

parity

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Responding to Homelessness in Aotearoa New Zealand



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Write for *Parity*!

Contributions to *Parity* are welcome. Each issue of *Parity* has a central focus or theme. However, prospective contributors should not feel restricted by this as *Parity* seeks to discuss the whole range of issues connected with homelessness and the provision of housing and services to people who are homeless. Where necessary, contributions will be edited. Where possible this will be done in consultation with the contributor.

Parity on the CHP Website

www.chp.org.au/services/parity-magazine/
Contributions can be sent by email to parity@chp.org.au in a Microsoft Word or rtf format. If this option is not possible, contributions can be faxed on (03) 9419 7445 or mailed to CHP.

Proposed 2017 *Parity* Publications Schedule

NB: Please note that this may be subject to change. Please check out the CHP website: www.chp.org.au for updates.

November: Responding to Homelessness in Queensland

December: Victorian Homelessness Conference edition

Cover

Everyone has a story —

Ngake and Whataitai Mural (detail).

Mural Artist: Daniel Mills. Photo: Jane Monaghan.

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Editorial – Ten Years On

Jenny Smith, Chief Executive Officer, Council to Homeless Persons



It is ten years, since the the 2007 *Responding to Homelessness in New Zealand* edition of *Parity*. In the time since, both Australia and New Zealand have seen homelessness increase in the context of a growing and ongoing affordable housing crisis. Both have neglected social housing and made it harder for people to live with dignity on statutory incomes. We have largely shared the dominant public policy settings, seeing governments in both countries continue to withdraw from providing social housing while enacting welfare policies demonising individuals rather than addressing the structural drivers of poverty.

This current edition of *Parity* is underpinned by the understanding that homelessness and the response to it in Aotearoa New Zealand can only be fully understood in its Indigenous context. That homelessness and its responses can only be fully appreciated through a recognition of the importance of the lived reality of the concepts Whānau (extended family, or family group), Whanaungatanga (relationship, kinship, sense of family connection) and Iwi (extended kinship group, tribe, nation).

This understanding is something that Australians are yet to grasp as fully in relation to Aboriginal Australia. The September 2016 edition of *Parity*, *Responding to Indigenous Homelessness in Australia and Aotearoa New Zealand* explored these issues and underlined that rates of homelessness experienced by Aboriginal and Māori people are vastly disproportionate to their share of the overall population in both countries.

This edition belongs to Aotearoa New Zealand. It brings together the specialist community focussed on homelessness. It celebrates and showcases the expertise within the country. It documents the progress and successes and clarifies the challenges that remain.

This edition clarifies the way in which homelessness is articulated and counted. Whether it is through the census, the Social Housing Register, or our service activity; whichever way you slice it, the numbers are only going up!

Many articles demonstrate a cutting-edge understanding of international best practice housing and support models, as well as showcasing adaptations appropriate to local circumstances. The Housing First philosophy is clearly the preferred policy response to homelessness in Aotearoa New Zealand, as it is in Australia.

Encouragingly, these accounts are permeated by the voice of the lived experience of homelessness. Contributors spell out the importance of social inclusion and economic participation, and the related costs of failure to both health and mental health. We are well placed to benchmark and compare 'across the ditch', as these approaches develop over time in both our countries.

This *Parity* edition makes it clear that our capacity to deliver best practice housing support is underpinned by a supply of housing affordable to those on the lowest incomes. Unfortunately, a supply of low cost housing does not appear to be forthcoming in Aotearoa New Zealand, just as it is not in Australia. However, the solutions to homelessness are within our grasp. Both our countries are crying out for a plan, a strategy and the investment that is required to address the housing crisis and to end homelessness.

Acknowledgements

This edition of *Parity* was made possible thanks to the support and assistance provided by a number of organisations and bodies in Aotearoa New Zealand.

First among these is Robert MacBeth from the Māori Housing Network, Te Puni Kōkiri, National Office. Without his support, this edition would not have been possible. Likewise, the support and assistance of the Te Matapihi he Tirohanga mo te Iwi Trust has been central to the edition's development and preparation.

Also vital is the sponsorship support provided by Auckland City Council, Housing First Auckland and the Salvation Army New Zealand.

Finally, our thanks and appreciation go to the work of the edition's guest editors: Jade Kake Programme Manager at the Te Matapihi he Tirohanga mo te Iwi Trust, Angie Cairncross, Communications Coordinator, Community Housing Aotearoa and Kate Amore, Research Fellow with He Kainga Oranga/Housing and Health Research Programme at the University of Otago.

Glossary

This glossary has been prepared using the online version of *Te Aka Māori-English, English-Māori Dictionary and Index*. This glossary is not definitive, and refers to this publication only.

Aroha (noun) affection, sympathy, charity, compassion, love, empathy.

Hapū (noun) kinship group, clan, tribe, subtribe – section of a large kinship group and the primary political unit in traditional Māori society. It consisted of a number of whānau sharing descent from a common ancestor, usually being named after the ancestor, but sometimes from an important event in the group's history.

Hauora (noun) health, vigour.

Hui (noun) gathering, meeting, assembly, seminar, conference.

Iwi (noun) extended kinship group, tribe, nation – often refers to a large group of people descended from a common ancestor and associated with a distinct territory.

Kai (noun) food, meal.

Karakia (verb) (-tia) to recite ritual chants, say grace, pray, recite a prayer, chant.

Kaumātua (noun) adult, elder, elderly man, elderly woman, old man - a person of status within the whānau.

Kaupapa (noun) topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.

Kawa (noun) marae protocol – customs of the marae and wharenui, particularly those related to formal activities such as pōhiri, speeches and mihimihi.

Mana Māori motuhake (noun) separate identity, autonomy, self-government, self-determination, independence, sovereignty, authority – mana through self-determination and control over one's own destiny.

Mana Whenua (noun) territorial rights, power from the land, authority over land or territory, jurisdiction over land or territory – power associated with possession and occupation of tribal land. Also refers to the tribal group possessing these rights.

Manaaki (verb) (-tia) to support, take care of, give hospitality to, protect, look out for – show respect, generosity and care for others.

Manaakitanga (noun) hospitality, kindness, generosity, support – the process of showing respect, generosity and care for others.

Māori (noun) Māori, indigenous New Zealander, indigenous person of Aotearoa/New Zealand – a new use of the word resulting from Pākehā contact in order to distinguish between people of Māori descent and the colonisers.

Māra kai (noun) food garden.

Marae (noun) fenced-in complex of buildings and grounds that belongs to a particular iwi (tribe), hapū (sub tribe) or

whānau (family). Can refer to the open area in front of the wharenui, where formal greetings and discussions take place, or the whole complex.

Mataawaka (noun) Māori living within a rohe who are not in a mana whenua group.

Mātauranga (noun) knowledge, wisdom, understanding, skill.

Mauri (noun) life principle, life force, vital essence, special nature, a material symbol of a life principle, source of emotions – the essential quality and vitality of a being or entity. Also used for a physical object, individual, ecosystem or social group in which this essence is located.

Mihi whakatau (noun) speech of greeting, official welcome speech – speech acknowledging those present at a gathering. For some tribes a pōhiri, or pōwhiri, is used for the ritual of encounter on a marae only. In other situations where formal speeches in Māori are made that are not on a marae or in the wharenui (meeting house) the term mihi whakatau is used for a speech, or speeches, of welcome in Māori.

Ngā uri whakatipu (noun) future generations.

Nohoanga (noun) dwelling place, abode, encampment.

Ora (verb) to be alive, well, safe, cured, recovered, healthy, fit, healed;
(noun) life, health, vitality.

Pani me te rawakore (phrase) The poor and dispossessed, sometimes used to describe those experiencing homelessness.

pani (noun) bereaved person, orphan
rawakore (noun) poor, destitute, underprivileged.

Papatūānuku (personal name) Earth, Earth mother and wife of Rangi-nui – all living things originate from them.

Pono (adjective) be true, valid, honest, genuine, sincere;
(noun) truth, non-fiction, validity.

Pōwhiri (noun) invitation, rituals of encounter, welcome ceremony on a marae, welcome.

Rangatahi (noun) younger generation, youth.

Rangatiratanga (noun) kingdom, realm, sovereignty, principality, self-determination, self-management – connotations extending the original meaning of the word resulting from Bible and Treaty of Waitangi translations.

Rohe (noun) boundary, district, region, territory, area, border (of land).

Rōpū (noun) group, party of people, company, gang, association, entourage, committee, organisation, category.

Rūnanga (noun) tribal council, the tribal administrative unit.

Tamariki (noun) children – normally used only in the plural.

Tāngata whaiora (noun) Māori mental health service users.

Taonga (noun) treasure, anything prized – applied to anything considered to be of value including socially or culturally valuable objects, resources, phenomenon, ideas and techniques.

Taumai (noun) used to describe rough sleepers or people experiencing chronic homelessness;

tau (verb) to settle down, subside, abate

Tautoko (verb) (-hia, -na, -tia) to support, prop up, verify, advocate, accept (an invitation), agree.

Te Ao Māori (noun) The Māori world

Te Aotūroa (noun) light of day, world, Earth, nature, this world.

Te Reo Māori (noun) The Māori language.

Te Tiriti o Waitangi (noun) the original Māori language version of an agreement made between Māori and the British Crown in 1840.

Tika (verb) to be correct, true, upright, right, just, fair, accurate, appropriate, lawful, proper, valid;
(noun) truth, correctness, directness, justice, fairness, righteousness, right.

Tikanga (noun) correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol – the customary system of values and practices that have developed over time and are deeply embedded in the social context.

Tino rangatiratanga (noun) self-determination, sovereignty, autonomy, self-government, domination, rule, control, power.

Tūrangawaewae (noun) domicile, standing, place where one has the right to stand – place where one has rights of residence and belonging through kinship and whakapapa.

Waiata (noun) song, chant, psalm.

Whakawhanaungatanga (noun) process of establishing relationships, relating well to others.

Whānau (noun) extended family, family group, a familiar term of address to a number of people – the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.

Whare (noun) house, building, residence, dwelling, shed, hut, habitation.

Kia hiwa rā, Kia rite¹

Jade Kake, Poutohu Mātua, Te Matapihi, National Māori Housing Advocate

Hot off the press, 26 days post-election and the formation of the 52nd New Zealand Government is pretty much in the bag.

For our Australian readers, under mixed-member proportional (MMP) voting, the party who receives the largest share of the vote (unless they achieve a clear majority) is not *necessarily* able to form government. Yesterday's announcement demonstrates that despite much posturing post-election, no party has the 'moral majority' under MMP. If parties demonstrate that they can work together, and that combined they have enough seats to establish a majority in parliament, they are permitted to form government.

The outcome of post-election negotiations demonstrates what is possible under MMP, the adoption of which (in my view) has taken us a step closer to true democracy. Although we now have a record number of Māori MPs in parliament – which is worthy of celebration – there are still many significant challenges for Māori within our current political system, including low voter participation, and a party representation system that tends to pit Māori against each other.

As Māori, we have a historically uneasy relationship with te pōti (the vote). When voting was granted to Māori, it was assigned based on individual land title (although Māori land was held collectively at a hapū level) – one of the many ways the new imposed colonial political system sought to disenfranchise Māori. We still have amongst the lowest voting rates of any demographic group, with many of our whānau still firmly believing that their vote cannot and will not make a difference in a pākehā system that is rigged against them.

The Māori seats were a hot topic this election (with one prominent veteran politician vowing to abolish them pre-election.) The unfortunate demise of the Māori party demands reflection and re-evaluation about how to best ensure an independent Māori voice in parliament. How can we ensure our elected Māori representatives have a degree of autonomy and independence to represent their constituents, without being compromised by their own party's political position?

The challenge moving forward is, how can we shift our political system to truly reflect the principles of Te Tiriti o Waitangi / the Treaty of Waitangi, our founding document, and, in the view of many, our unwritten constitution. If we were to take our Treaty partnership seriously, what could our political system look like? What form might our political representation take if it was based on our equal relationship under Te Tiriti, and not on our population as a proportion of the total? This matter has been given serious and considered thought by our Māori intellectual leaders, such as Moana Jackson, Margaret Mutu, and others. We should and must keep having these conversations.

In the lead up to the election, we took an in-depth look at each of the different political parties' housing policies, with a focus on what these all mean for Māori. For each of the parties, we asked ourselves two questions: will it work, and will it make a difference for Māori? The answers were, predictably, along the lines of 'yes – but...', or 'partially – but only for xyz demographic group', 'maybe – but it would work better in conjunction with xyz policy'. Most were basically workable, and most could be improved.

The point was not to tell voters who to vote for (if they voted only on policy, and if their priority issue was housing), rather, to unpack the various policies and piece them together to achieve a better Māori housing outcome. In completing our analysis, we were encouraged to see a great deal of convergence in policy approaches to addressing housing issues and homelessness, with broad general agreement across the parties to support our most vulnerable, and stabilise the housing market to ensure secure and affordable housing for all. We made a point of considering how the various potential coalition partners' policies might work together.

Post-election, we issued press statements reiterating our interest in, and commitment to, working with whoever forms government under MMP, to bring expediency and certainty to Māori housing. We were concerned about the loss of the Māori Party, but also optimistic about our ability to work with whoever formed government. Maintaining our independence and the integrity of the kaupapa, whilst also maintaining a close relationship with government, is a balancing act, and the loss of the Māori Party is a cautionary tale in some respects.

Whilst I am quietly optimistic about the outcome of this election, I continue to have concerns about a political system that does not truly represent Māori or acknowledge our partnership under Te Tiriti. However, I firmly believe that while our social aims should be radical, our tactics are necessarily pragmatic and centrist because we need to be effective.

We cannot afford to be otherwise.

Endnote

1. Be ready, be vigilant

Introduction

The first New Zealand edition of *Parity* Magazine was published in October of 2007. The 2007 edition of *Parity* has its origins in a visit by Kate Amore early in 2006 to the Council to Homeless Persons. Kate had come to Melbourne from Wellington to undertake a series of filmed interviews that would form part of a documentary that she and others were making on homelessness in New Zealand. Subsequently, an invitation was extended to attend and participate in what would become the second New Zealand National Homelessness Forum in Auckland that was being hosted and organised by Auckland City Council. This invitation was taken up by the *Parity* editor. Feedback obtained from participants at the Forum indicated there was strong interest and support for a New Zealand edition of *Parity* in 2007.

Fast forward ten years to the current edition, which is intended as an update to the October 2007 *Responding to Homelessness in New Zealand* special edition. The 2007 edition had a strong focus on understanding the specific nature and character of homelessness in Aotearoa New Zealand as well as examining the important roles played by community and local government in responding to homelessness. In addition, the 2007 edition discussed the central role of housing in reducing homelessness and the roles of frontline service providers.

The current edition is an opportunity to reflect on the past ten years. What have we learnt? How have we progressed? What new challenges have prevented themselves? For this special edition, Jade Kake, National Māori Housing Advocate Te Matapihi; Angie Cairncross, Communications Coordinator, Community Housing Aotearoa; and Kate Amore, Research

Fellow, University of Otago were invited by the Council to Homeless Persons to take on the role of advisers and guest editors. This joint approach reflects a shared commitment from the various parts of the sector to work collaboratively to influence policy and practice in Aotearoa New Zealand.

The guest editors

Jade Kake is an advocate with Te Matapihi, which did not exist back in 2007. The organisation emerged from a 'call to action' at the inaugural Māori housing conference in Rotorua in 2010. Te Matapihi operates as an independent Māori voice to advocate for better Māori housing outcomes – from championing the rights of our whānau living in severe housing deprivation, right through to supporting iwi as developers on large-scale urban regeneration projects. With homelessness very visibly and disproportionately affecting our people, this kaupapa is an important one to us. In recent years, the widening of definitions to include rural housing deprivation, and the critical (and high profile) role played by marae has made this a priority issue for the organisation.

Angie Cairncross is the Communications Coordinator for Community Housing Aotearoa (CHA), the peak sector body for community housing providers that works toward the vision of all New Zealanders being well-housed. CHA is the umbrella organisation for over 100 members who are building and managing affordable, social and emergency housing, including many who use a Housing First approach to address homelessness. CHA plays an advocacy and stewardship role for the sector, building capacity by promoting best practices, skill development, resources and policy for members and stakeholders.

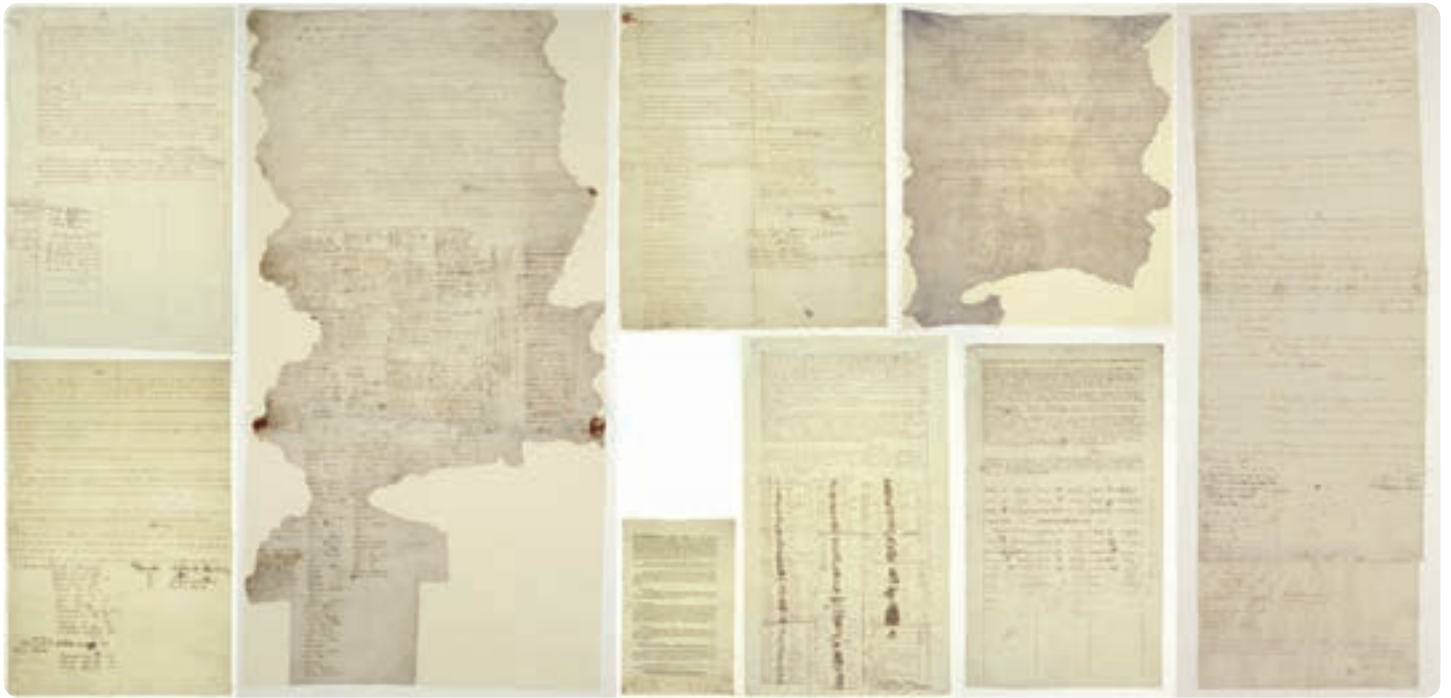
Many of CHA's members are actively involved in the provision of emergency, transitional and supportive housing. CHA also plays a key role in supporting the Emergency Housing Network and Housing First Community of Practice group in Auckland.

Kate Amore is a Research Fellow with He Kainga Oranga / Housing and Health Research Programme, University of Otago – a team which has produced national homelessness statistics for Aotearoa, and is involved in evaluating Housing First projects, amongst other prominent work, including the Rental Warrant of Fitness.

This edition

The contributions to this edition come from a number of sectors – providers, government, advocates, and researchers. Two topics recur throughout: Housing First; and Māori homelessness – in terms of definitions, data, governance, and culturally appropriate responses. Te Tiriti o Waitangi/the Treaty of Waitangi – and the expectation of reciprocal partnership and self-determination in the development of policy and provision of services – remains a central consideration. These two topics speak to the homelessness space over the last ten years: some things have changed; some remain the same.

Housing First is perhaps part of the biggest change – public awareness and understanding of homelessness, which has arguably been the most significant driver of government action on homelessness (and funding for homelessness services). This long-fought-for step toward proper funding of the homelessness sector is worth celebrating. As we write, a new government has just been elected,



The group of nine documents that make up Te Tiriti o Waitangi – The Treaty of Waitangi, 1840

Archives New Zealand

which has made a number of exciting promises about homelessness. It is important to recognise, however, that since the last New Zealand edition of *Parity*, the level of homelessness is even higher. The impacts of colonisation continue to be deeply felt and experienced. And we still do not have a national homelessness strategy.

In the introduction to the 2007 edition, Clare Aspinall, a contributor to this current edition, highlighted calls from the sector for 'central

government to recognise the issue of homelessness and to acknowledge the government's role in forming public policy and legislation to reduce the incidence and prevalence of homelessness.' Ten years on, a national homelessness strategy remains a critical need. To have a collective impact on homelessness, we must work collaboratively, across local and central government, community providers, iwi/hapū and mataawaka organisations, and the broader sector. Whatever the next ten

years holds, we will continue to work together to achieve our shared vision of an Aotearoa New Zealand where homelessness is rare, brief and non-recurring.

We would like to thank Council to Homeless Persons for the invitation to be involved in the production of this special edition, and for our continued positive working relationship sharing learnings across the Tasman.

Ngā mihi nui ki a koutou katoa.

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Chapter 1: Understanding Homelessness in Aotearoa New Zealand

Understanding Homelessness in Rural Aotearoa

Tao Faneva, Chief Executive Officer, Te Rūnanga O Whaingaroa*



Homelessness for whānau in Northland arises from a range of challenges. Many of these are the result of the macro-policy environment that pervades this country. The government economic and housing agenda has been set by neo-liberal, utilitarian policy makers and while this may be working for majority of people in Aotearoa, this agenda means misery for the minority.

Our whānau are often unclear about where they stand regarding their rights. The fact is that these rights have been eroded over time due to policies that have resulted in a systematic dismantling of whānau citizen rights. These policies have meant the lack of real wages growth, the rise of the economic plutonomy, the growth of an invasive panoptical society that uses data and surveillance of whānau as a means of control and censure, soaring house prices and the lack of affordable rental accommodation.



Often when whānau come to us, they tell us stories about how they are made to feel like they have no voice, where they are passed along a chain of bureaucracy that dismisses their rights and where they are treated without respect. They are made to feel that they do not have a legitimate view and a position. They are treated like they are to blame for their current situation – like how the unemployed are to blame for unemployment

The stories of the many whānau seeking emergency housing, remind me that for many of us, we are only an accident or mishap away from becoming homeless ourselves. Whānau then are treated as denizens and denied citizenship rights.

Food and Health Stress

Just as the macro policies are all interrelated, so too is homelessness intricately linked with food and health stresses.

Many of our whānau have tamariki, suffering from various nutritional deficiencies which for some may result in hospitalisation. Many may not realise the true effects of this until later in their lives where prolonged malnutrition and iron deficiencies as adults results in chronic health problems. These health issues are becoming more commonplace where whānau spend a high percentage (often more than half) of their income on food items and have a heavy reliance on food banks. This reliance on cheap non-nutritional foods creates an ongoing cycle that results in both adults and children be underfed and malnourished. For whānau the effects of a loss of access to nutritious, good quality, safe, and culturally appropriate food is even more apparent where the whānau are homeless and lacking the means to build the knowledge systems to take back control of their food.

Many whānau and especially their tamariki have been living precariously prior to their arrival at our complexes and so have very erratic health histories. Many tamariki are therefore susceptible to chronic health conditions that although ultimately avoidable, have become recurrent. Many tamariki present with current or past cases of Group A strep (*Streptococcus pyogenes*), a precursor to acute rheumatic fever – a third world disease, the epidemiology of which is intricately linked to poverty, poor access to healthcare, overcrowding. Of many illnesses, acute rheumatic fever is linked to lower socio-economic factors in the lives of whānau and is a highly sensitive indicator of Māori – Non-Māori health inequities.

Like Group A strep and other chronic health diseases, many whānau lack the resources to take control of their and their children's health needs. Doing this often this requires an increase in health literacy and awareness, something that is not easily accessible where whānau priorities are around finding shelter and kai. Other health stresses include the rise in undiagnosed mental illness, chronic trauma and stress caused by chronic insecurity and the prevalence of drug and alcohol related illnesses, including a rise in methamphetamine addictions.

Data Sovereignty

Many whānau feel they have lost their basic right to privacy. They often convey their unease at the amount of data they are required to submit to a multitude of government agencies such as Work and Income, Oranga Tamariki (Ministry for Vulnerable Children), Ministry of Justice, Department of Corrections, Housing New Zealand (HNZC), etc. to access



support and to assess their eligibility for housing.

They are also wary of the way the data is used in this panoptical society to penalise and control whānau. They experience government as invasive and the constant requirement for whānau to comply with government regulation as a means by which they can be tracked, managed and measured. The use of the data by government has resulted in the disproportionate profiling of whānau in lower socio-economic circumstances and the ongoing stigmatisation of whānau and their wider kin groupings.

The use of big data in Aotearoa is predicated on a government approach to investment that calculates the return on investment against the capital spent on supposedly fixing whānau or groupings. While this is supposed to be a Social Investment approach to tackling social issues, it is more properly understood as a government VFM (value for money), efficiency exercise. This Social Investment approach that seeks to deliver targeted responses to the identified few as opposed to universal services available to all, further isolates and unreasonably discriminates against whānau and their rights to privacy and anonymity, where whānau are further subjected to coercion and elbow nudging no matter how well intentioned.

Social Investment is an exercise that if not implemented correctly provides no relief for whānau in transitional accommodation. In this data-driven

Social Investment world, only an accumulation of certain risk factors triggers an action that will be resourced by agencies. Such investment is more about the intensity of past activities than any real benefits for whānau. Ultimately for whānau the Social Investment model is flawed as it does not address the underlying causes of risk in any whānau, it only deals with the symptoms.

It fundamentally assumes that whānau and individuals are only ready for this level of inquiry and intervention when they are homeless, insecure and untrusting of agency interventions.

Te Nohoanga and Kai Maara – Recalling Ancient Models of Success

With the recent purchase of Te Nohoanga – a 14-unit complex purchased specifically for emergency housing, we have increased our capacity to provide support to more than twenty whānau in the wider region. At any one time we can have more than 40 children and more than a dozen parents/caregivers accommodated through our complexes. Our Kai Maara project encourages whānau to take control over their food security by providing practical advice on how to grow kai traditionally and in a kaupapa Māori way.

In pre-contact times, the site of Te Nohoanga, our emergency housing complex, was traditionally where Waka, either leaving or returning from Whaingaroa Harbour for fishing and trading expeditions, would be berthed and moored as a place of shelter before leaving the harbour or returning to the various Kāinga (settlements) down the various harbour tributaries of the Kaeo, Pupuke and Te Towai rivers. Te Nohoanga was also a place of trade with exchanges between other hapū and iwi who traded goods and tools, implements and other precious materials and kai.

This analogy of providing shelter in rough seas and respite for weary travellers is appropriate for our new complex – which was purchased specifically for emergency housing – and its current purpose of providing shelter for whānau who are homeless, overcrowded, or on the run, and in need of accommodation and support. Part of the kaupapa of Te Nohoanga

provides the means for whānau to revive culturally important customs and processes that sustained populations of whānau for generations. Learning is conducted in our Whare mātau – our place of learning, where knowledge is handed down through the generations and holds the keys to whānau wellbeing, a state of wellness which is more than physical health, or, Mauri Ora.

With whānau increasingly facing the challenges of food costs and food security, consumerism, climate change and fuel pressures, Te Mahi Kai Maara project seeks to support whānau to grow food holistically, organically and purely at Te Nohoanga – guided by the tikanga of the Whaingaroa rohe, and combined with the shared experiences of other maara kai growers from around the rohe. Ultimately the project seeks to support whānau to exert control over their food sources and become a Kai Maara gardener exemplar and share their knowledge and expertise with other whānau in the rohe to spawn a growth movement in growing traditional Maara kai according our tikanga and customs. Other forms of food sovereignty include Te Mahi Hika or recalling knowledge of fishing, tides, netting and seafood preparation to access fresh, quality, culturally relevant methods of nourishing whānau and tamariki.

The programmes we run at a local level provide whānau in crisis with immediate supports, and empower whānau to take control of their own lives, drawing on our cultural traditions to alleviate food and health stresses and promote physical, mental and spiritual wellbeing. To support these successful approaches at a local level, a fundamental rethink of the Social Investment approach is required at a national level – centred on people and outcomes, not fiscal return on investment – and as a society we need to engender a shift in values, affording dignity and respect to our whānau in need, rather than ongoing stigmatisation and victim blaming.

** Te Rūnanga O Whaingaroa is a mandated Iwi organisation and an approved emergency housing provider delivering transitional housing supports for families in the Far North region.*

Homeless Wāhine Māori and Survival Sex: An Emerging Link?

Jade Kake, Te Matapihi, National Māori Housing Advocate

Part of Te Matapihi's role in housing is to champion the rights of our pani me te rawakore, to identify gaps in policy development and service provision, and to amplify the voices and experiences of individuals and organisations experiencing or responding to housing issues. The absence of good quality data is a persistent issue, hindering policies from being appropriately targeted to the specific needs of minority groups, such as older women, domestic and sexual violence survivors, youth exiting care and released prisoners. Despite making up a disproportionate percentage of those experiencing homelessness and housing insecurity,¹ Māori women are one such underserved group.

In our discussions with researchers and providers, we have seen vast gaps in both data and service provision for Māori women. What providers have told us is that Māori women experiencing homelessness are more likely to be younger women, from lower socio-economic status backgrounds, and with multiple children. This is also a group vulnerable to sexual exploitation, and at risk of engaging in survival sex² in attempts to achieve economic stability. There may also be additional risk factors present (common to both homelessness and sexual exploitation), such as a history of abuse, history of being systems-involved (foster care, criminal justice, etc.), family dysfunction and gang involvement.³

The link between sexual and domestic violence and homelessness has been reasonably well documented.⁴ There is also an emerging body of knowledge connecting housing insecurity and sexual exploitation particularly amongst young women.⁵ Although no studies specific to Māori women have been produced so far, with Māori women overrepresented in all three areas, it is

reasonable to assume some overlap. Additionally, there is a well-researched link between homelessness and sexual exploitation in Indigenous communities internationally (particularly in other settler-colonial countries such as Canada and Australia), and particularly in relation to resource extraction sites such as worker's camps,⁶ and amongst displaced urban Indigenous communities.⁷ These multiple converging issues strongly suggest an under-explored correlation between Māori women experiencing housing insecurity and those engaging in survival sex.

Exploring this link raises more questions than answers. What proportion of Māori women experiencing homelessness have been sexually exploited or engaged in survival sex to access housing and basic resources? Of street-based sex workers, how many are housed insecurely? Are culturally appropriate services (including housing and support services) available to women who wish to access them? If so, are women accessing these services? Why/why not? What practical alternatives are presented to women who are experiencing housing insecurity, and who may view survival sex as the only viable option available to them?

With greater differentiation of data in future censuses and consistent collection and collation of both provider and government data, a clearer picture of need would emerge, and policy could be developed to support both mainstream and Māori providers to deliver culturally-based services (including housing and wrap-around supports). How these services are integrated with those currently offered by frontline providers, such as women's shelters and street outreach services, will be key. A coordinated

approach by the Ministry of Health, Ministry of Justice, Ministry of Social Development, District Health Boards and Whānau Ora commissioning agencies will be critical to effective policy development and implementation.

Te Matapihi are interested in hearing from and working with any researchers investigating the link between sexual violence, survival sex, and Māori or indigenous homelessness. Provider and survivor perspectives are especially welcome.

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We Need a Strategy to Address Homelessness

David Zussman and Angie Cairncross of Community Housing Aotearoa

New Zealand is experiencing unprecedented levels of homelessness.

The 2013 Census figures¹ show there are some 41,000 New Zealanders who are housing deprived. Broadly, of this population 4,197 were sleeping rough, 8,443 were living in non-private dwellings such as emergency housing and boarding houses, and 28,563 were living in crowded and other inadequate housing situations. This is an increase of nearly 25 per cent since the 2001 census.

The Ministry of Social Development's most recent Social Housing Register² figures show a 40 per cent increase in households waiting for a social house between July 2016 and June 2017. These households include increasing numbers of employed people. Community Housing Aotearoa's (CHA) members report large waiting lists for emergency accommodation and community housing. We believe the lack of sufficient new social and affordable homes is a major contributor to the current increase in homelessness. Programmes supporting the full housing continuum including assisted affordable rental and home ownership options are required to provide permanent solutions.

The Government's response to fund emergency housing³ and to support Housing First⁴ over the last year is welcomed. Our concern, however, is that this has been a largely reactive approach that only responds at the point of crisis when people have already become homeless. It addresses the symptoms but not the causes.

What Should a Strategy Include?

In CHA's policy on homelessness we adopted the goal of making

homelessness rare, brief and non-recurring.⁵ We believe that affordable, habitable, accessible and culturally adequate housing with secure tenure is a basic human right and that everyone in New Zealand should be well housed.

Government has a central and important role in providing co-ordination and resourcing to ensure a comprehensive response to address the systemic issues that contribute to homelessness. Both national and regional homelessness strategies are required to ensure this goal can be achieved and that all services are delivered in a culturally appropriate way. At the moment regional plans and strategies are beginning to fill the void. They would be better able to deliver if they were aligned with a national strategy.

The full extent and nature of homelessness here in New Zealand is still not well-known and should be fully documented to ensure responses are adequately resourced and the services required are delivered appropriately.

A safety-net for homeless people, that includes emergency or temporary housing, alongside access to Housing First⁶ options, should be available in conjunction with the delivery of sufficient social and affordable homes to meet the needs of all New Zealanders. This would ensure that homelessness is avoided and crisis responses operate as a safety-net only.

What We Have Learned From the Overseas Experts

On her recent visit to New Zealand for CHA's IMPACT June 2017 conference, Nan Roman of the United States (US) National Alliance to End

Homelessness talked about American efforts to end homelessness.

She described the reasons for the relative success of the US in addressing homelessness. The starting point was the availability of reliable data around which a plan could be structured and that has allowed for the creation of all the other elements of a plan that has:

- an objective of ending homelessness
- a nationally agreed strategy
- clear national and local goals
- a sense of urgency
- policy tools and approaches
- data collection that identifies what works best
- the ability to change direction, however hard, when approaches are not working.

The reason for the positive results appears to be that, as well as the plan, there is broad buy-in to solving the homelessness crisis in the US from the US Federal Government, state and local governments, and non-government-organisations, all of which agreed to the plan.

Canadian Sam Tsemberis visiting New Zealand as part of our 2015 conference, provided messages about the success of Housing First as a service delivery model. One of his recent messages to providers here is that the real change needs to come from us – from the providers – in the way that we deliver housing and services, and not from our expectations of people experiencing homelessness.

Are We Ready to Deliver?

Here in New Zealand there are signs of light. New opportunities and initiatives to address homelessness are increasing. A multi-year investment of resources has been



Photo provided by Brook Turner, Head of Community Services Development, VisionWest Community Trust

committed to by the New Zealand Government – because there is huge demand. But are we making the most effective use of those new resources?

As a sector, we need to change the way we do things to really drive the change we need to see – strategic and systemic change. This is not always easy when responding to high demand in a time of considerable policy change and where short-term piecemeal contracts must be negotiated each year.

In this sort of high-stress environment we often fall back on old ways of working rather than having the strategic conversations we need to make a lasting impact.

For the community housing sector one example of being bolder would see a very different contracting environment – one based on a relationship approach that would set out the core organisational relationship and responsibilities for both government and the provider in a more flexible, transparent and outcomes-focused approach.

There is a role for everyone in this new environment. Collectively we need to work out what that might be,

what our individual and collective strengths are, how services are configured and connected to each other, and how they can be co-designed alongside people in need.

When we take the time for respectful, open conversations that acknowledge and understand the role everyone currently plays, and can play, we shape a better future – a future where we are likely to see many service delivery gaps, some of which we may not be able to predict; and new services needed for targeted responses for the elderly and young people and different cultural groupings.

To have a collective impact on homelessness we must work across government, local government and in particular with each other. The change that we require and expect from others has to be demonstrated and led by us. Are we ready to take that challenge?

A final quote from Nan Roman:⁷

'I would advise three things: commit to ending homelessness; set a timeline for getting there and put together the partners you need to solve the problem; focus on the

strategies that are proven to work with an emphasis on housing; and remember that although we know what to do, we need to do enough of it and do it long enough to reach the goal.'

Endnotes

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Kāinga tahi, kāinga rua: A kaupapa Māori Response of Te Puea Memorial Marae

Jenny Bol Jun Lee-Morgan, Waikato-Tainui, Ngāti Mahuta and Rau Hoskins, Ngāti Hau, Ngāpuhi*

In the winter of 2016, Te Puea Memorial Marae (TPMM) initiated a kaupapa Māori marae-led response, opening their doors to vulnerable whānau seeking emergency housing. Following in the legacy of Te Puea Herangi,¹ the marae answered the call of homeless whānau in Auckland and in doing so disrupted the dominant Auckland housing narrative where the government had until that time refused to acknowledge homelessness as a serious issue. In the full view of the media, TPMM not only made the reality of homelessness visible by caring for 181 people (of all ethnicities and cultural backgrounds), but named the housing situation in Auckland as a 'crisis'.²

TPMM also reminded us that historically marae have always provided shelter for those in need, and further demonstrated that marae can still be an integral part of urban emergency and transitional housing solutions today. In this article we argue that the mahi (actions) of TPMM exists within a cultural framework that conceives of urban marae as a 'kāinga rua' (second home), a place that is also grounded in te reo (Māori language) and tikanga Māori (Māori cultural practices).

There are more than 70 marae in the Auckland Region (Independent Māori Statutory Board)³ and, as an established feature of the Tāmaki Makaurau cultural landscape, marae have always been the epicentres of our whānau, hapū, iwi and urban Māori communities. Marae provide a critical connection to our culture, whenua (ancestral land) and the wider natural environment, and continue to be foundational to our turangawaewae (cultural security) and sense of identity.

The post-World War II urban Māori shift, motivated by economic imperatives precipitated a Māori diaspora from rural homelands that eventually resulted in the establishment of urban marae from the 1960s by taura here (iwi from other parts of Aotearoa)⁴ and mataawaka (pan tribal faith or suburban area based marae) as kāinga rua. Derived from the whakatauki (proverb) 'Ka mate kāinga tahi, ka ora kāinga rua', this infers that when one dwelling is no longer viable, the second provides critical security.⁵

As a part of the deliberate process of colonisation (in particular policies of assimilation), Māori were 'pepper potted' in cities.⁶ These new culturally isolated living circumstances often saw whānau in socio-economic positions that rendered them unable to control the financing, design and building of their own culturally suitable housing solutions. Consequently, Māori in the cities were prevented from supporting each other as they previously had in their close-knit papakāinga, and urban marae evolved to become their 'kāinga rua' as the heart of new urban Māori communities. Considered to be critical as cultural bastions,⁷ urban marae enabled whānau, hapū and iwi to sustain cultural protocols, practices and beliefs in urban centres, characterised by nuclear family homes.

As Māori researchers, a kaupapa Māori analysis of TPMM response to homelessness in 2016 (and again from August 2017), is paramount. In the recent wake of natural disasters the ability of marae to provide a safe haven during a crisis has become more prominent in the public eye. In 2011, Ngā Hau e Whā Marae in Christchurch hosted a range of organisations following the

Canterbury earthquakes. Similarly, in November 2016, Takahanga Marae responded following the 7.8 magnitude earthquake in Kaikoura, extending their generosity and hospitality to hundreds of people stranded without food or accommodation. However, to Māori the role of marae in assisting those in need of shelter and support is not new, but as the whakatauki suggests, 'kāinga rua' is a part of a cultural expectation and obligation. In this regard, TPMM has enacted an ancient tradition in the contemporary urban context in response to the homelessness crisis.

While urban marae have always been able to provide manaakitanga in times of crisis they have also progressively expanded their day to day roles from the 1980s to include health centres, kaupapa Māori education (especially Kōhanga Reo) and te reo Māori revitalisation initiatives. However these marae have only now been called upon to respond to the systemic Māori and wider community homelessness which has resulted from the deepening housing crisis.⁸

In this regard TPMM have drawn attention to the potential role of marae to make a fundamental contribution to the Māori housing continuum through providing a marae-based operation which stabilises homeless whānau through supporting their health, educational, employment and financial wellbeing prior to placing them in long-term healthy and affordable accommodation. Once accommodated in the community TPMM remain closely involved with the whānau as they consolidate their life circumstances, offering ongoing specialised support and advocacy to ensure their new tenancies a fully sustainable.

The marae-led response of TPMM is a culturally responsive initiative that is grounded in kaupapa Māori. A kaupapa Māori approach coheres around principles that include: Tino Rangatiratanga – the principle of self-determination; Taonga Tuku Iho – the principle of cultural aspiration; Ako Māori – The principle of culturally preferred pedagogy; Kia piki ake i ngā raruraru o te kāinga – the principle of socio-economic mediation; Whānau – the Principle of extended family structure; and Kaupapa – The principle of collective philosophy.⁹

While all of these principles are enacted in marae in everyday practices to varying degrees (depending on the activities of the marae), the TPMM response perhaps best exemplifies the 'kia piki ake i ngā raruraru o te kāinga' in an effort to offer practical support for homeless whānau. Driven by kaupapa Māori imperatives, marae enact values such as manaakitanga (hospitality), aroha (compassion), whanaungatanga (familial relationships) which frames a particular way of seeing the world and organising ways to respond to the issue of 'homelessness'.

Part of a kaupapa Māori agenda is the need to be decolonising. Understanding that homelessness is not a new phenomenon but closely connected to landlessness as a result of colonialism, is a critical starting point. The dislocation from whenua, rather than property, not only has physical and economic implications, but for Indigenous peoples has also had intergenerational cultural, social and spiritual ramifications.¹⁰

As part of the tribal confederation of Waikato-Tainui, strong in the memory of TPMM is the history of abundance and technological advancement which characterised the 1840s and 1850s to the land wars and land legislation including unjust land confiscations totaling more than 480,000 hectares in the 1860s.¹¹ By 1900, a report tabled in the New Zealand House of Representatives listed more than 3,000 landless Māori from Waikato.¹²

This year, at the dawn opening of a new multi-purpose facility at TPMM

named 'Piki te Ora', one of the Waikato kaumātua reminded the people that homelessness is not new, but something that we intimately identify and empathise with as the 'original homeless' in our own country.

Aligned to a kaupapa Māori approach, the success of TPMM demonstrated that marae are not just a place of refuge during times of crisis. The ability of the people of the marae to initiate and effectively implement an immediate voluntary response that housed large numbers of whānau over the 2016 winter and spring, is not to be underestimated.

More than just providing physical shelter, the culturally demarcated space of the marae ensured an all-encompassing familial network that provided constant wrap around care and support. The cultural and social investment that goes beyond a roof overhead, rests on the cultural pillars, such as manaakitanga, on which marae are founded. In this regard, the ability of TPMM to efficiently support whānau into long-term housing in a way that disrupted conventional practices of community housing, local and government agencies is highly significant.¹³

Given the centrality of marae as Māori cultural bastions and safe havens in urban settings that are hospitable, productive and protective, the TPMM experience reveals that marae have significant potential as providers of 'kāinga rua' – a source of resilience in the face of the housing crisis and demographic trends in Auckland.

* Associate Professor Jenny Lee-Morgan and Rau Hoskins are Principal Investigators for 'Te Manaaki o te Marae' Research Project. This two-year research project is funded by Kāinga Tahi, Kāinga Rua Building Better Homes, Towns and Cities National Science Challenge. This project signals the broader role marae can play in purposefully contributing to the building and development of affordable and healthy homes that meet the needs and aspirations of whānau in Tāmaki. Emergency housing for our most vulnerable whānau is only one living example of a marae-led housing intervention. The aim of this research is to strengthen the kaupapa Māori foundation of marae to most effectively engage in the housing crisis for Māori in culturally consistent and sustainable ways.

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Enumerating Homelessness in Rural Māori Communities

Jade Kake, Te Matapihi, National Māori Housing Advocate

In Aotearoa New Zealand, we have a lack of official data on homelessness, and the data we do have is often not adequately differentiated by demographic group. There is also a problem with definitions – who is categorised as homeless, the perceived level of need, and where they are located, all have an impact on policy and how services are funded. In response, many night shelters and other social service providers have conducted street counts to determine the extent and make-up of the local homeless populations. Homelessness in rural Māori communities is a unique challenge, as most experiencing it are not houseless in the conventional sense, instead living in owned make-shift dwellings on ancestral land that would be considered uninhabitable by urban standards.

As we do not have an official census of homelessness (urban, or rural), the Social Housing Register managed by the Ministry of Social Development is one of our key tools for quantifying acute housing need. Families and individuals on the register are sorted into categories based on need and prioritised accordingly for housing, delivered through Housing New Zealand or Community Housing Providers. There are currently 5,353 applications on the Social Housing Register, of which 2,357 are Māori.¹ Not all whānau on the social housing list can be categorised as homeless, but all are on very low incomes and currently unable to access secure market rentals or attain home ownership.

However, there are serious gaps in the data collected by the Ministry of

Social Development. One of the key problems we encounter in our work is that many Māori households living in housing deprivation may not be represented on the social housing register, due to living in poor quality owned homes (generally in rural areas, generally on whenua Māori). Many may appear on the Work and Income register, but what we have heard anecdotally from providers is that the process of transitioning whānau from the Work and Income register to the Social Housing register is difficult, even for trained social workers.

This is an issue because the Social Housing Register guides the Ministry of Social Development's purchasing strategy, which ultimately determines the configuration and location of housing that are eligible for placement of social housing tenants (and the income related rent subsidy that comes with them). If community housing providers build new houses based on the needs in their community (as they understand them), with house sizes and locations determined by need, development viability and availability of land, they risk building outside the parameters of the purchasing strategy, and therefore being unable to access the income related rent subsidy and ensure the ongoing viability of the project.

Another challenge being encountered by providers in rural Māori communities (again, anecdotally) is the phenomenon of a reverse urban drift from the cities. Unable to afford the very high cost of living in urban areas (particularly Auckland), families are seeking refuge in their ancestral homelands, sometime after several generations in the city. Many of these very poor, rural communities are struggling to house those who live there



Photo provided by Brook Turner, Head of Community Services Development, VisionWest Community Trust

currently, and lack the housing and infrastructure required to appropriately re-integrate returnees from urban areas.

One potential solution to counter these issues from a policy perspective is to support providers (such as rūnanga, particularly those with a social services arm) to collect data in a consistent manner (at least at a regional level) and feed it into the Integrated Data Infrastructure (a large central government database containing de-identified microdata about people and households). Provider data could be collected and normalised to match the data already collected by the Ministry of Social Development, which would create a far more accurate picture of housing need in our rural areas and contribute to the development of a more robust purchasing strategy.

This of course raises issues of data sovereignty – how can rūnanga and other providers ensure the anonymity of whānau is protected, and the ownership of their data is retained? The Integrated Data Infrastructure currently has robust systems in place to protect the privacy of individuals, and retain public confidence in the initiative – however no system is completely invulnerable. Information is anonymised, and all research findings are confidentialised (making it impossible to identify individual people). This can be both a benefit and barrier for Māori communities seeking to utilise this data. There is also a growing movement to develop protocols and partnership models that recognise Indigenous data sovereignty, particularly through Te Mana Raraunga, the Māori data sovereignty network.

It is clear that the acute housing need experienced by many of our rural Māori communities is not being appropriately enumerated (or met) by central government. If the issues of data sovereignty could be worked through, the Integrated Data Infrastructure used effectively, and if policy-makers indicated their willingness to incorporate provider data and respond seriously to the challenges identified by rural providers, we could see a new model emerge, one that sees providers working in partnership with central government to effectively respond to housing need in our rural Māori communities.

Endnote

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Rural Māori housing, Rotorua

Brian Robinson

Te Hā Tangata:

A Human Library on Homelessness*

Elspeth Tilley, Associate Professor and Wellington Campus Coordinator,
School of English and Media Studies, Massey University

'This experience has taught me a lot. It's taught me that my story is worthwhile telling, and the effect of my story on people would be a good one. That's what I want. I want it to be a story that people will say, 'well, let's do this and listen to his story and be inspired.' Because some people, in my situation, they die. They don't come out of it. Institutionalisation is a real thing and some people can't get over it. I'm just one of the lucky ones that has been able to overcome it and try out a new life. I think that's the message I would like to send out to the world through Te Hā Tangata, yeah. You know, move on: keep moving on is the message.'

– Robert, Te Hā Tangata Taonga

'So many words have been published and spoken about homelessness, but it is so great for once to be able to listen. We don't have that opportunity often enough.'

– Human Library Visitor, Te Hā Tangata

This article offers one case study of the role of community in providing responses to homelessness in Aotearoa. In a unique 'human library' event, Te Pūaroa Compassion Soup Kitchen, Kahungunu Whānau Services, Te Whakamura Ai Te Ahi and Massey University, with funding and support from the New Zealand National Commission for UNESCO, worked with people experiencing housing deprivation to deliver Te Hā Tangata – The Breath of the People.

The project recognised that our homeless community is often talked about – but not listened to. Our Taonga (New Zealanders who have experienced homelessness) were supported through a four month process of workshops and activities to develop their personal narrative and share it with their whānau, the public, and policy makers through kanohi ki

te kanohi (face to face) storytelling, written narratives, video or audio. This represented a shift towards acknowledging that those who live without housing are the experts on homelessness, and offered an opportunity for them to share their stories to redress some of the misconceptions and assumptions about people living with homelessness. This article summarises the key aims and processes of the project, and assesses achievements and limitations.

The Human Library is an international movement that aims to challenge prejudice and discrimination by creating relationships and connections. It was initiated in Copenhagen in 2000 by a youth non-government organisation called Stop the Violence as a way for people who had experienced violence to bear witness and share first hand its effects on them. The concept has since spread around the world, with refugees, people living with different ability, non-binary or transgender people, and many more, agreeing to share their experiences. The events use storytelling and the idea of a

library to facilitate respectful conversations between people. Just as in a real library, a visitor to the human library can choose a book from a range of titles. The difference is that the books are people, and reading is a conversation.

Te Hā Tangata, arising from the initial vision of Jo Taite, Kahungunu Whānau Services CE, applied this concept to starting a conversation about homelessness in Wellington, with people who have experienced homelessness. Te Hā Tangata translates to the breath of the people. When we hongi we press noses and exchange hā, the breath of life. The hongi is a physical act of unity. Te Hā Tangata also draws from whakapapa. It is whakapapa that connects us to everything around us. Through whakapapa and the stories of where we come from we are able to relate to each other and the world around us.

In Te Hā Tangata, early on we acknowledged the storytellers as Taonga or treasures. We were fortunate to be gifted this and other Te Reo Māori concepts for the project to be



Public koha – Wellington City Library

Photo by Amber Allott



Taonga – Bruce

Photo by Amber Allott

used in this way, from Kahungunu Whānau Services. This gave us a language to express important values that were meaningful to the Taonga. The Taonga were treasured as keepers of knowledge, in the same way books hold knowledge. The term Koha (gift/offering) was the name given to the library events. Three Koha provided opportunities for different audiences to listen to the voices of people who have experienced homelessness: one for guests and whānau whom the Taonga invited; one for the wider Wellington community at a central public location (the Wellington City Library); and one for politicians, policy makers, and government officials administering homelessness strategies, to try to reach those who could make a direct difference.

The core aims of Te Hā Tangata were grounded in the values of Te Ao Māori:

- Whakawhanaungatanga: establishing relationships, relating well to others
- Rangatiratanga: self-determination, authority and empowerment for the Taonga: rangatiratanga being the most important outcome
- Manaakitanga: the process of showing respect, generosity and care for others, and
- Mātauranga: knowledge, wisdom, and understanding.

The project officially began with a full pōwhiri, although months of work had already gone into inviting people living with housing deprivation to participate (through the networks of Te Pūroha Compassion Soup Kitchen

and Te Whakamura Ai Te Ahi). Planning a curriculum for storytelling workshops, building organisational relationships, and getting event logistics, health and safety and ethics procedures underway, the pōwhiri was a crucial moment of whakawhanaungatanga and manaakitanga.

Taonga, staff from all the partner organisations, and Massey University students from the service-learning course, 'Creativity in the Community', who would be supporting the Taonga on their journey, met together, set out the kaupapa (purpose) for the project, and shared kai. Even on that first day, mātauranga began. One of the students recorded in their journal:

'Today we had the pōwhiri and welcoming ceremony to invite the Community Partners into Massey. In all honesty, I feel very out of my comfort zone and apprehensive about the project, but also excited as I have no examples from my life remotely similar to the journey we are about to embark on [...] The pōwhiri today made me forget about all the apprehension. It was in my opinion a really beautiful ceremony in which at the end I felt far more connected than anticipated.'

Over the next four months, Taonga and students embodied whakawhanaungatanga, working side by side to learn about storytelling, research creative methods, write and share poems, play theatre games, and get to know each other. When the

time came for the Koha, they sat down together, side by side, as partners, with the students offering their physical presence as support while the Taonga undertook the incredibly courageous act of sharing their lives with people.

Rangatiratanga was enacted in the choices given to Taonga: to participate or not, to come and go from particular workshops or activities, to tell their story themselves face to face, or to write it and have a student read it, or to be videoed or audio recorded, or to do some combination of these. All of the participants – Taonga and students – discussed consent, privacy, autonomy, confidentiality, developed shared guidelines, and signed consent forms for any materials that were to be publicly shared, such as at the Koha or on the Te Hā Tangata Facebook page at <https://www.facebook.com/tehatangata/> where the videos and audio can still be found. While not normally part of a human library, the videos were important in offering participation options to the Taonga and in broadening the reach of mātauranga. In their first three months, the videos were watched 5,700 times on the Te Hā Tangata Facebook page – not including the much wider audience who saw them at the Koha and redistributed via news websites and television coverage.

The extent to which the project achieved manaakitanga and mātauranga can be seen in the formal evaluation of the three Koha. There were 73 responses to evaluation surveys made available at the exits. Respondents were asked two questions: 'After hearing the stories you have heard today, have your views on people living with homelessness changed?'; and 'If your perspective on homelessness has changed, does this make you want to change the perspectives of others?'

Of the 73 respondents, 87 per cent (64 people) answered the first question. The mean (on a Likert scale of one to five where one was strongly disagree and five was strongly agree) was 4.25. Of the 73 respondents, 90 per cent (66 people) answered the second question. The mean was 4.53.



Taonga – Verne

Photo by Amber Allott

In other words, people overwhelmingly agreed they had been changed, and even more strongly agreed that they now wanted to change the views of others.

Of the 73 respondents, 82 per cent (60 people) wrote qualitative comments on the survey. All comments were transcribed and then coded into interpretive themes.

By far the strongest theme was simply gratitude – for the events, to the Taonga for sharing their stories, and for the work behind the scenes. Many of the visitors to the Koha adopted the project's values-based terminology such as 'Taonga'. For example:

'Lovely. Thank you to all the Taonga sharing their journey,'

'The whole world should be here listening,'

'Thank you for facilitating this wonderful sharing of stories from our Taonga,'

'Highly important subject that needs this kind of positive attention in order for change to be made. Thank you,'

and

'Really powerful, thank you for giving homeless people a voice.'

Many of the other comments related directly to values such as

whakawhanaungatanga and matauranga. For example, a number commented on the particular value of listening kanohi ki te kanohi:

'I really appreciated the chance to meet and talk with people about their experiences,'

'This format is great – I've always found cameras and videos unhelpful for the privacy of homeless people. ... I have to be with the person and connect,'

'He was so happy that I came today not just watched a video. The connection/presence was important.'

Another strong theme referred to the compassion engendered by the stories:

'It was incredibly moving to hear the stories. It has made me see them as human beings with experiences, emotions and feelings,'

'The biggest thing I take away is to change people's mindset and treat them as human beings – smile and acknowledge them – not judge'

and

'Thank you for reminding me of what is important. Such a humbling experience and so very privileged to hear the stories. I am even more determined to go back to where I work and tell them we have to do more.'

There were challenges throughout the project. These included recruiting and retaining Taonga through the incredibly confronting journey of revisiting often painful stories; meshing very different worlds (students with the privilege of attending university, and people still living with loss, grief and deprivation) but the values from Te Ao Māori provided effective bridges. Also challenging were the logistics of delivering three ambitious events, with multiple participants and elements (we underestimated public interest and had to queue public attendees and keep to time limits as we had so many people wanting to interact with the Taonga); and balancing the need to amplify the project's outreach via the media with the inevitable reduction of its value, meaning and complexity in soundbites that seldom did it justice.

Another challenge came after the Koha had finished and the funds were expended, and that was not to just walk away from the project as a 'one off': it would not have embodied the project values simply to stop the relationships. The patterns of engagement established in Te Hā Tangata have led to an ongoing formal programme of meaningful activities, including creative writing sessions and fishing trips, offered through Te Pūroha Compassion Soup Kitchen. Work is also ongoing on a book and documentary film of the project.

But as the words of Shannon, one of the Taonga, capture, we believe all the challenges were worth it:

'I'm doing this to help others. I'm doing this so you all know what we go through. It's not just the physical side, ay. There's emotion. Deep emotion, a lot of it ... I'm not being sorry for myself. I just want you to know, I experienced this ... We can't talk about this to everybody. This is an opportunity for me to open your ears, and the doorways for others. It's not for myself. It's giving someone tools to go and do something about this ... I am so, so proud to help. You are helping to open those doors, for others to see for themselves, you know, we deserve rights. We all do.'

* Compiled by Elspeth Tilley from Te Hā Tangata team resources including words by Naomi Taylor, Karen Holland, and Sophie Goulter.

Towards the Design of Culturally-Based Supportive Housing Facilities

Jade Kake, Te Matapihi, National Māori Housing Advocate

The recent increase in government funding for emergency housing and Housing First places, urban marae-based responses such as those rolled out by Te Puea and others, and the growing role of iwi in the provision of homelessness services (including the recent acquisition of Affinity Services – now rebranded Kāhui Tū Kaha – by Te Rūnanga o Ngāti Whātua), suggest that purpose-built culturally-based emergency, transitional and supportive housing facilities for Māori (who are disproportionately represented amongst those experiencing homelessness and housing stress) will be developed in the near future. The need for culturally informed design guidance is an emerging consideration.

With many marae operating as a 'campus' or village environment with a wide variety of services available onsite, those with the capacity to do so may elect to develop purpose-built facilities in response to local need and perceived social and cultural responsibility. Further consideration will need to be given to how marae (particularly in urban areas and particularly those with land) wishing to take on this role can be best supported. This may include masterplanning in and designing purpose-built facilities, planning for sustainable growth, and future-proofing these facilities to be able to house different demographic groups as needs change over time, or be repurposed if demand reduces. For non-urban marae, tangihanga may be an issue to be carefully managed.

We can glean further learnings by looking to international precedents in other settler-colonial nations, such as Australia, Canada and the United States. These countries have a longer history of homelessness and displacement of Indigenous peoples,

and relevant examples of purpose-built facilities developed in response to native urban homelessness. This past May-June, Te Matapihi (the independent national Māori housing advocate) and Ngā Aho (the society of Māori design professionals) led a three week Indigenous housing and design study tour through the US and Canada. The tour was an opportunity for our rūpū to learn from housing, community and urban development projects undertaken by other indigenous communities to inform our projects and policy development back home in Aotearoa, and included visits to several purpose-built facilities.

Case Study: Chief Seattle Club, Seattle, Washington

Chief Seattle Club serves the needs of homeless Native American and Alaskan populations in the downtown Seattle area. The non-profit receives no government funding and relies on contributions from philanthropic sources, including individuals, charities, corporations, and tribes. The Club has a culturally-based approach to addressing trauma, with an emphasis on traditional spiritual and healing rituals, including the use of sweat lodges. The Club also provides navigation services to assist clients to connect with other agencies to access housing and other help. Accessing and interacting with a government-provided system of care that has historically failed them is an ongoing challenge for Indigenous peoples, and direct support and external advocacy is seen as a key role for Club staff.

The building – a former hotel – was renovated to develop the four-floor drop-in facility, with native culture, history and art incorporated into the design to create a sense of welcome and an environment of cultural safety.

The facility has a roundhouse/ ceremonial space, showers and ablutions, laundry facilities, a computer lab, kitchen and food preparation areas, counselling and access to health services, traditional crafts, and employment support onsite. There is also a small shop at reception that sells jewellery and handicrafts produced by residents. Plans are currently underway to build a residential facility on the adjoining site, to better link in with the services currently available onsite. The new facility will include a mix of units to house 100 people, and an art gallery, medical clinic and café on the bottom floor.

Case Study: Native American Connections, Phoenix, Arizona

Native American Connections (NAC) is a non-profit dedicated to improving the lives of individuals and families through Native American culturally appropriate behavioural health, affordable housing, and community development services. Located in the Phoenix area, NAC has developed, owns and manages 18 low income workforce (400 units), transitional (50 units), and homeless (300 units) permanent supportive housing projects across the City. Unusually for the United States, this service is not tribally-based but instead targeted at urban Indigenous peoples experiencing housing need (regardless of tribal affiliation). This means they are not eligible for specific tribal federal funding, and do not limit access to their programs to only Native American tenants. They do, however, conduct extensive outreach to the Native American population by promoting their services and housing vacancies through native networks, media channels, strong presence in the community, and local events. Native American Connections focuses on culturally-based recovery, with traditional healing practices and

cultural enhancement activities as well as core and complementary treatments to promote wellness and recovery. Permanent supportive housing in the Housing First model is offered as a solution to chronic homelessness, allowing individuals to live independently but have ready access to on-site services in the event of a relapse, loss of income, and support with ongoing physical and mental health issues and challenges associated with trauma. NAC owns and manages five facilities, ranging from 28 to 82 fully-furnished studio or 1-bedroom single occupancy apartments per site. Facilities vary from site to site but include 24/7 staffing with a single point of entry ensuring safety and security – site housing case management and communal facilities, including laundry, communal gardens, computer rooms, recreational facilities and television/game lounges. In addition, access to healthy food and an onsite food bank support the tenants with limited or no income. In addition to supporting clients experiencing chronic homelessness, NAC also operates housing units reserved for individuals who are disabled due to serious mental illness, substance or alcohol abuse, and people living with HIV/AIDS. Native American Connections also integrates our behavioural health and substance abuse recovery services with the supports that our homeless tenants may require.

The purpose-built facilities managed by both organisations challenge the conventional wisdom of ‘pepper potting’ high needs (predominantly poor and disproportionately Indigenous) individuals and families, introduced into New Zealand policy through the Department of Māori Affairs in the 1950s and 1960s. Medium density (of up to four stories) is another commonality, although this is not something Māori communities (and New Zealand society more broadly) have traditionally embraced. What learnings we adopt and those which we customise or ultimately reject will need to be filtered through the lens of our own tikanga and cultural preferences – noting that both are dynamic and able to change.

By looking to our own cultural values and tikanga, and through critical examination of successful international models, design



Native American Connections' Patina Wellness Recovery Center –
The Talking Circle Room for healing historic trauma

principles could be developed for emergency, transitional and supportive housing typologies. This could include residential facilities for Māori experiencing chronic homelessness, and those with other specific needs, such as recovery from addictions and alcohol and mental health treatment. The needs of these different groups do and will vary, but there are some commonalities. Other groups who may require specific consideration include victims and perpetrators of domestic violence, rangatahi leaving state care, and released prisoners. Families experiencing homelessness were not accommodated in the examples above, and may be better served by community-based housing models (such as papakāinga) as an alternative to social or market rentals.

An initial set of design principles for supportive housing might include:

- single point of entry to the building or campus
- all services available onsite (alongside housing) – including health, education and employment seeking
- a holistic approach to healing that incorporates Indigenous and Western treatments, and facilities for participation in culturally-based activities
- kitchen facilities and ability to manaaki manuhiri and wider whānau
- Māra kai – gardens for food production and connection to Papatūānuku/mother earth.

The evidence suggests that purpose-built culturally-based facilities will be

developed in Aotearoa soon (in fact, this is already happening in mental health, including a new residential facility for mental health treatment planned by Mahitahi Trust in South Auckland). Ultimately, marae, iwi/hapū and mataawaka organisations will have their own understandings of what is required to respond to the needs of whānau and individuals experiencing housing and other crises, and will develop their design briefs accordingly. How architects, researchers and policy-makers pre-empt and prepare for the development of these new facilities will have an impact on outcomes for our whānau who are seeking to remain securely housed, experiencing chronic homelessness, or struggling with mental health and addictions issues.



Native American Connections' Patina Wellness Recovery Center –
The Sweat Lodge in the courtyard of the facility

Single Women's Homelessness in Aotearoa/New Zealand

Angie Cairncross, Communications Coordinator, Community Housing Aotearoa and Paula Lloyd, Manager, Wellington Homeless Women's Trust



Paula Lloyd,
Manager, Wellington Homeless Women's Trust

There is very little research on women's experience of homelessness in New Zealand. There is even less on the experience of Māori women, our Pacific sisters and other women of colour. Few services for the homeless prioritise the needs and experiences of single women at their point of service delivery. This article looks at the experience of single homeless women in Aotearoa/New Zealand and looks at the specific service example of the Wellington Homeless Women's Trust.¹

What the Research Says

Dr Kate Amore² measured the 'severely housing deprived'³ population from Census New Zealand 2013 statistics and found that Pacific, Māori, or Asian people are over-represented. Pacific New Zealanders are ten times more likely to be homeless than European New Zealanders and migrants, especially new migrants, are at a particular risk of homelessness.

The research found that 48 per cent of the 'severely housing deprived'

population recorded were female, a total of 19,679. These statistics recorded women and families living in women's refuges at the time of the census but does not break the severely housing deprived living situations down by gender, so it is difficult to understand the nature of their homelessness.

Joanne Bretherton⁴ comments that although there is very little research on women's homelessness in the United Kingdom (UK) and Europe, the indications are that there are differences in the paths each gender takes. Women's pathways tend to be linked with domestic violence, a 'protection' by welfare systems when they have dependent children and a greater tendency for women to use and exhaust informal support as opposed to using homelessness services.

Bretherton's UK analysis concluded that:

'there is a need to cease a longstanding focus on the streets, homelessness services and (predominantly) male experience, and to look instead at the more nuanced interrelationships between gender and agency to fully understand the nature of homelessness in Europe.'

Sandy Darab and Yvonne Hartman⁵ reviewed the available literature on this area in Australia for single older women. It appeared, they say, that ageing and single status are compounding factors that place non-home owning women at higher risk of homelessness or inappropriate housing: *'Our analysis leads us to suggest that women's traditional roles in society are largely responsible for housing insecurity in their later years.'*



WELLINGTON
HOMELESS
WOMEN'S
TRUST

Canadian statistics of women experiencing homelessness show that they have high rates of post-traumatic stress disorder (36 per cent), mental health issues like depression (50 per cent) and report high rates of sexual exploitation, violence and assault, which ranged between 37 per cent and 89 per cent.⁶

There is a relationship between violence and homelessness for women. The Canadian experience is that violence is an overwhelming if not ubiquitous factor in pathways to, and within the experience of homelessness for women. The experience of intimate partner violence increases one's risk for homelessness four-fold.⁷

Many of the women ending up homeless in New Zealand do not qualify for emergency accommodation because they do not have children in their care. If they can stump up the money, their main accommodation alternatives are boarding houses that offer no support and are far less safe and secure than alternative services, say the Salvation Army.⁸

The Wellington Women's (Boarding) House provides low-cost temporary housing for up to 16 single women at any one time for around six months. They have seen more, older women coming through their service of late and more referrals of women with high needs, especially mental health issues.

'We are struggling to move women into more permanent housing, especially older women. Flatmate

wanted ads aren't usually for older, mature women and affordable rentals just don't seem to be out there at the moment,' says House Manager Margaret Speirs.

Wellington Homeless Women's Trust (WHWT)

Referrals to the Wellington Homeless Women's Trust can be quite diverse. Sometimes these referrals come from women transitioning from prison, the hospital or rehab, or from those 'sleeping rough' on the streets or in cars. Women referrals may have just arrived in the region after fleeing abuse elsewhere. All of the women arrive with their own story and their own experience of homelessness – and of trauma.

Take Joan* for example. Joan had been living on the street for quite some time. She is an older woman with physical health and mental health issues. She did not trust buildings due to earthquakes and other trauma – so keeping her inside was a key goal.

Located down a nondescript lane in Central Wellington, tucked under a multilevel building, the Wellington Women's Housing Trust is pretty hard to find.

Everything they do is designed to help the women feel protected, and safe. There are security cameras at the door and inside. They always ask if there is a protection order before anyone can stay there. No males are allowed on the premises and all the women have one common denominator – they just need that 'stepping stone' to safer and more secure housing.

The five bedrooms each have double beds and all the furniture needed. A woman can literally arrive with her carrier bag and move in. They have a key to their room and it comes with all the linen, bedding, and toiletries. The Trust will source anything else they need.

It is only for single women and invariably it is full. Nearly half of the women are between 40 and 70 years old and there is a high rate of Māori women (57 per cent).

Because the house is not staffed 24 hours a day, staff need to be confident that a woman is ready to



Photo provided by Claire Aspinall

enter the house and has the ability to manage herself in the house safely. House criteria have been set up to keep everyone in the property safe – and the property itself safe. The main objective is to support as many women as possible by providing a safe and comfortable space where they can focus on a support plan to move on.

The Trust receives referrals from a variety of Wellington-wide agencies. Having an established relationship with most of these agencies helps to

streamline the process and make it easier for the women to come into the service.

Sena* is a refugee and has been in New Zealand for two years. She was living in Pilmuir House in the Hutt when Red Cross contacted WHWT Manager Paula Lloyd about her. *'They realised Sena was locking herself in her room. The Red Cross contacted me because where she was staying was bringing up trauma from her past and this was the reason she was a*

refugee. Being in a women's only house was the only option for her to feel safe.'

Originally set up in 2013, WHWT was the result of several homeless women having to spend the night in the central police station with nowhere to go. While the Trust's preference was for emergency housing, budget constraints meant they had to go for the transitional housing option. The Trust relies on donations for its operation.

'Not having a government contract can be an asset as it allows the flexibility to be responsive,' says Paula. 'I don't have to work to targets that don't always make sense. I can work where the need is.'

Paula is also involved in advocacy work on behalf of the women. This can mean supporting women to get emergency housing through Work

and Income New Zealand (WINZ) and a number of them have had to stay sleeping on the streets for days while the WINZ processes are worked through.

There is a skill to engaging people on the street. Asking the right questions, keeping yourself safe – it needs a consistent familiar face. And there are many aspects that are specific to these women that need to be considered, such as the abuse and discrimination they may have had to cope with in their lives that has caused obstacles to their progress. Many of the women the Trust works alongside have been invisible for most of their lives.

Tenants are given the opportunity to stay for up to three months and provided with caring support and personal advocacy. This includes creating a support plan with each resident on arrival to assist in

addressing the issues relating to their homelessness, turning their lives around and re-establishing themselves. The Trust then assists in finding each woman safe sustainable accommodation.

The majority of the women coming through the service have experienced trauma and some have ongoing threats to their safety. Their time in the house is often a time to reflect on their past and become motivated to make the necessary changes to move forward.

'From the beginning to the end we want to be supporting women to move along to do the best that they can.'

Concluding Comments

Although the experience of New Zealand women who are homeless is not well-documented, there is nevertheless a gendered dimension to their experience of homelessness. All homelessness services need to be cognisant of the different experiences and needs of women who are homeless.

* Not her real name.

Endnotes

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Photo provided by Brook Turner, Head of Community Services Development, VisionWest Community Trust

Chapter 2: Housing First

Housing First Auckland: A Collective Impact Approach to Ending Chronic Homelessness in New Zealand's Largest City

Housing First Auckland Backbone Team

Introduction

Housing First is a well-researched model with an ever-growing body of evidence showing its effectiveness in ending homelessness. In particular, it helps promote housing stability, reduce service use and improve quality of life.¹ It recognises that housing is a human right and prioritises quickly moving people into permanent housing, and then providing flexible, community-based services to support people's needs. The overarching goal of the Housing First philosophy is to end homelessness – not to manage it.

In late 2016, in response to growing public concern and sector activity, the New Zealand Government invited providers with a track record in working with homelessness to submit a proposal for a two-year Housing First demonstration project in four parts of Auckland; the City Centre, Central, West and South Auckland.

Four Housing First programmes were funded to provide 472 Housing First places for individuals and families experiencing chronic homelessness. An additional 100 places were allocated to Auckland in September 2017.

- Auckland City Mission and Lifewise in partnership were selected to work in the City Centre.
- Kāhui Tū Kaha (formerly Affinity Services) was selected to work in West and Central Auckland.
- VisionWest was also selected to work in West Auckland.
- LinkPeople was selected to work in South Auckland.

Background

Prior to the RFP process, most of the organisations had been meeting for a year as part of a National Housing First Community of Practice. It was from this Community of Practice, and a desire to learn how to effectively end homelessness in New Zealand, that CEOs and staff from Auckland City Mission, Lifewise, Wise Group, VisionWest and Community Housing Aotearoa (CHA) decided to attend the Canadian Alliance to End Homelessness conference in Canada in late 2016. Staff from Ministry for Social Development (MSD) and Auckland Council also joined the New Zealand contingent attending the conference.

The conference had a significant focus on Housing First including site visits, one-on-one sessions with experts in the field and workshops. It was a unique and powerful experience which deepened relationships and offered an opportunity for the New Zealand group to consider new ways of working. One theme that came through strongly was that in order to end homelessness, the organisations needed to work together.

Over the course of the conference it became clear that by working collaboratively, the organisations could make a much greater impact on homelessness in Auckland than by working separately on our individual contracts. The group had also visited Calgary where multiple providers are using the principles of Housing First to take a systems approach to ending homelessness. Rather than focusing attention solely on the performance of individual providers, their interest is on how their combined efforts are

leading to an end to homelessness in the city. This type of Collective Impact approach was an inspiration, as is The People's Project, a successful Housing First collaboration in Hamilton, New Zealand.

On returning to New Zealand, all agreed that operating the Housing First demonstration pilot through a Collective Impact model would have the greatest positive impact on addressing homelessness in Auckland over the next two years. The organisations quickly developed a joint proposal and work plan for additional funding to support the implementation of a Collective Impact approach. MSD and Auckland Council agreed to fund it. Wise Group was selected to manage the backbone support for the Housing First Auckland collective for the demonstration period.

A Container for Change

The Collective Impact model, developed in Canada, has key foundations including leadership, community engagement, learning, high leverage activities and shared aspirations. In addition, a 'container for change', formerly known as the 'backbone organisation', is considered essential for the success of Collective Impact initiatives, as noted in Cabaj and Weaver's article:²

'Creating and managing collective impact requires a separate organisation and staff with a very specific set of skills to serve as the backbone for the entire initiative. Coordination takes time, and none of the participating organisations has any to spare. The expectation that collaboration can occur without a supporting infrastructure



Leaders from the Housing First Auckland collective with Dr Sam Tsemberis (the founder of Housing First), left to right: Rami Alrudaini, LinkPeople; Barbara Browne, Kāhui Tū Kaha; Julie Nelson, Wise Group; Dr Sam Tsemberis; Moira Lawler, Lifewise; Chris Farrelly, Auckland City Mission

is one of the most frequent reasons why it fails.'

The backbone team's responsibilities include providing secretariat for the Collective and its governance; project leadership and project management; strategic relationships; communications; processes and protocols for data definitions, collection and reporting; evaluation and research; facilitating training, forums, resources and work streams; and undertaking systems mapping alongside Auckland's first point-in-time by-name count of people experiencing chronic homelessness.

Collective Impact in Practice

Co-creating a shared purpose for the Collective was one of the first priorities. A half-day workshop was attended by chief executives, managers and service leaders to determine what the Collective believed in, stood for, and would

achieve in its first few years. The collective set the goal that: Homelessness in Auckland would be rare, brief and non-recurring.

To keep the work plan moving forward, the collective's leadership team meets one to two times a month to share information, manage external stakeholder relationships and make decisions. Occasionally members of the MSD's social housing team and Auckland Council also attend.

Since March 2017, the backbone team have supported the implementation of Housing First across Auckland by:

- Hosting Dr Sam Tsemberis (the developer of Housing First) for a week-long training workshop for frontline staff. At six-months a follow-up workshop was held to share early learnings, challenges and best practice. Sam Tsemberis joined again via video conference

for a one-hour question and answer session.

- Developing a suite of learning module videos for Housing First services.
- Establishing five workstreams to help deliver the work plan, share learning and jointly problem solve. The workstreams are: Frontline Practice, Kaupapa Māori, Data and Evaluation, Housing and Communication.

A key component of Collective Impact is strategic learning and the development of shared measurement systems that are part of a larger system of learning and evaluation. The backbone team is:

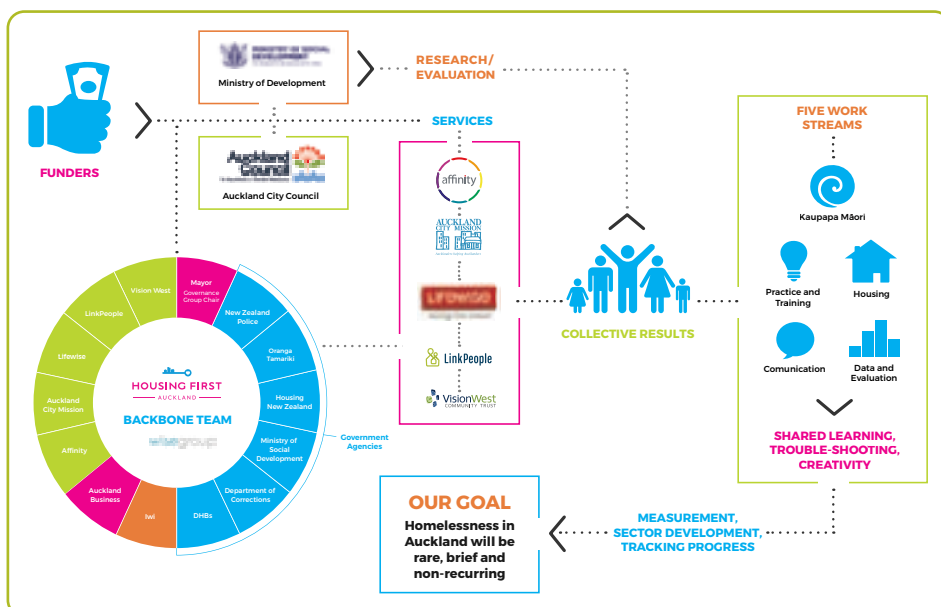
- establishing an evaluation reference group³ and are developing an evaluation framework with a central focus on understanding how Housing First can be optimised for Māori
- implementing the same client management system across all services (Recordbase) and consistent approaches to data collection.

Housing First Auckland is the start of a much broader movement to end homelessness. The backbone team is also:

- establishing a governance group chaired by the Mayor of Auckland with senior representation from various government agencies and local stakeholders, including health, community, social, business and law enforcement
- designing a unifying brand and communication channels, including a website and social media for transparency and wider engagement with the public and media
- developing a Housing First 101 video to educate the public and media about Housing First.

One of the key strengths of working together is the ability to report four providers' results collectively. The first results were reported to MSD in May 2017 – two months after launching, and every month thereafter. In July, a results page was added to the Collective's website for anyone interested in following its progress.

From the outset, and despite the challenges of a shortage of housing stock in Auckland, providers in the



Collective have achieved steady, positive results month-on-month.

A summary of the overall results from May to August 2017 shows consistent increases in the number of people being housed and supported each month:

- May 2017: 64 people including adults and families with children, supported into 31 households.⁴
- June 2017: 96 people including adults and families with children, supported into 64 households.
- July 2017: 150 people including adults and families with children, supported into 93 households.
- August 2017: 190 people including adults and families with children, supported into 126 households.



A monthly infographic also provides a more detailed breakdown of the overall results by location, client profile and housing type.⁵



Chronic homelessness in Auckland looks different depending on the region. Single males have represented more than half of the adults housed in the first six months. This is not unexpected and reflects the profile of Housing First services around the world.

Housing First was originally designed for individuals experiencing chronic homelessness and the evidence for effectiveness comes from implementation with this group. Part of the challenge in Auckland is that providers are engaging with many families experiencing homelessness and, unlike other

countries, there are few permanent housing and support options available other than Housing First.

We hope that the Auckland experience will inform decision-making about the kinds of support options and system changes required to effectively meet the needs of different groups. Most housing has been sourced from the private rental market. To date, this reflects results of The People's Project in Hamilton. Housing First has a lot to offer landlords, including guaranteed rent, free tenancy management and knowing tenants well through intensive case management.

Early Learnings

Capturing, sharing and using the Collective's learnings from the outset is one of the key aims of the evaluation.

An emerging learning theme is the time it takes to establish not only shared protocols and processes, but also the relationships and trust which are essential for a successful collective.

For example, establishing the mechanisms to work collectively generally takes longer and requires more time to work through to get right, than in a service working alone.

For example, the organisations had to establish consistent contract and data definitions, and collection protocols across the Collective before it could provide consistent and timely reporting of collective results. Building into contracts the requirement for funded agencies to develop agreed definitions and data collection processes – including an establishment period for this to occur – would recognise the time and resources required.

The Collective will continue to identify, explore and share emerging issues and solutions as part of the overall evaluation of Housing First Auckland.

What's Next?

There is immense interest in Housing First Auckland from around New Zealand as other centres look for effective solutions. The evaluation of the two-year demonstration project will be a valuable resource for

others considering implementing Housing First.

Planning for Auckland's first point-in-time, by-name count of chronic homelessness is now underway, with a dedicated project manager recently appointed to lead this piece of work. Mapping the system sits alongside this. This work will help us better understand the landscape in which we are all operating so that we can forge stronger relationships, influence disruptive systems change, get people access to the wrap-around services and supports they need, where they need them and when they need them and, ultimately, prevent people from becoming homeless.

Together, Housing First Auckland will do whatever it takes to end homelessness in Auckland. We have combined our wisdom and experience to create a solution for a wicked issue.⁶ Through our collective impact approach, we are working with sector and community leaders to drive new thinking for bold initiatives to end homelessness.

For more information about Housing First Auckland, please visit: www.housingfirst.co.nz. You can also follow the Collective on social media channels Facebook and Twitter: [/housingfirstnz](https://www.facebook.com/housingfirstnz)

Endnotes

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3. Includes MSD, University of Otago, Te Matapihi, Independent Māori Statutory Board and Auckland Council.
4. The collective considers each Housing First outcome as representing a household.
5. This article was submitted on 22 September, two weeks before the Collective's September results were due to be published, therefore the August results were the most current results at the time of submitting this article.
6. A wicked issue is 'a problem that is difficult or impossible to solve because of incomplete, contradictory and changing requirements that are often difficult to recognise..., because of complex interdependencies, the effort to solve one aspect of a wicked problem may reveal or create other problems. ... [wicked problems] hardly ever sit conveniently within the responsibility of any one organisation.' (Denning, 2011)

Responding to Homelessness in Aotearoa New Zealand Through Home-grown Best Practice

Stephanie McIntyre, Director, DCM¹ Wellington

DCM has been working in the city of Wellington since 1969 to 'focus on the needs of, and to help empower, those marginalised in the city.'² DCM has adopted the byline 'together we can end homelessness in Wellington' which reflects our current focus on the needs of one key marginalised group – people experiencing homelessness, or who are at risk of homelessness. To support people on their journey towards sustainable housing and hauora we have grappled hard with our practice model, reflecting as a team on what makes for 'best practice' in our context. In Aotearoa New Zealand, our sector would benefit from developing a shared agreement as to what constitutes best practice when working to end homelessness.

At DCM, we draw on principles derived from international sources and set out in Wellington's Te Mahana Strategy to End Homelessness in Wellington. This calls for collaborative work at three levels: stopping homelessness happening, dealing with it quickly when people become homeless, and stopping people becoming homeless again. We share the aspiration that homelessness must become 'rare, brief and non-recurring.'³

DCM's practice is anchored in a *Housing First* approach that places emphasis on the importance of moving people from homelessness directly into permanent housing, and providing wrap-around support to ensure people sustain housing. We embrace the *Pathways to Housing* challenge to focus efforts on housing those who are chronically homeless, supporting Dr Sam Tsemberis' view that all homeless people are members of the community with a basic right to a home. We tautoko his statement that: 'the idea is to give the

*chronically homeless a place to live, on a permanent basis, without making them pass any tests, attend programmes, or fill out forms, then work with them on the health care, therapy, counselling and more that they may need.'*⁴

With these underpinnings, our DCM practice includes a commitment to build six key capacities in our team:

- evidence-informed practice
- strengths-based practice
- safe practice
- cultural practice
- collaborative practice
- reflective practice.

Evidence-informed Practice

At DCM we collect data consistent with the official New Zealand definition of homelessness⁵ tracking closely movements between rough sleeping, couch surfing, moves in and out of shelters etc. This means DCM has a robust data set and evidence base for people who use our services. Unsurprisingly, our data supports the evidence that homelessness is getting worse.

Over the last two years, the number of unique individuals coming to DCM for support in a year has increased by 19 per cent, from 860 people in the year to 30 June 2015, to 1,023 in the year to 30 June 2017. Over the last five years, the overall number of people experiencing all forms of homelessness has increased by 65 per cent. The increase in the numbers of people coming to DCM who are 'without shelter' (sleeping rough or living in cars and sheds) is most concerning. Over the last five years this number has doubled from 100 people per year to 211 people per year.

At DCM, we call the people we work with taumai, meaning to settle. This

reflects the journey we embark on together as they become settled, stable and well. The taumai we journey with are people whom the New Zealand Productivity Commission has identified as Quadrant D, people with high complexity of need and low capacity to coordinate services by themselves. 'Current outcomes for the disadvantaged New Zealanders who fall in quadrant D are not good – and in turn these poor outcomes have large negative impacts across society.'⁶ The specific high and complex needs with which DCM is experienced include homelessness, multiple evictions from housing, mental health, alcohol and drug dependence, criminal history, trauma, debt and financial literacy issues and disconnection from whānau.

Strengths-based Practice

In our engagement, we invite taumai to 'reflect on possibilities instead of intractable problems'⁷ and to set their own goals. We call this planning process Ki Te Hoe ('pick up the paddle') – we encourage taumai to take up the challenge of picking up the paddle. If they are prepared to pick up the paddle and get in to the waka, we will do the same, becoming a part of their journey to greater wellbeing or hauora (physically, spiritually, mentally and socially). Developed in-house in conjunction with DCM's cultural adviser, the DCM team drew on their experience of Te Whare Tapa Whā and the United Kingdom's Outcomes Star to develop Ki Te Hoe as a unique, culturally appropriate planning tool.

The strengths-based outcomes for the taumai we journey with at DCM describe a life of wellness across a number of domains – housing, income, health (including alcohol and drug use), interactions with police and

the justice system, life skills, whānau and relationships, and wairua. Some examples of the aspirations of taumai may include:

- they feel connected to whānau and have supportive relationships
- they experience wellbeing, and connectedness in their identity
- they are sustainably and stably housed
- they experience wellbeing in their homes with adequate resources, furniture and utilities, and are able to care for their home, and be a good tenant and neighbour
- they are able to live adequately on their income and manage debt, without dependency on food banks or begging
- they live safely with no interactions with police or the justice system.

Cultural Practice

A high proportion of the people experiencing homelessness or at risk of homelessness are Māori, and Māori is the largest ethnic group DCM works with who are experiencing homelessness. Last year 47 per cent of the people who came to DCM for support were Māori. More than half of them were homeless in the physical sense, but many are also disconnected from their roots.⁸

DCM has a holistic approach; we explicitly embrace being whānau, manaakitanga and working in ways which enhance mana. Taking our lead from our Māori staff and our cultural adviser, DCM has developed a cultural competency framework in-house; we call this our manaakitanga baseline. Team training is delivered fortnightly by DCM's cultural adviser.

Our experience of working with Māori tells us that Aotearoa must develop culturally appropriate models of housing that are unique to our New Zealand context. Discussion in this arena has previously been focused around home ownership options, but it is well overdue that we explore different models for rental accommodation that recognise the cultural requirement to provide manaakitanga and hospitality and/or provide for more communal living situations.

Collaborative Practice

DCM sits within a vibrant hub, Te Korowai Nui o Te Whānau ('the large cloak that envelops the family').

Our building in Wellington also houses our key partner agency, Kahungunu Whānau Services with whom we have a formal partnership; together we offer people experiencing chronic homelessness, and frequently mental illness and addictions, support to access and sustain housing and achieve wellbeing.

Te Korowai also includes DCM's Te Hāpai service (a safe space where people have opportunities to participate in conversation, programmes and support to reconnect with themselves, their whānau and their cultural roots), the DCM Dental Service, two Te Aro Health Centre health rooms (a primary health clinic with a strong focus on providing outreach services to homeless people) and other collaborations and partnerships.

Collaboration must go well beyond community agencies' relationships to include:

- collaboration with government departments
- commitment to the three-pronged approach described above: stopping the flow of people into homelessness
- provision of realistic resources to ensure rapid housing/rehousing becomes possible and the right level of wrap-around support to sustain tenancies, and preventing homelessness re-occurring as a result of eviction, the loss of housing or any other reason.

The Significant Role of Housing in Best Practice

Like Tsemberis, DCM focuses on those experiencing chronic homelessness. Recognising that there is a dearth of options, and that different responses are needed to meet the needs of different groups, DCM has also publicly called for a diversification of housing options. DCM has been a long-time advocate of harm reduction accommodation for a small but significant group of New Zealanders whose long-term homelessness is linked to their alcohol dependence and other substance use.

Accessing safe, affordable accommodation is tough for many people. But for those individuals who have already been through multiple

evictions and have exhausted opportunities to attend alcohol rehabilitation services, Wellington has explored providing a unique and innovative 'harm reduction' group housing option targeted specifically at this group. Overseas, this form of accommodation was referred to as 'wet housing' but it is more useful to look at the exemplar best practice models, like 1811 Eastlake in Seattle, that sit firmly under the 'Housing First' umbrella.

Due to New Zealand's affordable housing crisis there are lengthy delays in accessing permanent accommodation. The implementation of best practice must be underpinned by a significant and rapid growth in affordable, specifically rental housing. However, New Zealand is now reactively growing our emergency/transitional housing supply. This compromises a best practice approach to ending homelessness and risks perpetuating the 'management' of homelessness. While there will remain a need for emergency housing, best practice requires that resources be directed towards growing affordable, permanent accommodation and providing wrap-around services to support people to sustain housing.

Endnotes

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4. The term *Housing First* was coined by Dr Sam Tsemberis; clinical psychologist and CEO of Pathways to Housing, New York City. See Tsemberis S 2010, *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction*.
5. Developed by Statistics New Zealand, the Ministry of Social Development and Housing New Zealand Corporation in 2009.
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8. The second largest ethnic group, Pākehā, comprised 33 per cent.

One Housing First to Rule Them All?

Clare Aspinall, Jenny Ombler, Dr Nevil Pierse, Professor Philippa Howden Chapman

New Zealand's use of Housing First is rapidly unfolding. He Kainga Oranga in partnership with the People's Project and Waikato University have established a five year research programme on the delivery and outcomes achieved by Housing First in the New Zealand context. The research is funded by a grant from the Ministry of Business, Innovation and Employment.

A study within this wider programme will explore how the principles of Housing First are put into practice to address the needs of those who are homeless in the New Zealand context. We will explore this from the perspective of service providers implementing Housing First services, and people working in government and community organisations with an interest, experience and knowledge in addressing homelessness. The goal of our research is to look at the use of Housing First within the context of New Zealand's welfare policies and the service delivery mechanisms for these policies and Te Tiriti O Waitangi. The research will take approximately three years to complete.

Housing First Internationally

Over the past decade the conversation between community and government agencies at the national and local levels in relation to homelessness has evolved. It is no longer widely accepted that the efforts of community organisations offering shelters, emergency accommodation and transitional housing is sufficient to meet the complex needs of those who have been homeless for long periods of time. Research that shows positive housing retention outcomes and improved health and social outcomes from the implementation of Housing First internationally has influenced this change.^{1,2} Housing First's philosophy,

principles and practice are now evident in New Zealand with advocacy groups from the social and health sectors, iwi and community housing organisations and central government agencies using the language and developing services to address homelessness based on the ethos of Housing First.

The ethos or principles of Housing First originate from a number of places. For example, consumer choice, recovery and the right to housing from the patient rights and human rights based movements, harm minimisation from HIV, and alcohol and drug addiction practices. These were combined to create the Pathways to Housing model to address long-term homelessness in those with mental illness and alcohol and addiction issues in the United States.³ However, as the Pathways to Housing model of Housing First has travelled across countries, regions and cities, it has been adapted to various needs and contexts.

What is meant by Housing First and what a Housing First service looks like in terms of an operational model of service delivery varies in the international literature. There is no 'one Housing First to rule them all'.

Housing First is broadly defined as:

1. housing is provided as a right and based on the same rights and responsibilities as other tenants
2. support is based on a harm reduction philosophy and without the prerequisite of treatment for health issues or abstinence from alcohol or drugs
3. the type of support provided is led and directed by the person using the service and the decisions they

make about the support they require is respected

4. housing and support are separated so one continues independently of the other and the decisions made about one does not impact negatively on access to or the provision of the other
5. recovery and community integration is important, so services should be offered for as long and at the intensity they are required by the person using the service.⁴

Adapting for Context

International studies on the adoption and early implementation of Housing First highlight how there is a need to balance adherence to the principles of Housing First with the needs of the local population and the specific context and setting in which the intervention is put into place. This balance is no small task and has resulted in a variety of policy and practices based on the principles of Housing First across different countries. Services based on the core principles incorporate a range of service designs and delivery mechanisms and variations include the intensity of support provided (assertive community treatment, intensive case management and critical time intervention) and the types and configuration of housing (private and social, scattered site, congregated, single site options).^{5,6}

Specific service design and delivery has to be adapted to the local available resource and to meet the different needs and characteristics of people who are homeless. In Canada support services were designed to meet the needs of Indigenous groups and Indigenous knowledge and

models of health and wellbeing were used to develop and design culturally appropriate services but the 'legacy of local colonial landscapes' meant a lack of culturally appropriate models of housing were available.⁷ This is obviously critical to New Zealand as services will need to be designed by Māori organisations working to address homelessness, as well as non-Māori organisations who work with Māori people who are homeless.

Warnings

Caution is sounded in the literature about the pitfalls of translating the principles of Housing First into policy and practice. As with any intervention the supply of adequate resources is required for organisations that are implementing Housing First to be able to design and deliver services that are effective in achieving positive long-term housing, health and social outcomes.

In countries where the resources were not provided by government agencies to implement Housing First policies according to the principles of Housing First, services did not achieve positive outcomes. In Budapest this occurred due to the lack of a centralised welfare system or available resources from the government to be able to subsidise housing costs which are essential to implementing the key principles of obtaining permanent and secure housing. The programme was not able to provide the intensity of support that was required by the people using the service either, as staff delivering the service had to do so in addition to their usual workload as no funding was available to pay for additional staff.⁸

In Australia, the early trial of Housing First failed to be translated from policy to practice due to a lack of political buy in and a lack of adequate government funding for services to be able to provide the essential permanent housing options and the level of support required to implement Housing First programmes.⁹

International studies from North America, Europe and Australia highlight common issues and challenges to implementing Housing First programmes. These are in part due the complex nature of

homelessness and the degree of alignment, coordination and collaboration that is required between agencies at national, regional and organisational levels to be able to provide an adequate supply of permanent housing and support to meet the needs of people who are homeless.

International studies also highlight the need for strong collaboration and coordination between the agencies delivering services at the local level, and the importance of good leadership and having staff skilled at implementing services in accordance with the choices of people who are homeless, the principles of harm minimisation, recovery and community integration.¹⁰ The process of balancing these multiple factors to deliver Housing First services is particularly challenging in the early adoption and implementation stage of delivery.

New Zealand groups and organisations working to address homelessness have been advocating for a national strategy to end homelessness and the use of the principles of Housing First for years and this is reflected in various New Zealand documents and reports.^{11,12}

The People's Project in Hamilton and a number of other organisations already working with people who are homeless had already begun to adopt the principles of Housing First and change their service designs to incorporate them into practice. These efforts have been boosted under the Government's Social Investment Approach and the 'Delivering Better Public Services Goals' which have included Housing First as a targeted initiative under the Better Access to Social Housing Results Action Plan. Housing First services are being partially funded through Ministry of Social Development contracts for 2017-2019. Providers delivering services within this plan are at a range of stages in adopting and implementing the principles of Housing First into practice.

The implementation of Housing First comes at a time when the availability of permanent affordable housing is

in short supply as the private housing market has failed to address the housing needs of all New Zealanders and it is estimated that an additional 2,500 social houses are required to be built across the social, iwi and community housing sectors each year for the next decade, to ensure all New Zealanders are well housed.¹³

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Auckland Council's Role in Addressing Homelessness

The Community Empowerment Unit and Community and Social Policy Teams, Auckland Council

Auckland is New Zealand's largest city with a population of just over 1.6 million. Auckland seeks to be a world class, inclusive city that celebrates its unique Māori culture and rich diversity. It is an attractive place to live, welcoming around 45,000 new Aucklanders each year.

At the same time, rapid population growth presents many challenges including a major housing shortage as population growth exceeds housing supply and increases pressure on infrastructure. Housing affordability, for rent or purchase, is declining, and there is significant unmet demand for social, affordable and emergency housing.

Homelessness is a growing reality in Auckland for many individuals and families, including those in employment.

Statistics New Zealand's definition of homelessness includes those sleeping rough, in temporary accommodation, sharing temporarily or living in uninhabitable dwellings. Between the 2006 and the 2013 census the level of homelessness across the Auckland region increased by 26 per cent. Based on the average increase between censuses, and excluding all other factors, homelessness could stand at 23,409 in 2017 and 26,522 by 2021.

Auckland City Mission's 2016 annual street count of rough sleepers within three kilometres of the Sky Tower, found 177 and a further 51 in emergency accommodation or hospital who would otherwise have been on the street. This was an annual increase of over 50 per cent.

Nationally, low-income households, children and young people (51 per cent), and sole parent

families (43 per cent) are the most affected groups. Pacific people are ten times, and Māori five times more likely than Europeans to be homeless. Other groups who are affected include rainbow youth, people with mental health problems, those who have experienced family violence or been in state care, and inmates on release from prison.

Homelessness is a complex issue. It results from multi-layered structural and individual factors including national policy settings and economic conditions, immigration, access to health and social services, discrimination, family violence, employment and poor health. The housing market is also a key driver with high levels of unmet demand for social and affordable housing. This is highlighted by recent estimates that the New Zealand Government will spend \$50 million nationally on emergency housing (such as motels) in 12 months.

As housing supply pressures increase, people with fewer risk factors face homelessness. A single risk factor or event, such as a job loss, illness, the end of a relationship or debt, can be the trigger. The housing shortage means that people endure homelessness more often and for longer, and achieving sustainable housing can be difficult.

Policy Position on Council's Role in Homelessness

Auckland Council recognised the need to determine its role and position in addressing homelessness, including emergency housing.

In August 2017, the Council's Environment and Community Committee resolved to take a stronger and more aspirational approach where homelessness is rare,

brief and non-recurring. There was commitment to develop a cross-sectoral regional strategy to address homelessness.

At the meeting, Councillor Cathy Casey, a long-time advocate for addressing homelessness issues said Auckland Council should be proud of the work it is doing.

'This council has placed homelessness high on its agenda and continues to work on ways it can support solutions to this growing need.'

'We have agreed to up our game with a regional strategy for addressing homelessness in Auckland and will be a strong voice advocating for the government to do more to meet its obligations to some of its most vulnerable citizens,' she said.

This decision builds on current activity and will help to strengthen cross-sectoral collaboration and leverage investment across the sector.

Auckland's 30 year spatial plan, The Auckland Plan, has largely guided activity to date and includes priorities and targets relating to affordable housing and homelessness.

An Insight into the Experience of Rough Sleeping in Central Auckland

In January 2015, Auckland Council along with Auckland City Mission, Lifewise and Thinkplace completed a research project on the experience of rough sleeping in central Auckland. The research revealed insights from both people who had first-hand experience of sleeping rough as well as from members of the public.

The research identified many issues, particularly in relation to safety and wellbeing, and how access to health and social services could be made

easier. The research also drew attention to the ways in which the lives of those who sleep rough intersect with others who use public spaces around central Auckland.

Auckland Council Steps up Response to Homelessness

In March 2017, the Ministry of Social Development (MSD) made funding available for Housing First in Auckland. 'Housing First' is founded on the principle that permanent, secure, safe housing is a basic human right for all. The model recognises that it is easier for people to address issues such as mental health and substance abuse once they are housed. The priority is to quickly move people into appropriate housing and then immediately provide wrap-around services to support their success.

Auckland Mayor Phil Goff participated in the annual Lifewise 'Big Sleepout' and says homelessness is a growing blight on our city with increasing numbers of people sleeping rough in the city centre and suburbs. He says it represents a huge social and human cost which needs to be addressed.

'The council is working with central government and non-government organisations to progress a Housing First policy. This aims to first house the homeless and to also provide support services to tackle the cause which led to them being homeless,' says Mayor Goff.

Auckland Council has contributed an additional \$1 million to support delivery of the Housing First Auckland pilot. It is operated through a collective of five community social housing providers, including: Lifewise, Auckland City Mission, Kāhui Tū Kaha (formerly Affinity Services), Link People and Vision West.

The pilot has funding for two years. The initiative aims to support 472 chronically homeless people into permanent accommodation and to sustain their tenancy. Their vision is to make homelessness rare, brief and nonrecurring.

In addition under the long-term Plan 2015-2025, the governing body approved \$830,000 funding over a



Waterfall by Fraser Hoffe

three year period for emergency housing, homelessness and rough sleeping responses across Auckland. Response initiatives include the regional outreach services operated by the Auckland City Mission and the Salvation Army Waitakere in west Auckland; the development of a homelessness services website; and enhanced coordination of the emergency housing sector.

Enhancing the city centre's public amenities, including shower and toilet provision, has the potential to considerably enhance dignity and wellbeing for the rough sleeping community. The council's current approach to the provision of public amenities is being investigated to identify opportunities to enhance delivery and outcomes for all city centre users.

In June 2016, Te Puea Marae in south Auckland first opened its doors to homeless whanau for 12 weeks during the winter months and generated regional and national debate about the issue of homelessness. Auckland Council provided financial and in-kind support.

In August 2016, the council agreed a contribution of \$2 million to upgrade the emergency accommodation provided at James

Liston Hostel. This facility provides emergency accommodation for people who are sleeping rough. The much needed refurbishment will be complete by mid-2018.

Auckland Council's investment to address homelessness continues in 2017 with the Mayoral Proposal in the Annual Budget 2017/2018, which prioritised \$500,000 to promote collaboration between agencies across the sector to address chronic homelessness.

A Coordinated Multi-agency Response

At present, Auckland Council convenes the multi-agency Rough Sleeping Steering Group which meets monthly to circuit-break issues relating to rough sleeping. The focus of this group is to provide strategic responses to rough sleeping, originally in the city centre. The development of the city centre Housing First programme was a main goal of this group and key members were part of the project design group. As levels of rough sleeping have increased across the region, the group has taken a wider geographical focus. Additional support is provided on the ground to connect different parts of the sector, enhance collaboration and coordinate delivery of enhanced outcomes for homeless.

Homelessness is a complex issue which requires a planned and coordinated cross-sectoral response. Development and implementation of the cross-sectoral homelessness strategy will require a coordinated approach involving central government, local government, non-government organisations, philanthropic organisations and the private sector. The strategy will focus on responding to the immediate needs of homeless people, along with ending and preventing all forms of homelessness.

Please forward any questions or enquiries to:

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Housing First Auckland City Centre Programme: Responsiveness to Māori

Sophia Beaton (Kāi Tahu, Kāti Mamoe) and Sarah Greenaway

Introduction

Housing First programmes have been implemented in many countries across the world. Housing First, which provides rapid access to permanent housing with flexible community-based supports, works better than traditional approaches for both Indigenous and non-Indigenous peoples who are experiencing chronic homelessness.^{1,2} However, Housing First needs to be adapted in order to achieve optimal results for Indigenous peoples. For example, when Housing First was implemented in Winnipeg, Canada (where 70 per cent of people experiencing homelessness were Indigenous) both the programme and participants faced systemic barriers. There was significant discrimination and racism against people in the programme from both landlords and within the health system.³

Furthermore, there was a lack of culturally appropriate affordable housing as well as poor access to cultural amenities.⁴ Despite this, the Housing First teams 'achieved remarkable success in placing the participants on a path towards recovery from homelessness and mental illness'.⁵

Lessons from the Canadian experience suggest that in order to succeed, Housing First needs to be delivered in culturally appropriate ways as well as to challenge the legacy of colonisation including the structural/systemic barriers that contribute to homelessness.

In this paper we describe how the Housing First model has been intentionally adapted for the Auckland city centre where almost 60 per cent of people experiencing chronic⁶ homelessness are Māori. We describe the methods we used, what we learnt along the way and some of the initial programme developments.

Background

In 2016, after many years of attempting to support people into housing, Lifewise and Auckland City Mission recognised that more needed to be done to effectively support people to sustain tenancies. They joined together to design and implement a Housing First programme for the Auckland City Centre using a human-centred design approach. Part of the attraction of Housing First was the robust and extensive evidence of effectiveness as

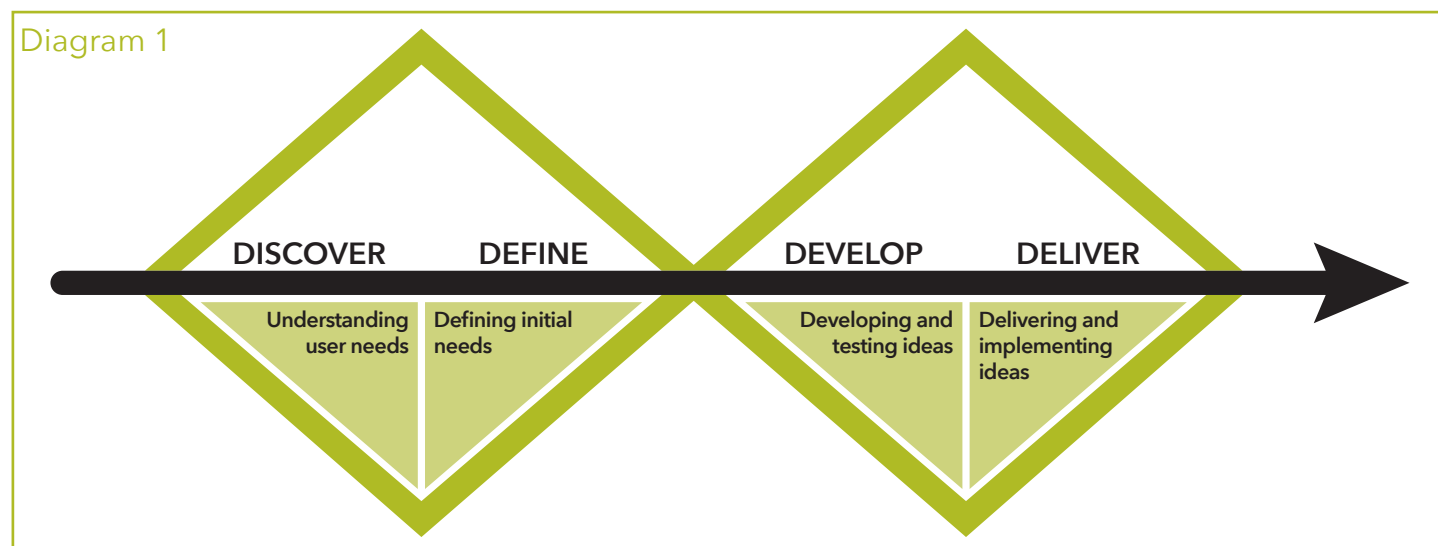
well as the values and principles underpinning this approach. Lifewise had funding from Foundation North's Catalysts for Change programme which meant we had the resources to employ a service design lead, an internal evaluator and to establish a Project Working Group (which included four people with lived experience of homelessness plus representatives from government, health and housing agencies). The design phase was led by the Lifewise Practice and Development Manager.

Design Methodology

Human-centred design involves end users as experts of their own experience. It reflects a fundamental change to traditional service or programme development. Rather than service providers designing services or programmes in isolation, the co-design approach enables a wider range of people to make creative contributions in the formulation and solution to a problem.

There are key steps in a human-centred design approach as shown in Diagram 1.

Diagram 1



In the *discovery* phase we gathered data and information to understand the needs of people experiencing chronic homelessness. We did this through: empathy interviews with 18 people who had experience of homelessness in the city centre, developed journey maps of users experiences, held focus groups on specific topics and completed analysis of Lifewise and Auckland City Mission service data where we identified 189 people who were chronically homeless in the city centre. In the *define* phase we synthesised the learnings and insights. We formed personas and developed design challenges that arose from people's experiences. As part of the *develop* phase we sought a wide range of ideas at an ideation workshop and built prototypes to test with users. These learnings helped us to develop a service blueprint for the city centre Housing First programme. In the *deliver* phase we continuously test and refine the prototypes throughout implementation.

Key Insights, Data and Design Challenges

The experience of people with lived experience of homelessness was central to the development of the city centre Housing First programme. Their contribution happened in different ways; from participation on the project team, participation in empathy interviews, creative brainstorming sessions through to the initial testing of ideas and concepts. Most of the people involved were also of Māori descent.

We uncovered six key insights that guided the development of Housing First:

- People living on the street quickly become part of the street culture. This culture is dominated by a Māori paradigm where concepts like manaakitanga and whānau dictate how they live their lives. Once housed, people carry these values with them and there is a strong desire to continue to support their rough-sleeping whānau.
- The idea of moving indoors and creating a home can be an overwhelming experience. People often lack practical support with adjusting to their new home and can experience isolation, boredom and conflict.

- People have everyday hopes and dreams for their futures including where and who they might live with. However, people often feel hopeless about their dreams being realised.
- Many people feel disconnected or lack positive connections with their family and wider whānau. The pain of this can be debilitating for some and negatively impacts on their lives.
- Engaging with and navigating services can be an insurmountable challenge and many people often rely on support workers to do this for them.
- Trust and mutual respect were seen as key factors for building meaningful relationships between participants and service providers. These relationships provide a platform for people to move forward. Alternatively, relationships where there was a lack of trust and transparency generated frustration and confusion.

Through the analysis of Lifewise and Auckland City Mission data sets we discovered that 59 per cent of people experiencing chronic homelessness in the city centre were of Māori descent. People had been homeless for a long time – 90 per cent of people had been homeless for two years or more. The average length of time was seven and a half years. Substance use issues were common and in addition many people had chronic physical health problems.

Implementing Housing First in the City Centre

The learnings from the design process also enabled the surfacing of fundamental cultural values that are important to the community and how the team will work – manaakitanga, whakawhānaungatanga, rangatiratanga, tika, pono, aroha. One of the first steps to ensure that Housing First was optimised for Māori was to employ a team with knowledge and experience of tikanga me Te reo Māori. The Housing First team has a designated cultural leadership role and the team culture is built on the cultural principles.

The team start each day with karakia and waiata, sometimes joined by Housing First whānau. They have trialled the use of mihi whakatau (traditional welcoming process, often

used outside a formal marae setting) when introducing groups of participants to the Housing First programme.

Very early on the team refused to use the term client and instead refer to participants as whānau. The term whānau is used to express inclusivity and recognises the connectedness that is established between the team and participant through the mihi whakatau process. The ongoing use of the term whānau by the team provides a subtle mechanism of system disruption and challenges a culture of 'client/worker' – 'them/us'.

One Housing First whānau member signalled this in a recent interview:

And that's what's important – they make you feel like you are at home, that you are not just a client, nobody likes being called a client [...]
– Housing First Whānau Member).

Part of what the team actively try to do is to encourage partners and stakeholders to go beyond their own definitions of family/whānau and explore and encourage people to take a broader view of what can constitute a whānau relationship. This can then redefine how behaviours are perceived and promotes a broader cultural understanding and acceptance.

Prototypes

The team are testing and refining two prototypes based on the cultural principles and the learnings from the design process. A prototype is an early sample or model built to test a concept or a process that solves a particular design challenge. Two design challenges emerged specifically around the issues of managing visitors:

- How Might We support tenants to show manaaki and aroha to their friends without it jeopardising their tenancy?
- How Might We support people to employ effective strategies to manage visitors that get beyond their control?

The following prototypes are now being tested and adapted with whānau as they participate in the Housing First programme.



Photo provided by Claire Aspinall

Pōwhiri and Kawa

The Pōwhiri/Welcoming Event is an opportunity to celebrate people moving indoors and to set the kawa for the home in front of the participant's friends and whānau. The event itself can take any form depending on the participant's choice, and could range from a small intimate cup of tea to a whakatau to a full pōwhiri. The event is supported and organised by kaumātua, the key/peer worker and the whānau member (participant). Prior to the event, the team work with the whānau member (participant) to explore concepts around home, manaaki and aroha and to set the kawa. The kawa may specifically discuss how people want others to treat them and their home with a focus on visitors.

Setting kawa actively promotes boundary setting that is known to

both the tenant and Housing First team. Having the kawa based in tikanga and Māori values adds cultural weight and validity, making the kawa more likely to be adhered to (like the kawa of a marae). It also provides an opportunity to talk about visitors and management of unwanted visitors. This process could also support people living together in groups to set their kawa.

Manaaki Days

Whānau need options where they can provide manaaki/ hospitality in the same way that most other New Zealanders would take for granted. Manaaki days utilise neutral spaces to host events, dinners, family gatherings, meals for friends and family. Housing First whānau members (participants) work with their key worker, peer worker, and other community development

organisations or groups to create an event, that is, boil up Sunday and host the event for their friends and family. This provides a mechanism for whānau to provide manaaki and aroha to their friends without it jeopardising their whare.

Partnership and Governance

The programme was opened with a pōwhiri by mana whenua Ngāti Whātua Ōrākei, who have asked for a second hui with the team now that the programme is off the ground. At a governance level, four people of Māori descent sit on the Housing First Governance Group – two with lived experience of homelessness and two Housing First kaumātua.

Conclusion

Housing First is much more than introducing new programmes. It is about fundamentally shifting or disrupting the way multiple service systems operate to put people (who have been very poorly served in the past) at the centre. We are in the early stages of implementation but already we are seeing the benefits of working in a way that meets the unique cultural needs of the whānau in the Auckland city centre.

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Housing First: People Working with People

Brook Turner, Head of Community Services Development, VisionWest Community Trust

'Well it's going to be a ride. That's for sure. Put your seatbelt on. But it's a good ride, like a roller coaster. There will be a lot of highs and lows, twists and turns along the way but it is a privilege. We should consider ourselves really privileged to be a part of this.'

Housing First as a programme relies on a unique set of skills and roles to house those categorised as the 'chronically homeless'. In each housing team, specialised roles help the quality, success and growth of the programme. In this article, we will explore the experiences of two key roles in the Housing First approach and hear the stories of Housing First staff on the ground in the New Zealand context. The following is an interview with Sonya Coop and Fiona Watene who belong to VisionWest's Housing First team. Their work is part of the wider Housing First Auckland Collective.

**Why are you involved in the Housing First programme?
What is your motivation?**

**Sonya Coop – Support Navigator
(Social Worker)**

For me it was an opportunity that came up. It's about recognising that there are stories behind why people are homeless. I think society often tends to make judgments about people. They see someone or a family in a situation and make a whole lot of assumptions about the family or the person on the street. But once you actually hear a person's story, you just think...wow!

I am incredibly amazed by people's resilience and their ability to keep going every day. What a privilege it is for us to be a part of helping people get into a house and beginning a new journey with them.

Fiona Watene — Peer Support Worker

I was asked by VisionWest to be involved and that was exciting. I haven't worked officially for twenty-five years and I was really anxious coming into a new job, but now that I have been here six months, I love it.

My motivation is... I was 'there' once. I needed a hand to improve my life. Now I find myself out on the streets now and again talking to the homeless up in Glen Eden, explaining what we do. That's really exciting for me, to be able to offer some hope. Knowing it's a long-term process like it was for me is the most important thing.

I was speaking to a man last night and he was talking about how he just needed some help. He has some mental health lived experience. He's got quite a few addictions. But just giving him that hope, that even with his addictions, we can walk alongside him.

In your own words, what's different about the Housing First programme from other housing services?

Fiona

It's the joy. People think that they are not good enough to deserve a house. They always seem to think there is a hidden agenda, but once you start building a relationship with them that's when you see the gratitude. And even though these people come with a set of issues, we will still wrap around them the support they need. That's what's beautiful to me. No rules or criteria.

Sonya

We don't give up. That's how I see it. We don't give up even if a person turns down a house, we will still work with them. Whereas a lot of agencies will say you've lost that right to a house because you turned one down. It really does work and makes a big difference. Even if they do get into a house and for some reason are evicted, we will continue to work with them.



Photo provided by Brook Turner, Head of Community Services Development, VisionWest Community Trust

What's been the biggest learning you have had on the Housing First journey so far?

Sonya

The biggest learning is the stories. You can't get away from it. The stories tell you so much about why the person is in the place they are. I think just recognising issues like the breakdown of the family, substance abuse, and complex needs helps you to understand why people are where they are. It's important to truly hear the stories.

Fiona

Remembering that for each person reality will hit. For the first two days they are on a high and then they will feel the isolation of the empty house. I remember when someone gave me my first TV. I just cried. It brought me so much joy. It's not just the house. It's the little things as well.

Is there a story that stands out for you?

Fiona

Just yesterday we saw a couple who have been living in a van for nine years housed. We have been working with them for over four months. Seeing the joy on their faces was priceless. The lady had said no so many times but yesterday all she said was yes. That was amazing. It was all yes, yes, yes.

Sonya

I think for me it's been the statements that people have made about the impact of homelessness on their lives. No one particular story stands out but when they describe their circumstances, that's what gets to me. Comments like 'I don't feel like a human anymore.' You cannot hear that and not be challenged by it. There are lots of wonderful stories but it is these statements that stick with me.'

What are some of the key skills needed to work in Housing First?

Fiona

I have to try not to over think. To realise I can't know every little detail of the work and what is around the corner. But I do find it really easy to speak to the homeless. I think you need mercy,

grace, firmness, and truth. I hear a lot of big words now I am working here. Words like transparency. So, for me it's understanding what that means in my work. It's important that we are not high above them, but alongside them.

Sonya

You need to be able to listen. I think that is a big key. People have a story to tell and we need to listen. Allow the space to hear the story and not come with a whole lot of solutions in that moment. I think they discover the solutions for themselves as they go along. Building rapport with the families and people you work with takes time, because they don't trust anybody. They need the time to learn they can trust you. Workers do come with their own worldviews and beliefs, but I think we need to be open to have those challenged. You need to be flexible.

How do you sustain yourself in this work?

Fiona

You need to talk a lot as a team and support one another. We are ok to cry and we cry a little bit but we have a lot of laughs as well and I think that's important. Just to have space and freedom to express those emotions.

When you go home it's important to be ok with this other life that you have. It's a process. You are not going to be able to last in this role if you can't look after yourself. You won't go the distance. If you take the burden of the work home, it will be too much. Talking amongst your colleagues and

supervision is really important. You have to have the freedom to be yourself.

Fiona

I wouldn't be able to take care of myself without the team. Having my managers and Sonya. I do a lot of crying. If I don't deal with it there and then, I need to talk with a colleague or allow myself to cry. Lots of laughter too. The full spectrum of emotions. I like to treat myself with a great big dinner. Heaps of cuddles with the kids too.

What do you think makes a successful Housing First team?

Sonya

Obviously, first of all, we need to have a heart for the work. It's also about recognising the strengths in one another. Understanding how we all work and how that can be a real strength and help us to work together collectively. Flexibility and communication is also key... and recognising we can't solve it all. We are not 'it'. We are just one piece of the puzzle. We are not the sole answer on our own. We need so many other agencies and services, but we are a part of it, and our contribution is important.

Fiona

The talking is vital. Being able to express myself and allowing others to do the same. In the past I didn't know who I was. So being able to express myself is important. Allowing other team members to know me, and learning to know them. That's a big thing for me. Leadership is important too.

Any advice for someone starting their Housing First journey?

Sonya

Well it's going to be a ride. That's for sure. Put your seatbelt on. But it's a good ride, like a roller coaster. There will be a lot of highs and lows, twists and turns along the way but it is a privilege. We should consider ourselves really privileged to be a part of this.

Fiona

It is such a wonderful thing to be a part of.



Photo provided by Claire Aspinall

The Role of Local Government in a Homeless Response

The People's Project: A Collaborative Community Response to Rough Sleepers in Hamilton

Carole McMinn, The Peoples Project, part of the Wise Group

On February 2014, the former Mayor of Hamilton, Julie Hardaker, invited senior regional representatives from the Police, Ministry of Social Development, Department of Corrections, Housing New Zealand, Waikato District Health Board, Men's Night Shelter and Salvation Army, and NGO The Wise Group to meet to form a coordinated response to the perceived growing number of rough sleepers in the central city and surrounding suburbs. Hamilton City Council had carried out a safety perception survey of the public and central city businesses. Survey results showed that people were concerned about intimidating and nuisance behaviour, including begging, and rough sleepers.¹

Census data from 2013 concluded that there were at least 1,313 people who were considered severely housing deprived, or homeless in Hamilton city.² The police had a by-name list of 80 people who were sleeping rough, many of these people had been excluded from the night shelter. There were existing government and non-government agencies and faith-based organisations working to support those in need in the city. But there did not appear to be a coordinated response.

Following these initial meetings, Julie Nelson, Joint Chief Executive of the Wise Group and Vicki Aitkin, Waikato District Health Board's Assistant Group Manager of Mental Health and Addictions agreed to lead an initial targeted piece of work supporting people affected by the closure of a local camping ground. Many of the people being evicted had multiple and complex needs including mental health and substance use disorders, high debt and social disconnection. A small group of agency representatives met with each resident and developed wrap-around support plans for at least

15 of the 20 people who were evicted. All were rehoused with ongoing support.

The campground initiative cemented the value of agencies working together to support those with complex needs. It provided a model of working that is the backbone to the way The People's Project operates today.³

On 3 September 2014, Hamilton City Council adopted its *Central City Safety Plan*. The plan was created with the help of local organisations including the Police, Waikato District Health Board, health providers such as the Wise Group, other government social service organisations and the Hamilton Central Business Association. The plan included the ambitious goal that Hamilton would not have a rough sleeping homeless population by 2016.⁴

The Hamilton Central City Safety plan adopted two main approaches to the growing number of rough sleepers. Firstly, the Council would set clear boundaries about what is acceptable and unacceptable behaviour through enforcement of a public safety bylaw. The *Safety In Public Places Bylaw* was adopted in November 2014 and included banning sleeping in a public place. The bylaw was aimed at protecting the public from nuisance and offensive behaviour. At the same time, the Council committed to providing help and support for homeless and vulnerable people through facilitating the implementation of The People's Project (The Project).

The multi-agency project operated from a base in the heart of the city. When the team first arrived, there were people sleeping rough in the town square, called Garden Place. The team worked with representatives from the partner organisations and existing

local services to get the housing and help people needed. Project lead, Julie Nelson, has always maintained that it would take a community response to end rough sleeping in Hamilton. *'People sleeping rough is a complex issue and it will take many of us working together to solve it.'*³

The People's Project is a successful collaboration between 13 local organisations. A governance group oversees the strategic direction of The Project and is currently made up of senior regional representation from the following organisations: Hamilton City Council, Wise Group, Waikato District Health Board, Hamilton Central Business Association, Department of Corrections, Pinnacle Midlands Health, Ministry of Vulnerable Children, Children's Action Team, Housing New Zealand, Ministry of Social Development, Te Puni Kokiri, Waikato Tainui and New Zealand Police. Originally chaired by the previous Mayor Julie Hardaker, today the group continues to have civic leadership from city councillor Angela O'Leary. The People's Project's daily operation is led by the Wise Group, which has been working in the area of mental health and addictions support, both locally and nationally, for more than 25 years. The Group has extensive relationships with support networks for vulnerable people at both a regional and national level.

The People's Project takes a Housing First approach to homeless service delivery. Housing First is a successful, evidenced-based approach to alleviating homelessness, proven particularly successful for those with mental health and substance use disorders. While the general response to homelessness relies heavily on emergency housing and acute medical care, the Housing First approach is grounded in principles of immediate access to housing with no housing readiness conditions, consumer choice

and self-determination in housing and support, recovery orientation based on a harm reduction, trauma informed approach, individualised and person-driven supports, and the importance of social and community re-integration as an end-goal.⁵

The People's Project is not restricted to helping only those who are sleeping rough. The Project helps everyone in Hamilton who is homeless or about to become homeless. *'We help everyone who comes through our doors or who is referred to us. That includes those sleeping rough to those couch surfing or doubled-up with friends and family,'* manager Kerry Hawkes said.

'That said, our core business is supporting the chronically homeless of Hamilton. We know maintaining an enduring relationship with our clients is pivotal to them sustaining their tenancies and returning to community reintegration. We work closely with our partner organisations, doing whatever it takes to help people get into a safe, affordable home, with the supports they want and need.'

The Wise Group funded the majority of the set-up costs and day-to-day expenses of The Project. Waikato DHB provided two seconded social workers with mental health and a substance use disorder expertise to work with the team. The Council covered rent and utilities for the strategically-sighted office space and other staff amenities. Other partner organisations provided funding to support the costs of emergency client incidentals such as urgent medication, sanitary products and home set-up costs. The Project also received philanthropic funding. Since then, other services have been added. Pinnacle Midlands Health provides a free once-a-week doctor's service for people needing urgent medical support and referral.

In July 2015, the Council resurveyed the public and central businesses to see if the perception of safety in the town had improved. Overall, 44 per cent of respondents said they felt safety had improved in the city. There was also a 30 per cent reduction in police reported crime in the central city. At that time, The People's Project had supported 125 households into homes.⁶ Project staff were working daily with the Council's City Safe team, who provide

foot patrol and CCTV monitoring of central streets, to support people where rough sleeping. Staff from the City Safe and The People's Project team started keeping an unofficial tally of the number of days there had been no-one sleeping in Garden Place. By then it was well over 100 days.

In the same year, Hamilton City Council won a local government award for community engagement for its Central City Safety Plan. Based on the success of The People's Project, the judges described the plan as a successful, well-planned and executed initiative which has addressed complex issues affecting all large urban centres. Based on the positive outcomes achieved by the Project, the Hamilton Central City Safety Plan is due to be renewed in 2017, and refocused for an additional three years.

When our doors first opened in August 2014, local police, Council and health professionals had identified a core of 80 people who were sleeping rough. Since then, only two of the original 80 rough sleepers remain on the streets. The People's Project continues to work with these two people, both of whom have very complex health and wellbeing issues. At the end of September 2017, The Project had helped 422 households made up of single men, single women and families into permanent housing, with appropriate support. This number includes at least 309 children who have experienced the trauma of homelessness along with their caregiver.⁸

The Project has been recognised as the first large scale provider of a Housing First approach to homeless service delivery in New Zealand. In July 2016, the New Zealand Government signalled its intention to implement Housing First as one of its responses to the growing homeless population throughout New Zealand. The then Social Housing Minister Paula Bennett announced the New Zealand Government would invest in Housing First, which would be implemented by community groups.

The New Zealand Government recognised that Housing First had a proven track record overseas and there was evidence that the Housing First approach worked in a New Zealand context based on the success that The People's Project had achieved in Hamilton.⁷ In 2016, the New Zealand

Government called for requests for proposals for organisations to provide similar services in Auckland. Following that, on 25 May 2017, Social Housing Minister Amy Adams announced that \$16.5 million would be allocated to expand Housing First into areas of high need across the country.⁹

So successful has the Hamilton model been that other city centres are taking up a similar approach to assisting rough sleepers. Project Lead Julie Nelson has been instrumental in initiating the roll out of the Auckland Housing First Collective. Other regional centres are also in talks with The People's Project, interested in finding out how to emulate the Project's success.

The People's Project team continues to work closely with the city's social support networks to assist Hamilton's most vulnerable people. The governance group, chaired by the Council, meets bimonthly to target issues and areas of focus for the city. Because of the Project's success in reducing the incidence of rough sleeping in Hamilton, the governance group is establishing a new goal for The Project. Going forward, the goal is that homelessness in Hamilton will be rare, brief and non-recurring for people.

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Responding to Homelessness in New Zealand: Homelessness and Housing First for Māori: Meaning and Optimisation

Brennan Rigby, Principal Advisor, Social Outcomes, Independent Māori Statutory Board*

What does Māori traditional knowledge say about homelessness? What therapeutic approaches do Māori perspectives open up? Could homeless experiences be more richly understood through a Māori lens – and, in an operational entity/non-government organisation (NGO). What is a Māori lens? How does the Housing First model respond to indigeneity?

A year ago, my contribution to *Parity*¹ talked about Te Puea Marae's response to Auckland's homelessness as an 'Indigenous/inclusive solution to homelessness' and one that 'elevates Māori cultural practice (tikanga) as a supervening mandating source of Indigenous policy and power independent of the Treaty, its legal place, and the Crown.'

The thesis of this article is that Māori therapeutic approaches, mātauranga, values and perspectives – and globally those of other Indigenous groups – offer mainstream social services rich opportunities through engagement, relationships and standing and reciprocal learning.

These identified opportunities extend the idea of the *Indigenous/inclusive solution* into the service provider/NGO/public realm. They promote holistic services for mainstream clients, and the effective tailoring of mainstream services for Māori/Indigenous clients. This is not new but the need remains urgent. Māori academics and practitioners have long championed and implemented approaches that drawing on Māori history and culture in a therapeutic context, suggesting for example, that cultural engagement serves of itself as a protective factor. A spill-over question is whether that is only true for Māori clients, or partly also true for Pākehā clients.

Acknowledging that NGOs engage with Māori and kaupapa Māori from a meaningful independent moral response as opposed to legal duties, these opportunities are the basis for presenting this approach as the antithesis of colonisation and encouraging its escalation.

Locally, the question is: *how have we engaged with te Ao Māori in our responses to homelessness?*

Introduction

New Zealand's definition of homelessness goes beyond rough sleeping. From a perspective close-but-external to Auckland Council, it's cognisance of homelessness was driven by tensions emerging in Auckland's Central Business District due to rough sleeping scratching the shiny veneer of enterprise. This sub-regional and narrow perspective is contra-indicated by the official position but was reinforced by external forces such as the media.

Homelessness according to the official definition – massively important in a housing crisis – remained hidden. While in 2016 'our (Council) response' took on a regional feel through the Auckland Housing First project, it remains rough sleeping focused.

All the while, disagreement between central and local government over responsibility for homelessness provided a publicly plausible buffer to both. However, these 'battleground debates' do not justify failing to care for vulnerable people. As economist Shamubeel Eaqub quipped on Auckland's housing crisis recently: *we know what needs to be done... the politicians just need enough empathy to commit to the real solutions.*²

Apologies to the stated source, that's paraphrased and out of context – but the sentiment rings true for 'our response' to homelessness.



Photo provided by Brook Turner, Head of Community Services Development, VisionWest Community Trust



Photo provided by Brook Turner, Head of Community Services Development, VisionWest Community Trust

Context

What does *our* homelessness look like, and where does it come from?

There is massive shortage of housing that normal Auckland households can buy.

New Zealand boasts solid economic growth but this is based on net immigration – productivity is stagnant, and so are incomes. Inflation then, sold as the measure of our economic stability and wellbeing, is more an increase on already inflated living costs.

Auckland's median household income (~\$85,000) cannot purchase a median price house (~\$850,000 to \$900,000) and quality is a concern in the accessible rental sector.

The median income for Māori households is lower still; the crisis more acute.

'Income' is tied to employment, and employment to education. 'Education system' failure for Māori is an important contributor to low incomes and economic vulnerability. But it seems that within *our* capitalist democracy the economy itself also fails to engage Māori equitably. The 'economy' continues to perceive Māori as a risky outsider; fact.³

The 'life-stages' formula is: improve education, improve employment, improve incomes and economic outcomes – and in this case improve housing outcomes by bolstering economic power and resilience. Positive economic outcomes offer two forms of capital: purchasing power, and resilience. Low-income Aucklanders obviously lack purchasing power but, critically for homelessness, the *capacity to withstand and respond positively to challenges* is also compromised.

Homelessness is a *categorical* social outcome: it is the opposite of any definition of housing wellbeing. Homelessness is the end of resilience.

Overlay our tricky modern economic sea (technology, unstable primary industries, housing etc.) with a recent history of repression and economic and cultural dispossession, and you have a picture of modern life in Auckland for many Māori.

We need to realise life for many Māori is not necessarily the same as life for most non-Māori. Māori individuals experience life dynamics hidden from the mainstream; marae trusts, iwi politics, treaty settlements, land grievances to name a few. Many Māori fervently wish they could speak te Reo Māori – so much so it is often

expressed through embarrassment; a constant battle between daily pressures and lifelong aspirations; a conundrum constantly exposing the historic and ever-present context of colonisation.

Financially and holistically, these dynamics come at a non-recoverable emotional and psychological cost that over time erode *resilience* but are also quintessentially Māori and perhaps quintessentially, *Indigenous*. Homelessness is one of the resulting outcomes for Māori and others.

Auckland's Response

It is useful to analyse 'our response' in two parts.

Firstly, in the political realm society and the public sector collaborate to prioritise matters, and the government must consider its treaty partnership role. Society has a vital role to play in activating the public sector, and society has indicated a desire that homelessness be addressed. However, homelessness has often been framed politically as being embedded in an intractable housing crisis, dampening public sector fervour.

The second part is service delivery. This can be highly variable, with service design increasingly delegated to service providers. Importantly

Māori outcomes can be framed in terms of operational capacity rather than treaty compliance: *how will the service optimise outcomes for Māori?*

The Auckland Housing First project has made strong progress operationally, but less progress on Māori outcomes. While the project achieved early wins with a progressive service ethos driven from above, engagement with Mana Whenua was not undertaken and how the project would be optimised for Māori went unanswered.

The political response in Auckland has been mediocre, as evidenced by the level of funding allocated by central and local government. It has been left to service providers to promote society's interests – but society needs to be heard consistently to deliver a firmer, clearer bi-partisan message to government.

Treaty Compliance...

This story includes three levels of treaty relationship with the Māori treaty partner – the Crown/government, local authorities and NGOs.

The government has *high* treaty obligations and *low* delivery for Māori, evidenced by apathy on the supervening housing crisis, funding for services not targeted for Māori, and most other indicators illustrating outcome deficits for Māori.

Auckland Council has *unclear* treaty obligations (beyond the scope of this article) and *low* targeted delivery for Māori. Council has been slow to grapple with the opportunity to leverage Auckland's Māori cultural landscape and optimise Māori outcomes (notwithstanding a contract specifying for Māori outcomes) in homelessness and other areas. Council habitually frames engagement as an obligation, circumventing the *opportunity* to generate relationships and add value.

Many NGOs have sophisticated approaches to treaty partnership, despite having no obligations. The Auckland Housing First project has advanced capability and standing advisory capacity in kaupapa Māori. Contrarily however, to date they have not engaged with Mana Whenua on this project.

So the summation of *Auckland's response* is 'it's complicated' – but it shouldn't be. The Waitangi Tribunal and the courts have clarified the treaty for contemporary use. However, the public sector still displays confusion over *who the treaty binds and who is responsible for targeting Māori outcomes*. Delivering Māori outcomes is straightforward. As Eaqub says about affordable housing and I adopted for homelessness, the power to deliver Māori outcomes generally is in the hands of politicians. They just require empathy for the target population.

This evidences the dilemma that treaty obligations are decoupled from Māori outcomes – compliance alone does not secure Māori outcomes. Perhaps, like the building code, we need a reminder that *minimum standards* are not *targets*. Similarly, engagement for compliance is empty, compared to engagement for shared value.

So how are we 'responding to homelessness'?

In the public sector, I have heard two mantras. 'What's measured is managed,' and 'no plan is worth a dime without resources or funding.'

Again, responding to homelessness and delivering outcomes for Māori is simple. *Design and resource plans to deliver Māori outcomes, and drive delivery through measurement* – or something like that.

But *measuring* homelessness has proved tough: the rigours and discipline of homelessness militate against its measurement. And then *resourcing* for myriad plans to address homelessness... where did I put those empathy power-pills?

The public co-investment of \$4M in Auckland Housing First is contextualised with the question: how many homeless people are there in Auckland? A common answer is around 160. This figure is based on a 'street-count' of rough-sleepers on a particular night within three kilometres of a CBD landmark. The street-count is fit-for-purpose for a CBD snapshot, but commentators have not specified the parameters, so regionally, it underestimates Auckland's homelessness. It provides no insight on other urban

areas (without assuming that rough sleeping is confined to urban centres) and excludes the broader 'official' homelessness regionally.

Assuming a poverty-homelessness link, the street-count is problematic *by design* and under-states homelessness publicly and politically. The figure of 160 is an achievable mirage, but it is also a colonial hegemonic denial of the lived experiences of thousands of Aucklanders. Many of them are Māori, but homelessness is not characterised as Māori. Public sector responses however, must meet a treaty benchmark with analysis emphasising the needs of Māori, and this is lacking (again) in relation to homelessness.

This article then calls for a firmer public commitment to enacting the treaty's good-faith benchmarking, and to ending homelessness through robust forward planning, resourcing to match, and optimised operationalisation. Firstly, funding must address the gravity and nature of need.

Housing First has been like a genetically modified organism. Developed overseas to predate existing homelessness service models, New Zealand trialled it in one hot-spot before expansion. But despite this *scientific* approach no-one asked or answered to the question: *how will it work for Māori?*

Can we please just ask, and answer, this basic question...

Homelessness is multi-faceted. However it is narrated, it is being dealt with now in Auckland and Auckland should employ its full cultural, emotional, and therapeutic arsenal to address it.

** This article is based on insights gathered working for Auckland's Independent Māori Statutory Board. While the Board has developed a position paper on homelessness, this article is not intended to strictly represent Board positions or the views of the Board.*

Endnotes

1. *Parity*, vol.29, no.8, pp.22-23
2. Shamubeel Eaqub: Addressing the Resource Management Law Association conference, Auckland 23 September 2017.
3. For example: Houkamau C A, Sibley C G 2015, *Looking Māori Predicts Decreased Rates of Home Ownership: Institutional Racism in Housing Based on Perceived Appearance*. PLoS ONE 10(3): e0118540. <https://doi.org/10.1371/journal.pone.0118540>

Chapter 3: Perspectives on Housing

Is it a Housing Crisis or Just Housing Pressure?

Bernie Smith, Monte Cecilia Housing Trust



Monte Cecilia Housing Trust was established in 1982 by the St Vincent de Paul Society, Liston Foundation, the Sisters of Mercy and the Marist Brothers to provide emergency housing and practical assistance to families with a housing need. Our overall aim is to ensure a successful transition to independent housing so that families can better determine their own future.

Employing 16 full-time and six part-time staff, the Trust assists 52 families into social housing and 38 families with emergency housing every 12 weeks. We are projecting an increase to 240 families assisted every year into social and affordable housing as our housing stock increases from 100 to 240 over the next three years. Our advocacy service now assists over 500 families a year.

As I understand it, New Zealand lacks the legislative framework to mandate the responses we need to alleviate poverty and homelessness. This results in successive governments and political parties playing the blame game over responsibility for this crisis.

No one wants to acknowledge that changes in policy and deinstitutionalisation have resulted in a country typified by inequality and homelessness. Likewise, no one wants to acknowledge the often punitive

approach taken by overloaded Work and Income New Zealand (WINZ) staff who follow a script and use tick boxes because they do not have time to listen to the story of a desperate client. This can mean many homeless and distressed people do not receive their full entitlements or gain access to the social housing register. It can also mean having entitlements withdrawn or eviction from housing.

Our challenge here at Monte Cecilia is to encourage the resourcefulness and resilience of families facing considerable and often overwhelming challenges so they can put down roots and move from a position of shame, hopelessness and disempowerment.

Until recently homelessness in New Zealand has been largely invisible. Today homelessness has a daily media focus and it is not unusual to be confronted by homeless people sleeping on streets or begging in most cities or towns across the country. We are seeing chronic homelessness and housing deprivation like we have never seen before.

Public attention on the issue was spearheaded by last winter's 'park-up-for-homes' campaign where people were invited to come and sleep in their cars. Thousands turned up in Mangere town centre to do just that.

Momentum gathered across the country and park-up-for-homes events were held in other areas. The impact of these events drew nationwide media attention, alongside Te Puea Memoria Marae's experience of opening its doors to homeless people. Suddenly, another dimension of homelessness was revealed. They came out of their cars, their leaky, cold and damp garages, old caravans, lodges, couches and overcrowded homes to tell the nation what they were experiencing.

This attention was a catalyst for the New Zealand Government to start taking homelessness seriously. In July 2016,¹ emergency housing providers across the nation were recognised as needing support were offered the lower quartile market rent for each facility they managed. By November, New Zealand Government realised homelessness was worse than they thought and an election year was looming. An additional package of \$303.6 million was announced that would support 1,400² emergency housing places over the country, with 600 places in Auckland. While the sector, who had been largely unfunded for years, welcomed this injection of funding, it took another six months of sector advocacy to get existing services fully funded and to create a somewhat level playing field for all providers.



Monte Cecilia – Weymouth, South Auckland

Previously emergency housing providers had survived on sausage sizzles, car boot sales and the good will of Trusts and donors, while their staff and volunteers worked day and night to assist individuals and families living in some form of overcrowded sub-standard housing. The hope was that this funding would assist us to build capacity, provide some security and strengthen our service delivery.

Some of this new funding recognised the work many of us had been doing for years assisting families into rapid re-housing or to sustain their tenancies. Here at Monte Cecilia, our advocacy service has assisted thousands of families sustain their tenancies in Housing New Zealand Corporation (HNZC) or private rentals and deal with issues like rent arrears, maintenance issues, overcrowding, management misunderstandings due to English being a second language for tenants or with tenancy tribunal hearings.

Monte Cecilia has services across South and West Auckland with our main office and communal living facility in Mangere in the heart of Counties Manukau. 2013 census figures identified that within the Counties Manukau population 22 per cent were living in overcrowded substandard housing.³ The population is comprised of: Māori, 16 per cent, Pacific Island people, 21 per cent, Asian, 24 per cent and New Zealand European and other – 38 per cent. 76 per cent of Pacific residents are concentrated in decile nine and ten.⁴

Pacific Island people are one of the poorest and most disadvantaged groups in New Zealand, bearing the brunt of the housing crisis. Their cultural stoicism often makes the problem invisible. While Immigration New Zealand are letting people in under the quota system from the Pacific Islands, they are not allowed to apply for social housing for two years. As a result they are doubling up in overcrowded houses with up to 20 to 30 people on one property.

Monte Cecilia receives ten to 15 housing enquiries each week. The people we see are: 60 per cent Samoan, 15 per cent Tongan and 15 per cent Māori families. We have fluent Samoan and Tongan speaking



Monte Cecilia staff

staff with our tenancy handbook translated into Samoan.

When a family drives in our gate, or have just got off public transport with their total belongings in a rubbish bag – this is not housing pressure – this is a housing crisis.

A recent survey of over 30 families living in Monte Cecilia's housing revealed they received on average \$16,000 a year with one family having a \$70,000 debt. 88 per cent had some form of debt, mostly for car loans. To gain work, families feel pressured to own a car rather than take public transport.

WINZ and other debt is often incurred from needing a car to get to employment, to get children to school and attend the many WINZ or HNZC appointments necessary to maintain tenancies and receive WINZ entitlements.

Over the past year a new trend has been noted of families borrowing or taking out loans to maintain their rental costs. The shame of asking for assistance when finances are tight often leads families to borrow finance with high interest attached without understanding the short and long-term implications of this debt.

We are now supporting the working poor in numbers never seen before, many with more than one income. However, \$15.75 per hour does not allow these families to sustain renting and family living costs in Auckland.

The good news is some families do move on. But self-sustainability only lasts if benefits are not cut, employment is not lost and power or rents do not increase. Sadly, many families continue to live in crisis because they are unable to have

dreams and aspirations for a better future for themselves and their children.

We do have a small percentage of families who show sheer grit and go on to home ownership, further their education and who gain long-term sustainable employment.

As a nation we need a multi-party, co-ordinated homelessness prevention strategy that is fully funded and committed to by all political parties. This strategy should be implemented regardless of who is in government so that homelessness in New Zealand becomes rare, brief and non-recurring. The *Local Government Act 2002* needs to be reformed and better aligned with community outcomes that prevent poverty and homelessness.

Every New Zealander needs to take responsibility for what is happening and take on the saying – it takes a village to raise a child. This means that we should look at ourselves, our resources, our skills and work together to make a difference. Against overwhelming odds in Calcutta, Mother Theresa was asked how she coped. Her response was simple – one family at a time.

Endnotes

1. Retrieved from <https://www.msd.govt.nz/about-msd-and-our-work/newsroom/2016/to-be-attributed-to-ministry-of-social-development-social-housing-deputy-chief-executive-carl-crafor.html>
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Tūrangawaewae: Whānau Wellbeing for All

Dr Lily George, Paul Gilberd, Anthea Napier, Reverend Dr Paul Reynolds, Reverend Jolyon White,
Anglican Church in Aotearoa, New Zealand and Polynesia

For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me....Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.

– Matthew, Ch. 25, V. 35-36, 40

Central to this article is the premise that we do not have a housing crisis, we have a crisis affecting whānau wellbeing. Housing is just one of the many factors that impact whānau health and wellbeing. The complexity of whānau wellbeing is clearly apparent in the scripture in Matthew, Chapter 25 – it is about having enough good food, quality and warm housing, and enough money to survive and thrive in life. It is about being well, physically, mentally, spiritually and emotionally, and caring for those in need – a society of compassion and care. It is about having purpose and worth and knowing our identity, rather than the fast-track to imprisonment that is mapped out for too many in our society of punishment. It is about truly loving our neighbour and ourselves.

A Church Leaders statement delivered to the Prime Minister in May 2017 outlines the faith communities focus on housing:

As church leaders, we share a vision of fairness, wholeness of life and commitment to the common good along with New Zealanders across all faiths and cultures. Secure housing is central to this vision and essential for people's wellbeing. We believe it is the responsibility of Government to ensure the wealth and resources of Aotearoa New Zealand are shared justly and fairly. Ensuring all

citizens can access safe and affordable housing – whether as renters or home owners – is a critical way to maintain our collective health and prosperity.¹

To answer the current housing crisis requires a change in perspective from one that focuses on physical and financial aspects of 'housing', to one that acknowledges and seeks to answer the larger problems of deprivation, marginalisation and inequality. This paper offers the Māori concept of 'tūrangawaewae' as a useful way in which to understand the 'housing crisis' in New Zealand. The elements of tūrangawaewae are defined well in a recent Te Runanganui motion, wholeheartedly supported by all five Amorangi (Māori Anglican Diocese in New Zealand) at its biennial Synod meeting in Nelson in September 2017:

We uphold the centrality of tūrangawaewae as the foundation for whānau life. It is the space that gives us the best opportunity and environment from which to learn, grow and contribute. It is essential for the wellbeing of our tamariki (children), whānau (family) and ngā uri whakatipu (future generations). Tūrangawaewae creates accountability for ensuring resilience and living sustainably in balance with the world and others. At present our tūrangawaewae is under threat, whether it be from child poverty, homelessness, climate change or the ongoing marginalisation of our reo (language) and mana Māori motuhake. We encourage all political parties to review their policies and aspirations to ensure tūrangawaewae is upheld and enhanced in this land.²

Outspoken critics on homelessness and housing, Professor Philippa

Howden-Chapman (Professor of Public Health, University of Otago) and Major Campbell Roberts from the Salvation Army, stated at a recent conference³ that there has been a massive market and government failure in the current housing crisis. Marama Davidson from the Green Party identified three steps we need to agree on to resolve our present housing crisis in New Zealand:

1. that everyone deserves a warm, safe and affordable house;
2. to acknowledge that there actually is a housing crisis; and
3. to make a commitment to end homelessness for the next generation.

What exacerbates the problem is that, despite political posturing, we do not currently have a national social housing/affordable housing plan to resolve this issue.

To understand the critical housing situation in New Zealand it is important to understand the housing 'continuum'. At one end is homelessness, and as one moves from homelessness along the continuum the next step is usually social rental housing. This segment is dominated by Housing New Zealand and the Crown monopoly. There are however faith-based and community housing providers (CHPs) that operate across homelessness and the social rental space also. The next step along the continuum is affordable housing. The New Zealand Housing Foundation offers affordable housing, where low-income households are offered financial and other support to have the opportunity to own a home. At the other end of the continuum is the open market with private home ownership.

Paul Gilberd from the New Zealand Housing Foundation identifies the key problem in housing in New Zealand:

Homelessness is a serious and highly visible problem. But it is a small problem when compared to the largely invisible and massive problem of low-income households living in overcrowded, unhealthy houses (social rental and private rental)...The Housing system (continuum) is like all of God's creations, it is a system. Everything is connected. I would argue that the biggest blockage and failure in the system at present is the availability of stable, secure, affordable housing for low-income households.⁴



Photo provided by Brook Turner, Head of Community Services Development, VisionWest Community Trust

Hurimoana Nui Dennis from Te Puea Memorial Marae in Auckland, made a profound statement at the Community Housing Conference stating that, 'our people needed help, not homes.'⁵ In 2016 Te Puea Marae opened its doors to over 130 homeless families in Auckland, offering them shelter and care during the winter months. He noted that while it was easy to find a home in Auckland, homeless families required help for a variety of need areas, including family violence, drug/alcohol addictions, budgeting, illiteracy, bail conditions/prison, physical and mental ill health, suicidal ideation, child abuse, and prostitution.

Dennis also noted however, that the biggest problem facing homeless whānau were the agencies they had to deal with, and their lack of ability to engage with these complex and multiple issues that whānau were facing. Te Puea Marae's solution was to bring all the social service agencies to the marae to engage with each whānau. What they managed to achieve was 're-plugging these people back into community.'

An anecdotal example of the immediate impact of financial stress and the resulting fall-out is of a family who shifted from an unhealthy situation to the city where the father worked full-time, and the mother part-

time in order to be home for the tamariki after school. All was well until the father loses his job due to restructuring, which immediately impacts on the household income. The mum gets another part-time job, which means leaving the 11-year old daughter to take on responsibility for the home. Dad is unable to get another job, impacting on his self-esteem and confidence, eventually resulting in his becoming depressed, shifting his once quiet and gentle nature to one of frustration and aggression as a result of his sense of hopelessness. He becomes withdrawn and unwilling to accept help from anyone because he felt profoundly ashamed.

With their now-heavily constrained income, household bills become overwhelming; mum becomes unwell but because she works part-time she is not entitled to sick leave. Because the bills are not paid, the car is repossessed (which meant she could no longer easily get to work), the phone and power were eventually disconnected. Then a good friend of their son committed suicide. This had a significant impact on him and he disengaged from everything but his parents did not see this because of their own problems. The son eventually tried to commit suicide himself. The result was that the Police,

mental health services, Child, Youth and Family, and other agencies were now involved in their lives. Within a few short months, the wellbeing of this whānau had disintegrated, losing the strength of a tūrangawaewae and all that entails.

A large majority of whānau impacted by homelessness are Māori and Pacific Island people. For Māori in particular, the greatest factor impacting on whānau health and wellbeing (tūrangawaewae) are the effects of historical and intergenerational trauma. Maria Yellow Horse Braveheart was one of the first Indigenous scholars to write about historical trauma and defines it as:

'...cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma.'⁶

For Maori and Indigenous people worldwide, 'trauma' is seen as historical and intergenerational because of the lingering effects of colonisation, including land confiscation, loss of language and identity.⁷ In contrasting it with previous trauma research frameworks, Wirihana and Smith consider that:

'The historical trauma framework provided a means for Indigenous peoples to conceptualise the generational effects of colonial oppression on well-being and offered a process for understanding how it exacerbates post-traumatic suffering.'⁸

Wirihana and Smith explore how traditional Māori healing practices can be utilised to deal with the effects of historical trauma. In George, et al's article, 'Theories of historical trauma are utilised as a way in which to comprehend the history of incarceration, and further understanding of the socio-political processes that have led to the over-population of our prisons with Māori men, women and youth'.⁹

In New Zealand, the effects of historical and intergenerational trauma are evident in high rates of addiction, poor health, homelessness, incarceration, family breakdowns, violence, suicide, neglect, physical and sexual abuse, all of which are disproportionately high across Māori and Pacific whānau.

Society itself also has a potential role to play in ensuring Tūrangawaewae for everyone. Professor Girol Karacaoglu believes in a society of compassion, noting that if people were willing to accept lower returns on their investments for the broader good, this would be a significant platform for wellbeing. There has to be a society of compassion if we truly wish to address these complex issues, of which the 'housing crisis' is just one. Additionally, David Rutherford believes there is a need for all political parties to work together to resolve this issue as it will not be resolved by any one party alone. He also acknowledged that to resolve the housing crisis and provide 'adequate' housing, it would take longer than any one party's term of office.¹⁰

The Anglican Church's social service agencies continue to be overwhelmed with requests for emergency housing. In order to be proactive in addressing the issues of housing and homelessness, in the lead-up to the New Zealand general election, the 'Tūrangawaewae' project was initiated by the Church's Social Justice Advisory Group to highlight that a home is far more than just a roof over one's head.¹¹ The goal of this project was twofold:

1. To develop a variety of church and community-led activities to highlight the importance of 'Tūrangawaewae' for everyone in New Zealand; and
2. To continue the focus on housing issues post-election by making housing one of its social justice priority areas, inviting specialists on housing to be advisors to the Church.

Theologically, Tūrangawaewae is about encountering God's love through the shared human experience of home, identity and belonging in the world. As noted by Rev Katene Eruera:

God's act of creation of the world (Te Aoturoa) is where humanity claims the gift of creation as its Tūrangawaewae. Human communities embody Tūrangawaewae, when they acknowledge and live out of God's blessing for humanity, in the flourishing of personal and communal well-being through creation. Thus, the embodiment of Tūrangawaewae begins in a community's vision of the world where God blesses humanity to do on earth as in heaven – to be loving, to be kind, to be just, to be merciful, to be forgiving – to be God's agents in the world ... For a community to claim Tūrangawaewae gives concrete expression to a spirituality that seeks to love God and love neighbour in the world through its place, its peoples and its resources. Such is the nature and purpose of the gift of creation to all humanity.¹²

Tūrangawaewae is a concept that encapsulates the importance of a comfortable and safe home as a strong foundation, essential for well-being, and the greatest environment within which tamariki and whānau can grow. There is hope that when people are able to find a pathway to move along the housing continuum, that this will provide a way forward from dependence to independence and dignity. This will be a transition from being supported to being part of the support network of community, all of which is enabled and supported by Tūrangawaewae.

Tūrangawaewae creates accountability, not just for the whānau nestled within that environment, but also for the people and community which surround that home. In some ways, the 'housing crisis' is least about the physical buildings used to house people, and most about the ways in which we – as individuals, families, communities and a society – seek to care for each other, acknowledging the ways in which some of us struggle to achieve well-being, and in committing to the shared obligation of resolving these challenges in order to claim dignity for all.

Embodied in Matthew 25 is the importance of a compassionate, caring and loving society that looks after those with the least, and the

most deprived. Therefore, this is about dignity. This is about a human right.¹³ This is about Tūrangawaewae, whānau wellbeing for all.

Endnotes

1. See Anglican Taonga website article, *Safe and Affordable Housing for all*. <http://www.anglicantaonga.org.nz/Features/Social-Justice/housing-may17>.
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9. George L, Ngamu E, Sidwell M, Hauraki M, Martin-Fletcher N, Ripia L, Davis R, Ratima P and Wihongi H 2014, Narratives of suffering and hope: Historical trauma and contemporary rebuilding for Māori women with experiences of incarceration. *MAI Journal*, 3(3), p. 184.
10. Professor Karacaoglu (Head of the School of Government, University of Victoria, and past Chief Economist at the New Zealand Treasury) and David Rutherford (Human Rights Commissioner) were both speakers at the Community Housing Aotearoa Conference, *Building our Place: The impact conference*, held at Te Papa, Wellington, 7-9 June 2017.
11. See Anglican Church Social Justice website. *Turangawaewae Resources*; see <https://www.anglicansocialjustice.nz/resources?category=turangawaewae>.
12. See Anglican Church Social Justice website, *A Theology of Tūrangawaewae*. This 'Tūrangawaewae' theology was developed by Rev Katene Eruera, St. John's Theological College, for the Anglican Church. See <https://www.anglicansocialjustice.nz/resources/2017/8/21/a-theology-of-turangawaewae>
13. *The Universal Declaration of Human Rights, Article 25 (1)*, The United Nations website, see <http://www.un.org/en/universal-declaration-human-rights/>

Housing Northland's Homeless: From Crisis to Confidence

Adrian Whale, Executive Officer, Tai Tokerau Emergency Housing Charitable Trust



In 2006, a collective of local churches combined to establish the Tai Tokerau Emergency Housing Charitable Trust (TTEHCT). This was in response to community-led research undertaken by One Double Five Community House that revealed a desperate need for emergency housing in Whangarei for up to twenty households.

Ten years later, in November 2016, thanks to the generosity of many local organisations, funding bodies and recent changes in government policy that acknowledged the need to contract for emergency housing places, TTEHCT finally has enough emergency accommodation for twenty households. We currently operate a seven-unit property, an eight-unit property, one stand-alone house for a large whānau/family, and a four-bedroom house for single men. This means we now has the capacity to accommodate 56 people at any one time.

Unfortunately, the goal posts have changed. Twenty is no longer enough. What was once a manageable trickle of enquiries for our service is now an overwhelming flood, one that has been building for the past three years. Since 2014, telephone enquiries have doubled from 20 to 39 per month, and applications from 150 to 289 per annum (the highest ever recorded in our history). These 289 applications

represent 730 people: 404 adults and 326 children – about one percent of all the people living in Whangarei.

Due to our limited capacity we turn two thirds of all applicants away, which breaks the hearts of our staff team. We know we are the landlord of last resort and we are experiencing a level of desperation in our community that we have not witnessed before. And our fear is that we are only touching the surface, only seeing the people that have the courage to ask for help.

- The reasons for this increase in demand for emergency housing is due to a shortage of affordable housing options in Whangarei for those on low incomes. In our experience, this is a result of a combination of factors:
- an increase in demand for rental housing as the number of people relocating from as rental refugees from Auckland increases (the trickling down and out theory)
- the high cost of rentals pushing local people out of their homes as investors from outside Whangarei buy up rental stock and then increase the rents (average rents for a two-bedroom flat have increased by \$62 over the past three years
- a decrease in the number of houses for rent as people wanting to get on the property ladder purchase rental homes and move their family in (increasing the 42-day notice evictions for tenants).

On top of this, the individual reasons why people are homeless are complex and varied. Each person has their own story and barriers to

accessing suitable housing, ranging from having no experience of arranging a tenancy, to addictions, to having no ID / bank account / phone.

Over time, we have recognised the need to provide both a safe supportive place for whānau that takes the housing stress out of their lives; and to also address their mental, physical, relational, emotional, spiritual well-being. TTEHCT achieves this by engaging with our tenants' through an in-house social worker, and connecting them with other relevant services that will enable them to move into and sustain a more secure home.

Since employing a social worker to work alongside our tenants we have seen both an increase in the number of tenants moving into the private sector, and a reduction in the churn of people coming back to use our service within a year, down from 30% in 2013 to five per cent in 2016.

Although this type of work is intense we firmly believe that homelessness is solvable, especially if we make housing for all a universal target that we all buy in to. In this region of abundance, creativity and resourcefulness we all have a responsibility to see that everyone has a place to call home.



Chapter 4: Health and Homelessness

Easy Access Housing: Transitional and Emergency Housing for Homeless tāngata whaiora

Angie Cairncross, Communications Coordinator, Community Housing Aotearoa and Zap Haenga, Te WaiOra Tira Coordinator, Easy Access Housing



A one-of-a-kind service for homeless tāngata whaiora with mental health and addiction issues has operated in Wellington since the early 2,000s. Easy Access Housing (EAH) provides a transitional (six-month) or emergency (three-month) shared-housing service. Intrinsic supports that empower tāngata whaiora 'to seek and gain longer-term housing is included in the service model that provides a unique approach in Aotearoa/New Zealand.

Background

The relationship between housing and recovery from mental illness has been recognised in New Zealand in a number of reports and discussion papers.² In 1999, the Mental Health Commission describes this relationship as follows:

*'The provision of adequate, affordable and secure housing is critical to recovery, continued well-being and independence—conversely, poor housing can impair a person's ability to recover from mental illness and function independently.'*³

Research to quantify the extent of independent housing need, and

homelessness and transience amongst tāngata whaiora, was undertaken by the Ministry of Social Development (MSD) in April 2000.⁴ Questions of affordability, adequacy and sustainability of housing formed the core of the research.

From the research it was estimated that around 8000 (17 per cent) of tāngata whaiora using District Health Board (DHBs) mental health services experienced housing difficulties, while the number of literally homeless tāngata whaiora or those living in temporary or emergency accommodation could be as many as 2,000 (four per cent). A further 8,000 (17 per cent) tāngata whaiora were estimated to be living in circumstances which may involve a heightened risk of homelessness, such as boarding houses, hostels, hotels, motels, bed and breakfast houses and caravan parks.

More important were the research findings about the nature of the housing difficulties being faced by tāngata whaiora with the principal areas of difficulty relating to:

- cost and affordability of housing
- lack of choice in housing options
- stigma and discrimination.

The research concluded that housing difficulties, homelessness and transience were significant problems amongst tāngata whaiora.

Easy Access Housing and tāngata whaiora

It is within this context that Easy Access Housing (EAH) was established as one of the few services in the country with a sole focus on homeless tāngata whaiora.

Tāngata whaiora are at the very centre of the service that EAH provides. 'We're about empowering tāngata

whaiora to support themselves into housing of their own choosing,' says Zap Haenga.

'Our residents know that we have a good understanding of what things can be like for them. Our ability to build positive and empathetic relationships stems in many ways from our own personal experiences of mental illness and/or homelessness.'

Zap lived on the streets for the better part of 18 years and now coordinates the EAH service. He was also a tāngata whaiora representative on the steering group that advised the setup of the project in early 2000.

'I love my work – it gives purpose to many of my own life experiences. Our residents often know that I've had similar experiences to them and I've found this usually makes it easier to build rapport and trust.'

'Transitioning from long-term rough sleeping takes time and can be incredibly hard to adjust to. For some, it can involve going back on-and-off the streets a number of times which is one of the reasons EAH has an open door return policy for ex-residents who want to give it another go.'

Ex-residents frequently say they value the services they receive at EAH, even when there have been issues that resulted in their eviction. *'Our respectful landlord/resident relationships usually remain intact and we often get ex-resident's approaching us for advice, support or just to have a laugh.'*

EAH recently supported a person into permanent accommodation who had been homeless for well over a decade, and, due to his often aggressive communication style, had been trespassed from some key

support agencies. Establishing a trusting relationship with him was crucial to his successful transition into permanent accommodation.

'While EAH are not funded to provide follow-on supports we remain available to him and his landlord (Wellington City Housing) to help sustain his tenancy. It hasn't all been calm waters with this tenant but having a strong relationship with his landlord has definitely helped.'

'It is intensely rewarding to watch as he pursues other passions now that he has stable accommodation. Over the past few months he has engaged in computer training, applied for funding with the local council to hold a BBQ for the homeless, and enrolled with a local art centre,' Zap says.

'It's good for opportunities. People who get out of prison, on the streets, because people need Easy Access Housing to help them with guidance and support with today's living,' commented ex-resident of EAH, Wayne.

Service Set Up

Under the legal umbrella of Atareira Trust, EAH signed a Supported Landlord contract in November 2002 with Capital and Coast District Health Board (C&CDHB). Over 2003 and 2004 five four bedroom houses were provided by Wellington City Housing (WCH) and Housing New Zealand. Four of the houses were dedicated to housing homeless men and the other as a women and transgender only house.

In 2013, EAH was asked to return the two WCH houses so they could be refurbished as part of WCH's housing redevelopment plan and nine, one bedroom and bedsit apartments were provided in the interim. The waitlist has always reflected the oversubscribed nature of this service, especially for male applicants so it was important to be able to sustain the same level of service. Two replacement houses were provided in 2014.

Up until 2016, C&CDHB were the sole funder until additional funding was secured from the Ministry of Social Development (MSD) for emergency housing, being provided through two of the houses.

Off-site staff work with residents to help them develop a personalised housing action plan; maintain their connections with clinical and community supports; sustain healthy relationships in the houses; and explore opportunities for personal and professional growth.

EAH doesn't fall under the Residential Tenancies Act due to the characteristics of the housing provided and the short-term tenancies. Residency agreements are supplied to residents that are similar to those found in backpacker accommodation.

'One of the biggest barriers our residents face is not having a birth certificate or photo ID, which are mandatory requirements to submit applications for housing. When you've cycled in and out of the street, mental health services and sometimes prison, this is the sort of thing that gets lost and is too expensive to replace.'

Many applicants self-refer to EAH because it is well known through their social networks. There has also been an increase in referrals from Corrections and Probation. Other referral sources include Hutt and Wellington hospital psychiatric wards, the Early Intervention Service, The Bridge Programme, Downtown Community Ministries, and Drug Rehabs in other cities.

Trends and Challenges

Zap says there has been a noticeable increase in the number of Māori tāngata whaiora accessing the service over the last year. Five years ago the proportion of Māori residents was around 30 per cent and now it is 70 per cent.

There have also been significant changes throughout the local mental health and addiction service sector that has impacted on the additional support available to residents while housed with EAH. *'Change is never easy, but over the past few years EAH has increasingly found it necessary to do things outside of our service scope in order to fill service gaps. Service provision has become about ticking boxes.'*

When asked about the Housing First model ZAP says permanent housing is



good – that's what everyone ultimately wants.

'But for our residents, many need a gradual and transitional approach. Where housing application processes are simple, smooth and move at their pace. Where they have adequate support around them that continues beyond their time at EAH.'

'We're finding it harder and harder to find homes to move people into. The wait lists for social housing is phenomenal. So the emphasis by Wellington City Council to create more affordable homes in Wellington is crucial to addressing the housing crisis we are experiencing.'

And in the future – *'We might explore expanding our housing to include transitional/emergency housing for single parents, couples and/or families. But for now we have more than enough to work with.'*

Endnotes

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Elderly at 43: On Health and Homelessness

Mackenzie Koppel and Tarati Blair-Hunt, Auckland City Mission

At 43, Niko is an old man. He spends his nights at the rear corner of an inner-city, open-air carpark, where exhaust fumes leak through the tears in his tarpaulin. He eats dry packets of two-minute noodles for breakfast, and relies on donated food at the Auckland City Mission's Homeless Community Drop-in Centre for dinner. When it rains, Niko's feet get wet and stay wet for days. This latter fact is what led him to the Mission's Calder Health Centre last winter.

'One of the worst things about sleeping rough is being wet all the time,' he says. 'My feet get infected because my shoes and socks are always wet. My feet smell and I am ashamed. The nurse at the Calder Centre cleans my feet and treats the infection. No one else wanted to do this for me.'

Calder Centre staff know that Niko's life expectancy, as a chronically homeless man, is between 15 and 30 years less than that of the general population.¹ By these discomfiting calculations, Niko is nearing the end of his life. Not only does his body bear the full brunt of each sodden, frosty Auckland winter, but the alcohol he uses to keep himself warm is eating at his liver. The lack of safe storage for his Hepatitis C and other necessary medication means he simply doesn't take them. And the ever-present risk of physical harm that comes with living one's life in public, compounded by mental illness, means that Niko is, in many ways, a dead man walking.

The Auckland City Mission has been offering support and advocating on behalf of people like Niko for 97 years. However, it became apparent over time that each individual's capacity to improve their overall well-being was heavily dependent on their physical and mental health.

As was initially the case with Niko, most of the Mission's homeless clients were not registered with a GP. Cost and fear of being treated poorly by medical staff, combined with the often transient lifestyle of chronic rough sleepers kept many vulnerable patients out of clinics. This in turn resulted in cases where people waited for health conditions to reach crisis point before they visited a doctor, and subsequently ended up in emergency rooms.

In order to address this glaring need, the Mission opened its own health care clinic on-site in 2008. The Calder Health Centre, named in honour of Jasper Calder, the first and founding Auckland City Missioner, brings primary health care services to Auckland's most vulnerable and marginalised residents.

The service is set up as a very low cost General Practice (the Ministry of Health supports general practices with an enrolled population of 50 per cent or more high needs patients, where the practice agrees to maintain patient fees at a low level) and is closely integrated with the Mission's social services. While open to the general public, the Calder Centre specialises in providing accessible, affordable healthcare to patients who are homeless, families and individuals in crises, clients with mental health concerns and those battling alcohol and other drug addictions. Due to the aforementioned barriers, such as a lack of finances, trust issues, cultural differences and highly chaotic lifestyles, many of these patients would not otherwise have regular access to a doctor.

The average number of visitations per patient at the Calder Centre sits at 11 per year – about twice the national rate.² This is a direct reflection of the hardships faced by patients like Niko in their daily lives. With almost 2,000 patients enrolled at

the centre, people present bearing everything from open wounds to respiratory infections; STI's to diabetes complications and every imaginable ailment in-between.

Along with nurses, doctors, and a highly-skilled and friendly medical receptionist (this particular role is of tremendous importance, as many Calder Centre patients report being treated poorly by medical reception staff elsewhere and cite this as a reason for avoiding GP clinics), a Mission social worker is based on-site at the Calder Centre. This allows doctors and nurses who come across patients in need of social support to immediately introduce the patient to someone who can help. One of the Calder Centre's doctors relays a story – albeit regarding a woman who is housed – which exemplifies how this structure works in patients' favour:

'Amanda brought her ten-year-old nephew into the Calder Centre recently to have his eczema looked at. I learned during the consultation that she had taken the boy into her home after finding out that his step-father was abusing him. However, once the boy was out of the room, Amanda broke down and told me that she was struggling to support the two of them financially. While she had a job, it paid minimum wage and she was battling a number of health issues herself. I organised for Amanda to speak with our on-site social worker, Linda, right away. Linda helped ensure that Amanda and her nephew left with a food parcel and helped Amanda apply for an Unsupported Child's Benefit to top up her weekly income.'

Hepatitis C Clinic and Trial

At the Calder Centre we, along with the Mission's other core social services, are constantly re-evaluating our level of care and looking for ways

we can improve the services we offer to our patients – particularly those who are sleeping rough. One specific example of this effort to improve the health of our most vulnerable patients involves a new initiative based around combating Hepatitis C.

In Aotearoa New Zealand, it is estimated that one per cent of the total population has Hepatitis C. However; among the patient base at the Calder Centre, this figure stands at around ten per cent. Hepatitis C is a serious and potentially fatal illness, which can lead to chronic liver diseases such as fibrosis, cirrhosis and liver cancer.

Those most at risk of Hepatitis C are people who:

- have injected drugs (even if only once)
- have received a tattoo or body piercing using unsterile equipment
- lived or received medical attention in a high risk country (South East Asian, China, Eastern Europe (including Russia) or the Middle East)
- had a blood transfusion or received blood products prior to 1992
- have been in prison
- were born to a mother living with Hepatitis C.

Up until recently, treatment for Hepatitis C involved Interferon medication, which has low recovery rates and numerous unpleasant side-effects. In addition, those who tested positive for Hepatitis C were required to visit specialised, secondary care locations for treatment, rather than their doctor. This is not practical for many rough sleepers, particularly when the closest Hepatology clinic is located across town.

In order to make care for Hepatitis C-positive patients more accessible, the Calder Centre and Hobson Pharmacy, which is located in the same building, have been working with Professor Ed Gane (Professor of Medicine at the University of Auckland and Chief Hepatologist, Transplant Physician and Deputy Director of the New Zealand Liver Transplant Unit at Auckland City Hospital), to establish a trial Hepatology Clinic at the Calder Centre, initially with a focus on patients who have Hepatitis C Genotype 1. The on-site Hepatitis C clinic is currently being run by a registered nurse, who uses a fibroscan to check patients for

Hepatitis C and schedules follow-up consultations with patients who wish to participate in the program.

In addition to this, Pharmac (the Crown entity which decides, on behalf of District Health Boards, which medicines and pharmaceutical products are subsidised for use in the community and public hospitals) recently approved funding for a new prescription drug, Viekira. Viekira has a better treatment rate (96 to 98 per cent), with fewer side-effects, if used over 12 weeks. If Hepatitis C-positive patients stick to the 12 week regime of medication, they can be completely cured.

For those patients who lack a safe space to store their medication, the Auckland City Mission offers storage. Staff will also remind patients – usually by text, or next door at the Homeless Community Drop-in Centre when patients visit for daily meals, to come and take their medication.

The Calder Centre has also signed on to a clinical trial with the Auckland District Health Board and the University of New South Wales to trial new medication for Hepatitis C genotype three and four. This is limited to ten patients and Calder Centre staff have already identified 29 patients who meet the requirements of the trial. It is hoped that the trial can be extended to another ten patients over time, allowing a greater number of patients who are Hepatitis-C positive to access the treatment they need.

While Hepatitis C is just one disease which impacts more heavily on those in our homeless whanau, the initiatives being trialled by the Calder Centre are examples of ways in which primary health care providers can bring effective treatments to those who need them, in a manner which respects the complexities of this particular patient group.

Housing First and Health

While healthcare services like the Calder Centre and initiatives like the Mission's Hepatitis C clinic play a vital part in improving the immediate health of rough sleepers in Aotearoa New Zealand, improved long-term health outcomes rely heavily on the implementation of an effective housing solution. In order to make this a reality, the Mission has partnered with four other social service agencies to develop and implement a Housing First strategy for Auckland.³

As part of this overarching strategy, the Mission will embark in 2018 on a redevelopment project that involves the construction of 80 self-service apartments for chronic rough sleepers, as well as low-income individuals on the social housing register, on the organisation's current site. These apartments will each be accompanied by wrap-around services, including a redeveloped and expanded Calder Centre on the ground floor. It is our hope that this redevelopment will provide chronic rough sleepers like Niko with the permanent home they want, accompanied by the health care services they need, and grounded in the respect they deserve.

For an old man like Niko, we may be just in time.

Endnotes

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Measuring Iterative Homelessness in Mental Health in Aotearoa New Zealand

Sho Isogai* and Dr Nicky Stanley-Clarke**

Securing and keeping appropriate, affordable and sustainable housing plays an essential role in tāngata whaiora's¹ recovery and wellbeing. Despite recent media attention around the issue of homelessness and a lack of appropriate social housing, there appears to be little consideration of the relationship between mental health and homelessness in Aotearoa New Zealand (hereafter referred to as Aotearoa). Using data collected by Statistics New Zealand and the National Programme for Integrated Mental Health Data (PRIMHD), this article discusses some of the challenges in measuring iterative homelessness for tāngata whaiora in Aotearoa.

The relationship between homelessness and mental health is recognised both nationally and internationally.^{2,3} The literature acknowledges that not all homeless people are mentally unwell and not all tāngata whaiora are homeless.⁴ Despite the ongoing debate as to whether mental health is a cause or

a consequence of homelessness, both mental health and homelessness are interconnected and bidirectional as they are indirectly connected, but mutually reinforce each other.^{5,6}

The prevalence of mental health disorders and homelessness in Aotearoa

Aotearoa is a small South Pacific country with an estimated resident population of 4.69 million.⁷ Amongst this population, approximately 256,000 adults have experienced psychological distress such as anxiety or depression between 2015 and 2016.⁸ The data show that more than eight percent of adults, aged between 15 to 44 experienced psychological distress in 2015. The prevalence of mental unwellness is even more pronounced for Maori and Pasifika populations with one in nine experiencing psychological distress in during this period.⁹

Amore and Howden-Chapman¹⁰ estimate that around one-quarter to one-third of homeless people have

severe mental unwellness and that psychosis and dual-diagnosis are common diagnoses amongst homeless people. A 2015 Yale University study placed Aotearoa at the top of the OECD rankings for homelessness as a percent of total population.¹¹ In 2013, approximately 41,000 New Zealanders were either at-risk of severe housing deprivation or homeless.¹² A further 20296 people were homeless in Auckland, a major metropolitan city in Aotearoa.¹³

In 2001, a national study was carried out by the Ministry of Social Development to measure the numbers of tāngata whaiora who have housing needs or are homeless or transient in Aotearoa. A study by Peace, Kell, Pere Marshall and Ballantyne¹⁴ undertaken in 2001 estimated that 8,000 tāngata whaiora experienced housing difficulties, 2,000 might be homeless or living in temporary or emergency accommodation, 2,000 were transient and 8,000 were at-risk of homelessness.

Figure 1: Isogai (20) Community development approach to addressing the housing crisis in mental health: Homelessness amongst tangata whaiora in Auckland.



PRIMHD supplementary consumer record social outcome indicator

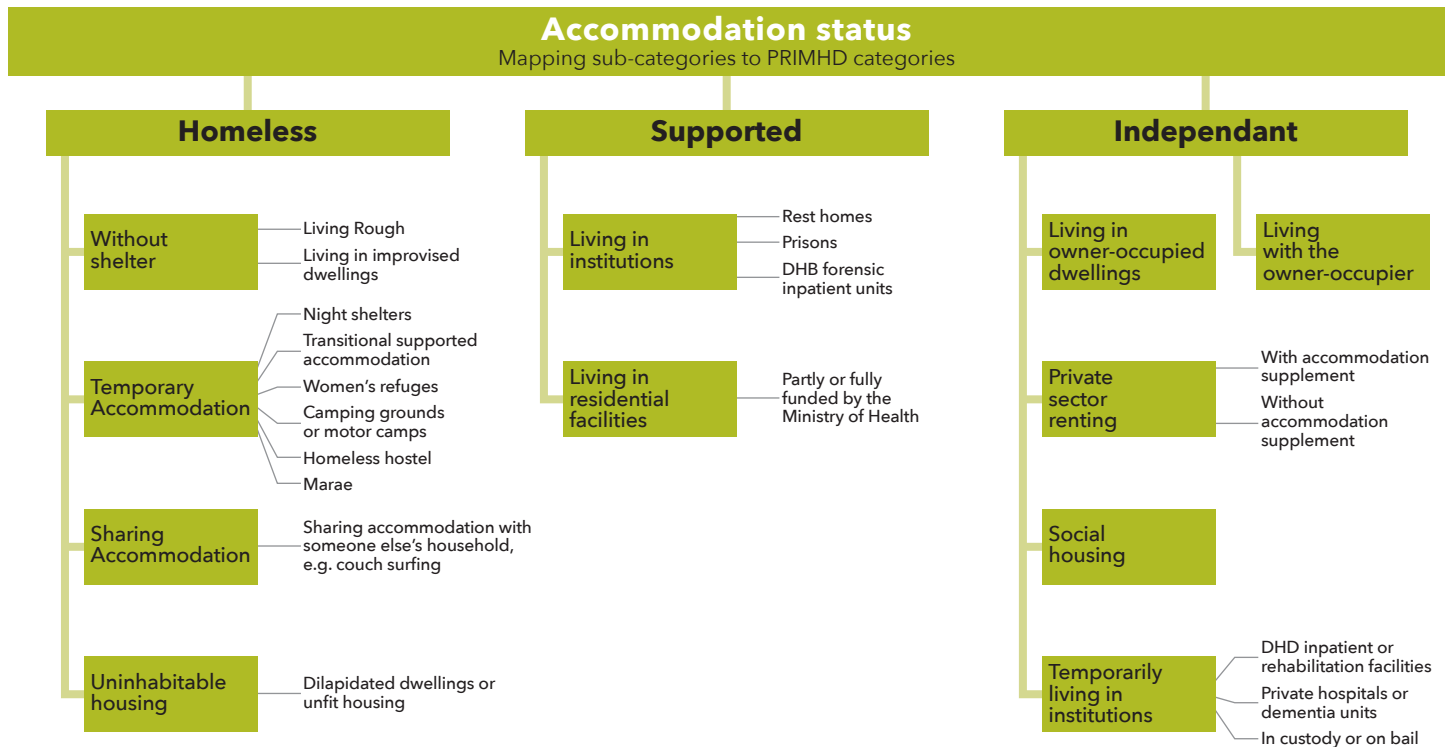


Figure 2: From: 'PRIMHD supplementary consumer record social outcome indicator', by Te Pou o Te Whakaaro Nui

([https://www.tepou.co.nz/uploads/files/resource-assets/Social per cent20outcome per cent20indicator per cent20explanatory per cent20resources.pdf](https://www.tepou.co.nz/uploads/files/resource-assets/Social%20per%20cent20outcome%20per%20cent20indicator%20per%20cent20explanatory%20per%20cent20resources.pdf))

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What is Iterative Homelessness?

Iterative homelessness is an ongoing cycle of loss or movement from temporary housing to other housing or hospitalisation in both the short and/or long-term.¹⁵ Homeless people remain tenuously housed in unsustainable and/or inadequate accommodation such as hostels or boarding houses with continuous risk of becoming a rough sleeper during their lifetime.¹⁶ Robinson¹⁷ explains that many homeless people, including homeless tāngata whaiora face repeated traumatic experiences during the process of iterative homelessness, including; domestic violence, relationship breakdown, and loss of friends or family and/or whānau members. This challenge is also shaped by external factors such as lack of affordable and sustainable housing options and exclusion from mental health services.¹⁸

A 2016 study highlighted that three approaches equally contribute to the causes of homelessness among tāngata whaiora in urban Auckland, Aotearoa. These include; individual, structural and/or community and/or whānau causes of homelessness in

mental health.¹⁹ The relationship between these factors is depicted below in Figure 1.

Social Outcome Indicators (PRIMHD) and Homelessness in Aotearoa

As previously noted there is little data on tāngata whaiora who are either homeless or living in severely deprived housing in Aotearoa. PRIMHD is a national mental health and addiction information database administered by the Ministry of Health. The database collects and stores information around service activity and outcomes related to the mental health and addiction of tāngata whaiora with a vision to improving their health outcomes.²¹

Three social outcome indicators (employment, accommodation and education/training) were integrated into PRIMHD in all mental health services in both district health boards (DHBs) and non-governmental organisations (NGOs) on 1st July, 2016.²² This was to measure the central social and environmental indicators that impact the journey of mental health and addiction of tāngata whaiora as well as to monitor changes in these indicators in their lifetime.²³ Under the accommodation category,

there are three classifications PRIMHD uses in data collection: homeless, supported and independent. See Figure 2 below.

Although all mental health services in both DHBs and NGOs were mandated to measure these social outcomes,²⁴ every three months to a year, there is an absence of published information from the national PRIMHD social outcome data.

As detailed in Figure 2, the accommodation category in PRIMHD is based on the official definition of homelessness in Aotearoa. Whereas Statistics New Zealand²⁵ collects data and refers to homelessness as 'living situations where people with no other options to acquire safe and secure housing'. Figure 3 outlines the definition categories used by Statistics New Zealand.

The Statistics New Zealand definition is based on the European Typology of Homelessness and Housing Exclusion (ETHOS) and census data is collected every five years.²⁶ This definition appears to exclude those people, including tāngata whaiora who remain in hospital or community-based residential care or respite with no permanent housing. Using this

Figure 3

Category	Description
Without shelter	Living situations that provide no shelter, or makeshift shelter, are considered as without shelter. For instance, living on the street, and inhabiting improvised dwelling.
Temporary accommodation	Living situations are considered temporary accommodation when they provide shelter overnight, or when 24-hour accommodation is provided in a non-private dwelling and is not intended to be lived in long-term. This included hostels for the homeless, transitional supported accommodation for the homeless and women's refuges.
Sharing accommodation	Living situations that provide temporary accommodation for people through sharing someone else's private dwelling. The usual residents of the dwelling are not considered homeless.
Uninhabitable housing	Living situations where people reside in a dilapidated dwelling are considered uninhabitable housing.
Source: Statistics New Zealand, (2009, p. 6-7)	

definition, these people are identified as homeless only if they complete their treatment and have no minimally adequate housing to be discharged to.²⁷ Using the current PRIMHD definitions, some tāngata whaiora can be categorised as either having supported or independent accommodation status though they remain institutionalised in hospital, residential-care, or respite due to having no option of accessing permanent housing. This thereby excludes them from the homeless category, instead, terms such as 'no fixed abode', 'transient' and 'housing needs/difficulties' are used. Further, Indigenous understandings of homelessness for Māori are excluded from these definitions.²⁸ Māori homelessness refers as a condition where Indigenous people are displaced from rituals, kinship relationships, ancestral lands and Indigenous knowledge.²⁹ Thus, the key question that needs to be addressed is: *'What is the best approach to measure and monitor iterative homelessness in mental health in Aotearoa?'*

Implications

Numerous implications can be drawn from the above observations. Firstly, the current definitions of homelessness used by Statistics New Zealand fail to quantify the

systematic issues of iterative homelessness in mental health services. It is also unclear what level of consultation and input there has been with: service providers working in this area, tāngata whaiora and tāngata whenua whaiora in its conceptual framework. Thus, it is recommended that Statistics New Zealand work in collaboration with them to review and co-design the current official definition of homelessness in Aotearoa. This needs to include recognition of obligations under Te Tiriti o Waitangi. This requires incorporating Māori understandings of homelessness as well as partnering with tāngata whenua whaiora and/or iwi organisations.³⁰

As for PRIMHD, it is recommended that both accommodation status and the quality of housing is included in PRIMHD as tāngata whaiora often live in poor-quality accommodation with a higher rent.³¹ In order to capture iterative homelessness in mental health, it is recommended that a new category of homelessness be added, as shown in Isogai's³² study. This category encompasses four classifications:

1. people with established housing and address to which they can return
2. people who lose their accommodation soon after their admission to an inpatient unit.

3. people who lose their accommodation at some point during their admission to a mental health service
4. rough sleepers at the beginning of mental health admission and who remain homeless.³³

Ultimately, the Ministry of Health could work with Statistics New Zealand along with other parties, including; service providers, tāngata whaiora and tāngata whenua whaiora to develop a national standard using the Integrated Data Infrastructure.³⁴ to capture both inequalities and social inclusion for tāngata whaiora. Integrated Data Infrastructure contains information from the census, PRIMHD data as well as other sources.³⁵

Conclusion

Despite recent developments in measuring the number of homelessness and social outcomes for tāngata whaiora, the systematic issue of homelessness in mental health has yet to be addressed in these data systems in Aotearoa. The authors recommend using a co-design, participatory approach in re-conceptualising the official definition of homelessness in Aotearoa with service providers, tāngata whaiora and/or tāngata whenua whaiora to identify and address the 'hidden' cycle of iterative homelessness in Aotearoa.

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** Dr, Nicky Stanley-Clarke is a senior lecturer at Massey University's School of Social Work, Palmerston North. Nicky's research interests include understanding the interaction between the individual and the wider social environment and the impact this may have on service delivery within social work and social policy settings. Her specific research focus includes statutory mental health organisations, social policy, Rural mental health and social work education.

Endnotes

1. Tāngata whaiora refers to all people, including Māori who have lived experience of mental illness and/or are users of mental health services. This Māori term is interpreted as 'people in search of wellness' which describes the relationship between New Zealanders, mental health and health services: From Peace R, Kell S, Pere L, Marshall K, Ballantyne S 2002, *Mental health and independent housing needs part 1: A summary of the research.*



This picture is provided courtesy of RNZ.

Photographer: Claire Eastham-Farrelly

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Patrick Gemmell

General Manager, Te Matapihi



In 2008, the world's first Indigenous contextualised school curriculum – Te Marautanga o Aotearoa, a milestone in Māori education, was established in Aotearoa and this was celebrated around the world.¹ However, fifteen or so years prior to this a Māori curriculum was developed as a response to the education system of the time that centred in particular around the survival of Te Reo Māori, the Māori Language.

February 2010, was again another milestone, this time in housing, as the Kāinga Whenua Mortgage product was launched with great hope from our people to deliver housing on Māori land, their ancestral pride lands.

The correlation I wish to make here is as a former Adviser to the Ministry of Education. I saw and understood first-hand in the mid-nineties how our elders gave freely of their knowledge to develop and inform the Māori curriculum, only to see them hurt that their contributions both in language

and in other ways, were changed in the final cut so that it was unrecognisable to them. In my view this was due to the Crown policy being opposed to an outcome based on cultural imperatives.

Kāinga Whenua² seemed to follow the same pathway as the first Māori curriculum. Kāinga Whenua is a kind of a translation of its English counterpart, Welcome Home Loans,³ with both housing products being administered by the Crown agent, Housing New Zealand and financed by Kiwibank. In its seven years of operation, the Kāinga Whenua has delivered less than 30 home loans, that is, just over four homes per year. One can only surmise why both the first Māori curriculum and Kāinga Whenua struggled to succeed.

Perhaps it could have been because of the lack of any real treaty partner engagement in their development. If this was the case, it certainly would have contributed in both instances, to the issues experienced by Māori.

2014 saw the launch of He Whare Āhuru, He Oranga Tangata, the Crown's Māori Housing Strategy. However, nearly four years on, it is still unclear how the strategy is monitored and evaluated. It is also unclear what provision has been made to give effect to the Crown's Māori strategy. While Te Matapihi continually champions the strategy as a navigational aid towards better Māori housing outcomes, we can only hope that the Crown feels the same way.

The second iteration of the Māori curriculum bought our people back into the fold and enabled the co-construction of its educational ideals, philosophies and cultural context and was, in the main, welcomed by the Māori education sector. The lesson from this is in what

can be achieved if our Crown colleagues work 'Kānohi ki te Kānohi, as opposed to Upoko ki te Upoko'.⁴ That is, when the treaty partner genuinely provides a way forward for our people. I do not see the benefit in continually reminding the Crown of its treaty obligations. I see a greater benefit in offering an extension of the opportunity for the treaty partners to remain engaged, and look to the lessons from our past, to enable our future.

My belief is if we reflect on and consider these lessons, we will have a stronger and more well-connected operational and social policy, one with better access to culturally appropriate services. The Whānau Ora⁵ Initiative is a good example of this.

Housing Māori is more than just bricks and mortar. The repatriation of land, ancestral re-connection, learning and re-learning cultural practises can all be realised when our people have strong foundations and certainty. Kāinga Whenua is a product we could perhaps revisit by culturally contextualising its approach and its outcomes. This may seem like a given, but it is somewhat frustrating when our sector complains about the Kāinga Whenua product in regions around New Zealand when they do not actually know their product!

We wish to add to the Taiāo⁶ that is before us and Te Matapihi He Tirohanga mō te iwi Trust will, whenever possible, look to broker and facilitate a Crown-Māori relationship to improve housing outcomes. If this connection assists to create better treaty relations, then we will keep on keeping on.

E eke anō te waka, I runga i te waipuke – A choppy ocean can still be navigated.

Endnotes

1. Te Marautanga o Aotearoa 2008 – In line with the spirit and intent of the Treaty of Waitangi, the national curriculum of New Zealand consists of two curriculum statements, the New Zealand Curriculum and Te Marautanga o Aotearoa:
<http://www.ero.govt.nz/publications/readiness-to-implement-te-marautanga-o-aotearoa-and-nga-whanaketanga-rumaki-maori-te-whakarite-ki-te-whakatinana-i-te-marautanga-o-aotearoa-me-nga-whanaketanga-rumaki-maori/background/>
2. Home Ownership on Māori Land Product: <https://www.kiwibank.co.nz/personal-banking/home-loans/rates-and-options/kainga-whenua/>
3. <http://www.welcomehomeloan.co.nz/>
4. Kānohi ki te Kānohi, upoko ki te upoko rānei? – Crown and treaty partner relations, are they a face-to-face or head to head relationship? Professor Roger CA Maaka, October 2009, Māori Perspectives Training – Environmental Risk Management Authority Board.
5. Whānau ora – Family Health: contemporary indigenous health initiative in New Zealand driven by Māori cultural values. Its core goal is to empower communities and extended families (whānau) to support families within the community context rather than individuals within an institutional context.
6. Taiāo – Tapestry of cultural diversity: Te Kei Merito; Tūmuaki Tuarua: Ngā Kaihautū Tikanga Taiāo 2011.



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