



Making the invisible visible: A Photovoice exploration of homeless women's health and lives in central Auckland

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ABSTRACT

Women and the concept of homelessness are weakly connected in the international discourses on health and housing. This PhotoVoice study gave a sample of homeless women in central Auckland a camera with which to photograph their lives in order to voice their felt health needs as advocates and agents for positive change. Interviews explored the meanings given to street lives captured in the photographs and reveal threats to the women's mental health and worsening addictions. Their tight-knit, resilient community, including dogs, was seen as 'family' who provide support and protection. The women perceived social services as helping them survive and support their health, but not ending their homelessness. Barriers to them getting and staying off the street included a shortage of affordable, secure housing, which has also tended to become overcrowded. They identified their own leaders who could link with state housing services to implement and evaluate new homelessness programmes, such as Housing First.

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Introduction

Despite an extensive literature exploring various aspects of homelessness, the relationship between the housing and health of homeless women, especially in publicly used spaces, has received little research attention (Casey, Goudie, & Reeve, 2008; May, Cloke, & Johnsen, 2007). Historically, the 'literature on urban spaces, particularly in relation to homeless communities, has subsumed women within the category of the 'undifferentiated "he"' (Huey & Berndt, 2008, p. 177). Street homelessness has been socially constructed as a predominantly male space, despite exceptions (Austerberry & Watson, 1983; Golden, 1992; Hand, 1983; Radley, Hodgetts, & Cullen, 2005, 2006; Rousseau, 1981; Watson & Austerbury, 1986). Less likely than men to be visibly homeless (May et al., 2007) homeless women have been mainly studied in insecure domestic settings.

However, as street homeless women have become more visible in some urban places, the literature over the last decade (Casey et al., 2008; Cassidy, 1999; Chamberlain, Johnson, & Theobald, 2007; Cheug & Hwang, 2004; Connolly, 2000; Cramer & Carter, 2002; Evans & Forsyth, 2004; Gelberg et al., 2009; Gelberg, Browner, Lejano, & Arangua, 2004; Hendessi, 1992; Radley, Hodgetts, & Cullen, 2005, 2006) has begun to help them own their voice and perspectives on housing and health. It has exposed

how their experiences and perspectives, despite or perhaps because of their increased vulnerability (Glasser, 1994), intersect with their life circumstances such as domestic violence, divorce and not having the economic resources to make alternative living arrangements when their home life is unsatisfactory (Adamides, 2002).

Nevertheless, these women, whose bodies are frequently their only defence in the absence of 'access to that second skin, the home' (Wardhaugh 1999, 2000 as cited in May et al., 2007), still recede into the shadows of research on the homeless. Under-recognised and indistinct, their plight mirrors their lives on the streets (Wardhaugh, 1999). It contributes to their stigmatisation and ghettoisation as women who, not conforming to the normative ideal of a 'home' and conventional family structures, have been symbolised as an incarnation of the contemporary witch (Golden, 1992; Wardhaugh, 1999).

New Zealand exemplifies these trends and the associated unmet need to study homeless women, especially those living on the street. In New Zealand there have been several studies published on rough-sleeping men (Al-Alnasrallah et al., 2005; Amore, 2007; Ellis & Holt, 2007; Hodgetts, Radley, Chamberlain, & Hodgetts, 2007; Laurenson, 2005; Laurenson & Collins, 2007; Leggatt-Cook, 2007; Richards, 2008; Smith, Robinson, & AtkinRead, 2006) but few on the housing and health experiences of the women surviving and living without permanent, safe or secure accommodation (Amore & Robinson, 2007; Baxter, 1996; Hager, 2007; Marsh, 2006). These homeless women include rough sleepers in public places as well as women living in sheltered or crisis accommodation; women without permanent shelter; and women living in housing that is

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overcrowded and not secure or safe. Having no place they can call 'home,' the homeless women are removed from the public gaze, which has reduced societal awareness of their exposure, at the intersection of marginalised physical and social spaces (Massey, 1994), to significant risks of physical and mental ill-health (Al-Ansraallah et al., 2005; Amore, 2007; Amore et al., 2005; Amore & Robinson, 2007; Bang, 1998; Chamberlain et al., 2007; Ellis & Holt, 2007; Hager, 2007; Laurenson, 2005; Leggart-Cook, 2007).

This study aimed to answer the questions of how street homeless women see their lives and what needs to be done to improve their health and survival in relation to their housing. The study explored these issues among homeless women in central Auckland, one of New Zealand's most densely built-up areas. Up to 100 rough sleepers dwell there as do a further 300 to 400 people without secure or permanent housing (ACC, 2009). Our study used a participatory qualitative research methodology called PhotoVoice, which resembles participatory photo mapping (Dennis, Gaulocher, Carpiano, & Brown, 2009), auto-photography (Johnsen, May, & Cloke, 2008; Wang, Yi, Tao, & Carvano, 1998), reflexive photography (Wang & Burris, 1997) and photo-elicitation (Olliffe & Bottorff, 2007; Radley & Taylor, 2003). However, PhotoVoice goes beyond using participants' photos to document or explain their homeless state or relationship to time and space (Johnsen et al., 2008; Radley et al., 2005; Rowe & Wolch, 1990). Its use in this study required the homeless women to take photos of their lives and then be interviewed about their photos. The dual voice of visual and spoken narratives was elicited to strengthen the storytelling by the women as advocates and agents for authentic change (Carlson, Engebretson, & Chamberlain, 2006; Freiere, 1970; Wang & Burris, 1994). The adopted methodology thus creatively adds to our ability to grow the New Zealand and international research literature on homelessness and homeless service provision.

The New Zealand context

Since the 1970s, New Zealand has witnessed an increase in homelessness and a decrease in home ownership (Smith, Robin, & Abbott, 1992). The 1960s had brought significant migration from rural to urban areas, especially by Māori, and an increase in childless, single parent and one-person households (Smith et al., 1992). The Labour government of 1984–1990 and the National government of the 1990s nevertheless shifted the focus from housing and other social services. These governments sought to curb inflation and economic stagnation through neoliberal reforms such as privatising state assets, cutting government spending and deregulating the economy (Bang, 1998). In 1991 the new state provider of public housing, Housing New Zealand, began to charge market rents for residential properties. An accommodation supplement became available to the beneficiaries who could not afford the rents charged by private landlords or for state houses. However, it encouraged landlords to increase private rents, which drove state house rents beyond the means of the most needy people (Bang, 1998). By 1998, 60,000–100,000 people lacked adequate accommodation (Smith et al., 1992). Māori and Pacific Island families, women-headed households, the elderly and people with physical and psychological conditions were affected worst (Smith et al., 1992).

Psychiatric de-institutionalisation and the closing of many psychiatric hospitals in the 1970s and 1980s have added to the rise in homelessness during the last two decades (Ralston, 1996). Homeless shelters and boarding houses have become *de facto* residential facilities for people with psychiatric and other disabilities (Padgett, Hawkins, Abrams, & Davis, 2006b; Pascale, 2005). The risk of marginalisation within public housing has been further increased for women, especially pregnant women; single men; and homosexual and transgender populations (Wright & Tompkins,

2006). These groups regularly move between places of temporary shelter as they battle with poverty, mental health problems and discrimination in finding appropriate accommodation (Padgett et al., 2006b). 'Slipping through the cracks' of the formal welfare system (Padgett et al., 2006b; Ralston, 1996) their members commonly live on the streets and in non-conventional accommodation. Māori represent 50% of these primary homeless people in central Auckland (Elliott, 1998; Ellis & Holt, 2007).

Methodology

Sampling

This study received ethics approval from the University of Auckland Human Participants Ethics Committee (reference 2008/497). Participants in this study were recruited during March 2009 to comprise a convenience sample of women who had experience of being street homeless in central Auckland during the previous 12 months. The group was representative of street homeless women in this locality and reported that it was willing and able to comply with the ethical guidelines of the study. These guidelines included: gaining written permission from subjects before taking their photos and not taking photos that could embarrass themselves or others. The sample was selected from visitors to a Christian social service provider, soup kitchen and day centre, which is a key outreach service for homeless people in central Auckland (ACC, 2008).

The study was advertised through a poster displayed at the day centre, which attracts a regular group of women to its service. By contrast, other homeless day centres in central Auckland have a clientele dominated by men. Their presence can intimidate the women, who tend to respond by not using the service (in the case of another well established charitable Christian social service), by retreating into its shadows (May et al., 2007), or by staying only so long as it takes them to access food or other services.

Anticipating that this study would inform the shaping of a new programme for homeless women, the staff at the day centre facilitated recruitment by introducing KB (an author who carried out the research) to the street homeless women with whom they had formed strong relationships. KB regularly attended the day centre over a two month period, usually at lunchtime to speak with these women. For some of the women, the concept of taking photos to depict their lives and needs was too abstract or threatening. However, a small group became eager to participate on the basis of their developing trust in KB. From a white, middle class family and tertiary-educated, KB knew that the women accessing the soup kitchen might see her as very different from themselves. However, her young age and female gender reduced the differences as did her decision to dress casually and wear her name badge from the social service where she worked at the time, since people at the day centre have a good rapport with this organisation. She also used plain language and was naturally friendly. She had conducted focus groups with homeless women for an earlier phase of this research, from which two women were the first to opt to participate in the Photovoice study; they helped to recruit peers who might be appropriate participants.

When the women expressed possible interest in participation, a plan was agreed to re-meet, usually the following day. This plan allowed them at least 24 h to consider their involvement in the study. If, on re-meeting, they were still motivated to participate and they met the criteria for the sample selection described above, KB obtained their written, informed consent. She also gave them information sheets and consent forms for their photographic subjects, a disposable camera with which to take photos of their lives, and a waterproof bag to store all these materials.

Data collection

Beyond the stated purpose of the study, and the ethical guidelines, no direction was given to the women regarding the specific content of what to photograph. Two women, who were substance abusers, were encouraged to return their cameras at the end of the same day to reduce their risk of losing the camera or having it stolen overnight. The other women were encouraged to give their camera back once they had photographed everything they wanted for the study. They kept their camera for up to two weeks since some of them wanted to photograph seldom-visited places from their past. Films were processed overnight so that interviews could be held the next day. Participants were given a printed copy of their photos in an album along with a CD of their photos. Taking pride in these photos the women showed them to their 'streetie' friends. 'Streetie' was a positive term used by the women to describe their culture and identity on the street. By documenting a period of their life and the community they lived in, the photos were able to raise public awareness of their living situation.

Through a process of photo-elicitation (Oliffe & Bottorff, 2007), KB conducted semi-structured personal interviews that explored face-to-face the meaning and importance to the participants of their photos of their street lives and the needs that these lives engendered in relation to their housing and health. They were asked to describe the content and context of each of their photos, explain why they took the individual photos and then select the three to four most personally significant ones. The interviews thus negotiated and constructed shared understandings of the meanings to the women of their photographed social worlds. All the interviews were audio-recorded with the participants' consent and transcribed verbatim.

Getting six women to complete their photographic tasks and follow-up interviews would not have been possible without KB spending considerable time at the day centre. The unpredictable and chaotic nature of the participants' lives added to her difficulties; for example, some of the women missed interviews without notice. However, KB became a familiar face whose skills as a youth worker and counsellor enabled her to de-escalate tense situations. Bringing espresso coffee and muffins for the participants helped to improve their attendance and, through her persistent attempts to engage and build rapport with the women, she won sufficient trust for the participants to take and share photos of their lives.

Data analysis

The content of the collected data was analysed in two ways. First, the number of photos was tallied in categories that were developed from the interviews, yet were consistent with the study aims. The same process was applied to the photos whose significance the participants had ranked most highly. Secondly, a thematic content analysis was performed of the interviews stimulated by all the photos. The analysis involved a general inductive approach (Thomas, 2006) according to which the authors closely read the transcripts before coding meaningful segments in the data and categorising the codes into emergent themes. Relationships between the themes were distinguished and themes were interrogated to reveal relationships with participant attributes. A software programme, QSR NVivo (version 5), was used to manage and support this analysis of qualitative data. The whole analysis was independently reviewed by a senior academic colleague with qualitative research expertise.

Advocacy

The photos and interviews were intended to assist the women to voice their needs and to use the knowledge generated by the

research to facilitate positive change in their disenfranchised lives. To inform and aid action in response to these needs the photos were displayed at conferences, at a human rights film festival and in reports. The photos of central Auckland were exhibited in the central Auckland public library, with verbatim text from the interviews. All these actions were taken with the written, informed consent of the individual photographers and their subjects.

Results

Sample

Of the eight women recruited for the project, six returned their cameras and completed interviews, which ranged from 20 to 60 min in length. Table 1 summarises characteristics of these participants. Aged from 21 to 39 years, they identified themselves as Māori women (the indigenous population of New Zealand), had slept rough during the previous 12 months and were still connected with the 'streetie' community. Only two were currently sleeping rough. Three were living with boyfriends (but were not named in the tenancy agreement) and one was staying in a short-term rented apartment in the central city. All the participants were happy for their 'street names' to be used because, as one participant explained, 'We all live with nicknames on the streets ... our names, when we get off the streets, have never been abused.' However to protect their identities entirely, pseudonyms have been used.

Content analysis

Table 2 reports the frequency, and significance to the participants, of the photographed subjects. The photos taken by four participants describe five or six categories. In contrast, Leigh's 18 photos constitute one category, indoor living, while Amy, the youngest participant, took the most photos: across eight categories. No category was represented by more than half of the participants. One-third of the photos were taken of people and almost two-fifths of all the photos related to sleeping arrangements. Subjects of high personal significance included rough sleeping and dogs. From the interviews stimulated by all the photos, four key themes emerged: threats to health, due to addictions; family support and protection; social services support; and difficulty getting off the street. Each theme is now discussed in turn.

Threats to health due to addictions

The women knew that rough urban living challenged their ability to satisfy their basic needs, including physical and mental

Table 1
Participant demographics.

Pseudonym	Age	Ethnicity	Current living situation
Ange	37	Maori	Living at boyfriend's flat (but not on tenancy agreement) since giving birth to their baby.
Ness	25	Maori	Couch surfing and rough sleeping.
Lou	38	Maori	Rough sleeping (makeshift shelter in a park with boyfriend)
Shorty	39	Maori	Central city lodge with shared kitchen when she has money. Rough sleeps when she does not have money to pay rent.
Amy	21	Maori	Rough sleeping (sleeping in doorways with other streeties)
Leigh	39	Maori	Recently moved in with boyfriend (but not on tenancy agreement), previously rough sleeping in a park.

Table 2
Frequency of photographed subjects by personal significance^a.

	Ange	Ness	Lou	Shorty	Amy	Leigh	Total
Rough sleeping			16(3)		3 (1)		19 (4)
Male streetie friends		8 (2)		6	4		18 (2)
Dogs		1(1)	1(1)	3			5(2)
Social services	1(1)	2			4,(1)		7(2)
Female streetie friends		5(1)		4	8		17(1)
Places streeties currently frequent	4		2		5(1)		11(1)
Land/trees/streets and buildings	8 (2)				2		10(2)
Indoor living	5		5			18(3)	28(3)
Landmarks or people from their past	4		1				5
Children of street people	2			1			3
Strangers		1			1		2
The researcher					2		2
Self				1			1
Total	24	17	25	15	29	18	128

^a Photos in brackets = number of photos in participants' top three–four for significance.

health and safety. Shorty, for example, said: 'I suffer with a mental illness ...[and] 90 out of 100, the majority of us, really suffer with manic depression.' However, the health issue that the participants were most concerned about was their co-occurring drug addictions. Consistent with other studies of homeless populations (Adamides, 2002; Chamberlain et al., 2007; Larson, Poortinga, & Hurdle, 2004; Padgett, Gulcur, & Tsemberis, 2006a), they reported that street life brought with it increased alcohol use and the abuse of glue and solvents.

Such substances became readily accessible to the streetie women because 'I did not have to buy anything, just having a place where people could come and do it, well, I got it for nothing ... and, I had seen how they did it and so I tried it' (Lou). Having little else to occupy their time, they began to use such substances with increasing frequency and duration: 'I was drinking before but I was also working before I came on the street and only left it for the weekend. But come here and I was able to drink every day ... you don't mix that, you just drink it from the bottle ...you want to get drunk, here' (Lou). Consequently, the longer they were on the street, the greater the risks of, and risks associated with, addictions (Chamberlain et al., 2007).

Two women had secured temporary housing through current relationships but did not have their names on the tenancy agreements for fear that their state benefits, which they needed to help feed their addictions, would be cut. Yet the women knew that getting off the street was critical to them managing these addictions. Leigh had recently moved into secure housing and reported cutting down her substance use with help from an addictions programme, which she could not have done living on the street. The participants also understood that substance abuse could decrease their chances of getting off the street: 'you have got to get help for the addiction because if you are going to keep that addiction and do all those [drugs], you will never make it' (Shorty).

More generally, as reported in some studies (Wilson, 2005) but not others (Gelberg et al., 2004), the women took steps to be as healthy as their circumstances permitted. They used the medical clinics at the day centre and another service and focussed on keeping warm and dry, which sometimes required them to be resourceful. For example, Lou 'used a rubbish bag for my wet weather pants – when it came to riding a bike in the rain.' A public toilet was also photographed to signify a place to have a wash because 'we need a lot of push and shove to get facilities for the young ones as well as our old ones ... like washing facilities and all that' (Shorty).

'Family' support and protection

As observed in other PhotoVoice studies of homeless people (Hodgetts et al., 2007; Radley et al., 2005; Rowe & Wolch, 1990), participants stayed as safe as they could on the street by forming a close-knit streetie community. Photos, taken especially by the younger participants, showed 'who is on the streets: the people.' As Shorty said, 'The people are all of different cultures but they are all living together and that is what I call unity. We may have our ups and downs, but if something else happened, like a riot from another district, we come together as one.' Their communality is fragile in that, 'if we stay together for too long we start arguing and fighting ... but we always do end up coming back together as a group and just chilling out at night time ... we all look out for each other and just try and be happy' (Amy).

Moreover, the women described how they supported each other. When the threat to their physical safety was high, they slept in groups, usually with a man: '...we don't sleep there by ourselves.' (Amy). They saw their streetie community therefore as 'family.' Shorty described how the streeties created new 'family' relationships as surrogates for broken, past relationships. Typically these new relationships were very significant because many streeties had severed ties with family members owing to experience of abuse in their family of origin or extended family: '...brothers and sisters and sons and daughter we call them. They call him "Dad" and "Mum" and there is a lot of that ... From a kid that's just come out of an abused life, to now stand up and call someone else "Mum" and "Dad", that is a big thing' (Shorty). Participants also described how different people fulfilled different roles in the streetie family.

The senior women, for example, protected the other women. Two photos were taken of these leaders: 'That's [name omitted] ... She's the biggest sister out of all of us ... if any dudes pick on us girls, she'll go and deal to them' (Ness). Similarly, Shorty said, 'Aunty [name omitted] has come a long way. She has been off and on the streets ... she is a lot of role model ... We have a lot of respect for our elders, especially when it comes to our wahines [women], because they are like a mother figure that you can't get.' Shorty acknowledged herself as 'a role model to the gay, underprivileged, you know, especially the gay women that are younger than me ... these are my family now ... I try and teach them that it is an all right thing but play safe, because there is a lot out there [on the street] that do not play safe.' She also tells them: 'Don't steal because when you are stealing you are stealing off yourself, you know. And hygiene is, to me, very, very serious.' She teaches them, therefore, to keep themselves clean and helps them to receive training for work: 'We do have homeless now that are going to be joining up in our bar school [a training institution that provides hospitality training] ... but there is only so much that bar school can give; they only can give education but not housing'.

Photographed dogs were also 'like family' to the streetie women. Other studies of homeless populations have not reported this finding. In our study the dogs were valued for their companionship in a life that could often be very lonely and isolating. At night, 'they lie down – they are our footstool down the bottom' (Shorty). The 'streetwise' dogs also protect the women: 'If we have outsiders come in and try to hit us, they attack' (Shorty). Therefore, my security was our pets [two dogs] (Lou; Fig. 1). Protection was important because not only were the women exposed to physical attacks but 'the majority of our elders do not carry phones' and most homeless women 'do not get the right nourishment. That makes them weak to fight ... we normally give our dogs up to them, so when they sleep they have a peaceful sleep.' Consequently, 'everybody in the street life and the adult ones and the young ones look after our dogs' (Shorty). For example, fig. 1 depicts a blanketed sofa sheltering a dog. However, 'a barrier to her cousin accessing



Fig. 1.

secure housing was his dogs: He has tried going indoors and it did not fit in well, because the majority of indoors that he was living at couldn't cater his dogs'. Dogs were so important to the participants that they said they would continue to live outdoors if their dogs could not go with them; which poses a challenge for homeless service providers.

The women further supported each other through 'boil-ups' (Fig. 2), which are a Māori method of cooking for a large group by boiling meat and vegetables together in a big pot. Instead of walking to the closest soup kitchen to get a meal, they busked for money and accepted food parcel donations from a service provider that provided food parcels. One couple used their food parcel to feed themselves and their neighbourhood, including local railway workers. Leftovers were carted in a supermarket trolley back to that soup kitchen and shared with other streeties.

It was mostly the older participants, such as Leigh, who photographed objects such as the pot, and places, rather than people, which appear to reflect a perceived need to keep safe. Their photos minimise the visibility of the participants. For example Lou photographed 'the very first place I slept on the street ... [which] was fenced off a few years ago.' This now-fenced space appears to be a metaphor for her felt sense of exclusion and perhaps her inability as a rough sleeper to get off the street (Fig. 3). Similarly another



Fig. 2.

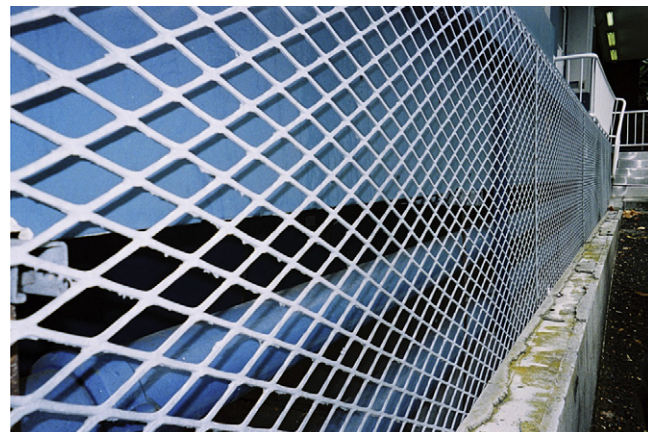


Fig. 3.

participant who was caring for a baby did not want social services to know where she was, since she had previously had children taken out of her custody.

Social services support

Nevertheless, the women recognised social services as helping them to meet their basic needs, for example meals. Said Ness, 'We have soup for lunch every day, free. Everything at the day centre is free except for dinner, and that is only a dollar. And then you have got the [other named social service which also provides food]'. Amy added that social services also 'give us showers; they give us clothes, shoes, sleeping bags, blankets. They help the homeless be a bit more – just a bit happier on the street'. Moreover, they provide medical services; are a venue to meet probation officers and other case workers; and help to keep the women, especially young ones, out of jail 'because we would have been stealing or doing something, something not right' (Amy).

The women further saw social services as helping to protect them *as women* on the street. For example, Ange, who is now housed, took a photo of the New Zealand Prostitutes Collective and said, 'I took that because it is for women, you know? A safe place. Because they've closed mostly everything down for women in the central city. That is the only one that is left that the government still funds.' Especially for the older participants, such places provided valued memories of havens from dangers in the city. They also offered a refuge for the women during the day, especially in the winter, because the shelter 'closes at 7.00 a.m. ... and reopens up at 7.00 p.m.'

Difficulty getting off the street

The women did not identify social services as assisting them out of homelessness. However, the participants wanted to get off the street and live in an apartment in the central city to be close to the homeless services they used and their streetie friends. Said Shorty, 'out there I tell the majority of them, like the young ones, that living on the streets is not a very good thing.' The biggest barrier they saw to themselves obtaining secure housing was its lack of affordability. For example, Shorty was now in rental accommodation but 'I am finding my accommodation at the moment quite hard, because my rent is so high'. Yet the streetie women persist in struggling to access a limited stock of subsidised housing: 'I have tasted the streets and I have tasted the anger and everything else, and at the moment I am fighting for a Housing Corp [state] house, and it has taken me – this is my ninth year.'

A factor contributing to streetie life is overcrowding indoors. Leigh had lived in an apartment until it became so overcrowded that she went to sleep in a park to get away from the noise and parties. The apartment had a bedroom and bathroom but often 12–15 people would sleep there overnight. She explained how her inability to reduce her number of visitors led her to lose her house: 'I stopped them and my partner stopped them, but I still got blamed for the foot traffic ... and I was told I should have fought, and I should have because I would still be there. That house was, to me, was forever.' Other participants therefore stated that now: 'We don't really like going to each other's pads because we don't want them to get kicked out because of us going there all the time ... it just causes problems and then the police start getting, start picking on the person who is renting that apartment because they think there is drugs going on or parties, or the landlord gets a bit sketchy on us' (Amy). Such challenges associated with overcrowding in temporary accommodation have also been reported for homeless women in American (US) settings (Khanna, Singh, Nemil, Best, & Ellis, 1992).

Discussion

This study has explored the experience, and needs for housing and health, of homeless women living in central Auckland. All the women sampled were Māori. Other studies have similarly reported over-representation of ethnic minorities among the homeless (Gelberg et al., 2009; Rowe & Wolch, 1990). Such disadvantaged groups are often reported to be displaced (Berman, Mulcahy, Forchuk, Edmunds, Haldenby, & Lopez, 2009), yet the women in our study reported a sense of connectedness to, and local emplacement in, a streetie community that has enabled them to support and protect one another. Evidence for this observation varied by level of abstraction, sometimes revealing symbolic meanings beneath the image surface. Other PhotoVoice studies of homeless people have similarly noted how homeless people support each other, especially at night, but tend to do so out of the public gaze (Hodgetts et al., 2007), in contrast to the findings in this study. We also found that the women were using homeless service providers not to find housing but instead to support their survival strategies while they remain homeless in the absence of regular housing. Lack of affordability was the biggest barrier reported to securing and keeping accommodation, a trend that has been prominent in the literature since the 1980s (Austerberry & Watson, 1983; Bang, 1998; Fitzpatrick, Kemp, & Klinker, 2000; Laurenson, 2005). The longer that the participants had been homeless, the greater their need was to work with state housing services in order to develop programmes that put (supported) 'housing first' rather than 'treatment first,' for example for addictions to drugs and alcohol, in supportive home spaces. This need has become thematic among homeless populations (Padgett et al., 2006a).

Strengths

It was an achievement to recruit homeless women – a marginalised and vulnerable group – and their subjects. Homeless people typically fear people from the outside, especially if the outsiders are perceived to have links to social services or the police. A strength of this study therefore was the collaboration that KB and the participants developed with each other at the day centre. Their partnership allowed Shorty to admit that 'these photos that I am going to explain to you took a lot of, well, courage to ask them [subjects for permission] because they are very personal. And they have a lot of life behind them. And it is not a happy life.' Moreover, subjects' behaviour can be unpredictable. The photos also provided a mechanism for the participants to put other streetie women 'on the right

track, or else give them something to look forward to the next day' (Shorty) and educate the public.

Our use of PhotoVoice as a stimulus to qualitative interviews of homeless women was novel. Photovoice has not been widely used in New Zealand, although it has been successfully used with homeless populations in England and the US (Hodgetts et al., 2007; May et al., 2007; Radley et al., 2005; Wang, 1999). It respects such groups (Wang, 1999; Wang & Burris, 1994) by giving them a mechanism to voice their needs and concerns and advocate for change. It also uses their own visual images to reduce the 'strangeness' of the interview situation (Olliffe & Bottorff, 2007) and mixes qualitative methods to help validate the meanings of related narratives. Our study may inform the development and use of this method in future work.

Limitations

The number of participants was small. Other PhotoVoice studies with homeless populations have been conducted with a larger number of follow-up interviews over a longer time period (Wang & Burris, 1997). In retrospect, a group interview might have increased the ability of the women to advocate collectively for what they wanted. However, in the context of the unpredictable attendance at meetings with the researcher, as noted above, a group meeting would have been difficult to organise and this study was limited by the time and resources available to it. Limitations are also associated with the meaning constructed from participants' talk. This talk probably cannot be used alone to assess coping by the participants since their talk may simultaneously have been used as a way to cope (Funk & Stajduhar, 2009). Given more time, the study design could have been longitudinal to allow participants prospectively to document their lives, as has characterised some PhotoVoice studies of people recovering from surgery and cancer (Frith & Harcourt, 2007; Radley, 2002; Radley & Taylor, 2003). The study could then have given increased focus to how the women's housing situations change over time and why.

Implications

Resourceful but marginalised, the homeless women depend on homeless services for shelter and to meet other basic needs and rights, such as food, clothing, and health. Housing is but one variable affecting their welfare (Kearns, Smith, & Abbott, 1991), yet the participants wanted to move into permanent, safe and secure housing that could also cater for their dogs. Specialised housing services should aim to achieve this goal, while remaining mindful of the low incomes of homeless women; their frequent inability to afford state housing or private rental accommodation; and their perceived need to restrict their financial assets in order to qualify for state benefits, as also resonates with the US experience (Hammerman & Bennett, 2009).

A 'Housing First' model could be implemented by a homeless service provider in central Auckland. Standard models of homeless care assume that homeless people cannot be resettled until their health problems are addressed. These models move homeless people through different 'levels' of housing, known as the Continuum of Care. In contrast, the Housing First approach focuses on addiction treatment and other complex social issues once homeless people have been re-housed. These people receive intensive, individualised support to maintain this housing securely and meet their budgetary, health and other social needs. Effective with homeless women who have mental health and addiction problems in New York City (Padgett et al., 2006a), Housing First eliminates the need for the transitional and emergency housing that the women do not want or use. However, its success depends

on the availability of adequate and affordable housing stock and on not restricting homeless women from public spaces and other urban spaces (Klodawsky, 2009), although Housing First may create new 'local spaces of public welfare' (Whiteford, 2008).

A corollary to this approach is the need to look beyond the resettlement of homeless women, and other downstream interventions at the individual level, toward the concurrent development and implementation of social policies for the upstream prevention of homelessness at the group level (Radley, Hodgetts, & Cullen, 2005). This top down and bottom up approach can yield 'holistic solutions' (Fitzpatrick et al., 2000) through inter-agency working, and engaging the homeless women themselves or at least their streetie leaders. These women can develop, implement, consume and evaluate housing for homeless women as an active subgroup. Further research is needed on the nature and effectiveness of these policy solutions. For example, a pilot of Housing First with a cohort of the homeless women could be of indicative value internationally as a model for effective homeless service provision.

Conclusion

The homeless women in this PhotoVoice study used visual images and talk to elucidate threats to their housing and health. At the same time they demonstrated a strong and strategic sense of place and community. As a resource of their marginal culture, their sense of togetherness – alongside social services support to meet basic needs – helped them to resist the threats and meet the challenges they face everyday. Our study findings therefore locate these women not simply within at-risk discourses but also in an urban setting that is often lonely and dangerous as they negotiate ongoing barriers to accessing stable housing and good health. They adapt as positively as they can to these circumstances by working to legitimise their experiences and safeguard their sense of personal and collective identity. The same kinds of relational and situational patterns of resilience (Polk, 1997) have been reported to characterise homeless women in other urban and rural settings (Wardhaugh, 2000) as well as marginal groups such as problem youth (Bottrell, 2007). Nevertheless, as Frank, Tshemese and Mayekiso (Frank, Tshemese, & Mayekiso, 2007) suggest, homeless people are still marginalised despite their resilience, and require state support through approaches such as Housing First.

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