WHERE DO YOU SLEEP AT NIGHT

TRANSGENDER EXPERIENCES OF HOUSING INSTABILITY AND HOMELESSNESS

GENDER MINORITIES AOTEAROA 2020
WELLINGTON, AOTEAROA NEW ZEALAND

Preface

Gender Minorities Aotearoa is a national transgender led organisation, operating on the Ottawa Charter and Te Pae Mahutonga public health frameworks. It works directly with transgender people across Aotearoa, as well as on a number of other levels, to address disparities and advocate for equity across all areas of life.

Gender Minorities Aotearoa runs the national rainbow housing network Queer Housing NZ, and previously ran the TEA Project in Wellington (Temporary Emergency Accommodation) for six years. It provides information on the law, human rights, referrals and practical guidance for trans people seeking housing, and has also provided community advisory on a number of research projects and Government working groups.

In New Zealand, one in five transgender people experiences homelessness at some point during their life. This rate is 19% overall and climbs to 25% for Māori and other non-European trans people.

This report looks at experiences of transgender homelessness and the circumstances surrounding it, with an aim to enable better understandings including key contributing factors, in order to inform the provision of safe, stable housing to both binary and non-binary transgender people.

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Executive summary

Gender Minorities Aotearoa undertook research in the Wellington region in late 2019, in order to gain understandings of the circumstances surrounding homelessness for transgender people; their experiences of it, the support services required to address it, and the housing aspirations of those experiencing it. This report details the findings of the research in which 43 participants contributed.

These participants are mostly European/Pākehā young adults and gender diverse. A large proportion of them have had relatively stable home environments as children, yet many of them have experienced situations of homelessness from an early age. All of the participants disclose that they have at least one health condition, with the three most prevalent conditions being: mental health condition, neuro-diversity, and disability. For most, employment opportunities and incomes are limited.

The participants tend to move housing within the same region; moving across regions seems to be less frequent. However, most of the participants change sleeping arrangements frequently, from every few weeks to every few months. This is due to a number of concurrent and compounding factors such as poor quality housing, temporary availability, unaffordability, and eviction. All of the participants have been able to sleep in safe and relatively long-term housing at some point over the past five years, however, about two-thirds of them have also experienced unsafe, temporary, or exposed forms of housing.

When describing safe, stable and long-term housing, the participants mention affordability and good quality housing as key criteria, as well as positive relationships with flatmates; in particular, flatmates who are not transphobic or sex worker phobic. The characteristics of the neighbourhood are also important to consider (e.g. close to public transport and services). Finding appropriate housing is impacted by experiences of stigma and interpersonal prejudice, structural and systemic discrimination, potential changes to whānau composition, and limited financial capacity; necessitating moving frequently to try to improve one's situation. To help in their search for suitable housing, the participants rely on their close networks such as friends and family, and the use of technology including social media and apps. Many also contact professional organisations or support services. A range of other strategies are used, including the provision of semi-commercial sexual services.

A number of recommendations are provided to help address some of the disparities highlighted in this research. They include an emphasis on prevention and better access to the welfare system, as well as the delivery of timely and integrated support services when people experience homelessness. Safety is a critical factor and needs to be reflected in the provision of temporary/emergency housing, as well as long-term housing (e.g. council and public housing aimed at trans and non-binary people). These need to be complemented by other actions to address disparities and assist people to sustain their housing. For example: reducing discrimination across education and employment in order to be able to afford rent; better access to appropriate healthcare services to enable trans people retain employment; and education campaigns to reduce stigma and discrimination.

About this project

This section provides some contextual information about homelessness in New Zealand before focusing on the purpose of this research project and how it was undertaken.

Background

Homelessness in Aotearoa New Zealand is significant

In New Zealand, homelessness is defined[1] as "living situations where people with no other options to acquire safe and secure housing are without shelter, in temporary accommodation, sharing accommodation with a household or living in uninhabitable housing."

The latest census data[2] reveals that in 2018 on census night, an estimated 41,644 people or nearly 0.9% of the New Zealand population experienced severe housing deprivation.

There is limited data on transgender and non-binary people in Aotearoa New Zealand

Currently, there is no consistent and nationwide data collection system on transgender and non-binary people. Some key tools of nationwide data collection (e.g. Census, General Social Survey, and Household Economic Survey) have traditionally[3] used the outdated binary approach to gender (i.e. male and female). As a result, the transgender and non-binary population has remained 'statistically invisible' by either being assimilated into the binary groups or not being counted. This lack of representation has impacted this population, particularly around understanding and meeting its needs.

Collaborative work involving academia, rainbow organisations, and people with lived experience, has contributed to the recent assessment of the size of the transgender and non-binary population[4] in New Zealand. It is estimated to be around 1.2% of the total population, which represents about 56,000 people nationwide.

Applying the 2018 Census rate of homelessness (0.9%) to the transgender and non-binary population (56,000 people) would equate to 504 transgender people experiencing severe housing deprivation nationwide on the same night.

Although recent research[5] on transgender populations nationwide did not show a snapshot of housing on the night, it did show that almost one in five trans people experiences homelessness at some point in their life (19%). This rate[6] was broken down to 12% for youth, 16% for Europeans, 25% for adults, and 25% for non-Europeans.

'Where Do You Sleep At Night' surveyed a small sample size in the Wellington region only, and cannot be considered nationally representative, however the snapshot it provides shows 12% of trans people in temporary accommodations, and 55% uncertain how long they will stay at the place they would sleep that night.

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[1] Statistics New Zealand (2009). *New Zealand definition of homelessness*. Wellington.

[2] https://www.hud.govt.nz/assets/News-and-Resources/Statistics-and-Research/2018-Severe-housing-deprivation-estimate/Severe-Housing-Deprivation-2018-Estimate-Report.pdf

[3] The 2019 Household Economic Survey collected more inclusive gender data; the 2023 Census is expected to do likewise.

[4] https://genderminorities.com/2018/09/11/number-of-trans-people-in-nz/#:~:text=Withapopulationof4.693,transgenderandintersexNZ

[5] www.countingourselves.nz

[6] Ibid.

Various efforts aim to address homelessness

Over the last few years, a number of significant interventions[7] have been put in place in order to address homelessness; such as Sustaining Tenancies, Emergency Housing Special Needs Grant, Transitional Housing, and Housing First. This work has relied on cross-agency collaboration to be effective (e.g. government agencies, service providers, local authorities and other stakeholders).

In February 2020 the Aotearoa New Zealand Homelessness Action Plan[8] (ANZHAP) was released. It specifies a number of complementary initiatives aimed at reducing homelessness over the next three years using four channels - prevention, supply, support, and system enablers. The transgender population is one of a few groups of people mentioned in ANZHAP as particularly affected by homelessness, and therefore requiring dedicated support. This is supported by previous research[9] showing that trans and non-binary people experience greater levels of homelessness, discrimination and other problems than the rest of the population.

In the Wellington region, Gender Minorities Aotearoa (GMA) has been heavily involved in housing support for transgender people since before it's formal inception in 2014. In particular, GMA ran the TEA project (Temporary Emergency Accommodation) for six years between 2013 and 2019. The 1-2 bedrooms available in a Wellington social centre welcomed up to three trans people, usually at short notice, and enabled them to have an ongoing safe place to sleep free of charge for up to two months. On average the TEA project supported over 10 people a year. However, demand has always outweighed capacity. Since September 2019, there is no safe emergency housing solution aimed at transgender people in the Wellington region.

Why is this research important?

Transgender people experience much higher rates of housing insecurity and homelessness than the general population. Yet, there is currently limited published literature exploring housing situations and experiences of transgender people in Aotearoa New Zealand. This research report contributes to building a more comprehensive knowledge and evidence base, thus enabling better informed decision-making.

Purpose of this research

This research aims to enable better understandings of transgender people's experiences in regard to diverse housing and sleeping situations, including key underlying reasons for housing instability and homelessness, in order to be able to provide safe, stable and long-term housing to both binary and non-binary transgender people.

The findings of this research will primarily strengthen GMA's housing strategy and the design of its emergency housing and wraparound support services, so as to provide more effective support to transgender people who experience housing instability and homelessness. This research will also help to inform safe, stable, long-term housing solutions for trans and non-binary people.

Research questions

This project aims to answer the following question: what are trans and non-binary people's experiences of housing instability and homelessness?

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[7] The Ministry of Housing and Urban Development provides regular updates (e.g. quarterly reports and monthly housing dashboards) on people's housing situations https://www.hud.govt.nz/community-and-public-housing/follow-our-progress/

[8] https://www.hud.govt.nz/assets/Community-and-Public-Housing/Support-for-people-in-need/Homelessness-Action-Plan/271a3c7d79/Homelessness-Action-Plan.pdf

[9] Human Rights Commission (2007). *To be who I am, kia noho au ki tōku anō ao*. Wellington.

With a particular focus on the following sub-questions:

- What factors contribute to trans and non-binary people's housing instability and homelessness?
- What are some of the key characteristics of housing instability and homelessness for trans and non-binary people?
- What factors and support mechanisms mitigate experiences of housing instability and homelessness for trans and non-binary people?

How was this research undertaken?

This project used a quantitative methodology, explained below in more detail, to explore transgender people's experiences of housing instability and homelessness.

The research team

The research team consisted of four GMA staff and one volunteer. The demographic characteristics of the team were diverse (e.g. ethnicity, age, country of origin, gender identity, family situation, disability), and included a majority of both binary and non-binary transgender people with lived experience of homelessness and housing instability.

The team discussed, agreed and implemented the project steps, from research design to data collection, analysis and reporting.

Data collection method

The research team developed a relatively short **survey** with 23 questions (see Appendix 1 for more information). The survey combined questions requiring participants to select answers that apply to their situation from a pre-determined list, and a few questions asking participants to write their thoughts and experiences. All the questions were voluntary, and some participants skipped a few.

The main channel of data collection was **online** (95% of all participants). The online survey was available for one month until mid-December 2019. A **paper** copy of the survey was distributed through several support organisations which work with transgender people experiencing housing instability and homelessness in January 2020, to ensure that people who did not have access to the online survey were able to participate (5% of all participants).

Recruitment of participants

To guarantee as wide a coverage of the survey as possible, various channels were used concurrently:

- GMA's website, online support forum, and social media
- GMA's mailing lists to alert its networks of the survey
- GMA's national rainbow housing forum Queer Housing NZ
- Online and paper copies at GMA's community drop in centre
- Posters in Aunty Dana's Op Shop
- Word of mouth from survey participants and other community members
- Paper copies at other organisations that support transgender people experiencing homelessness and housing instability

Purposeful sampling

To qualify for the survey, people had to meet the following three criteria:

- Be transgender (including non-binary, intersex, takatāpui gender-diverse),
- Have lived in Wellington at some point in the past five years, and
- Have experienced unsafe or unstable housing or homelessness.

This research was focused on particular areas of the Wellington region[10], for practical reasons:

- The community work GMA has done over the years, added to the strong networks it has developed locally, have contributed to the good survey uptake from a large proportion of the local transgender population
- Due to resourcing constraints, this project had to retain a manageable size (e.g. limited geographical area and set timeframe).

Data analysis

The quantitative data was analysed using Excel. Due to overall low numbers, this report provides descriptive analyses rather than statistical testing.

A thematic analysis was undertaken to report on the qualitative data (i.e. free text answers).

Ethical considerations

Potential participants were informed about the survey and its purpose. They had the opportunity to discuss it with the research team face to face or through a phone number provided with the survey link and on the posters. Support was available if participants required it.

Participants could complete as much of the survey as they wanted to. They could do so anonymously. However, if they had any queries, participants had to provide their contact details to enable the research team to follow up.

Research limitations

This project focused on the Wellington region, which is a relatively large and mostly urban and suburban centre. A similar project done in a rural setting may uncover different findings.

The survey was completed prior to the Covid-19 crisis, which transformed the New Zealand housing landscape. Some of the findings from this research may be different in the post Covid-19 environment.

The findings of this project may be extrapolated to other settings with caution.

Terminology

Key concepts of gender identity are explained in the glossary section of this report (see Appendix 4).

Note that the rest of this report uses the word 'trans' as a shortcut to include: non-binary, intersex, and takatāpui gender-diverse.

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[10] Specifically: Wellington city, Lower Hutt, Upper Hutt, Porirua and Kāpiti Coast. Other areas of the Wellington region were not included in this research (South Wairarapa, Carterton and Masterton areas).

Who are the survey participants?

This short section describes the research participants.

The sample size is relatively large

A total of 43 trans people participated in this research project (95% did the online survey and 5% the paper one). Most of them answered all of the survey questions.

We are confident that we reached a significant proportion of the transgender population in the Wellington region who identify with experiences of housing instability and/or homelessness[11].

Most participants present similar demographic characteristics

The research participants mostly belong to European/Pākehā and/or Māori ethnic groups. Most of them are young adults. Participants' gender is diverse, with a slight skew towards trans female participants. Almost all of them are Aotearoa New Zealand citizens.

More specifically, the participants' demographic characteristics[12] are as follows:

Ethnicity: more than three quarters (77.5%) identify as European/Pākehā[13] while 22.5% of participants identify as Māori (many of whom also list other ethnicities).

Age: slightly less than three quarters of participants (72.5%) are young adults (19-29 years old); 20% of participants are adults (30-39 years old); and 5% are teenagers (14-18 years old).

Gender: slightly more than a third of participants (36%) identify as trans female[14]; 28% identify as non-binary transmasculine[15]; 18% identify as non-binary transfeminine[16]; and 13% identify as trans male[17]. Note that 54% of the participants know that they do not have an intersex variation, while 5% know that they do have one (41% of the participants do not know whether they have an intersex variation or not).

Citizenship status: most of the participants (92%) are NZ citizens, and 5% are permanent residents.

> While we reached a diverse range of people within the age range of respondents, our results may be limited by factors including technological literacy and other access issues, such as physical and social isolation. Additionally, we believe that "older adults" are less likely to identify with experiences of housing instability in the past five years as significant time may have passed since their last episode of homelessness.

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[11] The Counting Ourselves research had 321 participants from the Wellington region. Of those, 242 answered questions about homelessness and 46 of them stated that they had ever experienced homelessness.

[12] The fact that demographic characteristics seem to converge for many participants may potentially be explained by: the channels used to advertise the survey and therefore the people who accessed it (e.g. particular professional and personal networks used that did not reach other transgender groups); the survey method (e.g. online, which is very familiar for younger generations); non-European/Pākehā trans-people may be connected to other networks; or the Wellington location (e.g. in other regions trans-people with experiences of homelessness may represent different demographic groups).

[13] Participants could select as many ethnicities as they wanted.

[14] Women assigned male at birth.

[15] All genders other than woman or man (assigned female at birth).

[16] All genders other than woman or man (assigned male at birth).

[17] Men assigned female at birth.

What are participants' circumstances?

This section first describes the participants' home environment during childhood, and then the life stages during which they experienced homelessness. The section then discusses participants' current situation, with a particular focus on health/wellbeing and income/employment.

## Most participants experienced a relatively stable home environment during childhood

Parents played a crucial upbringing role for 86% of the participants. For 56% parents were their only caregivers while growing up; for 30% parents were one of two types of caregivers. In addition to their parents, most of these participants were also raised by extended family/whānau and siblings.

Twelve percent of the participants experienced some caregiving instability while growing up by having three or four different caregiving arrangements. The different combinations of caregiving arrangements included: parents, extended family/whānau, siblings, foster parents/family, family friends, older boyfriend and state care.

> Parent/s were key caregivers for most of the participants as children.

For most participants, experiences of homelessness started young

Participants have experienced homelessness at various stages[18] in their lives, as shown by the diagram below. The diagram does not identify *individual pathways* in and out of homelessness but rather *patterns*. Note that these experiences of homelessness may not always have happened while the participants lived in the Wellington region.
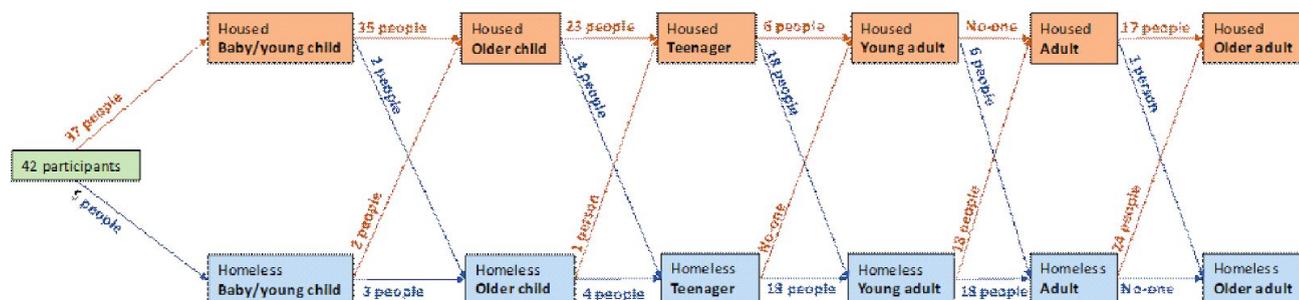
For seven participants, homelessness was *first* experienced in the early stages of their lives: for five participants, it was as a **baby/young child** and for two participants, it was as an **older child**. All seven of them also experienced further homelessness in their later life stages.

Most participants have experienced homelessness during one or more of the following three life stages: **teenager, young adult, adult**. Forty-three percent of participants who experienced homelessness as a teenager also experienced it as a young adult; and later one third of them also experienced it as an adult. Of the participants who experienced homelessness as a teenager, almost three quarters of them (72%) experienced it for the *first time* as a teenager, while 28% of them had already experienced it as a child.

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[18] The survey identified six life stages: baby/young child; older child; teenager; young adult; adult; and older adult.

86% of participants experienced homelessness as a **young adult**, with half of them having already experienced it during previous life stages. Half of the participants who have experienced homelessness as a young adult have also experienced it as an adult.

A majority of participants (57%) have experienced homelessness as an **adult**. For a fifth of them (21%) it was the *first time* they had experienced homelessness.

Overall, homelessness is enduring for most participants. Three quarters of the participants (75%) have experienced homelessness **during two, and up to five, life stages**.

Those who experienced homelessness as a child were likely to continue to experience homeless episodes throughout other stages of life. For most participants, homelessness was first experienced as a teenager, young adult and/or adult.

Most participants experience multiple health/medical conditions

All the participants (38) who answered the question about their health disclosed that they suffer from **at least one condition**[19]. The table below shows the number and combinations of conditions experienced by these participants.

Number and types of conditions	Percentage*
2 conditions: mental health; and neuro-diversity	24%
4 conditions: mental health; neuro-diversity; disability; and chronic pain	18%
1 condition: mental health	13%
3 conditions: mental health; neuro-diversity; and disability	11%
1 condition: disability	8%
1 condition: neuro-diversity	8%
2 conditions: mental health; and disability	5%
2 conditions: chronic pain; and mental health	5%
2 conditions: chronic pain; and disability	3%
3 conditions: chronic pain; disability; and neuro-diversity	3%
3 conditions: chronic pain; mental health; and neuro-diversity	3%

* The percentages do not add up to 100% due to rounding.

The following **three conditions** are selected the most by participants:

- Mental health condition (79% of the participants)
- Neuro-diversity; for example autism spectrum, affective spectrum (66% of the participants)
- Disability; for example mobility issues, hearing-impairment, sight-impairment, cognitive issues (47% of the participants)

100% of participants experience at least one of these top three conditions, and 29% of the participants experience all three of them.

Only 29% of participants experience one condition alone (i.e. mental health, neuro-diversity or disability). The majority of participants (71%) experience two or more conditions. Chronic pain is experienced in combination with another condition.

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[19] It is not known whether these conditions are diagnosed and whether participants receive the medical care they need.

Participants were also asked about **substance abuse**. Forty-seven percent disclosed that this was an issue. Substance abuse was selected in conjunction with at least one health/medical condition, and up to four. The condition selected the most was neuro-diversity (16 times), closely followed by mental health (15 times), whereas disability and chronic pain were selected less (11 times and 8 times respectively).

Of the participants who disclosed substance abuse:

- 28% also selected the four conditions listed by the question: mental health, neuro-diversity, disability and chronic pain
- 22% selected three conditions: disability, neuro-diversity and mental health
- 22% selected two conditions: neuro-diversity and mental health
- The remaining participants selected between one and three conditions (different from the above combinations)

> All participants suffered from health conditions. The most prevalent condition was mental health. More than two-thirds of the participants suffer from multiple concurrent conditions. 47% had experienced substance abuse, which was most commonly linked to neuro-diversity and/or mental health conditions.

Income and financial opportunities are limited

Most participants have a **busy schedule**, whether they are employed or unemployed. Sixty percent of the participants are engaged in two or more activities (e.g. employment, volunteering, education). However, in most cases these activities do not provide a regular income. Participants rely on a variety of activities in order to cover the cost of living.

Half of the participants are **employed**[20] and experience different degrees of job security and reliable income: 20% are employed casually; 17.5% are in permanent part-time employment; 7.5% are in permanent full-time employment; and 5% are in fixed-term employment (full or part-time). Almost half of the participants (47.5%) are unemployed and receive social welfare payments.

Thirty percent of the participants are engaged in **sex work**. Most of them (92%) also hold up to three additional activities in combination with sex work (e.g. casual employment, permanent part-time employment, studies).

A quarter of the participants (25%) are in **education** (e.g. studies, traineeship). Most of them (80%) also undertake another activity in order to earn an income (e.g. casual employment, sex work, fixed-term employment).

For 30% of the participants, doing **unpaid work** (e.g. caregiving, volunteering) is an important part of their lives. They may do this in addition to other activities (e.g. studies, casual employment, sex work).

> Paid employment opportunities and income are limited, despite a high level of motivation, organisation, and unpaid work opportunities.

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[20] Questions on participants' sector of activity/industry and income amount were not asked, therefore no conclusion may be drawn on the level of precarity they experience.

Why do participants change sleeping arrangements frequently?

This section first discusses participants' high mobility before explaining the underlying reasons.

Participants move frequently within the same region

Over the last five years 26% of participants have lived only in the Wellington region. Forty-seven percent have lived in one other region (e.g. Auckland or Waikato) in addition to living in the Wellington region. Nineteen percent have lived in two other regions (e.g. Auckland and Waikato) in addition to also living in the Wellington region. Nine percent have lived in three or more other regions (e.g. Auckland, Manawatu, Christchurch) in addition to the Wellington region. There is limited cross-regional mobility, unlike intra-regional movements (see above sections).

The most popular regions are: Auckland (28% of participants); Waikato (16%); Manawatu-Wanganui (14%); Otago equal with Nelson (12%); and Canterbury (9%).

> Participants tend to be mobile within a region rather than across different regions.

Participants change sleeping arrangements frequently

Over the last five years, all the participants have changed their housing situation a number of times, combining a number of medium-term stays in a place (six months or more) with other short-term arrangements.

Participants were asked about how many places they had lived in for more than six months in the last five years: 21% selected one or two places; 44% selected three or four places; and 33% selected five or six places.

However, participants were also asked to recall how many places they had stayed at overall in the last five years (including accommodation via one-night stands). They selected the following options:

- 1-10 places for 29% of participants
- 11-20 places for 33% of participants (moving on average every 3 to 5.4 months)
- 21-50 places for 31% of participants (moving on average every 1.2 to 2.8 months)
- 61 places or more for 7% of participants (moving on average more than once a month)

Due to the overall low number of participants, there is no clear pattern for the last five years between: the types of sleeping arrangements people experienced, the number of places people lived in for six months or more, and the overall number of places people stayed at. There is a large spread of responses. For example, some people lived in a few places for six months or more, which seems to signal some housing stability. However, the number of places they stayed at overall ranges from one to over 61 places, thus showing periods of severe instability. The same also applies to people who lived in only one or two places for six months or more. The number of places they stayed at overall varies from one to 61 or more. Living in a place for six months or more does not seem to protect people from overall housing instability. Rather than a pattern of instability changing toward stable housing, participants seem to experience periods of instability and precarity fluctuating with periods of stable housing.

> Most participants experienced extreme housing instability during the last five years, with 71% moving at least once every six months on average, and over a third moving more than once every three months on average.

Compounding factors contribute to frequent changes in sleeping arrangements

Participants describe a range of reasons why they have to change sleeping arrangements regularly, and in many cases they have no choice but to move.

35% of participants selected 'finding a better place' as the reason for moving, but it is unclear whether this is because the current situation is unsuitable or simply a desire for better housing.

The reason selected the most by almost three-quarters of participants (74%) relates to poor quality housing (e.g. cold, damp, leaking). Other property-associated reasons are:

- Short-term lease and/or rental only (63% of participants)
- Sleeping arrangements only available temporarily (53%)
- Could not afford the increased rent (39.5%)
- Evicted (35%)
- Too far from services (e.g. healthcare, social services, supermarket) (23%)
- Inaccessible (e.g. mobility access) (23%)
- No privacy (21%)

A lot of other reasons selected by participants relate to stigma, prejudice, and poor social relationships, including lack of care and support.

Lack of safety is a key issue for almost two thirds of the participants (63%). This is followed by:

- Had to leave family/whānau home (46.5% of participants)
- Discrimination (e.g. gender, ethnicity, disability) (42%)
- Friends unable to support the participant (33%)
- Family/whānau unable to support the participant (26%)

Two additional reasons are also provided to explain why participants had to move housing:

- No money (e.g. loss of income, inadequate social welfare) (47% of participants)
- Saving for medical treatment (5%)

All the participants have experienced one or more of these issues. (81%) experienced four or more of these issues, and (44%) experienced seven or more of these issues. Whether these issues happen concurrently or consecutively over a period of time, they nonetheless seriously affect housing stability, which is likely to have implications across many areas of their lives (e.g. access to services, increased stress and anxiety, poor health outcomes).

> The top three reasons that push two-thirds or more of the participants to shift are: poor quality housing, lack of safety, and short-term lease agreements.

What are participants' sleeping arrangements?

This section first details the various types of sleeping arrangements participants have experienced before providing a current snapshot of sleeping arrangements.

Safe, stable and long-term sleeping arrangements are only one option among many

The survey question listed 28 options for different types of sleeping arrangements (including 'other, please specify'). These options presented varying degrees of permanence and safety. These options were loosely classified into four distinct categories (See Appendix 2):

Category A: some permanence and safety due to a formal contractual agreement and/or the payment of rent. All the participants have experienced at least one type of sleeping arrangement listed in this category.

- 98% have been in a flatting/renting situation involving the payment of rent
- 37% of participants have couch surfed (no private space) and paid rent
- 21% of participants selected "private room in a place owned by someone who is not currently there (paying rent)"
- Other options in this category included: commercial accommodation, Council housing, public housing, service providers' housing and participant's own home. These options were hardly selected by participants (between 5-7%).

Category B: temporary, safe sleeping arrangements, provided by own network (no formal contractual agreement/payment of rent). A little more than three quarters of the participants (77%) have experienced one or more sleeping arrangements in this category, which involve no rent payment and varying durations of stay.

- 46.5% have spent time couch surfing (no private space) and/or staying with their partner(s).

- 35% have stayed with extended family/whānau
- 28%) have been able to stay at someone's place and have their own private space
- Very few participants have stayed home or with their parents (7%)

Category C: temporary, potentially unsafe sleeping arrangements, provided by agencies or other professional networks. About half of the participants (49%) have experienced one of these sleeping arrangements provided by professional organisations.

- Place of employment (e.g. office, brothel) was the most selected option (21% of participants)
- Closely followed by hospital (19%)
- The next two options equally selected were emergency accommodation provided by Work & Income and boarding house (16%)
- The remaining options were selected by very few participants: university related place, halfway house and social centre (between 2-5%).

Category D: temporary, exposed and unsafe sleeping arrangements. About half of the participants (49%) have experienced one or more of these temporary, exposed and unsafe sleeping arrangements.

- 26% hooked up with someone (e.g. one-night stand) to have a place to stay
- 23% slept rough (e.g. public place)

- 16% of participants equally selected the following options: staying in a vehicle (without amenities), sleeping in an abandoned building/space, party hopping, and staying in a tent or similar temporary structure.

It seems that the participants who had three or less different sleeping arrangements over the last five years did not experience Category D options, whereas the participants who had four or more different sleeping arrangements over the same period were more likely to experience Category D options.

One third of participants (33%) has experienced **Categories A and/or B** sleeping arrangements only. The remaining two thirds have also experienced more temporary and unsafe forms of sleeping arrangements (Categories C and/or D in addition to Categories A and/or B). One third of participants (33%) has experienced **all four categories** of sleeping arrangements.

Participants overwhelmingly and primarily rely on their friends, acquaintances and others in their networks to find a place to stay.

Some accommodation options are of particular interest:

- Couch surfing, whether rent is paid or not, is the most common sleeping arrangement (56% of participants).
- Self-funded commercial accommodation (e.g. backpackers, hostel, hotel, campground) has been used by 21% of participants.
- Sixteen percent of participants have stayed in emergency accommodation, which is only one of many sleeping arrangements they have experienced over the last five years.

Regardless of the type of sleeping arrangements (i.e. Category A, B, C or D) all the participants have experienced a variety of sleeping arrangements over the last five years.

> 49% of participants experienced temporary and dangerous sleeping arrangements during the last five years.

Where will you sleep tonight?

Participants were asked about their current housing, that is to say where they were going to spend the upcoming night, in order to provide a 'real-time' snapshot of their situation. A large majority (88%) answered with a Category A place (relatively stable and safe). Seven percent of participants answered with a Category B place (temporary and relatively safe), and 5% with a Category C place (temporary and potentially unsafe). 12%, whether safe or potentially unsafe, were in temporary accommodations.

When asked how long they would stay at that particular place, 55% of all the participants did not know. This can be broken down as follows:

- 54% of the participants who selected a Category A place do not know how long they will stay there
- The same applies to a third of the participants (33%) who selected a Category B place
- All the participants (100%) who selected a Category C place do not know either.

The remaining 45% of all the participants had some idea about how long they would stay at that particular place. Most of them gave a specific duration, which varied greatly between "one night" to

"five years" to "when the lease ends". A few participants, however, did not mention a specific timeframe, but said "hopefully long-term".

Most participants are currently staying in a safe and stable environment, however the duration of this arrangement is very uncertain. 12%, whether safe or potentially unsafe, were in temporary accommodations.

What is safe, stable and long-term housing for participants?

This section first describes the diverse and realistic criteria that enable participants to live long-term in a safe and stable environment before explaining who the participants tend to share housing with.

The characteristics of safe, stable and long-term housing are pragmatic and realistic

Participants describe a set of characteristics that make a housing situation 'liveable'.

The key characteristic, mentioned by almost all participants (97.5%), is affordability. Given the limited income and income sources participants can access, affordability is a crucial characteristic of whether a housing situation can be sustained or not.

Other significant characteristics relate to stigma and prejudice, as shown in flatmates' and landlords' attitudes towards trans people:

- Trans-friendly flatmates (not transphobic) (87.5% of participants)
- Sex worker friendly flatmates (not sex worker phobic) (37.5% of participants)
- Non-abusive landlord (2.5% of participants)

A set of critical characteristics relates to the design and condition of a property, including a strong consideration for disability needs and how these can be accommodated. These characteristics include:

- Good quality housing (e.g. healthy, warm, dry) (90% of participants)
- Secure (e.g. windows and doors can be locked) (77.5% of participants)
- Privacy (75% of participants)
- Meets the participants' accessibility and/or environmental and/or disability needs (e.g. no fluorescent lighting, allergens, away from noise pollution) (40% of participants)
- Easy to access (e.g. no stairs, wide door frames) (32.5% of participants)
- Has a backyard/garden (30% of participants)
- Allows pets (27.5% of participants)
- Allows smokers outdoors (22.5% of participants)
- Child-safe (e.g. fenced yard) (10% of participants)
- Has a garage and/or carport (7.5% of participants)

Linked to the property's own features are the neighbourhood characteristics which also influence how safe, stable and long-term a housing situation can be. The neighbourhood characteristics include the following:

- Proximity to public transport (75% of participants)
- Proximity to shops and services (67.5% of participants)
- Calm, quiet neighbourhood (32.5% of participants)
- Sex worker friendly community/neighbourhood (27.5% of participants)
- Trans-friendly community/neighbourhood[21] (5% of participants)

All the top three options (i.e. affordability, good-quality housing and trans-friendly flatmates) were selected by a majority of participants (80%). The remaining participants (20%) selected one or two of these top three options.

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[21] Due to a set-up error, this option was only presented in the paper format of the survey (not in the online survey), therefore the result is likely to under-represent participants' views of this particular characteristic.

The next three options (i.e. secure housing, privacy and proximity to public transport) also reflect major daily concerns by the participants. At least three-quarters of participants selected these options (75-77.5%).

> The key characteristics of safe, stable and long-term housing include affordability, trans-friendly/sex-worker friendly flatmates, and respectful landlords. Attitudes towards trans people have a big impact on safety and quality of life. Secure and private homes are also key factors.

Housing arrangements generally include close people

Over a third of participants (37.5%) usually live on their own.

A quarter of the participants selected only one type of people they usually live with. The remaining 75% selected two or more types of people they usually live with.

A majority of participants live with other people in a relatively supportive and caring environment. Sixty percent of participants usually live with friends and/or people they know; 37.5% live with their chosen family (e.g. close friends); and 32.5% live with a partner or partners.

However, a number of participants live with people they may not have deliberately chosen to live with. A large proportion of participants (42.5%) live with people they do not know well.

Some participants live with family/whānau: 12.5% live with their parents; 10% live with their siblings; 7.5% live with extended family; and 7.5% live with children and/or dependents. Participants who live with parents and/or siblings tend to be teenagers or young adults.

> Participants try to live primarily with carefully selected people who they know well (i.e. chosen whānau). This appears to reflect the strong need for privacy, and housemates whose views and attitudes do not pose a safety threat to trans people.

Challenges and protective factors

This section explains the difficulties that participants face to find safe, stable and long-term housing. It then focuses on participants' strengths and other contributing factors that enable them to obtain suitable housing.

Multiple barriers

Most participants list the reasons that have prevented them from finding safe, stable and long-term housing. The key barrier faced by most (82%) relates to **transphobia** from other people living in the house. This is followed by being **systematically discriminated against** by landlords for 46% of participants. Changes in participants' **family situation** (e.g. break-up, reunification, new baby) also make it challenging for 36% of participants. **Hostility from neighbours** is also an issue for 20.5% of participants.

Eighteen percent of the participants who have had problems with their neighbours have also had problems with the other people living in the house and have also been discriminated against by their landlords.

The **financial** aspect also impacts participants' ability to find suitable housing. The cost of housing (e.g. unaffordable rent, not enough for a deposit/bond) is a major issue for 79% of participants. A large proportion of participants (46%) lists being denied entitlements (e.g. Work and Income, StudyLink, ACC), which increases financial pressure. Eight percent of participants do not have a bank account, indicating no formal paid work or social welfare payments.

In addition to issues related to poor social relationships and financial constraints, participants also mention issues linked to **housing condition**, such as:

- Poor quality housing available (e.g. cold, damp, leaking) (56% of participants)
- Short-term lease and/or rental only (44%)
- Housing unavailable near services needed by the participant (e.g. healthcare, social services) (33%)
- Lack of housing meeting the participant's disability needs (e.g. mobility issues) (23%)
- Unsafe neighbourhood (8%)
- Lack of housing meeting the participant's family needs (e.g. large family home) (5%)

Moving area frequently (e.g. searching for employment) makes it difficult for 20.5% of participants to find appropriate housing.

Overall, participants experience two or more challenges when looking for a suitable place. Over a quarter of participants (28%) experience two or three issues; 46% experience between four and six issues; and the remaining quarter of participants (26%) experience a large number of issues (7-13). This last group of people (26%) tends to have high mobility and change sleeping arrangements relatively frequently, which may partially explain the considerable number of issues they face.

All the participants who have a disability selected a relatively large number of issues in the survey. However, the survey did not investigate the particular relationship between disability and the factors that prevent people from finding suitable housing.

> Compounding factors (e.g. social, financial, structural) prevent the participants from finding safe, stable, long-term housing. Key factors are cost, poor attitudes towards trans people, and poor quality of low income housing.

Different strategies combined enable participants to find suitable housing

Participants rely on five main types of operational strategies to find housing:

- **Contacting people close to them**: friends (90% of participants); parents (36%); siblings (19%); and extended family/whānau (17%)
- **Using technology**: social media like Instagram or Facebook (71% of participants); and other online apps like Trademe (67%)
- **Contacting a professional organisation**: rainbow housing network (40% of participants); trans community organisation (31%); and another type of organisation such as city council or Citizens Advice Bureau (17%)
- **Providing 'personal services'**: performing services in exchange for cash or a place to stay (17% of participants); and using hook-up apps like Grindr or Tinder (14%)
- **A range of other strategies**: relying on myself (45% of participants); spending some of my savings (33%); and not doing anything (19%)

Slightly less than a quarter of participants (24%) use 3-4 strategies to find housing. A little over a quarter of participants (26%) use 5-6 strategies, and 29% use 7-11 strategies. The remaining participants (21%) use 1-2 strategies – they do not move housing frequently. Those who tend to move housing frequently employ a wider range of strategies.

Participants' first port of call is their chosen family

Almost all of the participants (90%) contact their friends to find new housing. Friends are likely to be transgender and therefore experience similar situations, which may provide meaningful support and insights to the participants (e.g. sharing information and strategies). However, if participants' friends also experience housing instability and/or homelessness.

Contacting their family/whānau is one of the last options for many participants. A majority of participants (59.5%) does not contact anyone from their family/whānau (i.e. neither parents, siblings or extended family/whānau). For half of this particular group (52%) the reasons are because they "had to leave the family/whānau home" and/or the "family/whānau [is] unable to support me".

Seven percent of participants do not rely on this strategy at all (i.e. contacting people close to them).

The use of technology is widespread

A total of 86% of participants use technology to find a new place to stay. Three quarters of them are under 30 years of age, which may partially explain their familiarity with technology.

Of this group of technology users:

- 61% use both social media and other apps like Trademe
- 22% use only social media
- 17% use only apps like Trademe

Support organisations are useful for some participants

Support organisations may provide a place to stay and/or housing advice to people in need, and are contacted by around half of all participants.

Of the people who contact these organisations, 43% contact only one type of such organisation (e.g. housing network only, community organisation only). The remaining 57% contact at least two types of organisations.

Other strategies focus on the participants' sense of agency

Participants are resourceful and rely on themselves (e.g. their knowledge of the area and their skills) to find a new place to stay. This strategy is likely to be used in conjunction with others (e.g. contacting friends and checking online apps).

Some participants mention they also have to spend some of their savings on a place to stay. This solution requires participants to have savings, is likely to be only temporary, and requires participants to keep using other strategies so as to find somewhere to stay.

Twenty-one percent of participants provide 'personal services', or semi-commercial sexual services, or engage in one night stands in exchange for a place to stay. This solution is likely to be only short-term.

Of the participants who do this:

- 44% provide services and also use hook-up apps
- 33% only provide services
- 23% only use hook-up apps

A few participants say they do nothing. For example, they do not know what to do or where they can find support. However, this period may only be short-lived or may be experienced in conjunction with doing something, as all of these participants additionally selected a range of strategies (between 2-10) that they use, probably in addition to "doing nothing".

> Most of the participants heavily rely on their chosen whānau and personal networks to find shelter, while only half call upon professional organisations to assist them.

Additional strategic and operational support would enable participants to improve their housing situation

Just under half of the participants (46.5%) suggested a range of initiatives to enable trans people to find and stay in stable, safe and long-term housing.

At the macro-level, Government intervention was encouraged in order to restructure or fix the housing market. A range of interventions, implemented in collaboration with local councils and organisations, would need to include but not be limited to:

- stricter rent control
- more affordable housing
- increased focus on building quality and suitable housing (e.g. access and location)
- social support services (e.g. Work and Income, hospitals) to develop a philosophy and processes that are more trans-friendly, respectful, compassionate and meaningful.

At the cicero-level, local Councils have a significant role to play in enabling trans people to access and retain suitable, affordable housing. Community-based organisations also have a variety of roles to play to support safe, stable, long-term housing for trans and rainbow people. Some of these suggested roles include:

- advocacy, to help find and maintain housing, as well as connect with wraparound support services (e.g. mental health, disability)

- facilitation, to link landlords with renters and potentially mediate between them, as well as connect trans people together to enable them to build stronger networks (e.g. for support and to 'fight back')
- reference, to vouch for people to enable them to access a property
- mentoring, to advise and guide renters on how to navigate the system and what their entitlements are
- education, to provide information to landlords and renters on their rights and responsibilities, what is legal/illegal to ask/be asked, safe/unsafe housing situations
- coaching, to support trans people to find employment relevant to their skillsets and abilities, to build their self-esteem and confidence.

A number of participants commented that these various services can be best delivered to the trans and rainbow communities through an independent and comprehensive one-stop-shop. To be most effective, this one-stop-shop needs to:

- deliver services using a Kaupapa Māori approach
- tailor services to individual clients' needs (e.g. disability and other needs)
- have a website with a dedicated housing section
- ensure communication channels are diverse (e.g. email, video-call, face-to-face or as required by clients).

Participants' thoughts on effective housing support target both the macro-level (Government) and micro-level (local Council and community-based organisations) with clear recommendations for how support needs to be delivered.

Discussion of the key survey findings and recommendations

This section discusses the participants' experiences of housing instability and homelessness, which are varied and complex. These experiences are influenced by multiple, interconnected factors. Recommendations are provided throughout.

Housing instability and homelessness are not "rare, brief and non-recurring"

Experiences of housing instability and homelessness started very early on for some participants, as babies or young children. In some cases this was due to their family experiencing homelessness, and in some cases this experience was through being moved between foster homes and other care arrangements. For most participants, however, their experiences of housing instability and homelessness first occurred when they were teenagers or young adults living independently.

For many participants, housing instability and homelessness were experienced over a relatively long period of time that included consecutive life stages, for example as a teenager and continuing into young adulthood, or as a young adult continuing further into adulthood. The longer the duration of an episode of housing instability, the more disruptive it is likely to be to a person's life, across a number of areas.

For example, they are likely to struggle to remain in education or to gain or maintain employment when the priority is to find shelter. Similarly, it is likely to be more challenging to access nutritious food when money is scarce and cooking and storage facilities are limited. Maintaining health visits to a GP is also disrupted by homelessness. Teens may find that they become isolated from peers when their day to day concerns are so far outside of the issues other young people are dealing with. Precarious housing can also put young trans people at additional risk, and contribute to being vulnerable to staying in abusive situations without their own home to return to. These factors are likely to create stress and anxiety, especially if stigma, prejudice, discrimination, and violence are contributing factors to their homelessness.

Over the last five years in the Wellington region, most participants have experienced a high frequency of change in the number of places they stayed at for the night. Almost three-quarters of participants (71%) spent their nights in many different places during this timeframe, from 11 places to more than 61. This high number of places is correlated with a very flexible duration of stay in any one place, for example from one night only to several weeks to a few months. Hardly any participant stayed in the same place for several years.

In many of these situations, participants have had to move and find another place to stay at short notice. Finding a new place to stay typically involves using a means of transportation and having some funds to cover the necessary costs (e.g. transport, bond, and rent). If these are no funds available, participants may have had to leave behind their belongings and make do with what they could carry. For many participants, a change in location is intra-regional (within the Wellington region) rather than across different regions. This may be linked to the proximity of support networks.

Participants' uncertainty around where they can spend the night, for how long, and how safe it will be, creates elevated levels of stress and anxiety in their daily lives. Those who change housing situations frequently tend to be in survival mode; their ongoing focus revolves around meeting their basic needs (e.g. shelter, food, safety, medications).

Recommendations:

1. Reasons for experiencing housing instability and homelessness during teenage years and young adulthood are complex and likely to include issues based in **stigma and transphobia**.
2. **Prevention** needs to be a key approach to addressing housing instability and homelessness for families/whānau, so that the children and young people experience stability instead of disruption as they grow up.
3. When prevention is not effective, **integrated interventions** need to be available. For example: young people being able to access support services from school, home, or self referral. Regardless of the 'entry point' they need to be connected to relevant support services.
4. **Timely and effective support** is key to prevent, or stop, housing instability and homelessness. People who experience multiple episodes of housing instability, or are homeless for long periods of time, demonstrate that existing support systems do not address their housing needs effectively. Trans people's voices and experiences need to lead the design and delivery of effective support services.
5. In addition to accessing suitable support services, trans people also need to be able to **access the welfare system** and to receive their full and correct entitlements. This must include youth living independently, as well as adults living with or without health conditions.

Multiple housing situations and diverse sleeping arrangements are very disruptive

Over the last five years, all participants have experienced a wide range of **housing situations**. All have been able to spend some nights **indoors** with a roof over their heads, despite varying degrees of:

- Quality: most participants have stayed in cold and damp homes instead of warm, dry and healthy homes
- Stability of tenure: private rental is a situation experienced by most, but other options like couch surfing and one-night-stands are also used
- Structure: housing options encompass permanent structures (e.g. house, hospital, motel) and temporary structures (e.g. car, tent)
- Safety: transphobia is commonplace and has a significant impact on physical safety and mental health. Living alone or with safe supportive people is preferred to staying with strangers and risking being abused.

Some participants have also experienced a complete lack of shelter, safety, and security by spending some nights **outdoors** (i.e. rough sleeping) when no other option was available.

In addition to experiencing different housing situations frequently, participants also have to adapt to a **variety of sleeping arrangements**, which include different levels of:

- Privacy: participants may have a private space (e.g. bedroom) or not (e.g. couch surfing)
- Comfort: participants may not always be able to sleep in a bed (e.g. tent, rough sleeping)
- Care: some arrangements may include a supportive environment with people who understand (e.g. staying with chosen whānau) while others may include structured support to some extent (e.g. hospital, halfway house, university accommodation) and others are very isolated (sleeping in a car).

Overall, participants experience housing situations and sleeping arrangements that go from safe, stable and potentially long-term to the complete opposite. All these options differ vastly from one to the next, and given that participants have to change options frequently, this results in their lives being disrupted regularly. Participants are likely to live 'out of a backpack' to be able to adapt quickly to a new, different environment. Their focus is likely to be on the 'here and now' (survival). Given these circumstances, it seems unlikely that participants would be able to have or access all the resources they need to meet their basic needs, including health and safety, particularly when staying outdoors (e.g. protection against the elements and staying safe when sleeping rough).

Recommendations:

6. **Safety** is paramount to trans people, including when it comes to housing. The provision of safe housing impacts trans people's ability to have stable, long-term housing. Safe (trans-friendly) housing needs to be available not only as a temporary measure (e.g. emergency and transitional housing), but also as a long-term solution (e.g. public housing through Kāinga Ora, Council housing, community providers).
7. **Appropriate** housing for trans people (e.g. safe, affordable, good quality, mobility accessible) is currently difficult to find, thus contributing to their housing instability and homelessness. Current and future build characteristics, and housing locations, need to take into account trans people's needs so that suitable housing for trans populations becomes available and housing stability increases.
8. **Sufficient** temporary and long-term housing needs to be available to enable *all* trans people to have a roof over their heads. Currently, not enough temporary and long-term housing is available, which leads to trans people having to change sleeping arrangements frequently and living a disrupted life. Increased coordination and collaboration are required between Government agencies (central and local) and trans community providers specialised in supporting trans people to ensure access to housing.

Market factors strongly influence safe, stable, long-term housing for trans people
Demand for low-income housing is overall greater than the low-income housing supply, thus creating a shortage likely to result in housing instability and homelessness for a number of low income people. The median income of trans people is only half the median income for the general population, meaning that this impacts trans populations at a much higher rate than the general population. The limited supply of **public housing** is insufficient to meet the need (e.g. Councils, Housing NZ/Kāinga Ora).

The consequences of this adverse housing system are severe for the trans population. With limited access to stable housing solutions (e.g. limited income, discrimination), trans people are at greater risk of housing instability and homelessness. This further increases the risks to their safety, dignity, and wellbeing. For participants who have a place to stay couch surfing, the potentially poor quality of the accommodations is likely to further impact their already-compromised health. These various market factors (e.g. unregulated property market, unaffordable, poor quality, limited housing stock) combine to make safe, stable, long-term housing inaccessible.

Limited financial opportunities impact trans people's housing situation
All of the participants are engaged in a variety of **meaningful activities** (e.g. study, volunteering, employment). However, most of them experience a lack of income and/or quality employment opportunities, thus limiting their access to stable housing. Experiences of **poverty and precarity** are widespread, with few opportunities available to raise one's quality of life. For a few participants, the

prospect of better employment opportunities meant they had to move to another region. However, this situation is rare.

Unmet housing and healthcare needs impact upon each other

Due to living with elevated levels of discrimination and minority stress, trans people experience 'high' or 'very high' levels of psychological distress at a rate 9 times that of the general population.[22] This also correlates with elevated levels of suicidal ideation, mental health needs, and substance abuse issues which may require medical treatment. Many trans people also require gender affirming medical treatments, many of which are not adequately funded by public health. When faced with a choice between being able to afford housing or healthcare, many trans people say they have chosen healthcare over stable housing. Overall, healthcare needs are **complex** and access to healthcare needs to be addressed appropriately to ensure trans people can access health equity to the same standard as the general population without self-funding treatments.

The **financial constraints** trans people experience (e.g. limited income and employment opportunities) have far-reaching consequences regarding meeting healthcare needs in full, on an ongoing basis. As a result, their overall health and wellbeing may be compromised. Secondly, the financial pressures they experience make it difficult to live in safe, stable, long-term housing. The resulting housing instability is likely to impact continuity and consistency of healthcare provision. If healthcare needs are not met, this may exacerbate existing conditions and/or lead to new healthcare needs.

Positive social relations are essential to finding shelter

Social connections play an important role in trans people's lives and have a significant impact on their housing situation. **Supportive relationships** from one's chosen whānau, friends and family, enable people to be housed, albeit temporarily at times. Supportive networks help participants to find shelter (e.g. couch surfing for someone who has been evicted). Participants strongly rely on their networks of friends to find a place to stay.

On the other hand, **transphobia and abusive situations** contribute to trans people's housing instability and homelessness. Examples of transphobic flatmates or unsupportive family members led some participants to having to leave their place without necessarily having found a new one. In some situations, participants' relatives or acquaintances had supported them for a while. When the relatives/acquaintances could no longer provide the participants with any further assistance, the participants had had to leave and find shelter elsewhere.

The types of **neighbourhoods** where trans people live also play a role in their housing situation. Some participants lived in neighbourhoods that put them at increased risk of harm (e.g. transphobic neighbours, anti-sex worker neighbourhood). This lack of safety makes some areas unappealing to trans people, even though there may be suitable housing available.

Some property characteristics contribute to housing instability and/or homelessness

Poor quality housing is a key contributor to housing instability. Participants have difficulty finding warm, dry, healthy homes that are affordable. They have to fall back on living in cold, damp, unhealthy places, which is likely to create or worsen existing health issues.

Housing **accessibility and suitability** are also factors which play an important role in some participants' housing situation. Those with a disability may struggle to live comfortably in places that are not designed to meet their particular needs. Although subsidies may be available to redesign key

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[22] www.countingourselves.nz

aspects of a house, so as to make it more suitable, these may not be a feasible, long-term solution for the participants who change housing situation frequently.

To some extent, housing **location** also influences housing stability. The proximity to services, and in particular healthcare, enables people to access required services easily and regularly. Being close to amenities helps to minimise transport use and costs, which is important when budget is limited. Places that are in suburbs or areas where facilities and services are limited may be dismissed as a viable option for many participants.

Recommendations:

9. **Macro**-**level** factors (e.g. availability, price) and **micro**-**level** factors (e.g. access, quality) impact everyone's housing situation. However, vulnerable populations who have fewer choices and opportunities are impacted more significantly. Changes to the housing system (e.g. rental market legislations, public housing, housing quality and affordability) need to put vulnerable populations, including trans people, at the centre. As a result, policies addressing these populations' particular housing needs can be developed and implemented.
10. **Education**, **training** and **employment** opportunities need to be boosted, for example through specific programmes, to enable a larger section of the trans population to improve their financial situation and quality of life. This, in turn, is likely to have a positive impact in other areas. For example, rent payment and access to healthcare are possible with an ongoing liveable income.
11. **Healthcare** needs are a critical part of trans people's lives, yet accessing and receiving appropriate healthcare depend on many factors (e.g. housing location compared to health centre, transport, treatment cost and associated costs, availability of health practitioners, housing instability). Healthcare access and delivery can be greatly improved for trans people through the provision of safe, stable, long-term housing and a better financial situation. With housing and healthcare needs met, trans people's overall wellbeing and positive social outcomes are likely to increase.
12. Negative **perceptions** of trans people result in situations of, for example, stigma, prejudice, discrimination, abuse, inequity and violation of human rights. These situations are experienced at the interpersonal level (e.g. everyday social interactions in one's private life) as well as the structural level (e.g. systemic discrimination across different areas of public life). There is a significant need for greater awareness and education campaigns to combat stigma and improve negative attitudes and behaviours towards trans people. In addition to these campaigns, better support systems need to be available to trans people when they are subjected to poor treatment.
13. **Tailored holistic support services** need to be provided in order to be effective. The provision of housing support, designed for trans people, is a fundamental step towards addressing housing instability. This housing support needs to be combined with wraparound services also dedicated to meet trans people's needs.

Some mitigating factors help to stabilise participants' housing situation

A critical protective factor relates to the **strength of the networks** that participants develop over time through shared experiences and trust. These networks provide support to participants, including temporary and sometimes more long term shelter. They may also help some participants financially (e.g. no rent payment). This informal support from friends and whānau helps to minimise experiences of homelessness for some participants. However, if the people in these networks

experience similar precarious situations, there is an overall need for more formal, professional, long-term support.

Overall, participants are **resourceful** and think of a variety of strategies to gain housing, although sometimes the available options may be unsustainable and/or unsafe. Strategies are used in combination (e.g. social media, organisations, savings) to increase the likelihood of finding shelter.

Some participants call upon **support organisations** to help them find housing. These organisations provide advice, contacts and other forms of support including temporary or emergency housing. However, trangender housing support is under resourced, and even the most effective organisation cannot place trans people into homes which don't exist.

Recommendations:

14. Trans people's strong reliance on informal, personal **networks** is unlikely to result in them finding long-term housing, because these networks often experience similar situations of housing instability. However, a professional, well-connected housing support network is likely to have a bigger impact in breaking the cycle of housing instability. A trans housing 'one-stop-shop' that provides a variety of services to trans people (e.g. advice, advocacy, referral to other services) is a viable solution. However, these services require appropriate funding and resourcing to ensure they can be effective in assisting trans people find and sustain their housing.
15. To be effective, support services need to be not only available, easily accessible, relevant and timely, but there must be public housing stock or non-discriminatory private housing to refer them to. Legislative and social housing improvements must be made.
16. The **Covid-19 crisis** has changed the New Zealand housing landscape. Further research is required to understand the impacts of this crisis for trans people.

Appendix 1. Online questionnaire

Transgender housing experiences: where do you sleep at night?

Kia Ora,

Transgender people, including non-binary, takatāpui, and some intersex people, are very likely to experience unsafe, unstable, short-term housing or homelessness at some point in their life. The purpose of this survey is to understand how big this issue is in the Wellington region so we can work on fixing the problems.

If you are transgender **and** have experienced unsafe, unstable, short-term housing or homelessness, we'd like you to participate in this survey. The survey is anonymous (we don't need to know your name or contact details).

The survey will be live until 13 December 2019.

As a thank you for participating in this project, we're organising a draw to win one $100 voucher for Aunty Dana's Op Shop (130 Riddiford Street, Newtown, Wellington). If you'd like to enter the draw, you'll need to provide your name, phone number and email address when you complete the survey.

We intend to interview a limited number of participants in person after the survey closes. If you're interested, please let us know by providing your name, phone number and email address.

If you have any questions, feedback or want more information, you can contact the housing team from Gender Minorities Aotearoa by email (genderminorities@gmail.com) or phone (04-385 0611).

When you're ready, click "next" to start the survey.
Thank you for your participation!

Q1. If you are…
- ● a transgender person, including non-binary, intersex, takatāpui, gender-diverse people
- ● have lived in Wellington in the past five years
- ● have experienced unsafe or unstable housing or homelessness

we want to hear from you! Please let us know if you fit into:
- All of these categories
- Some of these categories
- None of these categories

Q2. When have you experienced situations of unsafe, unstable, short-term housing or homelessness in your life? (Tick all that apply)
- As a baby/young child
- As an older child
- As a teenager
- As a young adult
- As an adult
- As an older adult

Q3. When growing up, who were your caregivers? (Tick all that apply)
- Parents
- Siblings

- Extended family
- Foster parents/family
- Family friends
- State care
- Other (please specify): _____

Q4. Thinking about the last five years, what are all the different sleeping arrangements you've had? (Tick all that apply)
- The house I own
- Flatting, renting (paying rent)
- Place owned by someone I know who isn't currently living there (private room, pay rent)
- Place owned by someone I know who isn't currently living there (private room, no rent)
- Place owned by the local council
- Place owned by a social services provider
- Place owned by Housing NZ
- Couch surfing (paying rent, no private space)
- Couch surfing (not paying rent, no private space)
- At a friend's place with a private bedroom (not paying rent)
- With extended family/whānau
- With your partner(s)
- Vehicle (without amenities, e.g. car, van)
- Self-contained vehicle (e.g. caravan, house truck/bus, mobile home)
- Hotel (self-funded)
- Hostel/backpackers (self-funded)
- Campground (self-funded)
- Tent or similar temporary structure
- Emergency accommodation (e.g. refuge, night shelter, hostel, campground etc provided by WINZ)
- Boarding house
- In an abandoned building/space
- Public place (e.g. rough sleeping)
- Party hopping
- Hook-up (e.g. one-night stand)
- Hospital
- Prison
- Place of employment (e.g. office, brothel, etc.)
- Other (please specify): _____

Q5. Estimate how many places you have lived in for more than six months in the past five years
- 1 – 2
- 3 – 4
- 5 – 6
- 7 – 8
- 9 – 10

Q6. Estimate how many places you have stayed overall in the past five years (including single night stays)
- 1 – 10
- 11 – 20
- 21 – 30
- 31 – 40

- 41 – 50
- 51 – 60
- 61 – 70
- 71 – 80
- 81 – 90
- 91 – 100
- 100+

Q7. What are the reasons why you've had to change sleeping arrangements during these last five years? (Tick all that apply)
- Unsafe
- Inaccessible
- Short-term lease/rental only
- Poor quality housing (e.g. cold, damp, leaking)
- Couldn't afford the increased rent
- Had no money (e.g. loss of income, no benefit)
- Discrimination (e.g. gender, ethnicity, disability, other)
- Family/whānau unable to support me
- Had to leave family/whānau home
- Friends unable to support me
- Saving for medical treatment
- Too far from services (e.g. healthcare, social services, supermarket)
- No privacy
- Sleeping arrangement only available temporarily
- Found a better place
- Evicted
- Other (please specify): _____

Q8. During the last five years which region(s) have you been living in? (Tick all that apply)
- Northland
- Auckland
- Waikato
- Bay of Plenty
- Gisborne
- Hawke's Bay
- Taranaki
- Manawatu-Wanganui
- Wellington
- Tasman
- Nelson
- Marlborough
- West Coast
- Canterbury
- Otago
- Southland
- Outside NZ

Q9. How do you look for a place to stay? (Tick all that apply)
- Contact friends
- Contact parents
- Contact siblings

- Contact extended family/whānau
- Contact a community organisation
- Contact another type of organisation (e.g. city council, Citizens Advice Bureau)
- Contact a housing network
- Use hook-up apps (e.g. Grindr, Tinder)
- Use other online apps (e.g. TradeMe)
- Use social media (e.g. Instagram, Facebook)
- Spend some of my savings
- Perform services in exchange for cash/a place to stay
- Don't do anything (e.g. don't know what to do or where I can find support)
- Rely on myself (e.g. my knowledge of the area, my skills)
- Other (please specify): _____

Q10. Where will you be staying tonight? (Tick one only)
- The house I own
- Flatting, renting (paying rent)
- Place owned by someone I know who isn't currently living there (private room, pay rent)
- Place owned by someone I know who isn't currently living there (private room, no rent)
- Place owned by the local council
- Place owned by a social services provider
- Place owned by Housing NZ
- Couch surfing (paying rent, no private space)
- Couch surfing (not paying rent, no private space)
- At a friend's place with a private bedroom (not paying rent)
- With extended family/whānau
- With my partner(s)
- Vehicle (without amenities, e.g. car, van)
- Self-contained vehicle (e.g. caravan, house truck/bus, mobile home)
- Hotel (self-funded)
- Hostel/backpackers (self-funded)
- Campground (self-funded)
- Tent or similar temporary structure
- Emergency accommodation (e.g. refuge, night shelter, hostel, campground etc provided by WINZ)
- Boarding house
- In an abandoned building/space
- Public place (e.g. rough sleeping)
- Party hopping
- Hook-up (e.g. one-night stand)
- Hospital
- Prison
- Place of employment (e.g. office, brothel, etc.)
- Other (please specify): _____

Q11. How long will you be staying there for?
- Please specify: _____
- Don't know

Q12. What has prevented you from finding safe, stable, long-term housing? (Tick all that apply)
- Discrimination from landlords
- Denied entitlements by WINZ, StudyLink, ACC, etc

- Problems with other people living in the house
- Problems with neighbours
- Lack of housing that meets my disability needs (e.g. mobility issues)
- Lack of housing that meets my family needs (e.g. large family home unavailable)
- Cost (e.g. unaffordable rent, not enough for a deposit)
- Not having a bank account
- Short-term lease/rental only
- Unsafe neighbourhood
- Poor quality housing available (e.g. cold, damp, leaking)
- Moving area frequently (e.g. searching for employment)
- Changes in family situation (e.g. break-up, reunification, new baby)
- Housing unavailable near services I need (e.g. healthcare, social services)
- Other (please specify): _____

Q13. What are the essential characteristics of safe, stable, long-term housing for you? (Tick all that apply)
- Easy to access (e.g. no stairs, wide door frames)
- Meets accessibility/environmental/disability needs (e.g. no fluorescent lighting, allergens, away from noise pollution)
- Good quality housing (e.g. healthy, warm, dry)
- Affordable
- Has a backyard/garden
- Has a garage/carport
- Proximity to shops and services
- Proximity to public transport
- Privacy
- Child-safe (e.g. fenced yard)
- Secure (e.g. windows and doors can be locked)
- Calm/quiet neighbourhood
- Allows pets
- Allows smokers (outdoors)
- Trans-friendly flatmates
- Trans-friendly community/neighbourhood
- Sex worker friendly flatmates
- Sex worker friendly community/neighbourhood
- Other (please specify): _____

Q14. What kind of support would help you find safe, stable, long-term housing?
Example: Who should provide the support? What does it look like? How should it be provided?
- Free text box

Q15. Who do you usually live with? (Tick all that apply)
- On my own
- With a partner or partners
- With children/dependents
- With siblings
- With parents
- With extended family
- With chosen family (e.g. close friends)
- With friends/people I know
- With people I don't know well

- Other (please specify): _____

Q16. Are you...? (Tick one only)
- Aotearoa New Zealand citizen
- Permanent resident
- Temporary resident (e.g. student, visitor, seasonal worker)
- Refugee
- Asylum Seeker
- Other (please specify): _____

Q17. What is your ethnicity? (Tick all that apply)
- Māori
- Samoan
- Cook Island Māori
- Chinese
- Indian
- European/Pākehā
- Other (please specify): _____

Q18. What age group are you in? (Tick one only)
- Up to 13 years old
- 14-18
- 19-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65 years or older

Q19. Which gender best describes you? (Tick one only)
- Trans female (assigned male at birth)
- Trans female (assigned indeterminate at birth)
- Trans male (assigned female at birth)
- Trans male (assigned indeterminate at birth)
- Non-binary transfeminine - all genders other than woman or man (assigned male at birth)
- Non-binary transmasculine - all genders other than woman or man (assigned female at birth)
- Non-binary - all genders other than woman or man (assigned indeterminate at birth)
- Unsure (assigned female at birth)
- Unsure (assigned male at birth)
- Unsure (assigned indeterminate at birth)

Q20. Do you have an intersex variation?
- Yes
- No
- Don't know

Q21. Do any of these currently apply to you? (Tick all that apply)

- Disability (e.g. mobility, hearing-impaired, sight-impaired, cognitive issues)
- Neuro-diverse (e.g. autism spectrum, affective spectrum, etc.)
- Mental health condition
- Substance abuse (e.g. alcohol, other drugs)
- Chronic pain condition
- Other (please specify): _____

Q22. What is your current occupation? (Tick all that apply)
- Student
- Trainee
- Self-employed
- Informal employment (e.g. babysitting, mowing lawns)
- Casual employment
- Fixed-term part-time employment
- Fixed-term full-time employment
- Permanent part-time employment
- Permanent full-time employment
- Unpaid work (e.g. volunteering, caring for dependents/children)
- Unemployment (no benefit)
- Unemployment (on a benefit)
- Sex work
- Retired
- Other (please specify): _____

Q23. Is there anything else you'd like to share? (Feel free to write in the box below)
- Free text box

Q24. As a thank-you for your participation in this survey, we're organising a draw to win one $100 voucher at Aunty Dana's Op Shop. If you'd like to enter the draw, please provide your name, phone number and email address below.
- text box

Q25. If you'd like to participate in a follow-up interview about some of the experiences you mention in this survey, please provide your name, phone number and email address below.
- text box

Ngā mihi nui, thank you very much for taking the time to answer these questions. The survey is now finished. Click "done" and then close your browser.

If you have any questions, feedback or want more information, feel free to contact the housing team at Gender Minorities Aotearoa by email (genderminorities@gmail.com) or phone (04-385 0611).

Appendix 2. Classification of options (sleeping arrangements)

Q4. Thinking about the last five years, what are all the different sleeping arrangements you've had? (Tick all that apply)

Category A
(Some permanence and safety due to a formal contractual agreement and/or the payment of rent)

❑ Flatting, renting (paying rent)
❑ Couch surfing (paying rent, no private space)
❑ Place owned by someone I know who isn't currently living there (private room, pay rent)
❑ Hotel (self-funded)
❑ Hostel/backpackers (self-funded)
❑ Campground (self-funded)
❑ Place owned by Housing NZ
❑ The house I own
❑ Place owned by the local council
❑ Place owned by a social services provider

Category B
(Temporary and safe sleeping arrangements provided by own network, but no formal contractual agreement and/or payment of rent)

❑ Couch surfing (not paying rent, no private space)
❑ With your partner(s)
❑ With extended family/whānau
❑ At a friend's place with a private bedroom (not paying rent)
❑ Place owned by someone I know who isn't currently living there (private room, no rent)
❑ *Parent's house/home with parents [this option mentioned by participants under 'other, please specify']*

Category C
(Temporary and potentially unsafe sleeping arrangements provided by agencies or other professional networks)

❑ Place of employment (e.g. office, brothel, etc)
❑ Hospital
❑ Emergency accommodation (e.g. refuge, night shelter, hostel, campground etc provided by WINZ)
❑ Boarding house
❑ Prison
❑ *University/uni-owned accommodation [this option mentioned by participants under 'other, please specify']*
❑ *Rehab, halfway house [this option mentioned by participants under 'other, please specify']*
❑ *Social centre [this option mentioned by participants under 'other, please specify']*

Category D
(Temporary, exposed and unsafe sleeping arrangements)

- ❏ Hook-up (e.g. one-night stand)
- ❏ Public place (e.g. rough sleeping)
- ❏ Vehicle (without amenities, e.g. car, van)
- ❏ In an abandoned building/space
- ❏ Party hopping
- ❏ Tent or similar temporary structure
- ❏ Self-contained vehicle (e.g. caravan, house truck/bus, mobile home)

Appendix 3. References

Reports

Amore, K., Viggers, H., and Howden-Chapman, P. (2020). *Severe housing deprivation in Aotearoa New Zealand 2018*. He Kāinga Oranga Housing & Health Research Programme, University of Otago: Wellington.

Human Rights Commission (2007). *To be who I am, kia noho au ki tōku anō ao*. Wellington.

Ministry of Housing and Urban Development (2020). *Aotearoa New Zealand Homelessness Action Plan*. Wellington.

Statistics New Zealand (2009). *New Zealand definition of homelessness*. Wellington.

Veale J, Byrne J, Tan K, Guy S, Yee A, Nopera T & Bentham R (2019). Counting ourselves: the health and wellbeing of trans and non-binary people in Aotearoa New Zealand. Transgender Health Research Lab, University of Waikato: Hamilton.

Websites

Gender Minorities Aotearoa: https://genderminorities.com

Ministry of Housing and Urban Development: https://www.hud.govt.nz

Appendix 4. Some definitions

The concepts used in this report are explained below.

For a more comprehensive understanding of gender-related terminology, the full glossary can be accessed at: https://genderminorities.com/database/glossary-transgender/

Transgender: an umbrella term for people whose gender differs from the gender/sex they were assigned at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms or may simply use transgender. Use the descriptive term preferred by the individual. Many transgender people are prescribed hormones by their doctors to change their bodies. Some undergo surgeries as well. But not all transgender people can or will want to take those steps, and a transgender identity is not dependent upon medical procedures. The term transgender is not indicative of sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life. Transgender

Trans man or trans male: trans man refers to a man who was assigned female at birth. He may or may not be recognised by others as trans, and may or may not identify himself as trans. It is grammatically and definitionally correct to include a space between trans and man. A trans man may describe himself as binary (a trans man), or non-binary (transmasculine).

Trans woman or trans female: trans woman refers to a woman who was assigned male at birth. She may or may not be recognised by others as trans, and may or may not identify herself as trans. It is grammatically and definitionally correct to include a space between trans and woman. A trans woman may describe herself as binary (a trans woman), or non-binary (transfeminine).

Non-binary: non-binary is an umbrella term for all genders other than female or male - the two binary genders. (See above for transmasculine and transfeminine).

Intersex: Intersex is another word for VSC - or 'variations of sex characteristics'. Over 40 different intersex conditions exist. Intersex people have a VSC from birth, as opposed to 'through taking hormones or having surgeries'. Variations of sex characteristics means their sex characteristics such as hormone levels or reproductive anatomy may differ in some way from from what is typically considered 'male' or 'female'. Most people with VSC do not consider themselves transgender, but some do.

Takatāpui: takatāpui refers to Māori who are LGBTQI+

Transition: transitioning from being seen as one's birth assigned gender to one's actual gender. Transition generally initially includes social elements such as changing one's clothes, hair, name (socially and maybe legally), changing the gender marker on one's legal documents, binding breasts or wearing breast forms, etc. It may also include medical treatments such laser facial hair removal, hormone replacement therapy, or various surgeries. There is no wrong way to transition, and no singular right way.

Transphobia: fear, discomfort, distrust, or hatred directed towards trans people or trans concepts. This word is used similarly to homophobia, etc. Some transphobia is based on ideas about naturalness, realness, and misconceptions around scientific fact or biology. Some transphobia is based in religious ideologies. Some transphobia is based on ideas of gendered oppression revolving around reproductive capacity (gender essentialism). There are many factors which contribute to transphobia.