing.

Housing and social service agencies believe there is a high need for accommodation for people with addiction and complex mental health needs. To a certain extent Easy Access Housing has been established to address this need. As well, there is the potential to provide basic accommodation for this group when the Night Shelter is refurbished.

The Taskforce considers that providing basic shelter for this group of people will have a number of positive outcomes. For the group it will provide them with safe and secure shelter. It could also reduce the incidence of people living in places like Glover Park and the concerns and complaints related to that.

Members of the Taskforce suggested that the single storey building in Glover Park be opened temporarily for the homeless. Council officers advise that this is not a feasible option as the building is currently leased to Te Atawhai Maori. In addition, the provision of the Reserves Act would probably not allow an activity such as overnight accommodation.

2.2.3. Potential solutions

The Night Shelter Trust undertake refurbishment as soon as possible and consider extending its services to those with severe addictions.

If that does not eventuate, the Council investigate the lease or purchase of a house in the inner city for basic overnight shelter for this group of people. It is suggested that the establishment of such a service be done in partnership with appropriate community organisations. The service is likely to need operational funding for staffing and maintenance. The Council would need to work with the Night Shelter and Easy Access Housing to ensure the services are complementary.

2.3. Shelter, toilets, showers and storage facilities

The Taskforce has identified the immediate need for day-time shelter, toilets, showering and storage facilities particularly for the people in Glover Park.

2.3.1. Drop in centres – day time shelter

Some daytime shelter is provided in drop in centres around the city including:

- Catacombs in Willis Street
- The Crypt (St Mary of the Angels) in Church Street
- St Thomas Drop In (Wellington City Mission) – Newtown
- Hope Centre (Salvation Army) – Newtown

2.3.2. Toilets and showers

Currently there are publicly accessible toilets and showering facilities available at:

- The ANZ Bank toilets on the corner of Featherston St and Lambton Quay
- Te Aro Park on Manners Street
- Wellington Central Library (a small fee is required here)
- The Salvation Army Hope Centre, Newtown

It is not known how often this group of homeless people use the available toilet and shower facilities. Many of these services may be quite distant from where the group congregate.

2.3.3. Glover Park

The Taskforce was particularly concerned about reports that the homeless people in Glover Park were defecating and urinating in the park.

The Taskforce decided that there was an urgent need for toilet facilities in Glover Park and a portaloos was installed. Though not ideal this was seen as a pragmatic and temporary response to increasing concerns about public health and hygiene until more permanent solutions could be found.

2.3.4. Potential solutions

Remove the portaloos in Glover Park once accommodation has been secured for those who have been residing in the Park.

2.4. Food Assistance and Meals

A number of services provide emergency food parcels for families or individuals. Those in or around central Wellington include:

- Downtown Community Ministry, St Peters Pantry Eva Street
- Salvation Army Newtown
- St Vincent de Paul Newtown
- Wellington City Mission Newtown

Meals are available from the following services:

- Wellington City Mission Newtown – lunch daily on weekdays for a small cost
- The Crypt – St Mary’s of the Angels Boulcott Street – lunch daily weekdays for a donation
- Suzanne Aubert Compassion Centre Soup Kitchen Tory Street – breakfast (no cost) and dinner every day except Sunday. A hot meal is provided for \$1 however if the charge is not paid food is still provided.
- “Snatch and Grab” – Sunday in Garrett Street

It would appear these services are very well utilised. The soup kitchen has on average 30 to 50 for breakfast and 80 to 90 for dinner. Threatening people are excluded from the dining room but food is provided.

2.5. Health issues for homeless people

The Taskforce identified two areas of concern around health. One was access to primary health care (such as basic medical facilities). The other was how to deal with complex health issues associated with mental health problems and advanced addiction.

2.5.1. Primary Health Care – access to medical facilities

Low-cost or free medical services are offered by the following providers:

- Te Aro Medical Centre Willis Street
- Newtown Union Health Service, Hall Ave Newtown
- Wellington People’s Centre Lukes Lane

It is not known how often this group of homeless people access medical facilities in the inner/central city. This could be an area for further investigation. One person who was residing in Glover Park has now been admitted to hospice care.

2.5.2. Physical health issues

Capital Coast Health (CCH) also provides a range of specialist services to people with physical health needs from inpatient acute services through to out-patient and community services. CCH services complement those funded by the District Health Board and provided through primary health care and PHOs.

Many needs of homeless people are more appropriately met at the primary healthcare level but sometimes access to specialist services is necessary and those services should be delivered in partnership with the client and agencies who know the client well.

Challenges associated with providing inpatient health care to homeless people can include:

1. Making extensive assessments of a client’s social situation including accessing information about community workers/service providers to whom a person is known.

2. Ensuring the client understands the dimensions of any health issues and securing their participation in a plan to treat health issues.
3. Accessing addiction treatment services.
4. Engaging the client in a collaborative relationship in locating suitable accommodation.

Social Workers at CCH will assist homeless people who wish to be housed but unless a client lacks capacity to make a decision, CCH staff will not compel people to be housed when they actively do not wish to be.

Difficulties in providing outpatient and community services to homeless people include;

- accessing an address to which outpatient appointments can be sent
- being able to find a client who may need wound care or other assistance
- locating an hygienic environment in which to treat/interview clients
- trying to promote healing when the day to day environment mitigates against this.
- Delivering rehabilitation services and equipment to people who live in a range of different environments.

2.5.3. Complex health issues – mental health and substance abuse

Capital and Coast Mental Health Services provide a wide range of specialist mental health services in Wellington, Porirua and Kapiti local body areas. Those most relevant for homeless people include:

Crisis Assessment and Treatment Team (CATT)

Provides 24 hr, 7 day per week urgent assessment and treatment. This may occur at the CATT base, in a person's home, at the Emergency Department of Wellington Hospital or at an arranged meeting place.

Team for Assertive Community Treatment (TACT) Tory Street

The TACT team is an adult community mental health team that works intensively with small caseloads to manage those clients who are potential high users of the Mental Health Service and who are often difficult to follow up due to a variety of reasons, including those who have difficulty adhering to treatment, transitional lifestyle, etc. This team works with small case numbers (10 clients per case manager) which enables the team to visit clients intensively, typically several times per week.

Wellington Community Mental Health Team (CMHT) Tory Street

Community Mental Health Services are available 8.30am to 5.00pm weekdays. Services are provided for people with moderate to severe mental health problems. This is provided at CMHT bases, in the home or at other arranged meeting places.

Alcohol and Drug Services (ADDOX) Thorndon Quay

For people who have problems related to their alcohol and/or drug use. Includes community detoxification service for people requiring home or community based

detoxification from alcohol or other drug dependence. Referral to the inpatient detoxification service based at Kenepuru Hospital can be made via this team.

Social services agencies are in a good position to ensure that support workers or advocates are identified for people with multiple and complex needs.

Some members of the Taskforce felt that there was a significant gap in services for people with substance abuse issues.

2.5.4. Potential solutions

Social service agencies act as brokers of services and identify support worker or advocate for people with multiple and complex needs. These agencies need to be supported by the Council and other service providers in identifying and addressing gaps in service provision.

CCDHB explore options for assertive treatment of people with Drug and Alcohol problems and for people with other physical health problems, particularly the homeless, with a focus on community based provision.

A Social Worker will attend regular network meetings with social service staff working with homeless people. The Social Worker will promote increased communication between Community workers and CCH professionals with the objective of including relevant agencies in assessment and care planning during inpatient, outpatient and community health events. This inclusion will need to take into account the parameters of client confidentiality and the Privacy Act.

Homeless people with high needs should have a specific community based support person, ideally consistent over time, who will work with the client and CCH staff to ensure health services are delivered. This support person could also provide an address to which appointment and other information can be delivered.

CCH staff should be made aware of any regular daily patterns a homeless client may have e.g attendance at the Soup Kitchen. This should increase the likelihood of the nurse or staff member being able to locate a client and provide a service in a venue which is comfortable and hygienic for both.

2.6. Supply of meths

The Taskforce was concerned about the consumption of methylated spirits. Meths can be cheaper and easier to obtain than alcohol. It is usually obtained from dairies, hardware stores, service stations etc.

The Council's City Safety Coordinator has been working with retailers to restrict the sale of meths. The Taskforce has been advised of a number of retailers who may have been supplying meths and the Council's Safety Co-ordinator has visited each one to discuss the supply of meths. There have been positive responses to date from the retailers – many do not carry meths on their shelves and the ones that do have agreed to restrict sale (meths taken off the shelf and only supplied when asked for, rights of

refusal emphasised). One retail chain has agreed to write to all its managers reminding them of responsible sales in relation to meths.

The supply of meths will need to be closely monitored on a continuous basis. This requires good coordination and communication among social service agencies, Council and the Police. To date this has been working well.

2.7. Co-ordination of services for homeless people

Services for homeless need to be co-ordinated and agencies work collaboratively. The Taskforce believes this is happening to a large degree with good working relationships between social services and housing agencies including community organisations, City Housing and Housing New Zealand.

Networking is regular and formalised through the Inner City Mental Health Liaison Group. This group is attended by the Police, WINZ, TACT, and social service agencies providing frontline services to mental health consumers. It identifies problems and potential responses. It looks at problems being addressed collaboratively and has set up protocols for responses to mental health issues. It is recommended that Council is represented on this group.

There are difficulties when dealing with people with multiple and/or complex needs. Sometimes service provided are not ideal because support people or advocates are not kept fully informed by provider agencies.

The Taskforce recommends that all central and local government agencies offering services to people with multiple and complex needs have processes in place to work collaboratively with clients and their advocates or support people, where they have been nominated, in assessment, progress and any issues that arise with service provision.

Up to date information is crucial to delivering the best services. Access to information is important for homeless people and for those agencies that come in contact with them. Already there are several information sources about services for homeless people. Council's community directory is a comprehensive guide to groups and organisations in Wellington. Even more specific is the *Survival Guide to Wellington – surviving on a low income in Wellington* put together by Pam Whittington from Downtown Community Ministry in 2002.

2.8. Conclusion

The Taskforce notes the number of services that are already available to homeless people and that these are generally working well. It believes that there is potential for some improvements in service provision. In summary the Taskforce recommends that:

- The Night Shelter Trust is supported in its efforts to refurbish the shelter and to consider extending its services to those with severe addictions.

- The portaloos in Glover Park be removed once accommodation has been secured for those who have been residing in the Park.
- Social service agencies act as brokers of services and identify support workers or advocates for people with multiple and complex needs. These agencies need to be supported by the Council and other service providers in identifying and addressing gaps in service provision.
- CCDHB explore options for assertive treatment of people with drug and alcohol problems and for people with other physical health problems, particularly the homeless, with a focus on community based provision.
- All central and local government agencies offering services to people with multiple and complex needs have processes in place to work collaboratively with clients and their advocates or support people, where they have been nominated, in assessment, progress and any issues that arise with service provision.
- Further coordination groups are not established but some existing ones enhanced for example Council officers to attend Inner City Mental Health Liaison Group.

3. Responding to antisocial behaviour

3.1. Introduction

There has always been a group of people living rough in Wellington with chronic addictions and/or mental health issues. However, over the past four months there has been an increasing level of unacceptable behaviour by a small group of people particularly around Glover Park and Cuba Street Mall. The Taskforce, as well as being concerned about services to support those people, is also concerned about the impact of their behaviour on the city.

For Creative Wellington - Innovative Capital to be a reality it is essential that it is a vibrant sophisticated city where people are keen to live, work and participate. It is essential then, that people feel safe in the city at all times.

When people feel unsafe it has a major impact on the city. Wellington City Council is proud of its safety record. The Residents Satisfaction Survey reports that 99% of people feel safe in the City during the day and 70% feel safe at night-time. These achievements are threatened if a small group of people intimidate others and create increasingly unacceptable levels of nuisance and disorder. The main areas of the central city where residents feel unsafe are the Cuba Street area (23%) and Manners Mall area (21%).

The Taskforce recognises that people may feel unsafe in the City for many different reasons. Dealing with the behaviour of this group will not address all safety concerns in the city but will have an impact on the specific area around Glover Park and Ghuznee, Cuba and Garrett Streets.

3.2. Impact on residents and retailers

The Taskforce spent a significant amount of time hearing from some retailers and residents, particularly those in Garrett Street, about the behaviour of the people in Glover Park. Complaints included defecating and urinating in the park, loud and drunken behaviour, drinking of alcohol and methylated spirits, intimidation and abuse of passers-by and camping in the park.

Residents and retailers felt that this was impacting on business in the area, their enjoyment and quality of life, and that the general public felt intimidated and as a result did not use the park and surrounding area. A Garrett Street businessman was concerned that the area was gaining a reputation as undesirable. Businesses reported that they were incurring additional costs as a result of the problems for example having at least two staff members present at all times for safety reasons. They also reported that some customers had been intimidated and were refusing to return. Some businesses in Garrett Street are considering leaving the area.

Both retailers and residents in Garrett Street felt that Police response to complaints or requests for assistance had been poor. As a result they were becoming increasingly reluctant to call the Police.

A Cuba Mall retailer reports there is *“partying – loud, drinking, dope, snide remarks being made as people walk down. This is happening at 9am... (It) makes Cuba Street undesirable and frightening”*.

A Garrett Street retailer, said *“It feels like Cuba Street has become a dumping ground, (I am) appalled to find a public park has become a dumping ground”*. However she along with others expressed compassion for the residents of Glover Park.

Both residents and retailers have said that the problem has intensified in the past three months.

3.2.1. Responses

The Police and Walkwise staff both play a role in responding to anti-social behaviour. Much of the behaviour complained of constitutes an offence. Where an offence occurs, the Police can arrest, charge and prosecute. There are limitations on when and for how long people can be held in custody. The Police are bound by the Bail Act to offer bail unless there is good reason not to. Charges can only be laid if there is sufficient evidence to substantiate prosecution. If charges are laid it takes time for Court proceedings to commence and be finalised. Meantime the offender remains in the community. This has caused a sense of frustration for the Police, residents and retailers.

During the course of Taskforce meetings, residents and retailers complained that the Police response to calls about the Glover Park homeless people was poor and superficial. Wellington Police have worked internally to ensure that the response to calls by the public would be improved and that there was an increased Police presence around the Glover Park area. An instruction was issued to the Police Call Centre outlining expectations and that such calls were to be treated with priority. Retailers and residents present at a subsequent meeting confirmed that the responses had improved.

The Police have increased their presence in the area and have been proactive in arresting people who were offending. However the Police have been hampered because members of the public often do not wish to get involved and commit to testifying in Court.

City Safety officers (Walkwise) have been operating 15 Full time equivalents, 24 hours a day, 7 days a week for the past 19 months. The principal role of Walkwise is to be the eyes and ears and ambassadors for the city. They perform a valuable frontline service by identifying and responding to issues in need of immediate attention in the city. Walkwise staff take an early intervention role that contributes to preventing problems occurring or escalating. If a problem escalates Walkwise staff are pro-active in seeking Police assistance. The Police fully endorse the role of Walkwise and the relationship between them is strong and collaborative.

Council is investigating options around serving trespass notices on any persons who attempt to take up permanent residence in Glover Park in the future.

3.3. Conclusion

The Taskforce supports and commends the efforts the Police and Walkwise officers have made to respond to this issue.

The Taskforce believes there is sufficient legislation to deal with the anti-social behaviour that is being complained about. It is reasonable to expect that levels of disorder and nuisance will decrease if other issues, particularly those around accommodation, are resolved. Therefore it is not considered appropriate to introduce other regulatory controls.

The Taskforce has decided not to take a position on the proposed Public Places bylaw. There has been some discussion at the meetings of the impact of the proposed bylaw on homeless people but no firm conclusion reached.

The Taskforce recommends that Council develop a homeless strategy which sets out how it will respond to issues and concerns around homeless people. This would need to be done in conjunction with other agencies.

4. Monitoring of homelessness

The Taskforce recognises that there is a need to monitor the issues of homelessness in Wellington on an ongoing basis. Monitoring needs to cover not just the long term homeless who are sleeping rough in the streets and parks, but the broader group of homeless who are having difficulty finding stable accommodation. In particular the following needs to be monitored:

- The *issues* facing homeless people to ensure the appropriate responses are made.
- The availability of *services* to ensure that they match the issues facing homeless people.
- Trends in homelessness for example who is seeking emergency accommodation and why, how many people are sleeping rough and what are their living conditions and safety.
- Complaints about antisocial behaviour and how they are being dealt with.

The network of agencies working particularly with the long term homeless is strong (see Coordination of Services) as is the relationship with Police and Council (eg Community Service staff, Walkwise officers).

Social Service providers are in the best position to advise on the issues facing this group of homeless people. They have regular contact and have built relationships with them. The Inner City Project (a partnership of seven community and health organisations) is already working with the 'recluse' group who live in the Town Belt.

Council staff are also in a good position to monitor the movements of homeless people. For example, Parks and Gardens staff can advise on the number of homeless in areas like the Town Belt. City Housing staff know who has been evicted or has left accommodation. Walkwise staff are also aware of what is happening in the central city and how many people are actually sleeping in the open.

What is needed is a more formalised system of reporting and recording trends, issues and responses from all the above groups. Council's Community Services team appears the most appropriate group to bring this information together and report to Council and involved agencies.

4.1.1. Conclusions

The Taskforce recommends that:

Council officers monitor trends and issues facing homeless people and report to Community Health and Recreation Committee of Council regularly. This information is also made available to agencies working with homeless people including the Police, and the social service/housing agencies

Council officers report to Mayor annually on issues facing homeless people and any identified gaps in services.

About the Homeless Taskforce

Why was the Taskforce formed?

Issues associated with homeless people were highlighted as a result of:

- A proposed bylaw which was represented in the media as a mechanism to “clear the streets” of homeless people
- The death of a well-known homeless person – Robert Jones
- The documentary “Te Whanau O Aotearoa – Caretakers of the Land” being screened as part of the Wellington Film Festival and
- Increasing levels of disorder and nuisance from a small group of people.

As part of a review of all Council bylaws, the Public Places Bylaw was proposed to deal with a wide range of activities including signage, trading in public places, street performance, and road encroachments. One aim of the proposed bylaw was to prevent people camping in public places. There has been an issue about people camping in housetrucks and campervans around the city. The current Roads and Public Places bylaw prohibits living in a vehicle in a public place.

The review of this bylaw identified an anomaly where people could not live in vehicles but could live on the roadside. Therefore it was proposed to remove the reference to vehicles and prohibit all camping in public places without permission. This approach was also consistent with the Town Belt Management Plan which prohibits camping. The proposed bylaw said that while homeless people were not permitted to camp, they would be left alone unless they requested assistance or were in need of assistance.

The death of well-known homeless man, Robert Jones, attracted significant media coverage. Robert Jones had been living in the Town Belt for some twenty years and Wellington people sympathised with and supported him.

The documentary “Te Whanau O Aotearoa – Caretakers of the Land” was screened as part of the Wellington Film Festival. That film was an observational documentary that followed Ben Hana (aka Tarzan, aka Blanket Man) over a period of two to three months. The film was sensitive to Hana and advocated for him. In some respects the film promoted Hana as a cult figure.

At about the same time it became apparent that there was an increasing level of concern about a small group of homeless people in Wellington City. There was an increasing number of complaints being received from residents, retailers and the general public about offensive and disorderly behaviour by a small group of people, particularly those in Glover Park.

In response the Mayor called a meeting of Council representatives, key social service and health agencies and the police. The meeting discussed approaches to dealing with the small number of people who were causing distress to the public while acknowledging the need for services for them.

From that meeting, a decision was made to form the Homeless Taskforce, chaired by Councillor David Major and comprised of Council representatives, social service and health agencies, the police, homeless people, residents and retailers.

What has the Taskforce been doing?

The Taskforce has met five times. The first meeting was held at the Wellington City Council. It was decided to move the venue for subsequent meetings on the basis that the Home of Compassion/ Soup Kitchen may be seen as more accessible and less intimidating for some people.

Core membership has included Wellington Police, Wellington City Council, Capital and Coast District Health Board and a nominated person covering fourteen social service agencies. Retailers and residents from the Glover Park area have also attended the Taskforce meetings on an ad hoc basis. One former homeless person attended three of the meetings and another attended two meetings.

To make sure that the Taskforce provided enough opportunity for residents and retailers in the Glover Park area to have their say, a separate public meeting was held. It was attended by 20 people.

In addition, Councillor Major visited and interviewed a wide range of agencies, service providers and individuals to discuss issues and solutions.

The Taskforce meetings have canvassed issues facing street people and heard from the Inner City Project, the Soup Kitchen and residents and retailers.

Agencies contacted by David Major

Dr Pat Hill – Te Aro Medical Centre
Selwyn Katene – Health Advisor, Office of Hon Annette King MP
John Anderson – Open Space
Captain Craig Fleury – Salvation Army
Pam Whittington – Downtown Community Ministry
Sister Margaret Mary – Suzanne Aubert Compassion Centre
Guests of the Compassion Centre Soup Kitchen
Homeless people in Glover Park
Gerald Thorner – City Mission Auckland

Appendix 2

Summary of international experience and strategies

City Council strategies from the UK, Australia and Canada have been reviewed. In general they have adopted similar approaches. For example:

Outreach service – Sydney and Brisbane have implemented outreach services. A team of skilled workers assist homeless people on the streets and provide front line care and assistance to access appropriate services.

Brokerage service – Sydney and Brisbane both have brokerage services operating in the city. This is a homelessness prevention activity. People are assisted to find and purchase short-term accommodation.

Information and referral service – Sydney and Brisbane both have an information service. A toll free number is set up to enable people at risk of homelessness or in crisis to access support and information.

Accommodation – the cities reviewed had a variety of responses to the issue of accommodation. In general the approaches were two pronged – dealing with both emergency shelter (night shelters and public places) and permanent long-term accommodation. Richmond, Canada, broke accommodation down into three stages – shelter, transition housing and second stage housing (between 1-4 months). Brisbane City focused on auditing and upgrading park infrastructure to include provision for shelter, cooking, storage, toilets and water.

Other services – other services included co-ordinating support services, financially supporting services, encouraging life and occupational skill acquisition, after hours youth services and fines for sleeping in public.

