The Royal Australian & New Zealand College of Psychiatrists
Tu Te Akaaka Roa
New Zealand National Office

Your Health in Mind
Hauora hinengaro Manatuhia

Justice Committee
Summary Offences (Move-on Orders) Amendment Bill
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Excellence and equity in the provision of mental healthcare

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About the Royal Australian New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Aotearoa New Zealand and Australia. As a bi-national college, the RANZCP has more than 9,000 members, including over 6,500 qualified psychiatrists and more than 2,500 members in training and is guided on policy matters by expert committees composed of psychiatrists and community members with a breadth of academic, clinical, and service-delivery expertise in mental health.

Tū Te Akaaka Roa, the New Zealand National Office of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), welcomes the opportunity to submit on the Summary Offences (Move-on Orders) Amendment Bill ('the Bill'). RANZCP is the professional body responsible for training, educating and representing psychiatrists in Aotearoa New Zealand and Australia.

Summary of position

Tū Te Akaaka Roa opposes the Bill. We share the public's concern about disorderly behaviour around retail and hospitality premises, and agree that communities, businesses and the people who work and live in them deserve to feel safe. However, the evidence does not support move-on orders, detention powers and new criminal offences as a means of achieving that safety. The Bill, as drafted, falls far short of the aroha, manaakitanga and wraparound support that vulnerable people and young people on our streets — and, in many cases, their companion animals — need. It risks criminalising poverty, homelessness, disability and mental illness without addressing any of the underlying drivers of the behaviour it seeks to curb.

We are particularly concerned that the Bill:

- extends move-on order powers to behaviour that is not disorderly or criminal in any ordinary sense — namely rough sleeping, begging, and "indicating an intent to inhabit a public place";
- applies to children as young as 14, creating a new pathway into the criminal justice system for some of the country's most vulnerable young people;
- introduces a new detention power and new offences (including imprisonment of up to three months or a fine of up to $2,000) for non-compliance, with no proportionate regard to the circumstances driving that non-compliance; and
- will disproportionately affect Māori, who are significantly over-represented among people experiencing homelessness.

We are not arguing that the street is, or should be, an acceptable place for anyone to live. We are arguing that moving people on — even assuming Police have the trauma-informed training, time and local knowledge that compassionate enforcement would require — does nothing to resolve the underlying need. From a clinical perspective, many of the people this Bill would affect are experiencing severe and enduring mental illness, neurodivergence, or addiction, frequently in combination, and these are health conditions that require clinical assessment and treatment, not police enforcement and criminal sanction. The Bill criminalises the visible outcomes of a society that is not yet meeting its obligations to its vulnerable, its unwell, its young people and those living in poverty. Government must adopt an alternative to the "out of sight, out of mind" ideology this bill embodies, by supporting people in these circumstances to reach

wellness, autonomy, and safety, with access to culturally safe crisis support and a pathway toward a hopeful life.

If the Committee does not recommend discharging the Bill, we recommend, at a minimum, the amendments set out in the Recommendations section below.

Move-on orders do not improve community safety

Safety is genuinely important, and we share the public's concerns about making our communities safer. However, the evidence is clear that these kinds of enforcement measures do not make communities safer. Research consistently shows that sustained investment in community housing, accessible mental health and addiction services, and early intervention and diversion programmes are far more effective at improving safety outcomes for everyone.

People need a roof over their heads, meaningful social connections, financial security, employment and education opportunities, and access to quality physical and mental health care to lead stable, fulfilling lives. Move-on orders address none of these things.

The international evidence base on criminalising homelessness has repeatedly shown that enforcement-based approaches do not reduce rough sleeping or antisocial behaviour over time (see National Alliance to End Homelessness, Criminalization Fails to Improve Safety (2025)). Recent clinical research from New South Wales similarly found that increased mental health support helps break cycles of incarceration and reduces recidivism, while earlier incarceration worsens mental health outcomes (UNSW Newsroom, 2025).

Move-on orders do not move problems on; they merely upend unhoused people temporarily and at great personal cost. People return to the same streets because they have nowhere else to go, and nothing has changed except that they are now more isolated, more traumatised, and harder to reach.

Enforcement-based measures of this kind can displace people into less visible and more dangerous situations, sever connections to health and social services, deepen distrust of authorities, and worsen long-term mental health and addiction outcomes.

People living on the street typically carry significant trauma and a justified distrust of formal services, built up over repeated negative experiences, and with significant early trauma histories. A move-on order does not simply relocate a person; it severs them, often without notice, from the outreach workers, peers, whānau and companion animals who provide their stability and trust. Removing someone from their support network "for their own good," without offering an equivalent alternative, compounds an already difficult situation rather than resolving it. Effective responses to homelessness depend on relationships of trust built over time; the Bill works directly against this.

Many people affected by the Bill have complex, unmet health and disability needs

Tū Te Akaaka Roa is particularly concerned that the Bill does not distinguish between disorderly conduct and behaviour that is a clinical manifestation of severe and enduring mental illness, neurodivergence, trauma or addiction. The clinical evidence and our members' direct experience are consistent: people sleeping rough or engaging in the behaviours this Bill targets commonly present with these conditions, frequently in combination, and their presence on the street is, clinically, a foreseeable consequence of unmet health need rather than wilful disorder. Police-led enforcement is a poor substitute for clinical and

social support, and risks punishing people for symptoms and survival strategies that are outside their control.

In our clinical experience, people who end up on the street typically carry a multiplicity of vulnerabilities that compound one another, rather than a single, isolated cause. Familial dysfunction or parental unwellness can lead to children entering state care or, eventually, the street; intergenerational trauma and violence can drive people from one generation to the next into homelessness; Fetal Alcohol Spectrum Disorder and other disabilities create distinct and lasting vulnerability; and carer burnout can leave already-vulnerable people without the support that previously kept them housed. For people with severe mental illness or addiction and correspondingly higher support needs, the absence of secure, appropriate housing options is frequently what brings them to the street in the first place. Moving people on without addressing why they are there does not resolve any of these underlying causes. It causes more harm, it costs more in the long run, and, left unaddressed, it risks compounding the same intergenerational cycles of harm that brought many of these people to the street.

Neurodivergent people, including autistic people and people with Fetal Alcohol Spectrum Disorder (FASD), are over-represented among people sleeping rough. International epidemiological research has found that around 12% of people experiencing homelessness screen positive for autism, against 1–2% of the general population, with a further 8–9% showing marginal autistic traits — the most methodologically robust estimate available for any adult homeless population. Some autistic people prefer rough sleeping to shared emergency accommodation, which can aggravate sensory-processing difficulties and social anxiety; this means the option a move-on order removes may be the option that was, for that person, the most manageable one available. FASD is similarly likely to be under-recognised among people who come into contact with move-on powers: it is largely an invisible disability, frequently undiagnosed, and associated with difficulty understanding and complying with instructions and legal processes — precisely the kind of "failing or refusing to comply" the Bill would criminalise.

Mental illness, addiction and trauma are highly prevalent among people experiencing homelessness in Aotearoa, and clinically these conditions are deeply interconnected: unresolved trauma is a well-recognised driver of both psychotic illness and addiction, and each can independently contribute to a person's pathway onto the street. Outreach data from Lifewise's Auckland service shows 49% of whānau they support struggle with mental health issues and 48% with addiction; other New Zealand research has found around one in five people experiencing homelessness lives with a psychotic disorder. Internationally, alcohol-related disorders are around ten times more prevalent among homeless populations than in the general population, and substance use and psychotic disorders are strongly associated with the experience and prolongation of homelessness. A move-on order, detention, fine or charge does nothing to treat psychosis, addiction, trauma or cognitive disability; it simply displaces a person who needs care toward a justice system that is not designed or resourced to provide it.

For many adults and young people, the street is not a behavioural choice but the safer of two unsafe options. Family violence, unsafe or overcrowded homes, and relationship breakdown are consistently identified as leading reasons people — including children — leave home for the street. For young people, the alternative to the street is frequently state care: Oranga Tamariki has only 154 supported accommodation placements for around 1,618 young people leaving care each year, and emergency, transitional and public housing are difficult for 14- to 17-year-olds to access at all. For some autistic people, similarly, a shared shelter or boarding house can be more distressing and unsafe than a known, well-lit doorway. A power that moves a person on, without addressing why the street was their best remaining option, simply returns them to the harm they were avoiding, or pushes them into a less visible and more dangerous location.

We do not consider that Police officers are well placed to make accurate, in-the-moment assessments of autism, FASD, psychosis, addiction withdrawal, or trauma responses, nor to judge whether returning a person to their home or to state care is safe. Misreading these presentations as deliberate defiance is a foreseeable consequence of the Bill, particularly given the new offence for "failing or refusing to comply" with instructions or to provide biographical details, which makes no allowance for a person's capacity to understand or comply with what is being asked of them.

Domestic violence and other gender-based violence are well recognised as a leading cause of homelessness for women and their children, who frequently leave a violent home with no safe alternative and nowhere else to go. A 2025 qualitative study of women's experiences of homelessness and violence in Toronto (Bird et al., PMC, 2025) found that violence against women is among the most common drivers of women's homelessness, and that women who have fled violence often face further risks of victimisation while sleeping rough or in street communities. This mirrors New Zealand data: Lifewise's 2023 Auckland outreach figures show 41% of homeless women have slept rough, with Māori and part-Māori women making up 68% of the women supported. These figures represent people, many with children, for whom rough sleeping is not a lifestyle choice but a survival response to violence at home. For a person who has left a violent home, the street may be, in that moment, the safer of two unsafe places. A move-on order that disperses a person from a location where they may have found some safety and support, without first identifying that history of violence and what the person needs, risks returning that person to harm or forcing them into a more isolated and dangerous situation.

The justice system itself drives people onto the street, and the Bill risks entrenching a prison-to-street-and-back-again pipeline. New Zealand Corrections data indicates that homelessness has effectively become a standard state for many people leaving prison, with less than half settled into long-term accommodation, and an internal Corrections estimate identifying around 700 people released each year with acute, unmet housing need. Research from the University of Auckland (Going Straight Home? Housing stability and post-prison reoffending in Aotearoa New Zealand, 2024) found that people with stable housing after release are 4.6 times less likely to return to prison, and that people who needed but did not receive housing support were 1.3 times more likely to be re-imprisoned within a year. A person discharged from prison with nowhere safe to live, who then sleeps rough and is met with a move-on order, detention or a new fine or charge, is being pushed further along this cycle rather than out of it. We do not consider it sound public policy to legislate in a way that is liable to reinforce a pathway between prison and the street that the Government's own justice and housing agencies are otherwise trying to break.

Underlying all of the above is a simple, unmet need: safe places for people to live. People with severe and/or enduring mental illness or addiction are, by virtue of those conditions, at greater risk of homelessness and of insecure or unsafe housing in the first place, and they are also less able to advocate for, secure and sustain a tenancy without dedicated support. Generic emergency accommodation is frequently unsuitable for this group, whether because of sensory and social demands that are difficult for autistic or neurodivergent people to tolerate, the risks of relapse or violence in shared, unsupported settings for people with active addiction or acute mental illness, or eligibility and behavioural rules that exclude the very people most in need. A move-on power does not, and cannot, create the safe, supported, longer-term housing this group requires; at best it relocates the person, and at worst it removes them from whatever fragile stability they had found. We consider that investment in safe, appropriate, supported accommodation for people with these conditions is a precondition for any enforcement response to be just, let alone effective.

This is consistent with the position Tū Te Akaaka Roa has put to Government elsewhere. In our submission on the Draft Mental Health and Wellbeing Strategy 2026–2036, we recommended that Government "guarantee preventative resource access — housing, income, employment, child and family support — on

discharge from acute, addiction and forensic care, as a non-discretionary entitlement integrated into treatment, not a discharge add-on." Our members working in intellectual disability and forensic psychiatry describe a clinical pipeline they meet every week: people in the adult forensic system who needed, and did not get, the right care, housing and support as children and youth, with untreated childhood distress, unidentified neurodiversity, intellectual disability and FASD forming "the upstream of a forensic population." A Bill that responds to the visible end point of this pipeline — a person sleeping rough, in distress, without safe housing — with a move-on order, detention or a fine, rather than with the housing and specialist support we have separately asked Government to guarantee, treats the symptom while leaving the cause untouched.

Disproportionate impact on children and young people

We are especially concerned that the Bill applies to children as young as 14. A briefing released by the Public Health Communication Centre (Bierre, O'Sullivan, Paul, Atatoa Carr & Pierse, 15 June 2026) found the Bill would create a new pathway into the criminal justice system for rangatahi sleeping rough because they have nowhere else to go, noting that their presence on the street is typically the result of factors beyond their control — unsafe home environments, poverty, family relationship breakdown, unemployment, and limited support for those leaving state care. Nearly half of all people experiencing homelessness in Aotearoa are aged under 25, and Oranga Tamariki has only 154 supported accommodation placements for the roughly 1,618 young people leaving state care each year, two-thirds of whom are Māori.

Co-author Professor Nevil Pierse (University of Otago) has noted that emergency, transitional and public housing can be difficult for young people aged 14 to 17 to access, and that a move-on order requires somewhere to move on to. Researchers identified more than 320,000 children who had engaged with organisations providing housing support, with more than 40 percent identifying as Māori.

Youth housing collective Manaaki Rangatahi has raised similar concerns. Pou ārahi Bianca Johanson has noted that city sweeps of this kind have been shown internationally to be ineffective, simply pushing the problem temporarily to another suburb or further down the road before people return. She has also questioned how police would verify the age of vulnerable young people and what safeguards would protect traumatised rangatahi during such interactions.

Regional connector Danielle Marks has observed that many young people affected do not have $2,000 in cash, a bank account, or a licence, and that the new offence risks becoming another pipeline for rangatahi into prison.

Not having a safe, stable, permanent home is associated with higher rates of hospitalisation, poorer mental health, reduced school attendance, higher involvement with the justice system (as both perpetrator and victim), and a life expectancy around 18 years lower than the general population. Contact with the justice system during adolescence is itself associated with increased likelihood of future justice involvement. We do not consider it appropriate to extend new detention and offence powers to children on this evidentiary basis.

Disproportionate impact on Māori, and human rights considerations

Māori make up more than half of those experiencing homelessness in Aotearoa, a disparity described in the Public Health Communication Centre briefing as the product of "systems failures, systemic discrimination and ongoing colonisation." The Waitangi Tribunal's Kāinga Kore inquiry found that the

Crown had breached the principles of active protection, equity and good government in its response to Māori homelessness, specifically identifying a lack of support for homeless rangatahi as an ongoing breach. A bill that extends criminal liability to rough sleeping and begging will, in practice, disproportionately affect Māori.

This Bill should also be considered against New Zealand's international human rights commitments. The UN Human Rights Council (resolution 43/14, 2020) has called on states to "take all measures necessary to eliminate legislation that criminalises homelessness." The UN Special Rapporteur on the right to adequate housing has described homelessness as "a profound assault on dignity, social inclusion and the right to life" and a prima facie violation of the right to housing, engaging the rights to health, non-discrimination, and freedom from cruel, degrading and inhuman treatment. The Committee on the Rights of the Child (General Comment No. 21, 2017) has specifically called on states to avoid the criminalisation of children in street situations.

These concerns are reinforced by the **Attorney-General's own report under section 7 of the New Zealand Bill of Rights Act 1990** (14 May 2026), which found that the Bill appears inconsistent with the right to freedom of expression, insofar as it treats begging as a stand-alone ground for a move-on order, and with the right to freedom of movement, insofar as a move-on order issued for begging or rough sleeping would bar a person from an area for all purposes, not only from resuming the behaviour at issue — for example, preventing someone from visiting the only shop, medical centre or church in the area. The Attorney-General concluded that, in these respects, the Bill's limitation on rights has not been justified.

We raise these standards not to suggest the Bill is unlawful, but because they reflect a body of accumulated international evidence and expert guidance that enforcement and criminalisation are the wrong tools for responding to homelessness and poverty.

The UN Committee on the Rights of the Child has been explicit that laws which criminalise children for begging, loitering or vagrancy constitute direct discrimination against children in street situations (General Comment No. 21 (2017), para. 26), and that criminalising children for survival behaviours and status offences is a violation of their right to life, survival and development, and an affront to their dignity (para. 32). The Committee has separately called on states to take a preventive, systemic approach by "closing pathways into the child justice system through the decriminalization of minor offences such as school absence, running away, begging or trespassing, which often are the result of poverty, homelessness or family violence" (General Comment No. 24 (2019), para. 12).

A 2022 joint submission by the Consortium for Street Children and partner organisations to the UN Special Rapporteurs on the right to adequate housing and on extreme poverty (Criminalised Lives, January 2022) found that criminalising children for street connection and survival behaviour drives them deeper underground and into contact with more dangerous and exploitative activities, including sexual exploitation; compounds existing trauma where children lack access to legal aid, documentation or child-friendly justice processes; and reinforces a cycle of stigma that casts street-connected children as inherently criminal. These are precisely the dynamics this Bill risks reproducing for the 14- to 17-year-olds who would fall within its scope.

Recommendations

Tū Te Akaaka Roa advises that the Committee refrain from advancing this Bill. If the Committee considers the Bill should proceed in some form, we recommend the following amendments:

- Remove rough sleeping, begging, and "indicating an intent to inhabit a public place" from the definition of disorderly or disruptive behaviour that can trigger a move-on order;
- Exclude children and young people under 18 entirely from the scope of move-on orders, the detention power, and the associated offences;
- Remove, or substantially raise the threshold for, the new offences of failing to comply with a move-on order or detention, including the penalty of imprisonment;
- Build in an explicit capacity safeguard, so that a person cannot be found to have "failed or refused" to comply or to provide biographical details where this results from disability, neurodivergence (including autism or FASD), mental illness, addiction withdrawal, or trauma response, rather than wilful non-compliance;
- Require Police, before issuing a move-on order, to consider whether the person appears to need housing, health, mental health, addiction or disability support, or may be escaping domestic or gender-based violence, and to refer them to appropriate services rather than removing them;
- Require that any move-on order preserves, rather than severs, a person's existing connections to outreach workers, whānau, peer support and companion animals, and that no person is moved on to a location without a safe, identified place to go;
- Invest in safe, appropriate, long-term supported housing for people with severe or enduring neurodivergence, mental illness or addiction, recognising that these groups face heightened risk of homelessness and insecure housing and require dedicated support to secure and sustain a tenancy, not generic emergency accommodation; and
- Redirect investment toward the underlying drivers of the behaviour the Bill seeks to address: community housing, accessible mental health and addiction services, neurodivergence-informed support, family violence services, and early intervention and diversion programmes, alongside a statutory Duty to Assist model of the kind operating in Wales, which places a duty on local housing and public authorities to help prevent homelessness, particularly for care leavers and young people.

Conclusion

We urge the Government to work with the mental health and housing sectors, people with lived experience of homelessness, and communities to develop long-term solutions to community safety that are humane, effective and evidence-based. The Bill, as drafted, does not achieve this; instead, it risks an "out of sight, out of mind" approach that displaces visible hardship rather than resolving it.

We thank the Committee for its consideration of this submission and would welcome the opportunity to discuss it further.

Ngā manaakitanga,

Tū Te Akaaka Roa

New Zealand Committee of the Royal Australian and New Zealand College of Psychiatrists