

Service Needs of Frequent Movers: Issues for Providers¹

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1. Introduction

Frequent movers' needs for supports and services, their access to those and the consequent demands placed on local service providers arose as a significant issue during the Building Attachment research.

New Zealanders have high levels of residential movement compared to many other countries including north-western Europe, Great Britain, Australia, Canada and the United States.² In the 2006 census, 24.7 percent of the total population moved in the year prior to the census and 57.7 percent moved at least once in the previous five years. The proportion of one quarter of New Zealand's total population moving yearly appears similar to indigenous minorities in Australia and Canada, which are regarded as frequent movers in those societies.³

Because of New Zealand's high levels of residential movement, moving may be seen as expected and usual. However, health and social service providers in all the case study areas indicated that some clients move more than the average. Often movement is associated with and can exacerbate difficulties those people face. Where moving is unpredictable, unplanned or forced by circumstances, it is not only a source of stress and consumer of resources for families and individuals, but also for the services that are directed to supporting them.

The repair of residential movement on policy settings and services bias emerged as a critical issue overseas. One of the major themes in the commentary over that issue is the need to understand patterns of residential movement as contingent on and specific to the material conditions confronting particular population groups. Not all parts of the community experience residential movement in the same way or to the same extent. In particular, the experiences of marginalised populations can be different to the residential movement experiences and patterns of the mainstream population.

For marginalised populations, mobility can be a source of stress, inhibitor of support, hinder achievement and perpetuate isolation and welfare dependency.⁴ This paper focuses on movers who face multiple challenges: in housing, employment, health, schooling and social well-being. It reports on the issues that health and social service providers raised about the need for services for those who move frequently.

The analysis is based on data generated by in-depth, semi-structured interviews and focus groups conducted in four case study areas in 2003 and 2004 with local health and social service providers. The organisations interviewed differed from area to area, depending on the range of relevant organisations based in or servicing the areas. Around 100 people working in health and social services were interviewed.⁵

² Long (1991).

³ Kinfu (2005); Skelton (2002).

⁴ Skelton (2002:129).

⁵ Those included practice managers, doctors, nurses, pharmacists, Plunket staff, emergency care staff, social support staff, mental health workers, Māori health workers, Strengthening Families Co-ordinators, Women's Refuge, Child Youth and Family, Māori social services, Pacific social services, youth workers and family counselling and support workers.

This paper considers what providers see as frequent residential movement, their views on the reasons for frequent movement and the implications of frequent movement for individuals and families. It also discusses how service delivery is affected by clients' residential movement patterns and looks at how providers respond to those. Finally, some concluding comments are made on the services needed by frequent movers.

2. Defining Frequent Movement in the Case Study Communities

Internationally, there is no agreed definition of what constitutes high or frequent residential movement. What definitions do exist frequently vary according to the age group or matters that are focussing the particular debate.⁶ Families or individuals moving more than once a year, or three or more times in the previous five years, or children moving several times during their schooling have all been defined as frequent movers in the policy, research and popular literature.⁷

In the four case study areas, health and social service providers did not have a definition of frequent or high residential movement, but they did refer to some clients as “movers”, and in some instances as “transients”. In each area, providers state that they could clearly identify clients who moved “a lot” and some providers could estimate a proportion of their client base that was seen to be highly mobile. In essence, these providers calibrate their notion of frequent movers against some view, often implicit, around what is either, ‘normal’, the ‘norm’ or typical.

In Cannons Creek/Waitangirua, there were differing views on the amount of movement that was typical in their community. Some social service providers considered that the area has a generally stable population, with many long-term residents in the area. A few providers referred to a “transient” population associated with HNZN housing, although others saw public sector housing and associated income-related rents as contributing to a stable local population. One social service organisation considered that frequent movement was as much as three to four times in a year. Another service provider considered frequent movement to be within two years and estimated that half its clients would move within that period.

In Opotiki, five social service providers said that frequent movers were evident among their client base. Mostly the proportion was not known, although one provider estimated that families who move frequently would make up at least 30 percent of clients. The providers made the following observations:

Most of our clients have either come from another area or another agency.

The average time that clients stay with us is about two to three months. The most common reason for leaving is that the case is closed, but sometimes it is because they have moved on. We have many more

⁶ James (2007).

⁷ For examples of definitions of frequent movement, see Civitan International Research (2000), Richardson and Corbishley (1999), Michigan Public Policy Initiative (2001), Family Housing Fund (2001), Lonner et al. (1994); Cole et al 2006.

joining the service because they have moved in, rather than losing people because they move away.

In Kawerau four social service providers reported that shifting families make up a substantial minority of their case loads. Comments included:

There are a lot of families moving in and out ... families moving in with other families, and trying to rent their own accommodation.

There is a flow of people moving in and out ... families move around during the time we are working with them.

In Amuri, however, the rate of residential movement was delivered by the burgeoning dairy industry. In that context, residential movement is regularised and planned. Providers in Amuri tend to separate out the regular movement of dairying families from other movers. As such despite regular residential movement, providers typically did not see Amuri as having a substantial set of individuals or families who move frequently. Some noted that in the past, there have been (mainly beneficiary) families coming into the district seeking cheap housing; however, some of those had moved on. Providers mentioned that there are a small number of families who seem to move often within the district, usually every few months.

3. Reasons for Frequent Movement

Providers identified a wide range of reasons why people move. Similarly, providers commented that those on the move are very diverse. They are not limited to any age group, ethnic background or family type. They may be employed or unemployed.

Five drivers emerged as key to residential movement:

- The search for a decent house.
- The desire to access health services.
- The desire to escape.
- Employment.
- Caring for family.

The primacy of those drivers in each of the case study areas differed.

Providers in the small provincial and rural areas identified a range of service gaps in their communities that were drivers of residential movement, with people moving away to access housing, health services, and in some instances education. Sometimes people were moving on because they did not wish to engage with services that placed requirements on them. Some moved because, as providers explained in two areas, they have “worn out their welcome” with services in other places. Another driver of frequent movement was employment, although this was most important in Amuri. Finally, people in all areas moved to be closer to family, to assist relatives or to receive support themselves.

In search of a decent house

Unaffordable housing, crowded housing, insecure tenure and poor dwelling condition have been found to be major precipitators of residential movement in various overseas and New Zealand studies.⁸ New Zealand's 2006 census data shows that in general people who do not own their own homes are more mobile; 42 percent of those who moved between 2001 and 2006 owned their own home, compared to 70 percent who did not move over that time. The main reasons for people shifting house include many housing-related factors such as lease or rental tenure expired, notice given by landlord, needing more affordable housing, or needing a bigger dwelling.⁹

Providers in all case study areas identified those with accommodation problems as frequent movers. Accommodation problems included houses in poor physical condition, overcrowding, incipient homelessness, lack of affordable housing, temporary living arrangements, a limited rental housing market and eviction:

Leaky roof, leaking plumbing, faulty wiring, our workers are dealing with these problems ... we have got clients looking but there is just no rental housing available (Kawerau social service provider).

You notice high transience, especially up the coast. The reason is poverty and no decent housing. Transients are often disconnected from the community in which they are living ... having a large number of children is also a barrier to finding accommodation. Many families are one step away from being homeless (Opotiki social service provider).

Lack of emergency housing was identified by providers in Kawerau, Opotiki and Cannons Creek/Waitangirua as a major problem. Women's Refuge in those three areas noted that some women come to them seeking housing, not because of domestic violence, but because they urgently need accommodation and have no other options. Some social service organisations in Opotiki said that they rely on hotels or camping grounds for temporary accommodation for their clients. Cannons Creek/Waitangirua social service providers noted that emergency housing cannot meet demand from a wide range of people including:

- Families with housing problems.
- Those moving into the area with no resources.
- Families wanting to leave unsafe environments.
- Women leaving violent relationships.
- Young people who have left home to get away from abuse or alcohol and drugs.
- People coming out of prison. Often they face difficulty obtaining suitable, permanent accommodation and rely on hostels or staying with others. Acquiring safe and stable accommodation appears to be a particular problem for women coming out of prison.

⁸ James (2007); Cole et al 2006.

⁹ Statistics New Zealand (2008); Statistics New Zealand (2007).

In Amuri, providers said that frequent movement appears to be mainly related to accommodation problems as rental housing is in very short supply and keenly sought after. To a lesser extent, family problems can necessitate moving house.

Accessing health services

Providers in the small provincial and rural case study areas commented on gaps in local health services (such as 24 hour GP coverage, emergency services, mental health services, maternity services, services for people with disabilities and recovery supports) that triggered a move out of the area.

While the need for health services may precipitate a move away, there is also in-movement for services. As shown in other studies¹⁰ this study found that some incomers were seeking services not provided in their former place of residence. Kawerau providers noted that a small number of families have moved to Kawerau to be closer to specialised services, such as drug and alcohol rehabilitation, mental health support services, or services for high-needs children. Opotiki providers identified a small number of families that had relocated to be closer to their family members using residential services (such as drug and alcohol rehabilitation). These families were not necessarily frequent movers after coming into the district, but needed specific support services.

Moving to escape

Providers talked of clients who move as a way of coping with problems or avoiding dealing with problems. This motivation has been noted in overseas studies as a rational response to circumstances.¹¹ A change in life situation and increasing stress, such as money worries, relationship breakup, illness, loss of accommodation or child custody may result in a client moving. Other drivers of frequent movement can include escape from an unsafe situation such as family violence or drugs. Providers commented that frequent movement is an indicator of the range of difficulties facing some families:

People move as a way of coping with what's happening in their lives. Issues come up for them and they see a move as the solution. Sometimes it's because things start catching up with them (Kawerau social service provider).

Some people are overwhelmed by the city lights and get tangled up in drugs and can't handle the pressure. The costs of living in the city are too high and it's hard to meet the expectations placed on you (Opotiki justice sector worker).

Those who move to avoid regulation and surveillance were identified in Cannons Creek/Waitangirua, Kawerau and Opotiki. Often they moved to avoid debt or a court order to undertake a programme.

Employment

¹⁰ For example Larson et al. (2004).

¹¹ Skelton (2002); Bartlett (1997); Cole et al 2006.

The only area that showed employment or business reasons to be important drivers of inward and outward movement was Amuri. Perhaps the most significant pattern of movement is that of dairy farming families and farm workers who move for career reasons. There is also some movement of seasonal workers, mainly for shearing. As vineyards come into production, further seasonal work opportunities are expected to develop. The group most mentioned as needing support was young mothers who have moved to the area with their partners (usually employed in farm work), and who are often living in an isolated situation with no family or friends close by.

In Opotiki, some mobile clients come to the notice of providers because of exploitation at work. Usually they are in casual, low paid or seasonal employment. Seasonal employment means a changing client base for providers. Some seasonal workers are from outside the district, while others are based in Opotiki, and travel around the country following seasonal work opportunities. One provider commented that clients' *"faces change from year to year as the workforce changes"*.

Caring for family

Providers in all case study areas noted that movement for family reasons was common. This could entail moving to help relatives with child care, disability or illness. Most providers commented that often their clients are moving to seek family help for themselves. Sometimes the help sought was for accommodation, but it could also be help to find work, or to deal with family problems.

Newly arrived Pacific Islanders get a wrap around service from their own people (Cannons Creek/Waitangirua social service provider).

They are not coming to a job, they are coming home because it's tough in the city and because they have whānau to support them at home and to look after the children while they look for work (Opotiki social service provider).

Some movement is of children only, but family units also move around the whānau. There are financial reasons for a lot of this (Kawerau social service provider).

Sometimes children were moved around family members as a way of sorting out problems and improving their care and protection.

When there's a problem the child will go to stay with a relative, when the family can't cope with behavioural problems like drinking, drugs, stealing, interpersonal behaviour with brothers or sisters ... the family works with the kid to sort things out ... sometimes the kid has a say sometimes they don't, but you try and get a consensus (Cannons Creek/Waitangirua social service provider).

Sometimes [the young person is] unmanageable or gets into strife. They look around for a relative or a friend to stay with (Opotiki teacher).

Kids are here, then not here, they are here for a few months, then disappear, then come back ... they come here because a family is willing to take them (Kawerau social service provider).

Opotiki and Kawerau providers also commented that they are increasingly providing services for grandparents caring for grandchildren in their household. Grandparents caring for grandchildren are a growing group that need support services.¹² Service providers gave a number of reasons for the increasing trend of children and youth moving in with grandparents, including: the relationship breakdown of the children's parents, parents' inability to cope with their children, domestic violence, and parents' drug and alcohol abuse. The Māori social service providers made the point that, while grandparents raising grandchildren has been a traditional cultural practice associated with the passing on of cultural knowledge, now children are often being raised by grandparents because of family problems.

4. Implications of Frequent Movement for Individuals and Families

Overseas research suggests that high levels of residential mobility can have significant costs for communities, individuals and families.¹³ While movement can confer advantages when it improves housing, connects people with their families or enhances access to needed services, employment or schooling, some families may be mobile, not because they are attracted by opportunities elsewhere, but because they are fleeing their current situation.

One systematic review of 22 health studies concluded that high residential movement is potentially a useful marker for clinical risk of behavioural and emotional problems. Among the outcomes identified with residential mobility for children and young people were higher levels of behavioural and emotional problems, and adolescent depression.¹⁴ An Australian longitudinal study of women's health showed that both short and long distance mobility was positively associated with long term and chronic poor health. Those findings were consistent with studies in the United Kingdom and United States that have found mobility to be associated with poor health in adults, poor access to preventative health services such as screening and immunisations and reduced continuity of health care.¹⁵ Poor physical and mental health of children and young people has also been associated with homelessness in Canada, Australia, and the United States.¹⁶

Other research shows that frequent movers have difficulties in finding, affording and retaining adequate housing, particularly since multiple moves require repeated payments of upfront costs of renting and utilities connections fees. Young people, the

¹² Increasing numbers of grandparents becoming full-time surrogate parents for grandchildren, and their needs for supports, is a recognised phenomenon overseas. See Edwards (2003).

¹³ Michigan Public Policy Initiative (2001); Family Housing Fund (2001); The Providence Plan (2002); Conway (1999); Lonner et al. (1994); Cole et al 2006.

¹⁴ Jolleyman and Spencer (2008).

¹⁵ Larson et al. (2004); Jacobson (1992); Milligan et al. (2006); Bartlett (1997); The Providence Plan (2002); Bures (2003), Department for Communities and Local Government (2006); Lamont, Ukoumunne et al. (2000).

¹⁶ James (2007).

most mobile group, in particular experience significant problems in accessing housing. Some who are chronically homeless lack the skills and supports to settle into the routine of household management and sustain a tenancy.¹⁷

Employment can be compromised by frequent movement. Those who experience chronic homelessness tend not to have the networks and supports to get and keep a job.¹⁸ Residential mobility may also be detrimental to school attendance and educational achievement, according to several overseas studies.¹⁹ Other overseas studies have linked homelessness with children and young people's vulnerability to abuse, neglect and exploitation, young people's involvement in criminal activities and initiation into illicit drug use.²⁰

Frequent moving may also make it hard for families to participate in local activities, get to know others and build their own support networks. Many overseas studies consider length of residence to be a significant predictor of attachment to a community and high mobility as a key factor in creating and compounding social exclusion.²¹

Prejudice against frequent movers can affect their ability to gain access to services, particularly where service providers view frequent movers as being a costly burden on the organisation, or service eligibility criteria may exclude frequent movers.²²

Providers in all case study areas commented that frequent movers seemed to face many difficulties. Kawerau providers articulated what underpinned much of the commentary by providers around frequent residential moves when they noted that movers tend to be the ones most in need, the most vulnerable, and to have the most difficulties in keeping safe at a personal level.

Health providers noted that residential movement affected people's contact with services. Newcomers on low incomes tended not to make early contact with health services, and for that reason may not seek help when needed or find it difficult to access a GP. A lack of contact could also affect continuity of care. This can have serious implications for health, as well as leading to what one Opotiki provider termed "crisis care", placing strain on both emergency services and other community and health facilities. Other health providers commented about frequent movers:

If and when they do [seek care], things become serious and then either themselves or their family are hospitalised. If whatever they've got becomes a serious issue then they're placed on a waiting list and then the whole family suffers because either Mum or Dad is not in a great state of health. They haven't got the money, they haven't got the finances to sustain the illness in a proper way, nor can they afford the medicine and it just regenerates again (Kawerau health provider).

¹⁷ Department of Communities and Local Government (2006); Burke et al. (2002); Saville-Smith et al. (2008); Skelton (2002); Burt (2007).

¹⁸ Burt (2007).

¹⁹ James (2007); Gilbert (2005).

²⁰ Jolleyman and Spencer (2008); James (2007).

²¹ Goudy (1982); Sampson (1988); Theodori (2001); Young et al. (1996); Department for Communities and Local Government (2006); Bartlett (1997).

²² Cole et al 2006.

Trying to serve their needs and making sure that they are up with things like immunisation is very difficult (Amuri health provider).

Providers observed that poor housing is not only a driver of movement, but also those who move a lot seem to only get unsuitable and inadequate housing. Families on the move may have to live with others or in temporary dwellings because of unaffordable housing, or because there is simply no accommodation available. Frequent movers are often unable to build up a record as a steady tenant, or use up their income assistance entitlements for bond money from Work and Income. In those situations, their difficulties in finding suitable accommodation are exacerbated.

5. Service Delivery Affected by the Movement of Clients

A proportion of families are frequent movers ... they would be a minority but they are the more complex to engage and contact (Opotiki social service provider).

Providers commented on a range of funding, management and organisational issues they face in providing services for movers. Frequent movement affects the type of service able to be delivered, the quality of service and the duration of service. Frequent movers draw on organisational resources in different ways to clients that are settled. Common issues raised by social service providers across the case study areas included:

- As families move around they become disconnected from services, which affects the ability of services to establish and maintain regular contact, identify needs, provide information and deliver assistance. Health providers said that it was a challenge to gain knowledge of patient history and develop trust with service users on the move.

We can't keep connected to these families long enough to help (Cannons Creek/Waitangirua social service provider).

[For the purpose of] getting to know people and catering to their health needs, it's good that they're stable (Amuri health provider).

- Providers lack information about the backgrounds and service histories of families and individuals moving into the area. Sometimes there is little or no communication between agencies in different areas, and a lack of coordination between services within an area.²³
- Sometimes frequent movers experience multiple problems and require specialised services for mental illness, addictions, family problems or physical disability. Furthermore, the specific needs of young people who are highly mobile are often not met.
- Providers try to deal with clients' problems that are specific to their moving frequently. If those problems are not addressed, then success in addressing other issues for those clients is jeopardised. Examples of moving-related problems

²³ See, for example, James (2008).

include clients using up entitlements to income assistance, difficulties in accessing energy providers that are reluctant to take on new customers, difficulties in finding accommodation and not being able to enrol in PHOs that have ceased to take on new patients.

- Planning for the delivery of services is difficult because levels of demand are affected by population movement, which is not always predictable. For example, Opotiki providers noticed the strong impacts of seasonal work on demand for their services, including assistance in finding housing and employment, debt management, and family counselling.
- Opotiki and Kawerau providers reported working with family members spread throughout the North Island. Additional resources are required for providing services to such families. As one Kawerau social service provider observed:

Managing the fluidity of households is difficult. We tend to work with whoever is there at the time. ... if family members are in the area, we will look at ways of working with everyone.

- Providers' contracts do not usually resource the additional work involved in servicing mobile families, such as tracing family members and maintaining contact with them, finding employment or housing, equipping them with household goods, providing transport, arranging for family members to come together for meetings, and arranging and supervising access of separated parents to their children.
- Extra time and resources are spent in managing referrals to services outside of the area when clients move on.

6. Responding to Frequent Residential Movement

People carry their problems with them when they shift. We try to stop them shifting and deal with their problems (Opotiki social service provider).

In the small provincial and rural case study areas there was a widespread view that, in general, even settled residents can find it difficult to access the range of services needed. For frequent movers, problems in accessing services are exacerbated.

Providers were very aware of the needs of their mobile clients and the extra efforts they needed to put into service delivery, if they were to reach those clients. Many considered that the provision of responsive and quality services was crucial for generating reciprocal trust between provider and service user, loyalty to the provider and through that, generating service users' attachment to the local community and helping to retain residents in their communities. Many providers thought that the ongoing presence of local health services would encourage people to stay in their community, rather than move out. One Opotiki health provider articulated how out-movement can be "disruptive" and "undermine" the community. Similarly, a health provider in Amuri commented:

What we have got is a lot of loyalty to this practice. Now some of that's historical and some of that's been generated and kept. That's really important, that doesn't just happen. I think that really expresses ... what happens in rural medical practices. And we're well aware there's a lot of publicity, not so much now but over [the last few years] of things really deteriorating but actually we held together here and I think [the local residents] were well aware that we were holding things together and so they appreciate it.

Health providers used a range of strategies to encourage continuing use of their services and to attract potential users who were new to the area. Strategies included actively promoting services, using existing promotions, networking with a wide range of organisations and advertising. Many of the health providers aim to provide a good range of basic services. Some also offer additional services, which they see as necessary to encourage service use, and as an essential part of what they defined as appropriate care and responsiveness to needs identified in the community. Additional services are offered even though they are often more time consuming to provide and usually not funded. (link here to paper Howden-Chapman, Severinsen and Osborne 2008:19).

They need to have our staff advocate, interpret, translate — we do all that (Cannons Creek/Waitangirua health provider).

We run a twenty-four hour seven day a week crisis service. We're not funded for it, we've done it because we believe it's a need and it's run across our whole service. So it could be mental health issues [or] it could be social service issues (Opotiki health provider).

There were also a few examples of initiatives to encourage both newcomers and other residents to participate in their community and feel a sense of belonging. One example is the Waiiau Project (Amuri), run by volunteers with a paid coordinator. The project began because people identified negative things about the community and older people were feeling vulnerable. The role of the project is to support local groups to develop new initiatives and help them sustain activities. The project encourages residents to get involved in their community. Also in Amuri, the Dairy Employers Group welcomes newcomers to the district, helps dairy workers find accommodation, provides industry training and social activities. The Group has been a leader in developing a Code of Practice for dairy farmers and was the first to introduce an independent auditing system of employment practices. These initiatives have helped dairy workers settle in and dairy employers attract and retain staff.

7. Conclusion

This paper has focused on the service needs of frequent movers and the issues facing providers delivering to mobile populations.

A key finding is that New Zealand's service providers know very little about frequent movers' demand for and use of services. Not only are the numbers and proportions of clients that are frequent movers unknown, but the extent to which

frequent movers access services they need is also unknown. Consequently, it is not surprising that local providers do not routinely collect data on clients' mobility patterns. Nor do broad data collection instruments such as the census capture details of frequent movement. The census also tends to underenumerate temporary residents.

Providers see some sections of the population, particularly those who experience multiple difficulties and are vulnerable to social exclusion, mobility is high. Their experiences of movement are not necessarily positive, and sometimes inhibit their access to needed supports and services.

Providers tend to have the view that frequent movers appear to face similar barriers to accessing services that other disadvantaged groups face. They also share difficulties in accessing services with residents in rural and remote areas that have experienced a loss of services. However, the difficulties in accessing services are amplified for people moving frequently. Each move requires starting over and reengaging. Or they stop using services at all because of the effort involved. However, service providers do associate very high levels of residential movement with both vulnerable populations, difficulties in sustaining services, and difficulties in meeting the service needs of people moving dwellings frequently.

The providers that were participating in this study used a variety of strategies to encourage service use, to improve access to their services and to reach out to those who are hardest to engage. Providers were very aware of the need to provide information about their services in order to raise awareness of supports available and engage people with their services. Providers also emphasised the need to build up trust with clients so that they would feel able to connect with services.

The third finding of this component of the research is that frequent movers have impacts on the services themselves. Providers reported that frequent movers tend to be the clients most in need, the most vulnerable, and to experience multiple difficulties. They draw on the resources and capabilities of providers in excess of their numbers.

The challenges of providing effective services to frequent movers has long been recognised as a critical issue in Australia, Britain and the United States — frequent movers are more difficult for services to locate and maintain contact with, and often need specialised support or help with managing problems that are related to their movement.²⁴ The providers interviewed as part of this study are very aware of the additional responses required to address the complex needs of some mobile people. However, in developing and delivering responsive services that are often beyond what they are contracted to do, providers are operating in a policy and funding framework that appears to take no account of the prevalence, characteristics and needs of frequent movers. Nor are the capacity and capability needs of providers to service mobile populations taken into account. Currently the costs of managing the negative impacts of residential movement on communities largely fall on local providers.

²⁴ Eddy (1998); Taylor (1996); Department for Communities and Local Government (2006); Richardson and Corbishley (1999); Green et al. (2001); ERIC (2003); Lonner et al. (1994); Paik and Phillips (2002); Cole et al 2006.

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